

Regulatory Analysis Form (Completed by Promulgating Agency)		INDEPENDENT REGULATORY REVIEW COMMISSION RECEIVED DEC 22 2020 Independent Regulatory Review Commission	
(All Comments submitted on this regulation will appear on IRRC's website)			
(1) Agency Department of State, Bureau of Professional and Occupational Affairs, State Board of Medicine		IRRC Number: 3286	
(2) Agency Number: 16A Identification Number: 4947			
(3) PA Code Cite: 49 Pa. Code §§ 18.841-18.842			
(4) Short Title: Orthotic Fitter Temporary Permits & Training			
(5) Agency Contacts (List Telephone Number and Email Address): Primary Contact: Dana M. Wucinski, Board Counsel, State Board of Medicine, Department of State, P.O. Box 69523, Harrisburg, PA 17106-9523 (phone 717-772-8516) (fax 787-0251); dwucinski@pa.gov. Secondary Contact: Jacqueline A. Wolfgang, Acting Senior Regulatory Counsel, Department of State, P.O. Box 69523, Harrisburg, PA 17106-9523 (phone 717-783-7200) (fax 787-0251) jawolfgang@pa.gov.			
(6) Type of Rulemaking (check applicable box):			
<input checked="" type="checkbox"/> Proposed Regulation <input type="checkbox"/> Final Regulation <input type="checkbox"/> Final Omitted Regulation		<input type="checkbox"/> Emergency Certification Regulation; <input type="checkbox"/> Certification by the Governor <input type="checkbox"/> Certification by the Attorney General	
(7) Briefly explain the regulation in clear and nontechnical language. (100 words or less)			
<p>The State Board of Medicine (Board) proposes to amend its regulations to streamline the approval of precertification education programs. Currently, the Board accepts ABC-approved or BOC-approved orthotic fitter precertification education programs, which are programs recognized by the Institute for Credentialing Excellence (ICE) and accredited by the National Commission for Certifying Agencies (NCCA). The Board's Allied Health Committee (Committee) is a Board committee that addresses issues and makes recommendations to the full Board regarding non-physician licensees The Committee recommended, and the Board agreed, that the Board's regulations identifying acceptable precertification education programs should be amended to include programs recognized by ICE and accredited by the NCCA so that the Board would not have to amend its regulations for existing programs that merge into one program or new precertification education programs that are recognized by ICE and accredited by the NCCA.</p> <p>The Board also proposes to amend its regulations to increase, from 12 months to 18 months, the period during which an individual may practice as an orthotic fitter trainee under a temporary practice permit. During the first six months of holding a temporary practice permit, an orthotic fitter</p>			

trainee completes the required 1,000 hours of supervised patient fitting experience. During the second six months of holding a temporary practice permit, an orthotic fitter trainee prepares to take and then takes one of the two National certification examinations. Extending the validity of the temporary practice permit to 18 months provides individuals with a full year to prepare for and pass the examination.

The proposed rulemaking will also allow an individual who has failed the certification examination at least three times and whose permit has expired to apply for a second permit after completing another approved precertification education program. The second permit will be valid for 12 months.

Finally, the rulemaking will require that the orthotic patient fitting experience include the full range of orthotic fitting practice in order to ensure that permit holders are adequately prepared to take and pass the examination.

(8) State the statutory authority for the regulation. Include specific statutory citation.

The proposed amendments are authorized under section 8 of the Medical Practice Act of 1985 (act) (63 P.S. §§ 422.1 – 422.53), which authorizes the Board to adopt such regulations as are reasonably necessary to carry out the purposes of the act. Additionally, section 13.5 of the act requires the Board to issue licenses to orthotic fitters and to regulate the practice of the profession. Section 13.5 of the act further sets forth licensing qualifications for orthotic fitters and the other professions. Section 13.5(a)(2)(iv) of the act requires successful completion of a board-approved, entry-level education program specific to orthotic fitting and requires a minimum of 1,000 hours of documented patient care. Additionally, section 13.5(a)(3) of the act requires fulfillment of education and training required for certification by an orthotic fitting credentialing organization recognized by ICE and accredited by NCCA and approved by the Board.

(9) Is the regulation mandated by any federal or state law or court order, or federal regulation? Are there any relevant state or federal court decisions? If yes, cite the specific law, case or regulation as well as, any deadlines for action.

No, the regulation is not mandated by any federal or state law or court order or regulation.

(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.

According to the Pennsylvania Orthotic and Prosthetic Society, the number of people pursuing a career as an orthotic fitter is declining nationwide. According to PayScale, an organization that conducts salary surveys in a wide range of occupations, the median salary of an orthotic fitter is \$32,302, with a low of \$28,000 for an entry-level, fully licensed orthotic fitter to a high of \$45,000 for an experienced orthotic fitter at the end of their career. (<https://www.payscale.com/research/US/Job>) Wages for an orthotic fitter trainee are presumed to be at the minimum wage level or only slightly higher. Because of the relatively low wages in the occupation, few people are entering the profession.

Initial entry into the profession (as an orthotic fitter trainee) requires only a high school diploma and an orthotic fitter training course. Training courses are only two weeks in length. Accordingly, some individuals have difficulty passing the certification exam. Extending the time during which an individual can work under supervision as an orthotic fitter trainee while attempting to pass the exam should serve to increase the number of individuals who are eventually successful in passing the exam and become licensees. The ability to obtain a second, 12-month permit after repeating the education program, should also serve to increase the number of licensees.

At the present time, there are three active orthotic fitter temporary practice permit holders. The Board processes approximately ten temporary practice permit applications per year. Based upon nationwide statistics of examination passage rates, the Board anticipates the number of applicants who pass the examination and become licensed will at least double, which will likely increase the number of licensees. Thus, this regulation will benefit temporary practice permit holders because it will provide additional opportunity to pass the examination, which will in turn benefit the profession in this Commonwealth as well as citizens who utilize services from orthotic fitters.

In addition, requiring that the 1,000-hour patient fitting experience include all aspects of orthotic fitter practice will ensure that permit holders are exposed to all aspects of the profession on which they will be tested in the examination, which will also serve to increase the number of individuals who are successful in passing the examination.

Finally, streamlining the approval of precertification education programs will benefit applicants and educational programs. Currently, the Board accepts ABC-approved or BOC-approved orthotic fitter precertification education programs, which are programs recognized by ICE and accredited by the NCCA. Amending the Board's regulations to include programs recognized by ICE and accredited by the NCCA will prevent the need to amend the regulations in the future in the event existing precertification education programs merge into one program or new precertification education programs (that are recognized by ICE and accredited by the NCCA) are established.

(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.

No federal standards apply.

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

No other Northeast Region state licenses orthotic fitters. Only four other states in the United States license orthotic fitters: Alabama, Florida, Kentucky and Minnesota. Since no other state specifically authorizes a temporary permit for trainees, it is uncertain as to how those applicants accrue their 1,000 hours of experience. Therefore, while Pennsylvania may have more regulations for orthotic fitters, these regulations allow for trainees to be able to accrue their hours of fitting experience and take the examination while practicing under a temporary permit.

The proposed regulation facilitates Pennsylvania's competitive advantage among states that license orthotic fitters. By increasing the time for studying for the examination, the regulation makes Pennsylvania an easier state in which to successfully complete the examination and receive the requisite 1,000 hours of fitting experience in comparison to other licensing states. The proposal is consistent with National certification standards which allow an individual five attempts at passing the orthotic fitter certification examination, requiring a minimum of three failed examination attempts prior to retaking the educational program and applying for a new temporary practice permit. Implementing this regulation is advantageous because it allows individuals additional time to successfully complete the examination.

Additionally, the Board's proposed regulation which includes programs recognized by ICE and accredited by the NCCA is comparable to the other four states that license orthotic fitters because those states require completion of an approved education program through an ABC-approved or BOC-approved orthotic fitter precertification education program. As previously indicated, ABC-approved or BOC-approved orthotic fitter precertification education programs are recognized by ICE and accredited by the NCCA. The Board's proposed amendments continue to recognize those programs but also provide a mechanism to approve educational programs that merge into one program or to approve new educational programs that are recognized by ICE and accredited by the NCCA.

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

The regulation will not affect other regulations of the Board or other state agencies.

(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.)

In 2017, the Board sent notice of the public meeting of the Committee to all stakeholders for the original prosthetist, orthotist, pedorthist and orthotic fitter rulemaking. Representatives from the Pa. Prosthetic and Orthotic Society, Pa. Association of Physician Assistants, Pa. Medical Society and The Winter Group attended the meeting, along with pedorthist Sophia Tamarkin, who initiated the request for rulemaking, attended the meeting.

In 2020, when the regulatory process was reinitiated, a new exposure draft was sent to all stakeholders seeking informal comment. The Board only received positive comments.

(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?

The proposal will affect orthotic fitter temporary practice permit holders and will also affect supervisor permit holders. The permit holders will have additional time to study for and pass the

examination and their training will now encompass all facets of orthotic fitting care. Similarly, supervisors will have to ensure that all facets of orthotic fitting care are included in the applicant's training and experience.

At the present time, there are three active orthotic fitter temporary practice permit holders. The Board processes approximately ten temporary practice permit applications per year. Based upon nationwide statistics of examination passage rates, the Board anticipates the number of applicants to at least double, which will likely increase the number of licensees.

According to the Small Business Administration (SBA), as of 2018, there were approximately one million businesses in Pennsylvania of which 99.6% are small businesses. Most businesses in Pennsylvania are therefore considered small businesses. The Board researched Pennsylvania Department of Labor and Industry labor statistics for orthotic fitters but was unable to find specific data for orthotic fitters. In reviewing statistics for orthotists and prosthetists, which are related professions, in 2016 orthotists and prosthetists were employed as follows: medical equipment and supplies manufacturing (37%), ambulatory healthcare services (20%), health and personal care stores (17%), Federal government (excluding postal service) (10%), and hospitals (state, local, and private) (10%).

For the business entities listed above, 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 orthotic fitters likely work, a small business classified under NAICS code 339112 (surgical and medical instrument manufacturing) is one with 1,000 or less employees. Ambulatory health care services (NAICS code 621999) are considered small businesses if they have \$16.5 million or less in average annual receipts; health and personal care stores (NAICS code 446199) are considered small businesses if they have \$8.0 million or less in average annual receipts; and general medical and surgical hospitals (NAICS code 622110) are considered small businesses if they have \$41.5 or less in average annual receipts.

The Board does not collect data relating to the business size of licensee employers but believes at least some orthotic fitters would work in small businesses as the term is defined by the SBA and the Regulatory Review Act. A small business employing orthotic fitter trainees would be financially impacted if they voluntarily choose to pay the \$25 application fee for the second temporary practice permit.

(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 seeking a temporary practice permit to practice as an orthotic fitter trainee will be required to comply with the regulation. Based on past numbers, see question (15) above, the Board anticipates the rulemaking will affect approximately 10 individuals per year.

The Board believes the proposed regulation will have a positive impact on licensees and the profession because it will encourage more individuals to apply for licensure because permit holders will have more time to study for and pass the examination.

(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.

The proposed regulations increase the time for studying for the examination and will provide a better ability for temporary practice holders to successfully pass the examination and receive the requisite 1,000 hours of fitting experience. The proposal is consistent with National certification standards which allow an individual five attempts at passing the orthotic fitter certification examination, requiring a minimum of three failed examination attempts prior to retaking the educational program and applying for a new temporary practice permit. Holders of orthotic fitter temporary permits who are unable to pass the examination on the first attempt will benefit from having increased time to prepare to retake and pass the examination. Small businesses that employ orthotic fitter trainees will benefit by being able to retain a trained employee longer while the employee attempts to pass the examination.

The rulemaking allows an individual who has failed the examination three times but has successfully completed a second orthotic fitter education course to apply for a second temporary practice permit. Individuals applying for the second temporary practice permit will be affected positively because there will be an opportunity to apply for a second practice permit. The applicant will be impacted fiscally because a \$25 application fee is required. Small businesses would only be financially impacted if they voluntarily choose to pay the \$25 application fee for the second temporary practice permit application. However, the Board believes the benefits of increasing the time for studying for the examination and allowing for a second temporary practice permit far outweigh the minor fiscal impact an applicant would incur.

The proposed rulemaking would require orthotic patient fitting experience to include the full range of orthotic fitting care to ensure that permit holders are adequately prepared to take and pass the examination. Requiring training in all facets of orthotic fitting will also benefit trainees in that they will also have a broader knowledge base from the required training. Supervisors will also have to ensure that all facets of orthotic fitting care are included in the applicant's training and experience.

The proposed regulations will also streamline the approval of precertification education programs. In the event that precertification education programs merge or are newly established, the proposed regulations will allow the Board to simply review and approve any new programs that are recognized by ICE and accredited by the NCCA without having to update the Board's regulations.

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

Because orthotic fitter trainees must practice under the direct supervision of an orthotist or orthotic fitter, the Board does not anticipate any negative impact to the public by allowing a trainee to continue to practice longer while attempting to pass the examination. The benefit of potentially increasing the overall number of orthotic fitters providing services to the citizens of the Commonwealth, if the proposal allows more individuals to pass the examination, outweighs any potential negative impact to the public. Small businesses employing these individuals would see an economic benefit of being able to retain a trained employee. The regulated community will incur a \$25 application fee if they choose to apply for a second temporary practice permit. This minor cost does not outweigh the benefits of this regulation, which include having more time to pass the

examination and complete training, removing unnecessary barriers to licensure, and providing opportunity for employers to retain a trained employee.

(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 cost to those individuals who apply for a second temporary practice permit is the \$ 25 cost of application if a permit holder decides to apply for it. There are no other anticipated costs or savings to the regulated community.

(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.

There are no costs or savings to local governments associated with the regulation.

(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.

While the Board may incur costs in evaluating additional temporary practice permit applications, those costs are covered by the application fee. Thus, there are no costs or savings to state government associated with the implementation of the regulation.

(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 should be no legal, accounting or consulting procedures associated with this rulemaking. Only individuals seeking a second temporary practice permit will incur additional recordkeeping and paperwork requirements. These individuals will be required to apply for a second permit which must be accompanied by required documentation.

(22a) Are forms required for implementation of the regulation?

Yes. Applicants will continue to submit applications for the initial orthotic fitter temporary practice permit through the Pennsylvania Licensing System (PALS), which is the Board's online platform for applications. The Board will modify the existing application for the initial temporary practice permit to include precertification education programs recognized by ICE and accredited by NCCA and to indicate that the first temporary practice permit is valid for 18 months. The Board is developing an online application for the second temporary practice permit.

(22b) If forms are required for implementation of the regulation, **attach copies of the forms here**. If your agency uses electronic forms, provide links to each form or a detailed description of the information required to be reported. **Failure to attach forms, provide links, or provide a detailed description of the information to be reported will constitute a faulty delivery of the regulation.**

Applicants will submit applications through PALS. The Board attached copies of paper applications that reflect electronic applications. (See, Attachment "A").

(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:	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
Regulated Community						
Local Government						
State Government						
Total Savings	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
COSTS:	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
Regulated Community	\$ 0	\$ 0	\$125	\$125	\$125	\$125
Local Government						
State Government						
Total Costs	\$ 0	\$ 0	\$125	\$125	\$125	\$125
REVENUE LOSSES:	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0
Regulated Community						
Local Government						
State Government						
Total Revenue Losses	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0

(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 Medicine	\$7,295,078.33	\$7,217,379.22	\$7,690,312.86	\$8,934,000.00

(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) All “small businesses” as that term is defined by the Regulatory Review Act and the SBA, that employ licensees would be subject to the rulemaking. Please also see response to Question 15.

(b) There are no projected reporting or recordkeeping costs required for compliance.

(c) The probable effect on impacted small businesses may be a \$25 application fee for the second temporary practice permit should the small business decide to voluntarily pay for the application fee.

(d) There is no less intrusive or less costly alternative. All applicants for temporary practice permits must pay the \$25 application fee. Small businesses may have a positive impact because a trainee will be able to remain employed for an additional 27 weeks on the initial temporary permit and an additional year of employment on a second temporary permit.

(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 pedorthist who made the proposal to the Board identified an affected group as those individuals who were unable to pass the orthotic fitter certification examination within the 27-week period currently authorized under the permit. The Board developed this proposal to meet the needs of this group of individuals.

(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.

The initial proposal to the Board was to extend the temporary permit to a period of 2 years, and to allow individuals to obtain unlimited additional 2-year temporary permits. The Board determined that an individual who was unable to pass the certification examination within a total of 18 months (6 months on the extension of the initial permit and 12 months on the second permit) should not be allowed to continue to practice, as it would be unlikely that the individual would ever pass the examination and obtain licensure.

(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 performance 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.
- a) & b) All applicants pay the application fee at the time the application is submitted. The Board did not consider less stringent reporting requirements or deadlines for small businesses or for licensees who work for small businesses.**
- c) There are no compliance or reporting requirements that could be consolidated or simplified. The application process is the same whether a licensee or applicant is, or is employed by, a small business or a large business.**
- d) The regulations do not contain design or operational standards that need to be altered for small businesses.**
- e) To exclude any applicants from the requirements contained in the rulemaking based on the size of the business would not be consistent with public health and welfare because it would prevent the Board from obtaining fees to cover the cost of processing the application.**

The Board believes that this proposal will provide an economic benefit to both individual orthotic fitter trainees, who can practice longer without passing the examination, and to the businesses which employ them, which benefit from retaining these employees.

(28) If data is the basis for this regulation, please provide a description of the data, explain in detail 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 regulation is not based on any data other than that presented in response to specific questions on this Regulatory Analysis Form.

(29) Include a schedule for review of the regulation including:

- | | |
|-----------------------------------------------------------------------------------------------|-----------------------------------------------------------|
| A. The length of the public comment period: | 30 days from publication in the <i>PA Bulletin</i> |
| B. The date or dates on which any public meetings or hearings will be held: | See response below |
| C. The expected date of delivery of the final-form regulation: | Fall 2021 |
| D. The expected effective date of the final-form regulation: | Fall 2021 |
| E. The expected date by which compliance with the final-form regulation will be required: | Fall 2021 |
| F. The expected date by which required permits, licenses or other approvals must be obtained: | Not applicable |

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

The Board continuously reviews its regulations and discusses items of regulatory import at public meetings and at Committee meetings held on the date of scheduled Board meetings. The following meeting dates are planned for the remainder of 2020 and 2021: December 15, 2020; February 2, 2021; March 9, 2021; April 13, 2021; May 25, 2021; June 22, 2021; July 27, 2021; September 14, 2021; October 26, 2021; and December 14, 2021.

ATTACHMENT “A”

<p align="center"><u>Regular Mailing Address</u> STATE BOARD OF MEDICINE P.O. BOX 2649 HARRISBURG, PA 17105-2649 717-783-1400/717-787-2381 Email: st-medicine@pa.gov</p>	<p align="center"><u>Courier Delivery Address</u> STATE BOARD OF MEDICINE 2601 NORTH THIRD STREET HARRISBURG, PA 17110</p>
<p>APPLICATION FOR A TEMPORARY PRACTICE PERMIT- ORTHOTIC FITTER</p>	
1.	<p>Submit the \$25 fee via check or money order, made payable to the "Commonwealth of Pennsylvania." <u>FEES ARE NOT REFUNDABLE.</u> Note: A processing fee of \$20 will be charged for any check or money order returned unpaid by your bank, regardless of the reason for non-payment. Your cancelled check is your receipt.</p>
2.	<p>If documents will be submitted to the Board under a name different from your present name, submit a copy of the legal document evidencing the name change (i.e., marriage license, divorce decree, naturalization, etc.).</p>
3.	<p>You may not practice in the Commonwealth of Pennsylvania until the Pennsylvania State Board of Medicine has issued you a Temporary Practice Permit – Orthotic Fitter.</p>
<p><u>PLEASE NOTE:</u> If a pending application is older than one year from the date submitted and the applicant wishes to continue the application process, the Board shall require the applicant to submit a new application including the required fee. In order to complete the application process, many of the supporting documents associated with the application cannot be more than six months from the date of issuance.</p>	
<p><u>A Temporary Practice Permit – Orthotic Fitter is valid for a maximum of 18 months. When eligible, you will need to submit a separate application to obtain the full Orthotic Fitter License.</u></p>	
4.	<p>The Bureau of Professional and Occupational Affairs (BPOA), in conjunction with the Department of Human Services (DHS), is providing notice to all health-related licensees and funeral directors that are considered "mandatory reporters" under section 6311 of the Child Protective Services Law (CPSL) (23 P.S. § 6311), as amended, that EFFECTIVE JANUARY 1, 2015, all persons applying for issuance of an initial license shall be required to complete 3 hours of DHS-approved training in child abuse recognition and reporting requirements as a condition of licensure. Please review the Board website for further information on approved CE providers. Once you have completed a course, the approved provider will electronically submit your name, date of attendance, etc., to the Board. <u>Child Abuse Continuing Education Providers Information can be found here.</u></p>
5.	<p>Provide proof you completed an American Board for Certification/Accreditation (BOC) or American Board for Certification in Orthotics, Prosthetics & Pedorthics (ABC) approved education program or other precertification education program whose credentialing program is recognized by the Institute for Credentialing Excellence (ICE), accredited by the National Commission for Certifying Agencies (NCCA) and approved by the Board. Complete Section 1 of the Verification of Orthotic Fitter Pre-Certification Education form and forward to your program for completion of Section 2. The program must return the completed verification directly to the Board.</p>
6.	<p>Complete Section 1 of the Verification to Act as a Supervisor for a Temporary Practice Permit – Orthotic Fitter form and forward to your supervisor for completion of Section 2.</p>
7.	<p>Provide an official notification of information (Self Query) from the National Practitioner Data Bank. Please refer to the NPDB website for additional information. When you receive the "Response to your Self Query," forward the entire report directly to the Board Office. You should make a copy for your records.</p>
8.	<p>Attach a current Curriculum Vitae listing all periods of employment or unemployment (i.e., child rearing, etc.) from graduation from an orthotic fitter education program to present. The list must be in chronological order, include the month and year, and indicate the state/territory in which the employment occurred.</p>
9.	<p>Contact the state board office(s) where you hold or have ever held a license, certificate, permit, registration or other authorization to practice a health-related profession and request letters of good standing. The letter must include the following: license issue and expiration date, license status (current or expired) and disciplinary standing. The letter(s) of good standing must be sent directly to the Board.</p>

Regular Mailing Address
STATE BOARD OF MEDICINE
P.O. BOX 2649
HARRISBURG, PA 17105-2649
717-783-1400/717-787-2381
Email: st-medicine@pa.gov

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

APPLICATION FOR A TEMPORARY PRACTICE PERMIT- ORTHOTIC FITTER

Submit the **\$25** 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 unpaid by your bank, regardless of the reason for non-payment. Your cancelled check is your receipt.

APPLICANT INFORMATION (Please Print or Type)

NAME:	Last		First			Middle		
ADDRESS:	Street							
City						State		ZIP
DATE OF BIRTH:	Month	Day	Year	SOCIAL SECURITY NUMBER:				
EMAIL ADDRESS:					TELEPHONE NUMBER:			

If your supporting documents are listed under another name or names, please list below:

Last	First	Middle
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NAME OF ORTHOTIC FITTER EDUCATION PROGRAM:

ADDRESS OF PROGRAM:

DATE OF ATTENDANCE:	FROM	Month	Day	Year	TO	Month	Day	Year	DATE OF GRADUATION	Month	Day	Year

LEGAL QUESTIONS

You must answer the following questions. If you answer "YES" to #2 through #12, provide complete details on a separate sheet as well as copies of relevant documents.

		Yes	No
1	Do you hold or have you ever held a license, certificate, permit, registration or other authorization to practice in a health-related profession in any state or jurisdiction? If you answered yes, provide the profession and state or jurisdiction. LIST: _____		
2	Have you withdrawn an application for a professional or occupational license, certificate, permit or registration, had an application denied or refused, or for disciplinary reasons agreed not to apply or reapply for a professional or occupational license, certificate, permit or registration in any state or jurisdiction?		
3	Have you had disciplinary action taken against a professional or occupational license, certificate, permit, registration or other authorization to practice a profession or occupation issued to you in any state or jurisdiction or have you agreed to voluntary surrender in lieu of discipline?		
4	Do you currently have any disciplinary charges pending against your professional or occupational license, certificate, permit or registration in any state or jurisdiction?		
5	Have you been convicted (found guilty, pled guilty or pled nolo contendere), received probation without verdict or accelerated rehabilitative disposition (ARD), as to any criminal charges, felony or misdemeanor, including any drug law violations? Note: You are not required to disclose any ARD or other criminal matter that has been expunged by order of a court.		
6	Do you currently have any criminal charges pending and unresolved in any state or jurisdiction?		
7	Have you ever had practice privileges denied, revoked, suspended, or restricted by a hospital or any health care facility?		
8	Have you had your DEA registration denied, revoked or restricted?		
9	Have you had provider privileges denied, revoked, suspended or restricted by a Medical Assistance agency, Medicare, third party payor or another authority?		
10	Have you been charged by a hospital, university, or research facility with violating research protocols, falsifying research, or engaging in other research misconduct?		
11	Have you engaged in, the intemperate or habitual use or abuse of alcohol or narcotics, hallucinogenics or other drugs or substances that may impair judgment or coordination?		
12	Since May 19, 2002, have you been the subject of a civil malpractice lawsuit? If yes, please submit a copy of the entire Civil Complaint, which must include the filing date and the date you were served. Submit a statement which includes complete details of the complaints that have been filed against you. **If you previously reported the complaint to the Board provide the docket number _____		

SIGNED STATEMENT

NOTICE: Disclosing your Social Security Number on this application is mandatory in order for the State Boards to comply with the requirements of the Federal Social Security Act pertaining to Child Support Enforcement, as implemented in the Commonwealth of Pennsylvania at 23 Pa. C.S. § 4304.1(a). At the request of the Department of Human Services, the licensing boards must provide to the Department of Human Services information prescribed by the Department of Human Services about the licensee, including the social security number. In addition, Social Security Numbers are required in order for the Board to comply with the reporting requirements of the U.S. Department of Health and Human Services, National Practitioner Data Bank.

I verify that this application is in the original format as supplied by the Department of State and has not been altered or otherwise modified in any way. I am aware of the criminal penalties for tampering with public records or information under 18 Pa. C.S. § 4911. I verify that the statements in this application are true and correct to the best of my knowledge, information and belief. I understand that false statements are made subject to the penalties of 18 Pa. C.S. § 4904 (relating to unsworn falsification to authorities) and may result in the suspension, revocation or denial of my license, certificate, permit or registration.

Signature of Applicant

Date

Printed Name of Applicant

PENNSYLVANIA STATE BOARD OF MEDICINE

VERIFICATION OF ORTHOTIC FITTER PRE-CERTIFICATION EDUCATION

SECTION 1 – TO BE COMPLETED BY APPLICANT

NAME:	Last	First	Middle
NAME OF ORTHOTIC FITTER PROGRAM:			
ADDRESS:	City	State	ZIP

Submit the verification of education form to your orthotic fitter program and request the program return the completed form directly to the board.

SECTION 2 – TO BE COMPLETED BY DEAN OR REGISTRAR OF ORTHOTIC FITTER PROGRAM

NAME OF ORTHOTIC FITTER PROGRAM:			
NAME OF STUDENT:	Last	First	Middle
DATE STUDENT BEGAN TO ATTEND THIS PROGRAM:	Month	Day	Year
DATE OF GRADUATION:	Month	Day	Year

I CERTIFY THAT ALL OF THE INFORMATION LISTED ABOVE IS CORRECT AND THAT THE ORTHOTIC FITTER PROGRAM IS APPROVED BY THE AMERICAN BOARD FOR CERTIFICATION/ACCREDITATION (BOC) OR AMERICAN BOARD FOR CERTIFICATION IN ORTHOTICS, PROSTHETICS & PEDORTHICS (ABC) OR OTHER PRECERTIFICATION EDUCATION PROGRAM WHOSE CREDENTIALING PROGRAM IS RECOGNIZED BY THE INSTITUTE FOR CREDENTIALING EXCELLENCE (ICE), ACCREDITED BY THE NATIONAL COMMISSION FOR CERTIFYING AGENCIES (NCCA) AND APPROVED BY THE BOARD.

NAME OF PROGRAM DIRECTOR	Last	First	Middle
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SIGNATURE:			
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DATE:	Month	Day	Year
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(Seal of Program)

Upon completion, program must return this completed form directly to the Pennsylvania State Board of Medicine.

**DO NOT RETURN THIS FORM
TO THE APPLICANT**

**Regular Mailing Address
STATE BOARD OF MEDICINE
P.O. BOX 2649
HARRISBURG, PA 17105-2649
717-783-1400/717-787-2381**

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

PENNSYLVANIA STATE BOARD OF MEDICINE

VERIFICATION TO ACT AS A SUPERVISOR FOR A TEMPORARY PRACTICE PERMIT – ORTHOTIC FITTER

SECTION 1 – TO BE COMPLETED BY APPLICANT

NAME OF APPLICANT:	Last	First	Middle

Submit this form to your supervisor for completion of Section 2. The supervisor should return the completed form to you for submission with your application.

SECTION 2 – TO BE COMPLETED BY A PENNSYLVANIA SUPERVISING ORTHOTICIST OR ORTHOTIC FITTER

NAME OF SUPERVISOR	Last	First	Middle
NAME OF PRACTICE LOCATION:			
PRACTICE ADDRESS:	Street		
City	State	ZIP	
PENNSYLVANIA LICENSE #			

I VERIFY THAT I AGREE TO SUPERVISE THE APPLICANT'S PROFESSIONAL ORTHOTIC FITTER EXPERIENCE, AND I AM AWARE OF THE SUPERVISING REQUIREMENTS OUTLINED IN SECTION 18.842 OF THE BOARD'S REGULATIONS.

SIGNATURE OF SUPERVISOR			
DATE:	Month	Day	Year
			Upon completion, please return this completed form to the applicant.

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

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

<p align="center">Regular Mailing Address STATE BOARD OF MEDICINE P.O. BOX 2649 HARRISBURG, PA 17105-2649 717-783-1400/717-787-2381 Email: st-medicine@pa.gov</p>	<p align="center">Courier Delivery Address STATE BOARD OF MEDICINE 2601 NORTH THIRD STREET HARRISBURG, PA 17110</p>
<p align="center">APPLICATION FOR A SECOND TEMPORARY PRACTICE PERMIT- ORTHOTIC FITTER</p>	
1.	Submit the \$25 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 unpaid by your bank, regardless of the reason for non-payment. Your cancelled check is your receipt.
2.	If documents will be submitted to the Board under a name different from your present name, submit a copy of the legal document evidencing the name change (i.e., marriage license, divorce decree, naturalization, etc.).
3.	You may not practice in the Commonwealth of Pennsylvania until the Pennsylvania State Board of Medicine has issued your second Temporary Practice Permit – Orthotic Fitter if your first permit has expired. To be eligible for a second temporary practice permit, you must have taken and failed the certification examination at least three (3) times and must have retaken the orthotic fitter precertification education program.
<p>PLEASE NOTE: If a pending application is older than one year from the date submitted and the applicant wishes to continue the application process, the Board shall require the applicant to submit a new application including the required fee. In order to complete the application process, many of the supporting documents associated with the application cannot be more than six months from the date of issuance.</p>	
<p align="center"><u>A Second Temporary Practice Permit – Orthotic Fitter is valid for a maximum of one year and is non-renewable. When eligible, you will need to submit a separate application to obtain the full Orthotic Fitter License.</u></p>	
4.	The Bureau of Professional and Occupational Affairs (BPOA), in conjunction with the Department of Human Services (DHS), is providing notice to all health-related licensees and funeral directors that are considered "mandatory reporters" under section 6311 of the Child Protective Services Law (CPSL) (23 P.S. § 6311), as amended, that EFFECTIVE JANUARY 1, 2015, all persons applying for issuance of an initial license shall be required to complete 3 hours of DHS-approved training in child abuse recognition and reporting requirements as a condition of licensure. Please review the Board website for further information on approved CE providers. Once you have completed a course, the approved provider will electronically submit your name, date of attendance, etc., to the Board. <u>Child Abuse Continuing Education Providers Information can be found here.</u>
5.	Provide proof you have taken and failed the certification examination at least three (3) times.
6.	Provide proof you have completed a second or subsequent American Board for Certification/Accreditation (BOC) or American Board for Certification in Orthotics, Prosthetics & Pedorthics (ABC) approved education program or other precertification education program whose credentialing program is recognized by the Institute for Credentialing Excellence (ICE), accredited by the National Commission for Certifying Agencies (NCCA) and approved by the Board. Complete Section 1 of the Verification of Orthotic Fitter Pre-Certification Education form and forward to your program for completion of Section 2. The program must return the completed verification directly to the Board.
7.	Complete Section 1 of the Verification to Act as a Supervisor for a Temporary Practice Permit – Orthotic Fitter form and forward to your supervisor for completion of Section 2.
8.	Provide an official notification of information (Self Query) from the National Practitioner Data Bank. Please refer to the NPDB website for additional information. When you receive the "Response to your Self Query," forward the entire report directly to the Board Office. You should make a copy for your records.
9.	Attach a current Curriculum Vitae listing all periods of employment or unemployment (i.e., child rearing, etc.) from graduation from an orthotic fitter education program to present. The list must be in chronological order, include the month and year, and indicate the state/territory in which the employment occurred.

1 0.	Contact the state board office(s) where you hold or have ever held a license, certificate, permit, registration or other authorization to practice a health-related profession and request letters of good standing. The letter must include the following: license issue and expiration date, license status (current or expired) and disciplinary standing. The letter(s) of good standing must be sent <u>directly</u> to the Board.
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LEGAL QUESTIONS

You must answer the following questions. If you answer "YES" to #2 through #12, provide complete details on a separate sheet as well as copies of relevant documents.

		Yes	No
1	Do you hold or have you ever held a license, certificate, permit, registration or other authorization to practice in a health-related profession in any state or jurisdiction? If you answered yes, provide the profession and state or jurisdiction. LIST: _____		
2	Have you withdrawn an application for a professional or occupational license, certificate, permit or registration, had an application denied or refused, or for disciplinary reasons agreed not to apply or reapply for a professional or occupational license, certificate, permit or registration in any state or jurisdiction?		
3	Have you had disciplinary action taken against a professional or occupational license, certificate, permit, registration or other authorization to practice a profession or occupation issued to you in any state or jurisdiction or have you agreed to voluntary surrender in lieu of discipline?		
4	Do you currently have any disciplinary charges pending against your professional or occupational license, certificate, permit or registration in any state or jurisdiction?		
5	Have you been convicted (found guilty, pled guilty or pled nolo contendere), received probation without verdict or accelerated rehabilitative disposition (ARD), as to any criminal charges, felony or misdemeanor, including any drug law violations? Note: You are not required to disclose any ARD or other criminal matter that has been expunged by order of a court.		
6	Do you currently have any criminal charges pending and unresolved in any state or jurisdiction?		
7	Have you ever had practice privileges denied, revoked, suspended, or restricted by a hospital or any health care facility?		
8	Have you had your DEA registration denied, revoked or restricted?		
9	Have you had provider privileges denied, revoked, suspended or restricted by a Medical Assistance agency, Medicare, third party payor or another authority?		
10	Have you been charged by a hospital, university, or research facility with violating research protocols, falsifying research, or engaging in other research misconduct?		
11	Have you engaged in, the intemperate or habitual use or abuse of alcohol or narcotics, hallucinogenics or other drugs or substances that may impair judgment or coordination?		
12	Since May 19, 2002, have you been the subject of a civil malpractice lawsuit? If yes, please submit a copy of the entire Civil Complaint, which must include the <u>filing date</u> and the <u>date you were served</u> . Submit a statement which includes complete details of the complaints that have been filed against you. **If you previously reported the complaint to the Board provide the docket number _____		

SIGNED STATEMENT

NOTICE: Disclosing your Social Security Number on this application is mandatory in order for the State Boards to comply with the requirements of the Federal Social Security Act pertaining to Child Support Enforcement, as implemented in the Commonwealth of Pennsylvania at 23 Pa. C.S. § 4304.1(a). At the request of the Department of Human Services, the licensing boards must provide to the Department of Human Services information prescribed by the Department of Human Services about the licensee, including the social security number. In addition, Social Security Numbers are required in order for the Board to comply with the reporting requirements of the U.S. Department of Health and Human Services, National Practitioner Data Bank.

I verify that this application is in the original format as supplied by the Department of State and has not been altered or otherwise modified in any way. I am aware of the criminal penalties for tampering with public records or information under 18 Pa. C.S. § 4911. I verify that the statements in this application are true and correct to the best of my knowledge, information and belief. I understand that false statements are made subject to the penalties of 18 Pa. C.S. § 4904 (relating to unsworn falsification to authorities) and may result in the suspension, revocation or denial of my license, certificate, permit or registration.

Signature of Applicant

Date

Printed Name of Applicant

PENNSYLVANIA STATE BOARD OF MEDICINE										
VERIFICATION OF ORTHOTIC FITTER PRE-CERTIFICATION EDUCATION										
SECTION 1 – TO BE COMPLETED BY APPLICANT										
NAME:		Last			First			Middle		
NAME OF ORTHOTIC FITTER PROGRAM:										
ADDRESS:		City					State		ZIP	
Submit the verification of education form to your orthotic fitter program and request the program return the completed form <u>directly to the board</u> .										
SECTION 2 – TO BE COMPLETED BY DEAN OR REGISTRAR OF ORTHOTIC FITTER PROGRAM										
NAME OF ORTHOTIC FITTER PROGRAM:										
NAME OF STUDENT:		Last			First			Middle		
DATE STUDENT BEGAN TO ATTEND THIS PROGRAM:				Month	Day	Year				
DATE OF GRADUATION:		Month	Day	Year						
I CERTIFY THAT ALL OF THE INFORMATION LISTED ABOVE IS CORRECT AND THAT THE ORTHOTIC FITTER PROGRAM IS APPROVED BY THE AMERICAN BOARD FOR CERTIFICATION/ACCREDITATION (BOC) OR AMERICAN BOARD FOR CERTIFICATION IN ORTHOTICS, PROSTHETICS & PEDORTHICS (ABC) OR OTHER PRECERTIFICATION EDUCATION PROGRAM WHOSE CREDENTIALING PROGRAM IS RECOGNIZED BY THE INSTITUTE FOR CREDENTIALING EXCELLENCE (ICE), ACCREDITED BY THE NATIONAL COMMISSION FOR CERTIFYING AGENCIES (NCCA) AND APPROVED BY THE BOARD.										
NAME OF PROGRAM DIRECTOR		Last			First			Middle		
SIGNATURE:										
DATE:		Month	Day	Year						
(Seal of Program)				<p>Upon completion, program must return this completed form directly to the Pennsylvania State Board of Medicine.</p> <p>DO NOT RETURN THIS FORM TO THE APPLICANT</p>						
<p>Regular Mailing Address STATE BOARD OF MEDICINE P.O. BOX 2649 HARRISBURG, PA 17105-2649 717-783-1400/717-787-2381</p>					<p>Courier Delivery Address STATE BOARD OF MEDICINE 2601 NORTH THIRD STREET HARRISBURG, PA 17110</p>					

PENNSYLVANIA STATE BOARD OF MEDICINE				
VERIFICATION TO ACT AS A SUPERVISOR FOR A TEMPORARY PRACTICE PERMIT – ORTHOTIC FITTER				
SECTION 1 – TO BE COMPLETED BY APPLICANT				
NAME OF APPLICANT:	Last	First	Middle	
Submit this form to your supervisor for completion of Section 2. The supervisor should return the completed form to you for submission with your application.				
SECTION 2 – TO BE COMPLETED BY A PENNSYLVANIA SUPERVISING ORTHOTIC FITTER				
NAME OF SUPERVISOR	Last	First	Middle	
NAME OF PRACTICE LOCATION:				
PRACTICE ADDRESS:	Street			
City	State		ZIP	
PENNSYLVANIA LICENSE #				
I VERIFY THAT I AGREE TO SUPERVISE THE APPLICANT'S PROFESSIONAL ORTHOTIC FITTER EXPERIENCE, AND I AM AWARE OF THE SUPERVISING REQUIREMENTS OUTLINED IN SECTION 18.842 OF THE BOARD'S REGULATIONS.				
SIGNATURE OF SUPERVISOR				
DATE:	Month	Day	Year	Upon completion, please return this completed form to the applicant.
Regular Mailing Address STATE BOARD OF MEDICINE P.O. BOX 2649 HARRISBURG, PA 17105-2649 717-783-1400/717-787-2381			Courier Delivery Address STATE BOARD OF MEDICINE 2601 NORTH THIRD STREET HARRISBURG, PA 17110	

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FACE SHEET
FOR FILING DOCUMENTS
WITH THE LEGISLATIVE REFERENCE BUREAU
(Pursuant to Commonwealth Documents Law)

RECEIVED
DEC 22 2020
Independent Regulatory
Review Commission

DO NOT WRITE IN THIS SPACE

<p>Copy below is hereby approved as to form and legality. Attorney General</p> <p>BY: <u>Amy M. Elliott</u> (DEPUTY ATTORNEY GENERAL)</p> <p><small>Digitally signed by Amy M. Elliott DN: cn = Amy M. Elliott, o = Pennsylvania State of Attorney General, ou = Chief Deputy Attorney General, email = amy@attorneygeneral.pa.gov, c = US Date: 2020.12.09 11:29:16 -0500</small></p> <p>DATE OF APPROVAL _____</p> <p><input type="checkbox"/> Check if applicable Copy not approved. Objections attached.</p>	<p>Copy below is here by certified to be a true and correct copy of a document issued, prescribed or promulgated by</p> <p><u>State Board of Medicine</u> (AGENCY)</p> <p>DOCUMENT/FISCAL NOTE NO <u>16A-4947</u></p> <p>DATE OF ADOPTION _____</p> <p>BY: <u>Mark B. Woodland</u> Mark B. Woodland, MS, MD Board Chair</p> <p>TITLE _____ (EXECUTIVE OFFICER, CHAIRMAN OR SECRETARY)</p>	<p>Copy below is hereby approved as to form and legality. Executive or Independent Agencies.</p> <p>BY: <u>Marisa H. Z. Lehr</u> (Deputy General Counsel) (Chief Counsel, Independent Agency) (Strike inapplicable title)</p> <p>DATE OF APPROVAL <u>11/16/2020</u></p> <p><input type="checkbox"/> Check if applicable. No Attorney General approval or objection within 30 days after submission.</p>
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NOTICE OF PROPOSED RULEMAKING
COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF STATE
BUREAU OF PROFESSIONAL AND OCCUPATIONAL AFFAIRS
STATE BOARD OF MEDICINE
49 PA. CODE CHAPTER 18
§§ 18.841-18.842
ORTHOTIC FITTER TEMPORARY PERMITS AND TRAINING

The State Board of Medicine (Board) proposes to amend §§ 18.841 (relating to temporary practice permit) and 18.842 (relating to orthotic fitting care experience) 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 July 5, 2012 (P.L. 873, No. 90) (Act 90) amended the Medical Practice Act of 1985 (act) (63 P.S. §§ 422.1 – 422.53), to require the Board to issue licenses to prosthetists, orthotists, pedorthists and orthotic fitters and to regulate the practice of these professions. In 2014, The act of July 2, 2014 (P.L. 941, No. 104) (Act 104) amended provisions of the act regarding orthotists, orthotic fitters, prosthetists and pedorthists. Section 13.5 of the act (63 P.S. § 422.13e(a)) sets forth licensing qualifications for orthotic fitters and the other professions. Section 13.5(a)(2)(iv) of the act requires successful completion of a board-approved, entry-level education program specific to orthotic fitting and requires a minimum of 1,000 hours of documented patient care. Additionally, section 13.5(a)(3) of the act requires fulfillment of education and training required for certification by an orthotic fitting credentialing organization recognized by the Institute for Credentialing Excellence (ICE) and accredited by the National Commission for Certifying Agencies (NCCA) and approved by the Board. Section 8 of the act (63 P.S. § 422.8) authorizes the Board to adopt regulations as are reasonably necessary to carry out the purposes of the act.

Background and Need for Amendments

In 2016, the Board promulgated regulations to effectuate Act 90. Section 18.841(d) of the Board's regulations authorize an individual to practice as an orthotic fitter trainee for a period of up to 12 months prior to passing the orthotic fitter certification examination via a temporary practice permit. The Board's regulations do not allow renewal of a temporary practice permit. At its meeting on July 24, 2017, the Board's Allied Health Committee (Committee) met with stakeholders, including representatives from the Pennsylvania Orthotic and Prosthetic Society (POPS), the Pennsylvania Medical Society (Pa Med Soc), the Pennsylvania Society of Physician Assistants (PSPA) and The Winter Group to consider a proposal made by a licensed pedorthist, Sofia Tamarkin, to extend the period of time for the holder of an orthotic fitter temporary practice permit from 12 months to 24 months. According to Ms. Tamarkin, the 12-month period is insufficient to allow temporary practice permit holders to prepare for the examination. Ms. Tamarkin also proposed that temporary practice permits be made renewable every 24 months with no limitation on how many times a temporary practice permit could be renewed.

Under the Board's regulations, an orthotic fitter temporary practice permit may be issued to an individual who has completed an orthotic fitter educational program. Completion of the 1,000 hours of patient fitting experience is a prerequisite to be eligible to take either the Board of Certification (BOC) or American Board of Certification (ABC) orthotic fitter certification

examination. Thus, assuming an individual completes the 1,000 hours of experience within the first 25 weeks of the one-year temporary practice permit, the individual would have 27 weeks to prepare for and pass the examination. Currently, based upon examination requirements, if an individual fails the examination five times, the individual is required to repeat the orthotic fitter education course before attempting to pass the examination for a sixth time.

The examination is offered during one week in each of the following months: January, March, May, July, September and November. The BOC examination is offered in Allentown, Bristol, Cranberry Township, Erie, Greensburg, Harrisburg, King of Prussia, Philadelphia, Pittsburgh and Scranton, Pennsylvania. The ABC examination is offered in Allentown, Conshohocken, Harrisburg, Lancaster, Monroeville, Philadelphia, Pittsburgh and Scranton, Pennsylvania. The examination is computer based with 115 multiple choice questions and time allowed of two and one-half hours.

Ms. Tamarkin argued that the 27-week period after an individual completes the patient fitting experience is insufficient to allow temporary practice permit holders to adequately prepare to take the examination, which has resulted in all of her employees failing the examination multiple times and expiration of their temporary practice permits. POPS expressed concern that extending the 12-month period to 24 months would result in substandard care to patients. Ms. Tamarkin countered that patient care would not be jeopardized because temporary practice permit holders are limited to practicing only under direct supervision, as required by §18.842 of the Board's regulations. Representatives from Pa Med Soc, PSPA and The Winter Group took no position on the proposal.

In reviewing this issue, the Board determined that its original intent had been to allow temporary practice permit holders to take the examination up to the five times allowed by the two certification organizations, ABC and BOC. Extending the period that an individual can hold a temporary practice permit from 12 months to 18 months would be consistent with the Board's original intent to allow the temporary practice permit holders to take the test up to five times. The extension from 12 months to 18 months would also be consistent with other states that license orthotic fitters and the National certification standards. Extending the temporary practice permit to 18 months would provide permit holders with an additional six months to test before expiration of the initial temporary practice permit which addresses concerns raised by Ms. Tamarkin by providing additional time to study for and take the examination. Accordingly, the Committee recommended that the Board initiate the process to amend its regulations to extend the period on which the Board voted and approved.

The Committee further considered a proposal to permit an individual to apply for a second temporary practice permit. However, the Committee was concerned that temporary practice permit holders may attempt to secure a second temporary permit without first attempting to take the licensure examination. This would allow the temporary practice permit holder to continue to work without meeting the state licensure requirements. The Committee concluded that the best way to ensure that this would not occur would be to only offer the second temporary permit to those individuals who had unsuccessfully attempted the examination at least three times. The Board decided further that prior to securing a second permit, the individual must retake a precertification education program. The Board concluded that this advances public safety by ensuring that unsuccessful examinees demonstrate a second successful completion of the educational program,

ensuring that their education is up to date and that previously missing knowledge could be remediated.

Finally, in conjunction with reviewing the issues raised by Ms. Tamarkin, the Committee reviewed the Board's existing regulations and made recommendations to clarify and improve the regulations, as set forth below.

Description of Proposed Amendments

The Board proposes to amend §18.841(b)(2) to streamline the approval of precertification education programs. Currently, the Board accepts ABC-approved or BOC-approved orthotic fitter precertification education programs, which are programs recognized by ICE and accredited by NCCA. The Committee recommended, and the Board agreed, that the Board's regulations identifying acceptable precertification education programs should be amended to include programs recognized by ICE and accredited by the NCCA so that the Board would not have to amend its regulations for existing programs that merge into one program or new precertification education programs that become recognized by ICE and accredited by the NCCA. The proposed amendments are consistent with section 13.5(a)(2)(iv) and (a)(3) of the act, which require successful completion of a board-approved entry-level education program and fulfillment of education and training required for certification by an orthotic fitting credentialing organization recognized by ICE and accredited by NCCA and approved by the Board. In approving educational programs under this section, the Board will consider and verify the criteria set forth in the proposed regulations which requires recognition by ICE and accreditation by the NCCA.

The Board proposes to amend § 18.841(d) to extend from one year to 18 months the period that a temporary practice permit is valid. The Board further proposes to allow an individual who has failed the certification examination at least three times, and whose permit has expired, to apply for a second permit after completing a second approved precertification education program. This would provide additional time to take the examination, as discussed above.

The Board proposes to amend §18.841(e) to set forth parameters of the second permit. Under subsection (e), the second permit would be valid for 12 months in order to allow the individual two additional attempts at passing the certification examination. No further permits would be issued to the individual. In making this proposed amendment, the Board renumbered former subsection (e) to subsection (f).

The Board also proposes to amend § 18.842(b) by requiring orthotic fitting care experience to include all facets of orthotic fitting care which ensures that temporary practice permit holders are exposed to the full range of orthotic fitting practice during their fitting experience. Experiential learning of the full range of practice as a permit holder while under direct supervision of a licensee will ensure that examination candidates have been able to put their education into practice. By adding this provision, the Board hopes that permit holders will have a better chance of passing the examination.

Fiscal Impact and Paperwork Requirements

The regulation will allow individuals to apply for a second temporary orthotic fitter permit. The application fee for the permit will remain unchanged at \$25. The regulation will not have any other fiscal impact on licenses. Because the application fee was set to cover the cost of processing the application, it will not have a fiscal impact on the Board. There is no fiscal impact to government generally. Applicants who choose to apply for a second permit will be required to file an application; therefore, additional paperwork will be required for those applicants.

Sunset Date

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

Regulatory Review

Under section 5(f) of the Regulatory Review Act (71 P.S. § 745.5(f)), December 22, 2020 the Board submitted a copy of this proposed rulemaking and a copy of a Regulatory Analysis Form to the Independent Regulatory Review Commission (IRRC). A copy of this material is available to the public upon request. On the same date, the Board submitted this proposed rulemaking to the Legislative Reference Bureau for publication in the Pennsylvania Bulletin. The Board will submit this proposed rulemaking and required material to the standing committees of the House and Senate no later than the second Monday after the date by which both committee designations have been published in the Pennsylvania Bulletin.

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

Public Comment

Interested persons are invited to submit written comments, suggestions, or objections regarding this proposed rulemaking to Regulatory Counsel, Department of State at P.O. Box 69523, Harrisburg, PA 17106-9523, or by e-mail to RA-STRegulatoryCounsel@pa.gov, within 30 days following publication of this proposed rulemaking in the *Pennsylvania Bulletin*. Comments should be identified as pertaining to rulemaking 16A-4947 (Orthotic Fitter Temporary Permits and Training).

Mark B. Woodland, MS, MD
Chair, State Board of Medicine

Annex A

TITLE 49. PROFESSIONAL AND VOCATIONAL STANDARDS

PART I. DEPARTMENT OF STATE

Subpart A. PROFESSIONAL AND OCCUPATIONAL AFFAIRS

CHAPTER 18. STATE BOARD OF MEDICINE –

PRACTITIONERS OTHER THAN MEDICAL DOCTORS

* * * * *

Subchapter L. PROSTHETISTS, ORTHOTISTS, PEDORTHISTS AND ORTHOTIC

FITTERS

* * * * *

QUALIFICATIONS FOR LICENSURE AS AN ORTHOTIC FITTER

§ 18.841. Temporary practice permit.

- (a) Prior to providing orthotic fitting care, an individual shall obtain a temporary practice permit authorizing the individual to practice orthotic fitting as an orthotic fitter trainee. An individual shall submit an application for a temporary practice permit on forms made available by the Board. The Board may grant a temporary practice permit to an individual who submits a completed application including the necessary supporting documents, pays the application fee in § 16.13(q) (relating to licensure, certification, examination and registration fees) and meets the qualifications in subsection (b).
- (b) The Board may grant a temporary practice permit to an individual who:
 - (1) Is of good moral character.

(2) Has successfully completed an ABC-approved or BOC-approved orthotic fitter precertification education program or other precertification education program whose credentialing is recognized by the Institute for Credentialing Excellence (ICE), accredited by the National Commission for Certifying Agencies (NCCA) and approved by the Board. An applicant shall demonstrate completion of an ABC-approved or BOC-approved orthotic fitter precertification education program or other orthotic fitter precertification education program whose credentialing is recognized by ICE, accredited by the NCCA and approved by the Board by having the educational institution submit, directly to the Board, verification of completion.

(c) The Board may deny an application for a temporary practice permit upon the grounds for disciplinary action in section 41 of the act (63 P.S. § 422.41), § 16.61 or § 18.853 (relating to unprofessional and immoral conduct) or other applicable law, such as 18 Pa.C.S. § 9124 (relating to use of records by licensing agencies).

(d) A temporary practice permit is valid for a maximum of [1 year and is nonrenewable.] 18 months. An individual who has failed the certification examination three times and whose temporary practice permit has expired may apply for a second temporary practice permit after retaking one of the following:

(1) ABC-approved or BOC-approved orthotic fitter precertification education program.

(2) A precertification education program whose credentialing is recognized by ICE, accredited by the NCCA and approved by the Board.

(e) The second temporary practice permit is valid for a maximum of 12 months. An individual may not receive a third or subsequent temporary practice permit.

(f) An individual holding a temporary practice permit may use the title “orthotic fitter trainee” and shall inform patients that the individual is completing a training program and is not fully licensed.

§ 18.842. Orthotic fitting care experience.

(a) An orthotic fitter trainee with a temporary practice permit shall practice only under the direct supervision of an orthotist or orthotic fitter licensed by the Board. For purposes of this section, “direct supervision” means the supervisor is available for consultation throughout the patient care process and is able to visually assess the care being provided. The supervisor shall review the results of care and the documentation of the services rendered by the orthotic fitter trainee and is responsible for countersigning within 15 days the entries in the patient’s clinical record.

(b) The orthotic fitting care experience shall be obtained subsequent to education and shall include all facets of orthotic fitting care.



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF STATE
BUREAU OF PROFESSIONAL AND OCCUPATIONAL AFFAIRS
STATE BOARD OF MEDICINE
Post Office Box 2649
Harrisburg, Pennsylvania 17105-2649
(717) 783-1400

December 22, 2020

The Honorable George D. Bedwick, Chairman
INDEPENDENT REGULATORY REVIEW COMMISSION
14th Floor, Harristown 2, 333 Market Street
Harrisburg, Pennsylvania 17101

Re: Proposed Regulation
State Board of Medicine
16A-4947: Orthotic Fitter Temporary Permits and Training

Dear Chairman Bedwick:

Enclosed is a copy of a proposed rulemaking package of the State Board of Medicine pertaining to Orthotic Fitter Temporary Permits and Training.

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

Sincerely,

A handwritten signature in cursive script, appearing to read "Mark B. Woodland".

Mark B. Woodland, MS, MD, Chairperson
State Board of Medicine

MBW/smw & dmw:aaw

Enclosure

cc: K. Kalonji Johnson, Acting Commissioner of Professional and Occupational Affairs
Kraig R. Kiehl, Deputy Secretary of Regulatory Programs
Marc Farrell, Deputy Director of Policy, Department of State
Cynthia Montgomery, Deputy Chief Counsel, Department of State
Jacqueline A. Wolfgang, Regulatory Unit Counsel, Department of State
Shana M. Walter & Dana M. Wucinski, Co-Counselors, State Board of Medicine
State Board of Medicine

Stephen Hoffman

From: Bulletin <bulletin@palrb.us>
Sent: Tuesday, December 22, 2020 8:09 AM
To: Worthington, Amber
Subject: [External] Re: DELIVERY Proposed Rulemaking 16A-4947

ATTENTION: This email message is from an external sender. Do not open links or attachments from unknown sources. To report suspicious email, forward the message as an attachment to CWOPA_SPAM@pa.gov.
Good morning Amber! Thank you for sending this proposed rulemaking. We can have this published in the January 9th issue of the Pennsylvania Bulletin.

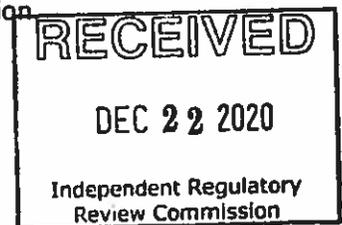
Have a very Merry Christmas and a happy New Year!
Leah

From: Worthington, Amber <agontz@pa.gov>
Sent: Tuesday, December 22, 2020 7:53 AM
To: Bulletin <bulletin@palrb.us>
Subject: DELIVERY Proposed Rulemaking 16A-4947

Please acknowledge receipt of delivery of the attached Proposed Rulemakings for Publication.
We require receipt of this confirmation before we are able to complete delivery to IRRC.

Thanks,

Amber Worthington, PLS | *Supervising Legal Assistant*
Department of State | Counsel Division Legal Office | Clerical Supervisor 2
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