

<h1>Regulatory Analysis Form</h1> <p>(Completed by Promulgating Agency)</p> <p>(All Comments submitted on this regulation will appear on IRRC's website)</p>		<p>INDEPENDENT REGULATORY REVIEW COMMISSION</p> <p>RECEIVED</p> <p>NOV 30 2021</p> <p>Independent Regulatory Review Commission</p>	
<p>(1) Agency Department of State, Bureau of Professional and Occupational Affairs, State Board of Medicine</p>		<p>IRRC Number: 3287</p>	
<p>(2) Agency Number: 16A Identification Number: 4941</p>			
<p>(3) PA Code Cite: 49 Pa. Code §§ 16.12, 16.15, 16.18, 16.19, 16.101—16.109, 18.2, 18.13, 18.14, 18.141, 18.145, 18.307, 18.309a, 18.504, 18.511, 18.523, 18.525, 18.603, 18.610, 18.703, 18.704, 18.709, 18.814, 18.824, 18.833, 18.843 and 18.862</p>			
<p>(4) Short Title: Child Abuse Reporting Requirements</p>			
<p>(5) Agency Contacts (List Telephone Number and Email Address):</p> <p>Primary Contact: Cynthia K. Montgomery, Deputy Chief Counsel, Department of State (717)783-7200; P.O. Box 69523, Harrisburg, PA 17106-9523; (717)787-0251; cymontgome@pa.gov</p> <p>Secondary Contact: Shana M. Walter, Counsel, State Board of Medicine, Department of State; (717)783-7200; P.O. Box 69523, Harrisburg, PA 17106-9523; (717)787-0251; shanwalter@pa.gov</p>			
<p>(6) Type of Rulemaking (check applicable box):</p> <p><input type="checkbox"/> Proposed Regulation</p> <p><input checked="" type="checkbox"/> Final Regulation</p> <p><input type="checkbox"/> Final Omitted Regulation</p>		<p><input type="checkbox"/> Emergency Certification Regulation:</p> <p><input type="checkbox"/> Certification by the Governor</p> <p><input type="checkbox"/> Certification by the Attorney General</p>	
<p>(7) Briefly explain the regulation in clear and nontechnical language. (100 words or less)</p> <p>This rulemaking is needed to update the Board's existing regulations on the subject of child abuse reporting to be consistent with amendments to the Child Protective Services Law (CPSL) (23 Pa.C.S. §§ 6301-6388), including the requirement imposed by the act of April 15, 2014 (P.L. 411, No. 31) (Act 31 of 2014) on all health-related boards to require training in child abuse recognition and reporting for licensees who are considered "mandated reporters" under the CPSL.</p>			
<p>(8) State the statutory authority for the regulation. Include <u>specific</u> statutory citation.</p> <p>Section 8 of the Medical Practice Act of 1985 (63 P.S. § 422.8) sets forth the Board's general rulemaking authority. Under 23 Pa.C.S. Chapter 63 (relating to Child Protective Services Law) (CPSL), specifically section 6383(b)(2) of the CPSL (relating to education and training), the Board is required to promulgate regulations to implement the mandatory reporting requirements for Board-regulated practitioners.</p>			

(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.

Yes, section 6383(b)(2) of the CPSL requires the Board to promulgate regulations to implement the mandatory reporting requirements for licensees and certificate holders of the Board.

(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.

Beginning in 2014, and continuing through 2019, the General Assembly has made numerous amendments to the CPSL, including the requirement imposed by the act of April 15, 2014 (P.L. 411, No. 31) (Act 31 of 2014) on all health-related Boards to require training in child abuse recognition and reporting. Section 2 of Act 31 of 2014 provided that these training requirements would apply to all persons applying for a license or certificate, or applying for renewal of a license or certificate, on or after January 1, 2015, and were implemented as of that date. These amendments are required to update the Board's existing regulations on the subject of child abuse reporting to be consistent with the CPSL.

All applicants and licensees will benefit by receiving mandatory training with regard to their responsibilities under the CPSL, and all Pennsylvania children will benefit from the increased protections provided by the amendments. Licensees will further benefit from regulations that are consistent with the CPSL, as amended, to avoid confusion as to their responsibilities in this area.

(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. There are no federal standards on the topic.

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

This regulation will not adversely affect Pennsylvania's ability to compete with other states. All surrounding states also have regulations on reporting child abuse.

In Connecticut, in accordance with CT Statutes Chapter 319a - Child Welfare, Sec. 17a-101, certain health-related professionals, including physicians, physician assistants, athletic trainers, behavior analysts and "any person paid to care for a child in any public or private facility licensed by the state", are mandated to report suspected child abuse or neglect to the Department of Children and Families' Child Abuse and Neglect Careline or a law enforcement agency. All others would be considered permissive reporters. Oral reports must be made within 12 hours of the moment the mandated reporter suspects that abuse or neglect has occurred, followed by a written report within 48 hours. Failure to meet reporting responsibilities may subject the mandated reporter to criminal prosecution and possible action against the individual's license. While training is not mandatory, free training is available to all

mandated reporters.

In Delaware, under Title 16 Del. Code § 903, all persons are required to make an immediate report to the Department of Services for Children, Youth and their Families when they know of, or suspect, child abuse or neglect and to follow up with any required written reports. Delaware now accepts electronic reports at the Delaware Division of Family Services Reporter Portal but can also accept oral reports to their telephone hotline. Mandatory reporter training is available through the Office of the Child Advocate. Individuals who fail to report child abuse or neglect may be liable to a civil penalty of not to exceed \$10,000 for a first offense, or not to exceed \$50,000 for subsequent violations.

In Maine, child abuse or neglect reports must be made immediately by telephone to the Department of Health and Human Service, Office of Child and Family Services' hotline. Under Title 22 of the Maine Revised Statutes § 4011-A, mandated reporters include physicians, residents, interns and physician assistants and mental health professionals. Also included are "medical workers," although that term is undefined. Mandated reporters must immediately make a report when that person knows or has reasonable cause to suspect that a child has been or is likely to be abused or neglected or that a suspicious child death has occurred. In Maine, mandated reporters shall complete mandated reporter training at least once every 4 years.

In Maryland, under MD Family § 5-701—5-715 (relating to child abuse and neglect) all health practitioners (which includes any person who is authorized to practice healing under the Health Occupations Article or § 13-516 of the Education Article) are required to report both orally and in writing any suspected child abuse or neglect. Oral reports must be made immediately and written reports must be made within 48 hours of contact in which the disclosure of the suspected abuse or neglect was given. All reports of abuse must be made to the local departments of social services and the appropriate law enforcement agency. If a licensee knowingly fails to report suspected abuse of a child, they may be subject to professional sanctions by licensing boards. As of October 1, 2019, there are now criminal penalties for mandated reporters who knowingly fail to report child abuse. Under MD Criminal Code § 3-606.2, a mandated reporter having actual knowledge of abuse or neglect who knowingly fails to make a required report commits a misdemeanor and is subject to a fine not exceeding \$10,000 or imprisonment not exceeding 3 years, or both. Anyone making a good faith report is immune from civil liability and criminal penalty. While not required, mandated reporter training is available.

In Massachusetts, under Massachusetts General Law Annotated 119 § 51A, physicians, "hospital personnel engaged in the examination, care or treatment of persons" and any person "in charge of a medical or other public or private institution, school or facility" are considered mandated reporters. (see Massachusetts General Law Annotated 119 § 21 (relating to definitions applicable to sections 21 to 51H)). Mandated reporters must report to the Department of Children and Families when they suspect that a child is being abused or neglected immediately by telephone to the DCF area office that services the city or town where the child lives or the Child-at-Risk Hotline. As a mandated reporter, it is also required by law to mail or fax a written report to the Department within 48 hours of making the oral report. Mandated reporters are required to report any physical or emotional injury resulting from abuse; any indication of neglect, including malnutrition; any instance in which a child is determined to be physically dependent upon an addictive drug at birth; any suspicion of child sexual exploitation or human trafficking; or death as a result of abuse or neglect. Failure to make required reports subjects the mandated reporter to fines up to \$1,000 for a first offense. A mandated reporter that willfully fails to report child abuse or neglect that results in serious bodily injury or death is subject to a fine of up to \$5,000 and 2 ½ years in jail, and be reported to the person's professional licensing board. All mandated reporters who are professionally licensed are required to complete training to recognize and report child

abuse and neglect. DCF has an online training video available for mandatory reporters.

Similarly, in New Hampshire, under N. H. Rev. Stat. § 169-C:29, all physicians, residents, interns, and “hospital personnel (engaged in admission, examination, care and treatment of persons)” having reason to suspect that a child has been abused or neglected are considered mandated reporters. Mandated reporters are required to report suspected child abuse or neglect to the Central Intake Unit of the New Hampshire Division for Children, Youth and Families. An oral report shall be made immediately by telephone and followed within 48 hours by a report in writing, if requested. Individuals who make a good faith report have immunity from civil and criminal liability; and privileged communications between a professional and their patient/client is does not apply and does not excuse the failure to report. Failure to report is a misdemeanor. Training on the reporting requirements is not required.

In New Jersey, under N.J.S.A 9:6-8.8—8:6-8.20 (relating to abused child—reports and protective custody) any person having reasonable cause to believe that a child has been subjected to abuse, including sexual abuse, shall report immediately to the State Central Registry’s hotline. Individuals making reports of child abuse have immunity from civil or criminal liability. Any person who knowingly fails to report suspected abuse or neglect according to the law or to comply with provisions of the law is a “disorderly person.” However, if the failure to report involves sexual abuse it is a crime of the fourth degree. The New Jersey Department of Children and Families offers an online Mandated Reporter Training resource.

In New York, under NY Soc Serv § 413, all physicians, residents, interns, physician assistants, behavior analysts and “hospital personnel engaged in the admission, examination, care or treatment of persons” are considered mandated reporters. Mandated reporters are required by law to report suspected abuse or maltreatment to the New York Statewide Central Register of Child Abuse and Maltreatment whenever they have reasonable cause to suspect that a child coming before them in their professional or occupational capacity is an abused or maltreated child. The law also assigns civil and criminal liability to those professionals who do not comply with their mandated reporter duties; including being criminally charged with a Class A misdemeanor, being subject to criminal penalties, and being sued in a civil court for monetary damages for any harm caused by the failure to report. Reasonable cause to suspect child abuse or maltreatment means that, based on one’s observations, professional training and experience, a licensee believes the parent or person legally responsible for a child has harmed that child or placed that child in imminent danger or harm. In addition, New York requires individuals, when applying initially for licensure, to complete 2 hours of coursework or training in the identification and reporting of child abuse and maltreatment. This is a one-time requirement and once taken does not need to be completed again. The New York State Education Department, Office of the Professions oversees the training requirements for mandated reporters.

In Ohio, under Ohio R. C. § 2151.421, all health care professionals are mandated to report if a child under the age of eighteen or a mentally retarded, developmentally disabled, or physically impaired person under the age of twenty-one has been abused or neglected. A licensee making a report shall make it to the Ohio Department of Job and Family Services hotline, or to the public children services agency or municipal or county peace officer in the county in which the child resides. The report must be made immediately by telephone or in person and must be followed by a written report if requested. Failure to report is generally a misdemeanor. There does not appear to be a mandatory training requirement in Ohio.

In Virginia, under Title 63.2 of the Code of Virginia § 63.2-1509, any person licensed to practice any of the healing arts must report if they have reason to suspect a child is an abused or neglected child

immediately to the local department of the county or city where the child resides, where the abuse or neglect is believed to have occurred, or to the Department of Social Service's toll-free child abuse and neglect hotline. A person making a good faith report is immune from criminal or civil liability. Any person required to file a report who fails to do so, shall be fined not more than \$500 for the first failure and for any subsequent failures not more than \$1,000 and may be charged with a Class 1 misdemeanor. Mandated reporter training on recognizing and reporting child abuse and neglect is available on the Virginia Department of Social Services website.

In West Virginia, under W.Va. Code § 49-2-801, any health care professional is required to report suspected child abuse or neglect. When a licensee suspects that a child is being abused or neglected, or observes a child being subjected to conditions that are likely to result in abuse or neglect, or believes that a child has suffered serious physical abuse, sexual abuse or sexual assault, a report must be made to the Child Protective Services unit in the county office of the Department of Health and Human Resources where the licensee is located or the State Police or other law enforcement agency that has jurisdiction to investigate the report. The Department of Health and Human Resources maintains a 24-hour toll free reporting hotline. Reports must be made immediately by phone and followed up within 48 hours by a written report, if requested. Anyone making a good faith report is immune from civil or criminal liability. Failure to file a required report is a misdemeanor, punishable by imprisonment up to 90 days, a fine of up to \$5,000, or both. There does not appear to be a mandatory training requirement.

Based on these requirements from other states, the Board believes that this regulation will not place Pennsylvania at a competitive disadvantage.

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

No. The regulation does not affect any other regulations of the agency or other state agencies. However, there are additional boards that will be promulgating similar regulations in the upcoming months (all health-related boards, and the State Board of Funeral Directors).

(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 discusses its regulatory proposals at regularly scheduled public meetings of the Board. Representatives of the professional associations representing the regulated community routinely attend those meetings. The Board did not release an exposure draft of the proposal because the Board is merely updating its regulations to be consistent with the CPSL. No public comments were received after the Board published the proposed rulemaking. The Board discussed IRRC's comments at its regularly scheduled meeting on May 25, 2021, and subsequently approved the final rulemaking at its regularly scheduled meeting on June 22, 2021.

(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 licensees of the Board will be affected by the regulation, including those that are or work for small businesses. At the present time, there are approximately 50,069 physicians, 10,588 physician assistants, 555 acupuncturists, 521 nurse-midwives, 7,515 respiratory therapists, 3,390 athletic trainers, 245 practitioners of Oriental Medicine, 352 perfusionists, 4,076 behavior specialists, 319 orthotists, 212 orthotic fitters, 118 pedorthists, 236 prosthetists and 552 genetic counselors licensed by the Board.

In addition, all applicants for one of these licenses issued by the Board would be affected by the mandatory training requirements set forth in the proposed regulation as required under section 6383(b)(3)(i) of the CPSL. The Board currently processes an average of approximately 7,000 initial licensure applications a year.

According to the Pennsylvania Department of Labor and Industry in 2018 (the most recent year for which data is available), the vast majority of physicians work in offices of physicians and in hospitals. Others work in academia and in government. Physician assistants generally work in offices of physicians (63%), hospitals (21%), outpatient care centers (6%), offices of other health care providers (3%), educational services (1%) and the federal government (1%). Acupuncturists and practitioners of Oriental Medicine either work in offices of physicians, offices of other health care practitioners, hospitals, home health care services, or are self-employed. Nurse-midwives generally work in offices of physicians (46%), hospitals (28%), outpatient care centers (8%), educational services (4%) and offices of other health care practitioners (3%). Most respiratory therapists work in hospitals (81%); some work in skilled nursing facilities (5%) and offices of physicians (2%). The largest employers of athletic trainers are educational services (38%); offices of other health care practitioners (15%); hospitals (15%); fitness and recreational sports centers (10%) and about 6% are self-employed. Perfusionists work in hospitals. Genetic counselors work in hospitals (33%), offices of physicians (20%), medical and diagnostic laboratories (18%), colleges, universities and professional schools (11%), and 8% report that they are self-employed. The largest employers of orthotists, and prosthetists are reported to be medical equipment and supplies manufacturing (37%), ambulatory health care services (20%), health and personal care stores (17%), federal government (10%) and hospitals (10%). Data was unavailable for behavior specialists, pedorthists and orthotic fitters. However, the Board believes these individuals generally work for types of employers 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. I Part 121. These size standards have been established for types of businesses under the North American Industry Classification System (NAICS). In applying the 2019 NAICS standards to the types of businesses where licensees may work, for all types of hospitals (#622110, 622210 and 622310), the small business threshold is \$41.5 million or less in average annual receipts. Skilled nursing care facilities (#623110) have a small business threshold of \$30 million or less in average annual receipts. Medical and diagnostic laboratories (#621511) also have a small business threshold of \$35 million or less, as do colleges, universities and professional schools (#611310). Outpatient care centers (#621498) have a small business threshold at \$22 million or less. For miscellaneous ambulatory health care services (#621999), the small business threshold is \$16.5 million or less. For educational support services (#611710) the threshold is also \$16.5 million or less. For offices of physicians (#621111), the small

business threshold would be \$12.0 million or less in average annual receipts. For offices of other miscellaneous health care practitioners, the small business threshold is \$8.0 million or less. For health and personal care stores, the small business threshold is \$8.0 million or less in average annual receipts. Finally, for medical equipment and supplies manufacturing (#339114) the small business threshold is expressed as less than 750 employees.

Many of the hospitals and health systems in Pennsylvania would not be considered small businesses under these thresholds. However, the Board does not collect information on the size of the businesses where its licensees are employed. For purposes of determining the economic impact on small businesses, the Board assumes that a large number of its licensees either are (for those licensees that report to be self-employed) or work for small businesses as that term is defined by the SBA and Pennsylvania's Regulatory Review Act.

Those licensees that are self-employed are likely small businesses that would be impacted by the costs associated with this proposed rulemaking. For those licensees who are employees of small businesses, whether these small businesses will be impacted by the regulations depends on whether the businesses would pay costs associated with obtaining the initial and continuing education relating to child abuse recognition and reporting for employees in these licensure categories. Because these costs are associated with individuals applying for initial licensure or licensure renewal, any business (small or otherwise) could avoid these costs by requiring employees to bear the costs associated with compliance.

(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 licensees of the Board will be affected by the regulation, including those that are or work for small businesses. At the present time, there are approximately 50,069 physicians, 10,588 physician assistants, 555 acupuncturists, 521 nurse-midwives, 7,515 respiratory therapists, 3,390 athletic trainers, 245 practitioners of Oriental Medicine, 352 perfusionists, 4,076 behavior specialists, 319 orthotists, 212 orthotic fitters, 118 pedorthists, 236 prosthetists and 552 genetic counselors licensed by the Board.

In addition, all applicants for one of these licenses issued by the Board would be affected by the mandatory training requirements set forth in the proposed regulation as required under section 6383(b)(3)(i) of the CPSL. The Board currently processes an average of approximately 7,000 initial licensure applications a year across all licensure categories.

(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 Board does not anticipate significant fiscal impact or paperwork requirements relating to the rulemaking. Because most Board-regulated practitioners are already required to complete mandatory continuing education, and the 2 hours of continuing education in child abuse recognition and reporting are incorporated in the existing requirement, there would be no increased burden. Only acupuncturists, practitioners of Oriental Medicine and behavior specialists and applicants for licensure would incur an additional requirement, and because there are many low-cost and free options available to complete the training, the Board anticipates this impact to also be minimal, ranging in cost from \$0 to \$100 per course. Because all approved Act 31 training providers are required to report attendance/participation electronically, there are no additional paperwork requirements imposed on licensee holders. In addition, the implementation of an electronic reporting system for mandatory reporters of suspected child abuse under the CPSL by the Department of Human Services has decreased the paperwork requirements related to the mandatory reporting requirements. The regulation benefits all license holders, by providing clarity regarding the reporting obligations; and benefits all Pennsylvania children by the increased protections provided.

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

Because any costs or adverse effects are minimal, the benefits to the regulated community of clarity regarding their reporting obligations and the increased protections to Pennsylvania children far outweigh the costs. Licensees and applicants can minimize or eliminate the costs associated with the mandated training by choosing to complete one of the free or low-cost options.

(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.

There should be no additional cost to most existing licensees to comply with the updated regulations to complete the 2 hours of continuing education (except for acupuncturists, practitioners of Oriental Medicine and behavior specialists), as these are not additional requirements, but are incorporated as part of their existing continuing education already required as a condition of biennial renewal. In fact, the new electronic reporting system will reduce any paperwork requirements. The only individuals who would incur additional costs are the 555 acupuncturists, 245 practitioners of Oriental Medicine and 4,076 behavior specialists who will need to complete at least 2 hours of mandated reporter training as a condition of biennial renewal, and all applicants for licensure as a Board-regulated practitioner, who will need to complete 3 hours of approved training in child abuse recognition and reporting as a condition of licensure. However, because there are numerous low-cost and free options available, this cost to the individual is minimal. Additionally, as more and more schools are submitting their courses for approval, more and more applicants will have completed the required training as part of their professional education and will incur no additional costs. At the present time, the cost for the required training ranges

from free to \$100 per course.

For purposes of this rulemaking, the Board is assuming that most applicants would choose a free or low-cost option and estimates an average cost of no more than \$25 each on average. The 4,876 existing licensed acupuncturists, practitioners of Oriental Medicine and behavior specialists will incur the costs associated with completing the mandated reporter training on a biennial basis. At an average of \$25, total costs to existing licensees is estimated at \$121,900 biennially (annualized as \$60,950). At an average of 7,000 applications per year, the cost to applicants is estimated at \$175,000 annually. However, these costs could be eliminated by choosing to complete one of the free options.

(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 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 costs to state government associated with implementation of the regulation include the costs associated with the electronic reporting system by which approved providers submit attendance/participation records to the Bureau and the administrative costs of assuring applicants have complied with the training requirements. The costs associated with the electronic reporting system included an initial system upgrade of \$35,000 incurred in fiscal year 2014-2015. Ongoing annual operating costs of approximately \$90,000 include the costs associated with reviewing application records to determine compliance, sending discrepancy letters, responding to inquiries, working with the IT consultant, managing the child abuse education resource account, approving new courses, etc. These costs are allocated to the 16 boards that are impacted by the training requirements based on licensee population.

(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 additional legal, accounting or consulting procedures or additional reporting, recordkeeping or other paperwork requirements required of the regulated community. The Bureau/Board has additional recordkeeping responsibilities in receiving, retaining, and retrieving electronic records of completed child abuse training for applicants and licensees.

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

No forms are required for implementation of this regulation, as completion of the required child abuse

training is being reported electronically to the Bureau by the course provider.

(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.**

N/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 FY 21-22	FY +1 FY 22-23	FY +2 FY 23-24	FY +3 FY 24-25	FY +4 FY 25-26	FY +5 FY 26-27
SAVINGS:						
Regulated Community						
Local Government						
State Government						
Total Savings	\$0	\$0	\$0	\$0	\$0	\$0
COSTS:						
Regulated Community	\$235,950	\$235,950	\$235,950	\$235,950	\$235,950	\$235,950
Local Government						
State Government	\$ 90,000	\$ 90,000	\$ 90,000	\$ 90,000	\$ 90,000	\$ 90,000
Total Costs	\$325,950	\$325,950	\$325,950	\$325,950	\$325,950	\$325,950
REVENUE LOSSES:						
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 18-19	FY -2 FY 19-20	FY -1 FY 20-21 (estimated)	Current FY FY 21-22 (budgeted)
State Board of Medicine	\$ 8,320,597.59	\$ 7,791,240.60	\$ 7,917,000	\$ 8,025,000

(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.

The regulation should have minimal adverse impact on small business. The new streamlined electronic system for making reports of suspected child abuse has decreased the paperwork requirement; and although licensees who are employees of small businesses now have to complete mandatory training in child abuse recognition and reporting, the law and regulations provide that this requirement is incorporated in the existing continuing education requirements for many licensees, so there is no increased burden. Only licensed acupuncturists, practitioners of Oriental Medicine and behavior specialists have a new requirement to complete continuing education. Also, many approved courses are free or low cost. Additionally, employers can avoid any impact by requiring their employees to pay for their own licensure-related costs, including the costs associated with continuing education. Also, the costs associated with completing the mandatory training in child abuse recognition and reporting could be avoided by selecting one of the free options for completing this training.

(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 identified no special groups that needed special provisions. The CPSL applies equally to all mandated reporters.

(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.

No alternative regulatory provisions have been considered. The Board believes that these regulations provide the least burdensome means of complying with the CPSL.

(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.

Because there is minimal anticipated adverse impact on small business, a regulatory flexibility analysis was not conducted. No less stringent compliance or reporting requirements or less stringent schedules or deadlines for compliance for small businesses would be consistent with the goals of the CPSL. The new electronic reporting process established by the Department of Human Services simplifies the reporting process for all businesses. There are no design or operational standards in the regulation. Exempting small businesses or employees of small businesses from any of the requirements contained in the regulation would not be consistent with the intent of the CPSL.

(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.

No data is the basis for this regulation.

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

- A. The length of the public comment period: 30 days.
- B. The date or dates on which any public meetings or hearings will be held: The Board considers its regulatory proposals at regularly scheduled public meetings, a schedule of which is included in item (30) below.
- C. The expected date of delivery of the final-form regulation: Fall 2021
- D. The expected effective date of the final-form regulation: Upon publication of the final-form rulemaking in the *Pennsylvania Bulletin* – expected in Fall of 2021

E. The expected date by which compliance with the final-form regulation will be required: Upon publication of the final-form rulemaking in the *Pennsylvania Bulletin*.

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

N/A

(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. The Board will meet on the following remaining dates in 2021: October 26 and December 14, 2021. In 2022, the Board will meet on the following dates: February 2, March 15, April 19, May 24, June 21, July 26, September 13, October 25 and December 13, 2022.

More information can be found on the Department's website at www.dos.pa.gov.

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FINAL-FORM RULEMAKING

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

TITLE 49 PA CODE CHAPTERS 16, 17 & 18

§§ 16.1, 16.12, 16.15, 16.18, 16.19, 16.101—16.109, 17.1—17.7, 18.2, 18.3, 18.13, 18.14, 18.141, 18.145, 18.307, 18.309a, 18.504, 18.511, 18.523, 18.525, 18.603, 18.610, 18.703, 18.704, 18.709, 18.814, 18.824, 18.833, 18.843 and 18.862

CHILD ABUSE REPORTING REQUIREMENTS

The State Board of Medicine hereby amends Chapters 16, 17 and 18 (relating to State Board of Medicine—General Provisions; State Board of Medicine—Medical Doctors; and State Board of Medicine—Practitioners Other Than Medical Doctors) to read as set forth in Annex A. Specifically, the Board is amending §§ 16.12, 16.15, 16.18, 16.19, 16.101—16.107, 17.1—17.7, 18.2, 18.3, 18.13, 18.14, 18.141, 18.145, 18.307, 18.309a, 18.504, 18.511, 18.523, 18.525, 18.603, 18.610, 18.703, 18.704, 18.709, 18.814, 18.824, 18.833, 18.843 and 18.862, and is adding §§ 16.108 and 16.109 (relating to child abuse recognition and reporting—mandatory training requirement; and child abuse recognition and reporting course approval process.)

Effective date

This final-form rulemaking will be effective upon publication in the *Pennsylvania Bulletin*.

Statutory authority

Section 8 of the Medical Practice Act of 1985 (act) (63 P.S. § 422.8) sets forth the Board’s general rulemaking authority. Under 23 Pa.C.S. Chapter 63 (relating to Child Protective Services Law) (CPSL), specifically section 6383(b)(2) of the CPSL (relating to education and training), the Board is required to promulgate regulations to implement the mandatory reporting requirements for Board-regulated practitioners.

Background and purpose

Since 2014, the General Assembly has made numerous amendments to the CPSL, including the requirement imposed by the act of April 15, 2014 (P.L. 411, No. 31) (Act 31) on all health-related Boards to require training in child abuse recognition and reporting for licensees who are considered “mandated reporters” under the CPSL. Section 2 of Act 31 provided that these training requirements would apply to all persons applying for a license or applying for renewal of a license on or after January 1, 2015. The Board implemented the training requirements as mandated at the beginning of 2015 and subsequently proposed this rulemaking to update the Board’s existing regulations on the subject of child abuse reporting to be consistent with the CPSL, as amended.

The proposed rulemaking was published at 51 Pa.B. 545 (January 30, 2021) for 30 days of public comment, but no public comments were received. The Independent Regulatory Review Commission (IRRC) submitted comments on March 31, 2021. The House Professional Licensure Committee (HPLC) and the Senate Consumer Protection and Professional Licensure Committee (SCP/PLC) did not submit comments. The following represents a summary of IRRC’s comments and the Board’s response, and a description of the amendments made to this final-form rulemaking.

Summary of IRRC’s comments and the Board’s response

Initially, IRRC notes that auxiliary personnel who are authorized to perform radiologic procedures under Chapter 18, Subchapter E (relating to Performance of Radiologic Procedures by Auxiliary Personnel) work under the direct supervision of a medical doctor, and therefore, would be considered “mandated reporters” under 23 Pa.C.S. § 6311(a)(12) (relating to persons required

to report suspected child abuse) if they have direct contact with children in the course of employment. IRRC asks the Board to explain why Subchapter E has been omitted from the rulemaking. Specifically, IRRC asks the Board to amend Subchapter E to include the appropriate cross-references to the required CPSL training in child abuse recognition and reporting for auxiliary personnel or explain why it is unnecessary to do so.

Although auxiliary personnel supervised by a medical doctor who have direct contact with children in the course of employment would be considered mandated reporters under the CPSL, the Board does not believe they are subject to the mandatory training requirements set forth in section 6383(b)(3) of the CPSL. As noted by IRRC, the mandatory training requirements apply to “all persons applying for a license or certification” and “all persons applying for renewal of a license or certification” issued by the Board. See 23 Pa.C.S. § 6383(b)(3)(i) and (ii). Auxiliary personnel do not apply for, and are not issued, a license or certificate. For this reason, the Board did not include cross-references to the mandatory training requirements in Subchapter E. However, the Board reminds its licensees and certificate holders that all personnel that they manage or supervise, including auxiliary personnel who perform radiologic procedures, would be considered mandated reporters if they have direct contact with children in the course of their employment and should be aware of their responsibilities to report suspected child abuse.

Next, IRRC noted that section 6383(b)(3)(ii) of the CPSL requires all persons applying for renewal of a license or certificate to submit documentation acceptable to the Board of the completion of at least 2 hours of approved continuing education “per licensure cycle.” IRRC asked three questions regarding the Board’s interpretation of the phrase “per licensure cycle” as it pertains to exemptions. The first question relates to Board-regulated practitioners that are exempt from completing the continuing education requirements during the initial biennial renewal period in which the license is issued. IRRC asked whether this exemption for first-time licensees include the continuing education mandated in Act 31 of 2014.

The Board believes the quoted language in section 6383(b)(3)(ii) indicates a legislative intent that all licensees complete the required training at least once during every biennial renewal period. For that reason, the Pennsylvania Licensing System (PALS) was programmed to “look back” 24 months from the biennial licensure expiration date (that is, December 31st of even-numbered years) to determine if a licensee had completed an approved course of at least 2 hours during the 24 months prior to the expiration of the license. There is technically no “exemption” in the CPSL that would apply to the first biennial renewal cycle. However, for example, an individual who was initially licensed in March of 2019, and who took an approved course as a prerequisite to obtaining a license at that time, and who subsequently applied for renewal when all licenses expired on December 31, 2020, would not have been required to take another approved course because the initial course was taken within the 2-year “licensure cycle”. Conversely, an individual who was initially licensed in November of 2018 would not have been expected to renew the license the following month (December 31, 2018), but would have been granted a license through December 31, 2020. If this individual took an approved course in November of 2018 as a prerequisite to obtaining a license, it would be outside of the 24-month “look back” and this individual would be required to take an approved course as a condition of renewal in December of 2020. In this way, all licensees are required to complete an approved course within each biennial “licensure cycle.” In addition, there are licensees of the Board that are not required to complete

continuing education at all (acupuncturists, practitioners of Oriental medicine and behavior specialists). These licensees are not exempt from the mandatory training in child abuse recognition and reporting, either as a condition of initial licensure or biennial renewal, even though section 6383(b)(3)(ii) is clear that this training is to be accepted as a “portion of the total continuing education required for biennial renewal,” if applicable. The Board believes its implementation of the training requirements comports with the legislative intent, and has made no revisions to the final-form rulemaking in response to this comment.

IRRC’s second question related to how the Board will implement the mandatory training requirement for individuals that hold more than one license or certification. Specifically, IRRC asked if an individual is required to have licensure as a prerequisite for another level of certification or licensure, would the CPSL training credits earned for the initial license or certification satisfy the requirements for the second, if the training was completed within the same biennial renewal period. IRRC suggests that it is unclear in § 16.108 (relating to child abuse recognition and reporting—mandatory training requirement) whether a Board-regulated practitioner with more than one level of certification or license would need to apply for an exemption or will the credit for the training be applied automatically to both licenses/certifications.

When a Board-regulated practitioner takes an approved course and that attendance/participation is reported by the approved provider to the Bureau of Professional and Occupational Affairs (Bureau), it is applied to all licenses held by the individual. Thus, if an individual holds two licenses issued by the Board, both of which expire on December 31st of even-numbered years, they would not need to take the course twice or apply for an exemption. This would also apply across licensure Boards within the Bureau that also require this training. For example, a registered nurse (RN) license issued by the State Board of Nursing is a prerequisite to obtaining a license as a nurse-midwife from the Board. When an individual holding both licenses takes an approved course, the report from the approved provider received by the Bureau is applied to both licenses in PALS. Provided the course was completed within 24 months of the biennial renewal date of each license, there is no need to repeat the course or obtain an exemption from either board. In response to this question, the Board has amended § 16.108(b) to clarify that “if a licensee holds more than one license issued by the Board, or holds a license issued by another licensing board within the Bureau that requires mandatory training in child abuse recognition and reporting, credit for completion of an approved course will be applied to both licenses.”

Third, IRRC asked about the exemption provided for individuals who took comparable training under section 6383(c) of the CPSL. IRRC points out that under section 6383(c)(3), certain individuals are required to complete 3 hours of training within 90 days of hire or approval as a foster parent and 3 hours of training every 5 years thereafter. IRRC asked, “In order for an applicant or licensee to be granted an exemption under § 16.108(c), must the training have been completed within a certain time period to satisfy the CPSL requirements?”

Generally, exemptions under either § 16.108(c)(1) or (2) based on the completion of comparable training under either the Public School Code or under section 6383(c)(3) of the CPSL for individuals regulated by the Department of Human Services are subject to the same time frames as that required of licensees completing the mandatory training. Thus, for purposes of licensure renewal, the comparable training must have been completed during the relevant biennial renewal

period (January 1 of an odd-numbered year to December 31 of the next following even-numbered year) to qualify for an exemption. To clarify this in the final-form rulemaking, the Board has amended § 16.108(c)(1) and (2) by adding an additional subparagraph (iv) which provides that “[f]or purposes of licensure renewal, the training must have been completed during the relevant biennial renewal period.”

Next, IRRRC questioned whether the process for verifying completion of the mandatory training in child abuse recognition and reporting is different for volunteer license applicants, noting that § 16.18 (c)(3) (relating to volunteer license) requires an applicant for a volunteer license to “provide verification” of having completed 3 hours of the mandated reporter training, while § 16.108 makes it clear that it is the approved course provider that verifies completion of the training for applicants and licensees. If the process for volunteer licensees does not work differently, IRRRC suggested that the Board place the requirement in § 16.18(b) instead and revise the language to make it clear that the Board will issue a volunteer license only to Board-regulated practitioners “for whom the Board has received verification that the applicant has received 3 hours of approved training in child abuse recognition and reporting in accordance with § 16.108(a)...” As the process for volunteer license applicants is the same as all other categories of license, the Board has made the clarity edits to § 16.18 suggested by IRRRC.

IRRC also noted that while the Board has included the mandatory continuing education requirement for medical doctors in § 16.19 (relating to continuing medical education), the proposed rulemaking did not address the “at least 3 hours of approved child abuse recognition and reporting training” for medical doctors as a condition of licensure in Chapter 17 (relating to State Board of Medicine—Medical Doctors). The Board believes that the requirement in 16.12 (relating to general qualifications for licenses and certificate), as amended to include paragraph 3.1 which incorporates the mandatory training requirement, applies to all licensees, including medical doctors. In addition, most of the licensure provisions in Chapter 17 include a cross-reference to § 16.12, which makes it clear that applicants for licensure as a medical doctor must complete the training. However, to aid clarity, the Board has revised the final-form rulemaking to include appropriate cross-references in Chapter 17, including §§ 17.1—17.7. The Board does not believe adding these cross-references expands the scope of the proposed rulemaking.

Next, IRRRC makes three comments relating to the definitions in § 16.101 (relating to definitions). First, IRRRC noted that the term “Board-regulated practitioner” in § 16.101 in Subchapter G is inconsistent with the existing definition of that term in § 16.1 (relating to definitions), which applies to Chapters 16, 17 and 18, unless the context clearly indicates otherwise. IRRRC suggested that the Board make the definition throughout Chapter 16 in the final-form rulemaking. Over the years, various licensure categories were added, but the definitions in both §§ 16.1 and 16.101 were not updated to reflect the additional categories. In response to IRRRC’s suggestion, the Board determined that it should amend the definition in § 16.1 - the general definitions section - and delete the inconsistent definition in § 16.101 to avoid this problem in the future. IRRRC also asked the Board to revise the language in the definition of the term “perpetrator” to be consistent with the term “person responsible for the child’s welfare.” The Board notes that the definition of the term “perpetrator” was copied verbatim from section 6303 of the CPSL (23 Pa.C.S. § 6303), which uses a variation of the defined term “person responsible for the child’s welfare.” However, to aid in consistency and clarity, the Board has amended the definition of

perpetrator at (i)(D) to read, “An individual 14 years of age or older who is a person responsible for the child’s welfare or who has direct contact with children...” and at (ii)(D) to read, “A person responsible for the child’s welfare who is 18 years of age or older.” Finally, IRRC pointed out a typographical error in the definition of “recent act or failure to act,” where the word “of” should have been “or.” This error has been corrected in the final-form rulemaking

With regard to § 16.102 (relating to suspected child abuse—mandatory reporting requirements), IRRC pointed out that the provisions of 23 Pa.C.S. § 6311(b)(2) and (3) were not carried over in the Board’s proposal. These sections make it clear that the mandated reporter is responsible to make a report of suspected child abuse even if the child has not come before the mandated reporter or if the mandated reporter cannot identify the person responsible for the suspected child abuse. IRRC asks the Board to incorporate these provisions in the final-form rulemaking, noting that doing so would also make this section consistent with the requirements for written or electronic reports in § 16.102(d). In response, the Board has added these provisions to § 16.102(a).

Pertaining to § 16.103 (relating to photographs, medical tests and X-rays of child subject to report), IRRC also noted that the last sentence of section 6314 of the CPSL was omitted from the proposed rulemaking. This sentence provides that medical summaries or reports of the photographs, X-rays and medical tests “shall be made available to law enforcement officials in the course of investigating cases pursuant to section 6340(a)(9) or (10) (relating to release of information in confidential reports).” IRRC notes that § 16.103 is referenced in § 16.105 (relating to immunity from liability) which provides that a Board-regulated practitioner who acts in good faith in making a report of suspected child abuse, a referral to general protective services, cooperates in or consults with an investigation, testifies in a proceeding or engaged in any action under 23 Pa.C.S. §§ 6314—6317 immunity from civil and criminal liability that might otherwise result by reason of the practitioner’s actions. To be consistent with the CPSL and § 16.105, IRRC suggests that the Board should amend this section to include the omitted language. In response, the Board has amended the final-form rulemaking to include the omitted language.

IRRC next points out that § 16.108(a) requires an individual applying for an initial license to complete at least 3 hours of training in child abuse recognition and reporting requirements. However, unlike subsection (b), this subsection does not address the documentation and reporting of completion of training as required under 23 Pa.C.S. § 6383(b)(3)(1) (relating to education and training). IRRC asked the Board to revise this subsection to include the implementation procedures for submitting proof of training. As with licensees, completion information for applicants is submitted electronically by the approved course provider. Therefore, the Board has amended § 16.108(a) to clarify that the 3 hours of training must be approved by the Department of Human Services and the Bureau of Professional and Occupational Affairs (Bureau), as set forth in § 16.109 (relating to child abuse recognition and reporting course approval process) to assure that the course provider can electronically report the completion of the training to the Bureau. The completion of the training is then automatically recorded on the applicant’s profile in the Pennsylvania Licensing System (PALS). An applicant would need to certify on the application that the applicant has either completed the training or has been granted an exemption by the Board. The Board has also amended this subsection to clarify that the Board will not issue a license unless

the PALS system includes the report from an approved course provider or the Board has granted an exemption.

IRRC also commented that the standards for documentation and evaluation of exemption requests under § 16.108(c)(3) is vague. This provision implements section 6383(b)(6) of the CPSL (23 Pa.C.S. § 6383(b)(6)) which provides that a licensing board may exempt an applicant or licensee if that individual submits documentation acceptable to the licensing board that demonstrates that the individual should not be subject to the training or continuing education requirement. IRRC asks the Board to explain the standards for sufficient documentation and the evaluation process for reviewing a request for an exemption. Further, IRRC asked the Board to clarify that exemptions granted under this subsection are applicable only for the biennial renewal period for which the exemption is requested. Finally, IRRC asked for a description of how the applicant or licensee will be notified if their request for exemption is granted or denied to be included in the final-form rulemaking,

It is difficult to set standards for documentation that would apply to all situations. For example, it may include documentation that the licensee is an approved trainer in the area of child abuse recognition and reporting. Another example might be a licensee who volunteers as a Court-appointed Special Advocate (CASA) for children who are victims of abuse or neglect. These individuals are required to complete at least 30 hours of pre-service training and 12 hours of annual in-service training (See 37 Pa. Code § 200.221 (relating to training)). Generally, the Board evaluates these requests to determine whether 3 hours of training in the area of child abuse recognition and reporting would be duplicative of other training the individual has completed or is unnecessary under the circumstances. In addition, the Board would not find it sufficient for an applicant or licensee to simply state that they do not include children in their practice due to the expanded scope of the duty to report set forth in section 6311(b) of the CPSL, which no longer requires the mandated reporter to come into contact with the child in the course of their employment, occupation or practice of a profession.

In response to IRRC's comment, the Board has amended subsection (c)(3) to clarify these standards. The Board has also added a new subsection (d) to clarify that exemptions granted under subsection (c) are only applicable for the biennial renewal period for which the exemption is requested. The Board is also explaining the process for notifying applicants/licensees of the grant or denial of an exemption request in subsection (d). If an exemption is granted, the license will be issued or renewed. If an exemption is denied, the applicant or licensee will receive a discrepancy notice by email notifying them of the need to complete an approved course, or to submit additional documentation in support of their request for an exemption.

With regard to § 16.109(c), IRRC points out that this subsection states that the Bureau will notify the applicant in writing upon approval of the course and will post a list of approved courses on the Bureau's website. "Applicant" as used in this subsection means an "individual, entity or organization" applying for approval to provide mandated reporter training. However, IRRC notes that in § 16.108, the term "applicant" refers to a person applying for initial certification or licensure. IRRC suggests that the Board clarify this subsection with regard to the use of the term "applicant." In response, the Board has amended subsection (c) to instead use "individual, entity or organization" in place of the term "applicant."

IRRC asked the Board to amend § 18.603(a) (relating to application for perfusionist license) to include the phrase “or cause to be submitted” because the verification of taking the mandated child abuse recognition and reporter training will be submitted electronically by the course provider. In response, the Board has made the amendment suggested by IRRC.

Finally, IRRC asks the Board to update the statutory citation for the CPSL in item #7 in the regulatory analysis form that accompanies the final-form rulemaking. Because the CPSL was amended in 2020 and 2021 to include two additional sections, the Board has updated the statutory citation to the CPSL to include 23 Pa.C.S. §§ 6301—6388.

Description of the amendments made to the final-form rulemaking

The following is a section-by-section description of the amendments made to the final-form rulemaking.

§ 16.1 (relating to definitions)

The Board is amending the definition of “Board-regulated practitioner” to include professions that have not been added over the years, including respiratory therapist, genetic counselor, behavior specialist, prosthetist, orthotist, pedorthist and orthotic fitter.

§ 16.18 (relating to volunteer license)

The Board has amended § 16.18(b) and (c) to clarify that although the applicant for a volunteer license is expected to certify on the application that the applicant has completed the required 3 hours of approved training in child abuse recognition and reporting, it is the course provider that submits documentation verifying the applicant’s attendance/participation in an approved course.

§ 16.101 (relating to definitions)

The Board is deleting the definition of “Board-regulated practitioner” from this section as it is unnecessary. The term is defined (as amended) in § 16.1 in Subchapter A and applies to Chapters 16, 17 and 18; therefore, there is no need to repeat the term in Subchapter G. The Board has also amended the definition of “perpetrator” as suggested by IRRC to incorporate the defined term “person responsible for the child’s welfare.” The Board has also corrected a typographical error in the definition of “recent act or failure to act.”

§ 16.102 (relating to suspected child abuse—mandated reporting requirements)

The Board has amended subsection (a) to incorporate the provisions of 23 Pa.C.S. § 6311(b)(2) and (3) as suggested by IRRC. These sections make it clear that the mandated reporter is responsible to make a report of suspected child abuse even if the child has not come before the mandated reporter or if the mandated reporter cannot identify the person responsible for the suspected child abuse.

§ 16.103 (relating to photographs, medical tests and X-rays of child subject to report)

The Board has amended this section to include the last sentence of section 6314 of the CPSL, which IRRC pointed out was omitted from the proposed rulemaking. This added sentence provides that “[m]edical summaries or reports of the photographs, X-rays and relevant medical tests shall be made available to law enforcement officials in the course of investigating cases under 23 Pa.C.S. § 6340(a)(9) or (10) (relating to release of information in confidential reports).”

§ 16.108 (relating to child abuse recognition and reporting—mandatory training requirement)

The Board has amended subsection (a) to clarify that the 3 hours of training must be approved by the Department of Human Services and the Bureau of Professional and Occupational Affairs (Bureau), as set forth in § 16.109 (relating to child abuse recognition and reporting course approval process); and that an applicant would need to certify on the application that the applicant has either completed the training or has been granted an exemption by the Board. The Board has also amended this subsection to clarify that the Board will not issue a license unless the Bureau has received a report from an approved course provider documenting that attendance/participation or the Board has granted an exemption.

Subsection (b) has been amended to clarify that, for purposes of licensure renewal, the approved course must have been taken during the relevant biennial renewal period; and that if a licensee holds more than one license, credit for completing an approved course will be applied to both licenses.

Subsection (c) has been amended to likewise clarify that to qualify for an exemption of the continuing education requirement as a condition of renewal, comparable training completed as required under the Public School Code or for individuals regulated by the Department of Human Services must have been completed during the relevant biennial renewal period. In addition, the Board amended this subsection to clarify the standards for documentation and consideration of exemptions under 6383(b)(6) of the CPSL (23 Pa.C.S. § 6383(b)(6)) which provides that a licensing board may exempt an applicant or licensee if that individual submits documentation acceptable to the licensing board that demonstrates that the individual should not be subject to the training or continuing education requirement.

The Board has also added a new subsection (d) to clarify that exemptions granted under subsection (c) are only applicable for the biennial renewal period for which the exemption is requested and to explain the process for notifying applicants/licensees of the grant or denial of an exemption request.

§ 16.109 (relating to child abuse recognition and reporting course approval process)

The Board has amended subsection (c) to eliminate the term “applicant” and replace it with “individual, entity or organization.”

Chapter 17 (relating to State Board of Medicine—Medical Doctors)

To aid clarity, the Board has added amendments to §§ 17.1—17.7, pertaining to the various means to be licensed to practice medicine and surgery, to incorporate appropriate cross references to the mandatory training in child abuse recognition and reporting in § 16.108.

§ 18.603 (relating to application for perfusionist license)

The Board has amended subsection (a) as suggested by IRRC to include the phrase “or cause to be submitted” in recognition of the fact that the verification of having taken the mandated child abuse recognition and reporter training will be submitted electronically by the course provider.

Fiscal Impact and Paperwork Requirements

The Board does not anticipate any significant fiscal impact or paperwork requirements relating to these amendments. Most of the Board’s licensees are already required to complete mandatory continuing education, and as these 2 hours are incorporated in the existing requirement, there would be no increased burden. Only acupuncturists, practitioners of Oriental Medicine and behavior specialists do not currently have continuing education requirements, therefore, the mandatory 2 hours in child abuse recognition and reporting would be an additional requirement for biennial renewal for those licensure classifications. Additionally, all applicants for licensure are impacted by the costs associated with completing at least 3 hours of approved training in child abuse recognition and reporting. Because there are many low-cost and free options available to complete the training, the Board anticipates this impact to be minimal. Because all approved providers of this training are required to report attendance/participation electronically, there are no additional paperwork requirements imposed on licensees. In addition, the implementation of an electronic reporting system for mandatory reporters of child abuse under the CPSL by the Department of Human Services has decreased the paperwork requirements related to the mandatory reporting requirements.

Sunset Date

The Board continuously monitors the effectiveness of its regulations on a fiscal year and biennial basis. Therefore, no sunset date has been assigned.

Regulatory Review

Under section 5(a) and (f) of the Regulatory Review Act (71 P.S. § 745.5(a) and (f)), on January 15, 2021, the Board submitted a copy of the notice of proposed rulemaking, published at 51 Pa.B. 545, to IRRC and the Legislative Reference Bureau. The Board subsequently submitted the notice of proposed rulemaking to the Chairpersons of the HPLC and the SCP/PLC for review and comment on February 19, 2021, as required under section 5(f) of the Regulatory Review Act.

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

received from IRRC. No public comments were received. The Board also received no comments from the HPLC or the SCP/PLC.

Under section 5.1(a) of the Regulatory Review Act (71 P.S. § 745.5a(a)), on November 30, 2021, the Board delivered this final-form rulemaking to IRRC, the HPLC and the SCP/PLC. Under section 5.1(j.2) of the Regulation Review Act, the final-form rulemaking was deemed approved by the HPLC and the SCP/PLC on _____, 2021. Under section 5.1(e) of the Regulatory Review Act, IRRC met on _____, 2021, and approved the final-form rulemaking.

Additional Information

Additional information may be obtained by writing to Suzanne Zerbe, Board Administrator, State Board of Medicine, P.O. Box 2649, Harrisburg, PA 17105-2649, ST-MEDICINE@PA.GOV.

Findings

The Board finds that:

- (1) Public notice of proposed rulemaking was given under sections 201 and 202 of the act of July 31, 1968 (P.L. 769, No. 240) and regulations promulgated thereunder, 1 Pa. Code §§ 7.1 and 7.2.
- (2) A public comment period was provided as required by law.
- (3) This final-form rulemaking does not include any amendments that would enlarge the scope of proposed rulemaking published at 51 Pa.B. 545 (January 30, 2021).
- (4) This final-form rulemaking is necessary and appropriate for the administration of the Child Protective Services Law (23 Pa.C.S. §§ 6301—6388).

Order

The Board, therefore, orders that:

- (a) The regulations of the Board at 49 Pa. Code Chapters 16, 17 and 18 are amended to read as set forth in Annex A.
- (b) The Board shall submit this order and Annex A to the Office of Attorney General and the Office of General Counsel for approval as required by law.
- (c) The Board shall submit this order and Annex A to IRRC, the HPLC and the SCP/PLC as required by law.

- (d) The Board shall certify this order and Annex A and deposit them with the Legislative Reference Bureau as required by law.
- (e) The final-form rulemaking shall take effect upon publication in the *Pennsylvania Bulletin*.

Mark B. Woodland, M.S., M.D.
Board Chair

ANNEX A

TITLE 49. PROFESSIONAL AND VOCATIONAL STANDARDS

PART I. DEPARTMENT OF STATE

Subpart A. PROFESSIONAL AND OCCUPATIONAL AFFAIRS

CHAPTER 16. STATE BOARD OF MEDICINE—GENERAL PROVISIONS

Subchapter A. BASIC DEFINITIONS AND INFORMATION

§ 16.1. Definitions.

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

* * * * *

Board—The State Board of Medicine.

Board-regulated practitioner—A medical doctor, midwife, physician assistant, drugless therapist, RESPIRATORY THERAPIST, athletic trainer, acupuncturist, practitioner of Oriental medicine, GENETIC COUNSELOR, BEHAVIOR SPECIALIST, perfusionist, PROSTHETIST, ORTHOTIST, PEDORTHIST, ORTHOTIC FITTER or an applicant for a license or certificate that the Board may issue.

Category 1 activities—Continuing medical education activities approved for AMA PRA Category 1 credit.

* * * * *

**Subchapter B. GENERAL LICENSE, CERTIFICATION AND REGISTRATION
PROVISIONS**

§ 16.12. General qualifications for licenses and certificates.

To qualify for a license or certificate issued by the Board, an applicant shall establish that the following criteria are satisfied:

- (1) The applicant is of legal age.
- (2) The applicant is of good moral character.
- (3) The applicant is not intemperately using alcohol or habitually using narcotics or other habit-forming drugs.

(3.1) The applicant has completed at least 3 hours of approved training in child abuse recognition and reporting in accordance with § 16.108(a) (relating to child abuse recognition and reporting—mandatory training requirement).

(4) The applicant has not been convicted of a felony under The Controlled Substance, Drug, Device and Cosmetic Act (35 P. S. § § 780-101—780-144) or of an offense under the statutes of another jurisdiction which, if committed in this Commonwealth, would be a felony under The Controlled Substance, Drug, Device and Cosmetic Act, unless the following apply:

- (i) At least 10 years have elapsed from the date of conviction.
- (ii) The applicant satisfactorily demonstrates to the Board that he has made significant progress in personal rehabilitation since the conviction so that licensure or certification of the applicant is not expected to create a substantial risk of harm to the health and safety of patients or the public or substantial risk of further criminal violations.

(iii) The applicant otherwise satisfies the qualifications contained in the act, this chapter and Chapters 17 and (18) (relating to State Board of Medicine—medical doctors; and State Board of Medicine—practitioners other than medical doctors).

§ 16.15. Biennial registration; inactive status and unregistered status.

(a) A person licensed, certified or registered by the Board, shall register biennially to retain the right to engage in practice unless specifically exempted within this section. Initial registration shall automatically occur when the license, certificate or registration is issued.

(b) The following licenses, certificates and registration are not subject to biennial registration:

- (1) Institutional license.
- (2) Graduate license.
- (3) Temporary license.
- (4) Interim limited license.
- (5) Registration as a physician assistant supervisor of a physician assistant.

(c) Registration for a biennium expires December 31 of every even-numbered year. Application for biennial registration shall be made upon forms supplied by the Board. The forms shall be filed with the Board with the required registration fee prior to the expiration of the previous biennial registration.

(c.1) A licensee or certificate holder applying for biennial registration shall, as a condition of biennial registration, complete at least 2 hours of approved training in child abuse recognition and reporting in accordance with § 16.108(b) (relating to child abuse recognition and reporting—mandatory training requirement).

(d) Biennial registration forms and other forms or literature to be distributed by the Board will be forwarded to the last mailing address given the Board by the licensee, registrant or certificate

holder. If the mailing address of record is changed, the Board shall be notified, in writing, within 15 days after making the address change. Failure of the Board to send, or of the individual to receive, a biennial registration application, does not relieve the individual of the biennial registration responsibility.

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§ 16.18. Volunteer license.

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(b) *License.* A volunteer license may be issued to a Board-regulated practitioner of the Board FOR WHOM THE BOARD HAS RECEIVED VERIFICATION FROM THE COURSE PROVIDER THAT THE APPLICANT HAS COMPLETED AT LEAST 3 HOURS OF APPROVED TRAINING IN CHILD ABUSE RECOGNITION AND REPORTING IN ACCORDANCE WITH § 16.108(a) (RELATING TO CHILD ABUSE RECOGNITION AND REPORTING – MANDATORY TRAINING REQUIREMENT) AND who documents to the satisfaction of the Board that the applicant will practice without personal remuneration in approved clinics and meets one of the following:

- (1) Holds a currently renewed, active, unrestricted license, registration or certificate in this Commonwealth and retires from active practice at the time the applicant applies for a volunteer license.
- (2) Retires from active practice in this Commonwealth in possession of an unrestricted license which was allowed to lapse by not renewing it.

(c) *Applications.* An applicant for a volunteer license shall complete an application obtained from the Board. In addition to providing information requested by the Board, the applicant shall provide:

- (1) An executed verification on forms provided by the Board certifying that the applicant intends to practice exclusively as follows:
 - (i) Without personal remuneration for professional services.
 - (ii) In an approved clinic.
- (2) A letter signed by the director or chief operating officer of an approved clinic that the applicant has been authorized to provide volunteer services in the named clinic by the governing body or responsible officer of the clinic.
- (3) ~~Verification~~ A CERTIFICATION STATEMENT CONFIRMING that the applicant has completed at least 3 hours of approved training in child abuse recognition and reporting in accordance with § 16.108(a) (relating to child abuse recognition and reporting—mandatory training requirement).
- (d) *Validity of license.* A volunteer license shall be valid for the biennial period for which it is issued, subject to biennial renewal. During each biennial renewal period, the volunteer license holder shall notify the Board of any change in clinic or volunteer status within 30 days of the date of a change, or at the time of renewal, whichever occurs first.
- (e) *Renewal of license.* A volunteer license shall be renewed biennially on forms provided by the Board. In accordance with section 6(c) or (d) of the Volunteer Health Services Act (35 P.S. § 449.46), a volunteer license holder shall comply with the applicable continuing education requirements, including at least 2 hours of training in approved child abuse recognition and reporting in accordance with § 16.108(b) (relating to child abuse recognition and reporting—mandatory training requirement). The applicant shall be exempt from payment of the biennial renewal fee of § 16.13 (relating to licensure, certification, examination and registration fees), and is exempt from the requirements with regard to the maintenance of liability insurance coverage

under section 711 of the MCARE Act (40 P. S. § 1303.711) as provided in section 9 of the Volunteer Health Services Act (35 P. S. § 449.49).

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§ 16.19. Continuing medical education.

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(b) [Beginning with the licensure renewal period commencing January 1, 2007, proof] Proof of completion of 100 credit hours of continuing medical education in the preceding biennial period, including at least 2 hours of approved training in child abuse recognition and reporting in accordance with § 16.108(b) (relating to child abuse recognition and reporting—mandatory training requirement), will be required for licensure renewal for medical doctors.

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Subchapter G. MINIMUM STANDARDS OF PRACTICE—CHILD ABUSE REPORTING

§ 16.101. Definitions.

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

~~*Board-regulated practitioner*—A medical doctor, physician assistant, nurse midwife, [certified registered nurse practitioner,] respiratory [care practitioner, drugless] therapist, acupuncturist, practitioner of Oriental medicine, athletic trainer, genetic counselor, behavior specialist, perfusionist, prosthetist, orthotist, pedorthist, orthotic fitter or auxiliary personnel performing radiologic procedures on the premises of a medical doctor.~~

Bodily injury—Impairment of physical condition or substantial pain.

Bureau—The Bureau of Professional and Occupational Affairs within the Department of State of the Commonwealth.

Child—An individual under 18 years of age.

Child abuse—[A term meaning any of the following:

- (i) A recent act or failure to act by a perpetrator which causes nonaccidental serious physical injury to a child under 18 years of age.
- (ii) An act or failure to act by a perpetrator which causes nonaccidental serious mental injury to or sexual abuse or sexual exploitation of a child under 18 years of age.
- (iii) A recent act, failure to act or series of acts or failures to act by a perpetrator which creates an imminent risk of serious physical injury to or sexual abuse or sexual exploitation of a child under 18 years of age.
- (iv) Serious physical neglect by a perpetrator constituting prolonged or repeated lack of supervision or the failure to provide the essentials of life, including adequate medical care, which endangers a child's life or development or impairs the child's functioning.]

Intentionally, knowingly or recklessly doing any of the following:

- (i) Causing bodily injury to a child through any recent act or failure to act.
- (ii) Fabricating, feigning or intentionally exaggerating or inducing a medical symptom or disease which results in a potentially harmful medical evaluation or treatment to the child through any recent act.
- (iii) Causing or substantially contributing to serious mental injury to a child through any act or failure to act or a series of such acts or failures to act.
- (iv) Causing sexual abuse or exploitation of a child through any act or failure to act.

(v) Creating a reasonable likelihood of bodily injury to a child through any recent act or failure to act.

(vi) Creating a likelihood of sexual abuse or exploitation of a child through any recent act or failure to act.

(vii) Causing serious physical neglect of a child.

(viii) Engaging in any of the following recent acts:

(A) Kicking, biting, throwing, burning, stabbing or cutting a child in a manner that endangers the child.

(B) Unreasonably restraining or confining a child, based on consideration of the method, location or duration of the restraint or confinement.

(C) Forcefully shaking a child under 1 year of age.

(D) Forcefully slapping or otherwise striking a child under 1 year of age.

(E) Interfering with the breathing of a child.

(F) Causing a child to be present at a location while a violation of 18 Pa.C.S. § 7508.2 (relating to operation of methamphetamine laboratory) is occurring, provided that the violation is being investigated by law enforcement.

(G) Leaving a child unsupervised with an individual, other than the child's parent, who the actor knows or reasonably should have known:

(I) Is required to register as a Tier II or Tier III sexual offender under 42 Pa.C.S. Chapter 97, Subchapter H (relating to registration of sexual offenders), where the victim of the sexual offense was under 18 years of age when the crime was committed.

(II) Has been determined to be a sexually violent predator under 42 Pa.C.S. § 9799.24 (relating to assessments) or any of its predecessors.

(III) Has been determined to be a sexually violent delinquent child as defined in 42 Pa.C.S. § 9799.12 (relating to definitions).

(IV) Has been determined to be a sexually violent predator under 42 Pa.C.S. § 9799.58 (relating to assessments) or has to register for life under 42 Pa.C.S. § 9799.55(b) (relating to registration).

(ix) Causing the death of the child through any act or failure to act.

(x) Engaging a child in a severe form of trafficking in persons or sex trafficking, as those terms are defined under section 103 of the Trafficking Victims Protection Act of 2000 (114 Stat. 1466, 22 U.S.C. § 7102).

ChildLine—An organizational unit of the Department of [Public Welfare] Human Services which operates a 24-hour a day Statewide toll free telephone system for receiving reports of suspected child abuse, referring reports for investigation and maintaining the reports in the appropriate file.

[Individual residing in the same home as the child—An individual who is 14 years of age or older and who resides in the same home as the child.]

Mandated reporter—A person who is required under 23 Pa.C.S. § 6311 (relating to persons required to report suspected child abuse) to make a report of suspected child abuse. For purposes of this chapter, the term includes all Board-regulated practitioners.

Parent—A biological parent, adoptive parent or legal guardian.

Perpetrator—[A person who has committed child abuse and is a parent of the child, a person responsible for the welfare of a child, an individual residing in the same home as a child or a paramour of a child's parent.] A person who has committed child abuse as defined in this section.

(i) This term includes only the following:

(A) A parent of the child.

(B) A spouse or former spouse of the child's parent.

(C) A paramour or former paramour of the child's parent.

(D) ~~A person~~ AN INDIVIDUAL 14 years of age or older and WHO IS A PERSON responsible for the child's welfare or ~~having~~ WHO HAS direct contact with children as an employee of child-care services, a school or through a program, activity or service.

(E) An individual 14 years of age or older who resides in the same home as the child.

(F) An individual 18 years of age or older who does not reside in the same home as the child but is related within the third degree of consanguinity or affinity by birth or adoption of the child.

(G) An individual 18 years of age or older who engages a child in severe forms of trafficking in persons or sex trafficking, as those terms are defined under section 103 of the Trafficking Victims Protection Act of 2000 (114 Stat. 1466, 22 U.S.C. § 7102).

(ii) Only the following may be considered a perpetrator for failing to act, as provided in this section:

(A) A parent of the child.

(B) A spouse or former spouse of the child's parent.

(C) A paramour or former paramour of the child's parent.

(D) A person 18 years of age or older and responsible for the child's welfare
WHO IS 18 YEARS OF AGE OR OLDER,

(E) A person 18 years of age or older who resides in the same home as the child.

Person responsible for the child's welfare—

[(i) A person who provides permanent or temporary care, supervision, mental health diagnosis or treatment, training or control of a child in lieu of parental care, supervision and control.

[(ii) The term does not include a person who is employed by or provides services or programs in a public or private school, intermediate unit or area vocational-technical school.]

Program, activity or service— Any of the following in which children participate and which is sponsored by a school or a public or private organization:

(i) A youth camp or program.

(ii) A recreational camp or program.

(iii) A sports or athletic program.

(iv) A community or social outreach program.

(v) An enrichment or educational program.

(vi) A troop, club or similar organization.

Recent [acts or omissions] act or failure to act—[Acts or omissions] An act of OR failure to act committed within 2 years of the date of the report to the Department of [Public Welfare] Human Services or county agency.

Serious mental injury—A psychological condition, as diagnosed by a physician or licensed psychologist, including the refusal of appropriate treatment, that does one or more of the following:

- (i) Renders a child chronically and severely anxious, agitated, depressed, socially withdrawn, psychotic or in reasonable fear that the child's life or safety is threatened.
- (ii) Seriously interferes with a child's ability to accomplish age-appropriate developmental and social tasks.

[Serious physical injury—An injury that causes a child severe pain or significantly impairs a child's physical functioning, either temporarily or permanently.]

Serious physical neglect—Any of the following that endangers a child's life or health, threatens a child's well-being, causes bodily injury or impairs a child's health, development or functioning:

- (i) A repeated, prolonged or egregious failure to supervise a child in a manner that is appropriate considering the child's developmental age and abilities.
- (ii) The failure to provide a child with adequate essentials of life, including food, shelter or medical care.

Sexual abuse or exploitation—[The employment, use, persuasion, inducement, enticement or coercion of a child to engage in or assist another person to engage in sexually explicit conduct or a simulation of sexually explicit conduct for the purpose of producing a visual depiction, including photographing, videotaping, computer depicting or filming, of sexually explicit conduct or the rape, sexual assault, involuntary deviate sexual intercourse, aggravated indecent assault, molestation, incest, indecent exposure, prostitution, statutory sexual assault or other form of sexual exploitation of children.] Any of the following:

- (i) The employment, use, persuasion, inducement, enticement or coercion of a child to engage in or assist another individual to engage in sexually explicit conduct, which includes the following:

- (A) Looking at sexual or other intimate parts of a child or another individual for the purpose of arousing or gratifying sexual desire in any individual.
- (B) Participating in sexually explicit conversation either in person, by telephone, by computer or by a computer-aided device for the purpose of sexual stimulation or gratification of any individual.
- (C) Actual or simulated sexual activity or nudity for the purpose of sexual stimulation or gratification of any individual.
- (D) Actual or simulated sexual activity for the purpose of producing visual depiction, including photographing, videotaping, computer depicting or filming.
- (ii) Any of the following offenses committed against a child:
 - (A) Rape as defined in 18 Pa.C.S. § 3121 (relating to rape).
 - (B) Statutory sexual assault as defined in 18 Pa.C.S. § 3122.1 (relating to statutory sexual assault).
 - (C) Involuntary deviate sexual intercourse as defined in 18 Pa.C.S. § 3123 (relating to involuntary deviate sexual intercourse).
 - (D) Sexual assault as defined in 18 Pa.C.S. § 3124.1 (relating to sexual assault).
 - (E) Institutional sexual assault as defined in 18 Pa.C.S. 3124.2 (relating to institutional sexual assault).
 - (F) Aggravated indecent assault as defined in 18 Pa.C.S. § 3125 (relating to aggravated indecent assault).
 - (G) Indecent assault as defined in 18 Pa.C.S. § 3126 (relating to indecent assault).

(H) Indecent exposure as defined in 18 Pa.C.S. § 3127 (relating to indecent exposure).

(I) Incest as defined in 18 Pa.C.S. § 4302 (relating to incest).

(J) Prostitution as defined in 18 Pa.C.S. § 5902 (relating to prostitution and related offenses).

(K) Sexual abuse as defined in 18 Pa.C.S. § 6312 (relating to sexual abuse of children).

(L) Unlawful contact with a minor as defined in 18 Pa.C.S. § 6318 (relating to unlawful contact with minor).

(M) Sexual exploitation as defined in 18 Pa.C.S. § 6320 (relating to sexual exploitation of children).

(iii) For the purposes of subparagraph (i), the term does not include consensual activities between a child who is 14 years of age or older and another person who is 14 years of age or older and whose age is within 4 years of the child's age.

§ 16.102. Suspected child abuse—mandated reporting requirements.

(a) General rule.

(1) Under 23 Pa.C.S. § 6311 (relating to persons required to report suspected child abuse), [Board regulated practitioners who, in the course of their employment, occupation or practice of their profession, come into contact with children shall report or cause a report to be made to the Department of Public Welfare when the Board regulated practitioners have reasonable cause to suspect on the basis of their professional or other training or experience, that a child coming before them in their professional or official capacity is a victim of child abuse] all Board-regulated practitioners are considered mandated reporters.

A mandated reporter shall make a report of suspected child abuse in accordance with this section if the mandated reporter has reasonable cause to suspect that a child is a victim of child abuse under any of the following circumstances:

~~(1)~~ (i) The mandated reporter comes into contact with the child in the course of employment, occupation and practice of the profession or through a regularly scheduled program, activity or service.

~~(2)~~ (ii) The mandated reporter is directly responsible for the care, supervision, guidance or training of the child, or is affiliated with an agency, institution, organization, school, regularly established church or religious organization or other entity that is directly responsible for the care, supervision, guidance or training of the child.

~~(3)~~ (iii) A person makes a specific disclosure to the mandated reporter that an identifiable child is the victim of child abuse.

~~(4)~~ (iv) An individual 14 years of age or older makes a specific disclosure to the mandated reporter that the individual has committed child abuse.

(2) NOTHING IN THIS SUBSECTION SHALL REQUIRE A CHILD TO COME BEFORE THE MANDATED REPORTER TO MAKE A REPORT OF SUSPECTED CHILD ABUSE.

(3) NOTHING IN THIS SUBSECTION SHALL REQUIRE THE MANDATED REPORTER TO IDENTIFY THE PERSON RESPONSIBLE FOR THE CHILD ABUSE TO MAKE A REPORT OF SUSPECTED CHILD ABUSE.

(b) *Staff members of public or private agencies, institutions and facilities.* [Board regulated practitioners who are staff members of a medical or other public or private institution, school,

facility or agency, and who, in the course of their employment, occupation or practice of their profession, come into contact with children shall immediately notify the person in charge of the institution, school, facility or agency or the designated agent of the person in charge when they have reasonable cause to suspect on the basis of their professional or other training or experience, that a child coming before them in their professional or official capacity is a victim of child abuse. Upon notification by the Board regulated practitioner, the person in charge or the designated agent shall assume the responsibility and have the legal obligation to report or cause a report to be made in accordance with subsections (a), (c) and (d).] Whenever a Board-regulated practitioner is required to make a report under subsection (a) in the capacity as a member of the staff of a medical or other public or private institution, school, facility or agency, that Board-regulated practitioner shall report immediately in accordance with subsection (c) and shall immediately thereafter notify the person in charge of the institution, school, facility or agency or the designated agent of the person in charge.

(c) *Reporting procedure.* [Reports of suspected child abuse shall be made by telephone and by written report.

(1) *Oral reports.* Oral reports of suspected child abuse shall be made immediately by telephone to ChildLine (800) 932-0313.

(2) *Written reports.* Written reports shall be made within 48 hours after the oral report is made by telephone. Written reports shall be made on forms available from a county children and youth social service agency.]

A mandated reporter shall immediately make a report of suspected child abuse to the Department of Human Services by either:

(1) Making an oral report of suspected child abuse by telephone to ChildLine at (800) 932-0313, followed by a written report within 48 hours to the Department of Human Services or the county agency assigned to the case in a manner and format prescribed by the Department of Human Services. The written report submitted under this subparagraph may be submitted electronically.

(2) Making an electronic report of suspected child abuse in accordance with 23 Pa.C.S. § 6305 (related to electronic reporting) through the Department of Human Service's Child Welfare Information Solution self-service portal at www.compass.state.pa.us/cwis. A confirmation by the Department of Human Services of the receipt of a report of suspected child abuse submitted electronically relieves the mandated reporter of the duty to make an additional oral or written report.

(d) *Written or electronic reports.* [Written reports shall be made in the manner and on forms prescribed by the Department of Public Welfare. The following information shall be included in the written reports, if available:] A written or electronic report of suspected child abuse, shall include the following information, if known:

- (1) The names and addresses of the child [and], the child's parents or any other person responsible for the [care of the child, if known] child's welfare.
- (2) Where the suspected abuse occurred.
- (3) The age and sex of [the subjects] each subject of the report.
- (4) The nature and extent of the suspected child abuse, including any evidence of prior abuse to the child or [siblings] any sibling of the child.

- (5) The name and relationship of [the persons] each individual responsible for causing the suspected abuse[, if known,] and any evidence of prior abuse by [those persons] each individual.
- (6) Family composition.
- (7) The source of the report.
- (8) The name, telephone number and e-mail address of the person making the report [and where that person can be reached].
- (9) The actions taken by the [reporting source, including the taking of photographs and X-rays, removal or keeping of the child or notifying the medical examiner or coroner] person making the report, including actions taken under 23 Pa.C.S. §§ 6314—6317.
- (10) Other information required by Federal law or regulation.
- (11) Other information which the Department of [Public Welfare] Human Services may require by regulation.

§ 16.103. Photographs, medical tests and X-rays of child subject to report.

A Board-regulated practitioner may take or cause to be taken photographs of the child who is subject to a report and, if clinically indicated, cause to be performed a radiological examination and other medical tests on the child. Medical summaries or reports of the photographs, X-rays and relevant medical tests taken shall be sent to the county children and youth social service agency at the time the written report is sent or within 48 hours after an electronic report is made under § 16.102(c)(2) (relating to suspected child abuse—mandated reporting requirements), or as soon thereafter as possible. The county children and youth social service agency shall have access to actual photographs or duplicates and X-rays and may obtain them or duplicates of them upon request. MEDICAL SUMMARIES OR REPORTS OF THE PHOTOGRAPHS, X-RAYS AND

RELEVANT MEDICAL TESTS SHALL BE MADE AVAILABLE TO LAW ENFORCEMENT OFFICIALS IN THE COURSE OF INVESTIGATING CASES UNDER 23 PA.C.S. § 6490 (a)(9) OR (10) (RELATING TO RELEASE OF INFORMATION IN CONFIDENTIAL REPORTS).

§ 16.104. Suspected death as a result of child abuse—mandated reporting requirement.

A Board-regulated practitioner who has reasonable cause to suspect that a child died as a result of child abuse shall report that suspicion to the coroner or medical examiner of the county where death occurred or, in the case where the child is transported to another county for medical treatment, to the coroner or medical examiner of the county where the injuries were sustained.

§ 16.105. Immunity from liability.

Under 23 Pa.C.S. § 6318 (relating to immunity from liability), a Board-regulated practitioner who participates in good faith in the making of a report[, cooperating with an investigation, testifying in a proceeding arising out of an instance of suspected child abuse or the taking of photographs] of suspected child abuse, making a referral for general protective services, cooperating or consulting with an investigation including providing information to a child fatality or near fatality review team, testifying in a proceeding arising out of an instance of suspected child abuse or general protective services or engaging in any action authorized under 23 Pa.C.S. §§ 6314—6317, shall have immunity from civil and criminal liability that might otherwise result by reason of the Board-regulated practitioner's actions. For the purpose of any civil or criminal proceeding, the good faith of the Board-regulated practitioner shall be presumed. The Board will uphold the same good faith presumption in any disciplinary proceeding that might result by reason of a Board-regulated practitioner's actions [in participating in good faith in the making of a report, cooperating with an investigation, testifying in a proceeding arising out of an instance of suspected child abuse or the taking of photographs] under §§ 16.102—16.104 (relating to

suspected child abuse—mandated reporting requirements; photographs, medical tests and x-rays of child subject to report; and suspected death as a result of child abuse—mandated reporting requirement).

§ 16.106. Confidentiality—waived.

To protect children from abuse, the reporting requirements of §§ 16.102—16.104 (relating to suspected child abuse—mandated reporting requirements; photographs, medical tests and X-rays of child subject to report; and suspected death as a result of child abuse—mandated reporting requirement) take precedence over any client confidentiality, ethical principles or professional standard that might otherwise apply. In accordance with 23 Pa.C.S. § 6311.1 (relating to privileged communications), privileged communications between a mandated reporter and a patient does not apply to a situation involving child abuse and does not relieve the mandated reporter of the duty to make a report of suspected child abuse. Additionally, under 23 Pa.C.S. § 6313(e) (relating to reporting procedure), notwithstanding any other provision of law to the contrary, a mandated reporter who makes a report of suspected child abuse does not violate the act of July 9, 1976 (P.L. 817, No. 143), known as the Mental Health Procedures Act, by releasing information necessary to complete the report.

§ 16.107. Noncompliance.

(a) *Disciplinary action.* A Board-regulated practitioner who willfully fails to comply with the reporting requirements in §§ 16.102—16.104 (relating to suspected child abuse—mandated reporting requirements; photographs, medical tests and X-rays of child subject to report; and suspected death as a result of child abuse—mandated reporting requirement) will be subject to disciplinary action under section 41 of the act (63 P. S. § 422.41).

(b) *Criminal penalties.* [Under 23 Pa.C.S. § 6319 (relating to penalties for failure to report), a Board regulated practitioner who is required to report a case of suspected child abuse who willfully fails to do so commits a summary offense for the first violation and a misdemeanor of the third degree for a second or subsequent violation.] Under 23 Pa.C.S. § 6319 (relating to penalties), a Board-regulated practitioner who is required to report a case of suspected child abuse or to make a referral to the appropriate authorities and who willfully fails to do so commits a criminal offense, as follows:

(1) An offense not otherwise specified in paragraphs (2), (3) or (4) is a misdemeanor of the second degree.

(2) An offense is a felony of the third degree if all of the following apply:

(i) The mandated reporter willfully fails to report.

(ii) The child abuse constitutes a felony of the first degree or higher.

(iii) The mandated reporter has direct knowledge of the nature of the abuse.

(3) If the willful failure to report continues while the mandated reporter knows or has reasonable cause to suspect a child is being subjected to child abuse by the same individual, or while the mandated reporter knows or has reasonable cause to suspect that the same individual continues to have direct contact with children through the individual's employment, program, activity or service, the mandated reporter commits a felony of the third degree, except that if the child abuse constitutes a felony of the first degree or higher, the mandated reporter commits a felony of the second degree.

(4) A mandated reporter who, at the time of sentencing for an offense under 23 Pa.C.S. § 6319, has been convicted of a prior offense under 23 Pa.C.S. § 6319, commits a felony

of the third degree, except that if the child abuse constitutes a felony of the first degree or higher, the penalty for the second or subsequent offense is a felony of the second degree.

§ 16.108. Child abuse recognition and reporting—mandatory training requirement.

(a) Except as provided in subsection (c), individuals applying to the Board for an initial license shall complete HAVE COMPLETED at least 3 hours of training in child abuse recognition and reporting requirements which has been approved by the Department of Human Services AND THE BUREAU, AS SET FORTH IN § 16.109 (RELATING TO CHILD ABUSE RECOGNITION AND REPORTING COURSE APPROVAL PROCESS). THE APPLICANT SHALL CERTIFY ON THE APPLICATION THAT THE APPLICANT HAS EITHER COMPLETED THE REQUIRED TRAINING OR HAS BEEN GRANTED AN EXEMPTION UNDER SUBSECTION (c). THE BOARD WILL NOT ISSUE A LICENSE OR CERTIFICATE UNLESS THE BUREAU HAS RECEIVED AN ELECTRONIC REPORT FROM AN APPROVED COURSE PROVIDER DOCUMENTING THE ATTENDANCE/PARTICIPATION BY THE APPLICANT OR THE APPLICANT HAS OBTAINED AN EXEMPTION UNDER SUBSECTION (c).

(b) Except as provided in subsection (c), licensees seeking renewal of a license issued by the Board shall complete, as a condition of biennial renewal, at least 2 hours of approved continuing education in child abuse recognition and reporting requirements, as a portion of the total continuing education required for biennial renewal. For credit to be granted, the continuing education course or program must be approved by the Bureau, in consultation with the Department of Human Services, as set forth in § 16.109 (relating to child abuse recognition and reporting course approval process). The Board will not renew a license unless the Bureau has received an electronic report from an approved course provider documenting the attendance/participation by the licensee in an

approved course WITHIN THE APPLICABLE BIENNIAL RENEWAL PERIOD or the licensee has obtained an exemption under subsection (c). IF A LICENSEE HOLDS MORE THAN ONE LICENSE ISSUED BY THE BOARD, OR HOLDS A LICENSE ISSUED BY ANOTHER LICENSING BOARD WITHIN THE BUREAU THAT REQUIRES MANDATORY TRAINING IN CHILD ABUSE RECOGNITION AND REPORTING, CREDIT FOR COMPLETION OF AN APPROVED COURSE WILL BE APPLIED TO BOTH LICENSES.

(c) An applicant or licensee may apply in writing for an exemption from the training/continuing education requirements set forth in subsections (a) and (b) provided the applicant or licensee meets one of the following:

(1) The applicant or licensee submits documentation demonstrating all of the following:

(i) The applicant or licensee has already completed child abuse recognition training as required by section 1205.6 of the Public School Code of 1949 (24 P.S. § 12-1205.6).

(ii) The training was approved by the Department of Education in consultation with the Department of Human Services.

(iii) The amount of training received equals or exceeds the amount of training or continuing education required under subsection (a) or (b), as applicable.

(iv) FOR PURPOSES OF LICENSURE RENEWAL, THE TRAINING MUST HAVE BEEN COMPLETED DURING THE RELEVANT BIENNIAL RENEWAL PERIOD.

(2) The applicant or licensee submits documentation demonstrating all of the following:

(i) The applicant or licensee has already completed child abuse recognition training required under 23 Pa.C.S. § 6383(c) (relating to education and training).

(ii) The training was approved by the Department of Human Services.

(iii) The amount of training received equals or exceeds the amount of training or continuing education required under subsection (a) or (b), as applicable.

(iv) FOR PURPOSES OF LICENSURE RENEWAL, THE TRAINING MUST HAVE BEEN COMPLETED DURING THE RELEVANT BIENNIAL RENEWAL PERIOD.

(3) The applicant or licensee submits documentation ACCEPTABLE TO THE BOARD demonstrating that WHY the applicant or licensee should not be subject to the training or continuing education requirement. THE BOARD WILL NOT GRANT AN EXEMPTION BASED SOLELY UPON PROOF THAT CHILDREN ARE NOT PART OF THE APPLICANT'S OR LICENSEE'S PRACTICE. Each request for an exemption under this paragraph will be considered on a case-by-case basis. THE BOARD MAY GRANT THE EXEMPTION IF IT FINDS THAT COMPLETION OF THE TRAINING OR CONTINUING EDUCATION REQUIREMENT IS DUPLICATIVE OR UNNECESSARY UNDER THE CIRCUMSTANCES.

(d) EXEMPTIONS GRANTED UNDER SUBSECTION (c) ARE APPLICABLE ONLY FOR THE BIENNIAL RENEWAL PERIOD FOR WHICH THE EXEMPTION IS REQUESTED. IF AN EXEMPTION IS GRANTED, THE BOARD WILL ISSUE OR RENEW THE LICENSE, AS APPLICABLE. IF AN EXEMPTION IS DENIED, THE BOARD WILL EMAIL THE APPLICANT OR LICENSEE A DISCREPANCY NOTICE NOTIFYING THEM OF THE NEED TO EITHER COMPLETE AN APPROVED COURSE OR, IF WARRANTED,

TO SUBMIT ADDITIONAL DOCUMENTATION IN SUPPORT OF THEIR REQUEST FOR AN EXEMPTION.

§ 16.109. Child abuse recognition and reporting course approval process.

(a) An individual, entity or organization may apply for approval to provide mandated reporter training as required under 23 Pa.C.S. § 6383(b) (relating to education and training) by submitting the course materials set forth in subsection (b) simultaneously to the Department of Human Services (DHS), Office of Children, Youth and Families, and to the Bureau at the following addresses:

(1) Department of Human Services, Office of Children, Youth and Families, Health and Welfare Building, 625 Forster Street, Harrisburg, PA 17120; or electronically at RA-PWOCYFCPSL@pa.gov.

(2) Bureau of Professional and Occupational Affairs, 2601 North Third Street, P.O. Box 2649, Harrisburg, PA 17105-2649; or electronically at RA-stcpsl_course_app@pa.gov.

(b) Submissions must include all of the following:

(1) Contact information (mailing address, email address and telephone number) for the agency/course administrator.

(2) General description of the training and course delivery method.

(3) Title of the course.

(4) Timed agenda and estimated hours of training.

(5) Learning objectives.

(6) Intended audience.

(7) All course related materials, including as applicable:

- (i) Handouts.
 - (ii) Narrated script or talking points.
 - (iii) Interactive activities or exercises.
 - (iv) Videos and audio/visual content.
 - (v) Knowledge checks, quizzes or other means of assessing participant's understanding of the material.
 - (vi) For online courses, a transcript of audio training.
- (8) Citation of sources, including written permission to use copyrighted material, if applicable.
- (9) Anticipated credentials or experience of the presenter, or biography of presenter, if known.
- (10) Printed materials used to market the training.
- (11) Evaluation used to assess participants' satisfaction with the training.
- (12) Sample certificate of attendance/participation, which shall include:
- (i) Name of participant.
 - (ii) Title of training.
 - (iii) Date of training.
 - (iv) Length of training (2 or 3 hours).
 - (v) Name and signature of the authorized representative of the provider. The signature may be an electronic signature.
 - (vi) Statement affirming the participant attended the entire course.
- (13) Verification of ability to report participation/attendance electronically to the Bureau in a format prescribed by the Bureau.

(c) The Bureau will notify the applicant INDIVIDUAL, ENTITY OR ORGANIZATION in writing upon approval of the course and will post a list of approved courses on the Bureau's website and the Board's website.

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CHAPTER 17. STATE BOARD OF MEDICINE—MEDICAL DOCTORS

Subchapter A. LICENSURE OF MEDICAL DOCTORS

§ 17.1. License without restriction.

(a) Except as provided in § 17.2 (relating to license without restriction—endorsement), to secure a license without restriction an applicant shall:

* * * * *

(5) Satisfy the general qualifications for a license specified in § 16.12 (relating to general qualifications for licenses and certificates), INCLUDING HAVING COMPLETED AT LEAST 3 HOURS OF APPROVED TRAINING IN CHILD ABUSE RECOGNITION AND REPORTING IN ACCORDANCE WITH § 16.108 (RELATING TO CHILD ABUSE RECOGNITION AND REPORTING—MANDATORY TRAINING REQUIREMENT).

(b) An applicant who is a graduate of an unaccredited medical college shall submit a complete application and shall, in addition to satisfying the requirements in subsection (a), submit a diploma and transcript verified by a medical college listed in the International Medical Education Directory and chartered and recognized by the country in which it is situated for the provision of medical doctor education. The transcript must identify the successful completion of the equivalent of 4 academic years of medical education including 2 academic years in the study of the arts and sciences of medicine generally recognized by the medical education community in the United States and 2 academic years of clinical study of the practice of medicine as generally recognized by the medical education community in the United States.

§ 17.2. Licensure without restriction—endorsement.

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(e) The Board may, in lieu of the examination requirement provided for in subsection (c), consider whether the applicant has a significant history in the practice of medicine, has recognized professional and academic achievement and credentials and has obtained certification by a Board recognized specialty certification body.

(f) AN APPLICANT FOR A LICENSE BY ENDORSEMENT SHALL SATISFY THE REQUIREMENTS IN § 16.12 (RELATING TO GENERAL QUALIFICATIONS FOR LICENSES AND CERTIFICATES), INCLUDING HAVING COMPLETED AT LEAST 3 HOURS OF APPROVED TRAINING IN CHILD ABUSE RECOGNITION AND REPORTING IN ACCORDANCE WITH § 16.108 (RELATING TO CHILD ABUSE RECOGNITION AND REPORTING—MANDATORY TRAINING REQUIREMENT).

§ 17.3. Institutional license.

(a) An institutional license authorizes a qualified person to teach and practice medicine for a period of time specified by the Board, not exceeding 3 years, in one of the medical colleges, its affiliates, or community hospitals within this Commonwealth. To qualify for an institutional license, an applicant shall satisfy the requirements listed in § 16.12 (relating to general qualifications for licenses and certificates), INCLUDING HAVING COMPLETED AT LEAST 3 HOURS OF APPROVED TRAINING IN CHILD ABUSE RECOGNITION AND REPORTING IN ACCORDANCE WITH § 16.108 (RELATING TO CHILD ABUSE RECOGNITION AND REPORTING—MANDATORY TRAINING REQUIREMENT), and one of the following:

(1) Be a graduate of an unaccredited medical college who has attained through professional growth and teaching experience the status of teacher.

- (2) Have achieved outstanding medical skills in a particular area of medicine and wish to practice, demonstrate or teach in that area, but not otherwise be licensed to do so.

* * * * *

§ 17.4. Extraterritorial license.

(a) An extraterritorial license authorizes a medical doctor who possesses a license to practice medicine and surgery without restriction or an equivalent license, in a state adjoining this Commonwealth, to practice medicine and surgery in this Commonwealth.

(b) An extraterritorial license will be issued under the following circumstances:

(1) The applicant shall satisfy the following:

* * * * *

(v) Satisfy the qualifications listed in § 16.12 (relating to general qualifications for licenses and certificates), INCLUDING HAVING COMPLETED AT LEAST 3 HOURS OF APPROVED TRAINING IN CHILD ABUSE RECOGNITION AND REPORTING IN ACCORDANCE WITH § 16.108 (RELATING TO CHILD ABUSE RECOGNITION AND REPORTING—MANDATORY TRAINING REQUIREMENT).

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§ 17.5. Graduate license.

(a) A graduate license authorizes the licensee to participate in a year of graduate medical training within the complex of the hospital to which the licensee is assigned, and a satellite facility or other training location utilized in the graduate training program.

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(c) Additional requirements for securing a graduate license are that the applicant shall satisfy the following:

* * * * *

(3) Satisfy the requirements in § 16.12 (relating to general qualifications for licenses and certificates), INCLUDING HAVING COMPLETED AT LEAST 3 HOURS OF APPROVED TRAINING IN CHILD ABUSE RECOGNITION AND REPORTING IN ACCORDANCE WITH § 16.108 (RELATING TO CHILD ABUSE RECOGNITION AND REPORTING—MANDATORY TRAINING REQUIREMENT).

* * * * *

§ 17.6. Temporary license.

(a) A temporary license will be issued to an applicant who holds the equivalent of a license without restriction granted by the licensing authority of another state, territory or possession of the United States, or another country, AND WHO SATISFIES THE REQUIREMENTS IN § 16.12 (RELATING TO GENERAL QUALIFICATIONS FOR LICENSES AND CERTIFICATES), INCLUDING HAVING COMPLETED AT LEAST 3 HOURS OF APPROVED TRAINING IN CHILD ABUSE RECOGNITION AND REPORTING IN ACCORDANCE WITH § 16.108 (RELATING TO CHILD ABUSE RECOGNITION AND REPORTING—MANDATORY TRAINING REQUIREMENT), to permit one of the following:

- (1) The teaching and demonstration of advanced medical and surgical techniques.
- (2) Participation in a medical or surgical procedure necessary for the well-being of a specified patient.
- (3) The practice of medicine and surgery in a camp or resort for no more than 3 months.
- (4) Attending to the medical and surgical needs of a person visiting this Commonwealth for a brief period of time.

- (5) The short-term replacement of a doctor of medicine employed by the Federal government in a National Health Service Corps Clinic, under Project U.S.A. arrangements.

* * * * *

§ 17.7. Interim limited license.

- (a) A person who holds a graduate license is limited to providing medical services embraced within the graduate medical training program in which the person is participating unless that person also holds an interim limited license or other license issued by the Board, other than a graduate license.

* * * * *

- (c) To qualify for an interim limited license, an applicant shall satisfy the following:

- (1) Be a graduate of an accredited medical college.

* * * * *

- (8) Satisfy the qualifications listed in § 16.12 (relating to general qualifications for licenses and certificates), INCLUDING HAVING COMPLETED AT LEAST 3 HOURS OF APPROVED TRAINING IN CHILD ABUSE RECOGNITION AND REPORTING IN ACCORDANCE WITH § 16.108 (RELATING TO CHILD ABUSE RECOGNITION AND REPORTING—MANDATORY TRAINING REQUIREMENT).

- (9) Be evaluated by the Board as having received ample education and training to perform the specified medical services.

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

Subchapter A. LICENSURE AND REGULATION OF MIDWIFE ACTIVITIES

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§ 18.2. Licensure requirements.

The Board will grant a nurse-midwife license to an applicant who meets the following requirements. The applicant shall:

- (1) Be licensed as a registered nurse in this Commonwealth.
- (2) Satisfy the licensure requirements in § 16.12 (relating to general qualifications for licenses and certificates), including the completion of at least 3 hours of approved training in child abuse recognition and reporting in accordance with § 16.108(a) (relating to child abuse recognition and reporting—mandatory training requirement).
- (3) Have successfully completed a midwife program.
- (4) Have obtained one of the following:
 - (i) A passing grade on a midwife examination. The Board accepts the passing grade on the certifying examination of the ACNM or AMCB as determined by the ACNM or AMCB or successor organization as recognized by the Board.
 - (ii) Certification as a midwife by the American College of Nurse-Midwives (ACNM) before the ACNM certification examination was first administered in 1971. To be eligible for renewal of a nurse-midwife license, the nurse-midwife shall maintain National certification available to the profession and recognized by the Board.
- (5) Submit an application for a nurse-midwife license accompanied by the required fee. For the fee amount, see § 16.13 (relating to licensure, certification, examination and registration fees).

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§ 18.3. Biennial registration requirements.

(a) A nurse-midwife license shall be registered biennially. The procedure for the biennial registration of a nurse-midwife license is in § 16.15 (relating to biennial registration; inactive status and unregistered status).

(b) As a condition of biennial license renewal, a nurse-midwife shall complete the continuing education requirement in section 12.1 of the Professional Nursing Law (63 P. S. § 222), including at least 2 hours of approved continuing education in child abuse recognition and reporting in accordance with § 16.108(b) (relating to child abuse recognition and reporting—mandatory training requirement). In the case of a nurse-midwife who has prescriptive authority under the act, the continuing education required by the Professional Nursing Law (630.5 §§ 211—225.5) must include at least 16 hours in pharmacology completed each biennium.

(c) The fees for the biennial renewal of a nurse-midwife license and prescriptive authority are set forth in § 16.13 (relating to licensure, certification, examination and registration fees).

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**Subchapter B. [REGISTRATION] LICENSURE AND PRACTICE OF
ACUPUNCTURISTS AND PRACTITIONERS OF ORIENTAL MEDICINE**

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§ 18.13. Requirements for licensure as an acupuncturist.

(a) The Board will license as an acupuncturist a person who satisfies the following requirements:

- (1) Has successfully completed an acupuncture educational program which includes a course in needle sterilization techniques.

(2) Has obtained a passing grade on an acupuncture examination or has been certified by NCCAOM. If the examination was not taken in English, but is otherwise acceptable and a passing score was secured, the Board will accept the examination result if the applicant has also secured a score of 550 on the test of English as a Foreign Language (TOEFL).

(3) Has completed at least 3 hours of approved training in child abuse recognition and reporting in accordance with § 16.108(a) (relating to child abuse recognition and reporting—mandatory training requirement).

§ 18.14. Biennial registration requirements.

(a) Acupuncturists and practitioners of Oriental medicine shall register biennially and submit the appropriate registration fee to engage in the practice of acupuncture for the biennial period.

(b) Procedures for biennial registration of acupuncturists and practitioners of Oriental medicine are outlined in § 16.15 (relating to biennial registration; inactive status and unregistered status).

(c) The biennial registration fee is set forth in § 16.13 (relating to licensure, certification, examination and registration fees).

(d) As a condition of biennial registration, acupuncturists and practitioners of Oriental medicine shall complete at least 2 hours of approved training in child abuse recognition and reporting in accordance with § 16.108(b) (relating to child abuse recognition and reporting—mandatory training requirement)

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Subchapter D. PHYSICIAN ASSISTANTS

§ 18.141. Criteria for licensure as a physician assistant.

The Board will approve for licensure as a physician assistant an applicant who:

- (1) Satisfies the licensure requirements in § 16.12 (relating to general qualifications for licenses and certificates) including the completion of at least 3 hours of approved training in child abuse recognition and reporting in accordance with § 16.108(a) (relating to child abuse recognition and reporting—mandatory training requirement).
- (2) Has graduated from a physician assistant program recognized by the Board.
- (3) Has submitted a completed application together with the required fee, under § 16.13 (relating to licensure, certification, examination and registration fees).
- (4) Has passed the physician assistant examination.

* * * * *

§ 18.145. Biennial registration requirements; renewal of physician assistant license.

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(c) To be eligible for renewal of a physician assistant license, the physician assistant shall complete continuing medical education as required by the NCCPA, including at least 2 hours of approved training in child abuse recognition and reporting in accordance with § 16.108(b) (relating to child abuse recognition and reporting—mandatory training requirement). and maintain National certification by completing current recertification mechanisms available to the profession, identified on the NCCPA's web site as recognized by the Board. The Board recognizes certification through the NCCPA and its successor organizations and certification through any other National organization for which the Board publishes recognition of the organization's certification of physician assistants on the Board's web site.

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Subchapter F. RESPIRATORY THERAPISTS

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§ 18.307. Criteria for licensure as a respiratory therapist.

The Board will approve for licensure as a respiratory therapist an applicant who:

- (1) Submits evidence satisfactory to the Board, on forms supplied by the Board, that the applicant has met one or more of the following criteria:
 - (i) Has graduated from a respiratory care program approved by the CoARC and passed the entry level credentialing examination as determined by the NBRC.
 - (ii) Holds a valid license, certificate or registration as a respiratory therapist in another state, territory or the District of Columbia which has been issued based on requirements substantially the same as those required by the Commonwealth, including the examination requirement.
- (2) Has paid the appropriate fee in a form acceptable to the Board.
- (3) Has completed at least 3 hours of approved training in child abuse recognition and reporting in accordance with § 16.108(a) (relating to child abuse recognition and reporting—mandatory training requirement).

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§ 18.309a. Requirement of continuing education.

- (a) The following continuing education requirements shall be completed each biennial cycle:
 - (1) An applicant for biennial renewal or reactivation of licensure is required to complete, during the 2 years preceding the application for renewal or reactivation, a minimum of 30 hours of continuing education as set forth in section 36.1(f)(2) of the act (63 P. S. § 422.36a(f)(2)).

* * * * *

(4) One continuing education hour shall be completed in medical ethics, [and] 1 continuing education hour shall be completed in patient safety and at least 2 hours shall be completed in child abuse recognition and reporting in accordance with § 16.108(b) (relating to child abuse recognition and reporting—mandatory training requirement).

* * * * *

Subchapter H. ATHLETIC TRAINERS

§ 18.504. Application for licensure.

- (a) The applicant shall submit the following on forms supplied by the Board:
- (1) A completed application and the fee set forth in § 16.13 (relating to licensure, certification, examination and registration fees).
 - (2) Verification of professional education in athletic training in accordance with § 18.505 (relating to educational requirements).
 - (3) Documentation of passage of the National examination in accordance with § 18.506 (relating to examination requirement).
 - (4) Documentation of practice as an athletic trainer, if licensed or certified in another jurisdiction, and verification as to whether there has been disciplinary action taken in that jurisdiction.
 - (5) Verification of having completed at least 3 hours of approved training in child abuse recognition and reporting in accordance with § 16.108(a) (relating to child abuse recognition and reporting—mandatory training requirement).

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

* * * * *

§ 18.511. Continuing education.

(a) Beginning with the biennial period commencing on the next biennial renewal period following July 14, 2007, athletic trainers shall complete the continuing education requirements prescribed by the BOC.

(a.1) Applicants for renewal of a license shall, as a condition of biennial renewal, complete at least 2 hours of approved training in child abuse recognition and reporting in accordance with § 16.108(b) (relating to child abuse recognition and reporting—mandatory training requirement).

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

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

Subchapter I. BEHAVIOR SPECIALISTS

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§ 18.523. Application for licensure as behavior specialist.

(a) An applicant for licensure as a behavior specialist shall submit, on forms made available by the Board, a completed application, including all necessary supporting documents, for licensure as a behavior specialist and pay the fee in § 16.13(i) (relating to licensure, certification, examination and registration fees) for application for licensure as a behavior specialist.

(1) Among the supporting documents, the applicant shall submit, or cause to be submitted, to the Board:

(i) A criminal history record information report completed by the Pennsylvania State Police or the state police for each state in which the applicant currently resides or works and has resided or worked during the previous 10 years completed no more than 90 days prior to the date the application is received in the Board office.

(ii) A child abuse history clearance completed by the Department of Public Welfare or equivalent agency for each state in which the applicant currently resides or works and has resided or worked during the previous 10 years completed no more than 90 days prior to the date the application is received in the Board office.

(iii) A Federal Bureau of Investigation criminal justice information services criminal record completed no more than 90 days prior to the date the application is received in the Board office.

(iv) Verification of having completed at least 3 hours of approved training in child abuse recognition and reporting in accordance with § 16.108(a) (relating to child abuse recognition and reporting—mandatory training requirement).

(2) The applicant shall provide updates to documents in possession of the Board for more than 6 months while the application remains pending.

* * * * *

§ 18.525. Renewal of licensure as behavior specialist.

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

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

(c) To retain licensure as a behavior specialist, the licensee shall renew the license in the manner prescribed by the Board and pay the required biennial renewal fee specified in §16.13(i) (relating to licensure, certification, examination and registration fees) prior to the expiration of the current biennium.

(d) To renew licensure as a behavior specialist, the licensee shall apply on forms made available by the Board, fully answer all questions and pay the current renewal fee specified in § 16.13(i).

(e) As a condition of biennial renewal, a licensee shall complete at least 2 hours of approved training in child abuse recognition and reporting in accordance with § 16.108(b) (relating to child abuse recognition and reporting—mandatory training requirement).

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Subchapter J. PERFUSIONISTS

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§ 18.603. Application for perfusionist license.

(a) An applicant for a license to practice as a perfusionist shall submit, OR CAUSE TO BE SUBMITTED, on forms made available by the Board, a completed application, including the necessary supporting documents, for a license to practice as a perfusionist and pay the fee in § 16.13(l) (relating to licensure, certification, examination and registration fees) for application for a perfusionist license.

(b) The Board may issue a license to practice as a perfusionist to an applicant who:

- (1) Demonstrates that the applicant holds a current certification by a certifying agency approved by a Nationally-recognized accrediting agency approved by the Board.
 - (2) Demonstrates that the applicant has graduated from an accredited perfusion program approved by the Board.
 - (3) Demonstrates that the applicant is at least 18 years of age and of good moral character.
 - (4) Demonstrates that the applicant has obtained professional liability insurance as required under section 13.3(k) of the act (63 P. S. § 422.13c(k)).
 - (4.1) Demonstrates that the applicant has completed at least 3 hours of approved training in child abuse recognition and reporting in accordance with § 16.108(a) (relating to child abuse recognition and reporting—mandatory training requirement).
 - (5) Otherwise complies with this subchapter.
- (c) The Board may deny an application for licensure as a perfusionist upon the grounds for disciplinary action in § 18.609 (relating to disciplinary action for licensed perfusionists).

* * * * *

§ 18.610. Continuing education for licensed perfusionists.

- (a) *Credit hour requirements.* A licensed perfusionist shall satisfy the following continuing education credit hour requirements.
 - (1) As a condition for biennial registration, a licensee shall complete at least 30 hours of continuing education applicable to the practice of perfusion, including at least 10 hours of category I continuing education, and at least 2 hours of approved training in child abuse recognition and reporting in accordance with § 16.108(b) (relating to child abuse

recognition and reporting—mandatory training requirement). A licensee is not required to complete continuing education during the biennium in which the licensee is first licensed.

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Subchapter K. GENETIC COUNSELORS

§ 18.703. 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 the necessary supporting documents, and pay the application fee in § 16.13(m) (relating to licensure, certification, examination and registration fees).

(b) The Board may issue a license to practice as a genetic counselor to an applicant who demonstrates that the applicant:

(1) Is at least 21 years of age and of good moral character, as required under section 13.4(e)(1) and (2) of the act (63 P. S. § 422.13d(e)(1) and (2)).

* * * * *

(4) Has obtained professional liability insurance, or is exempt from the requirement to obtain professional liability insurance, as set forth in § 18.710 (relating to professional liability insurance coverage for genetic counselors).

(5) Has completed at least 3 hours of approved training in child abuse recognition and reporting in accordance with § 16.108(a) (relating to child abuse recognition and reporting—mandatory training requirement).

(c) The Board may deny an application for licensure as a genetic counselor upon the grounds for disciplinary action in § 18.708 (relating to disciplinary action for applicants and genetic counselors).

§ 18.704. 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 ABMG certification examination shall submit, on forms made available by the Board, a completed application for a license to practice as a genetic counselor, including the necessary supporting documents, and pay the application fee in § 16.13(m) (relating to licensure, certification, examination and registration fees).

(b) The Board may issue a license to practice as a genetic counselor to an uncertified applicant who:

(1) Submits an application to the Board, along with the required supporting documentation, by February 20, 2015.

* * * * *

(5) Demonstrates that the applicant has obtained professional liability insurance, or is exempt from the requirement to obtain professional liability insurance, as set forth in § 18.710 (relating to professional liability insurance coverage for genetic counselors).

(6) Demonstrates that the applicant has completed at least 3 hours of approved training in child abuse recognition and reporting in accordance with § 16.108(a) (relating to child abuse recognition and reporting—mandatory training requirement).

* * * * *

§ 18.709. Continuing education for genetic counselors.

(a) *Credit hour requirements.* A genetic counselor shall satisfy the following continuing education credit hour requirements:

(1) As a condition for biennial registration, a genetic counselor shall complete at least 30 hours of continuing education applicable to the practice of genetic counseling, including at least 2 hours

of approved training in child abuse recognition and reporting in accordance with § 16.108(b) (relating to child abuse recognition and reporting—mandatory training requirement). Credit will not be given for a course in office management or practice building. A genetic counselor is not required to complete continuing education during the biennium in which the genetic counselor was first licensed if licensure occurred within 3 years of completion of the degree.

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**Subchapter L. PROSTHETISTS, ORTHOTISTS, PEDORTHISTS AND
ORTHOTIC FITTERS**

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QUALIFICATIONS FOR LICENSURE AS A PROSTHETIST

§ 18.814. Prosthetist license.

(a) An applicant for a license to practice as a prosthetist shall submit, on forms made available by the Board, a completed application for licensure, including the necessary supporting documents and pay the application fee in § 16.13(n) (relating to licensure, certification, examination and registration fees).

(b) The Board may issue a license to practice as a prosthetist to an applicant who:

(1) Is of good moral character.

* * * * *

(5) Has complied with § 18.864 (relating to professional liability insurance coverage for licensed prosthetist, orthotist, pedorthist or orthotic fitter). An applicant shall demonstrate this requirement by submitting proof of professional liability insurance

coverage through self-insurance, a personally purchased insurance policy or insurance provided by the applicant’s employer in accordance with § 18.864.

(6) Has completed at least 3 hours of approved training in child abuse recognition and reporting in accordance with § 16.108(a) (relating to child abuse recognition and reporting—mandatory training requirement).

(c) The Board may deny an application for licensure as a prosthetist upon the grounds for disciplinary action in section 41 of the act (63 § 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) An individual holding an active, unsuspended prosthetist license may use the title “prosthetist.”

QUALIFICATIONS FOR LICENSURE AS AN ORTHOTIST

§ 18.824. Orthotist license.

(a) An applicant for a license to practice as an orthotist shall submit, on forms made available by the Board, a completed application for licensure, including the necessary supporting documents, and pay the application fee in § 16.13(o) (relating to licensure, certification, examination and registration fees).

(b) The Board may issue a license to practice as an orthotist to an applicant who:

(1) Is of good moral character.

* * * * *

(5) Has complied with § 18.864 (relating to professional liability insurance coverage for licensed prosthetist, orthotist, pedorthotist or orthotic fitter). An applicant shall demonstrate this requirement by submitting proof of professional liability insurance

coverage through self-insurance, a personally purchased insurance policy or insurance provided by the applicant's employer in accordance with § 18.864.

(6) Has completed at least 3 hours of approved training in child abuse recognition and reporting in accordance with § 16.108(a) (relating to child abuse recognition and reporting—mandatory training requirement).

(c) The Board may deny an application for licensure as an orthotist upon the grounds for disciplinary action in section 41 of the act (63 § 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) An individual holding an active, unsuspended orthotist license may use the title "orthotist."

QUALIFICATIONS FOR LICENSURE AS A PEDORTHIST

18.833. Pedorthist license.

(a) An applicant for a license to practice as a pedorthist shall submit, on forms made available by the Board, a completed application for licensure, including the necessary supporting documents, and pay the application fee in § 16.13(p) (relating to licensure, certification, examination and registration fees).

(b) The Board may issue a license to practice as a pedorthist to an applicant who:

(1) Is of good moral character.

* * * * *

(5) Has complied with § 18.864 (relating to professional liability insurance coverage for licensed prosthetist, orthotist, pedorthist or orthotic fitter). An applicant shall demonstrate this requirement by submitting proof of professional liability insurance

coverage through self-insurance, a personally purchased insurance policy or insurance provided by the applicant’s employer in accordance with § 18.864.

(6) Has completed at least 3 hours of approved training in child abuse recognition and reporting in accordance with § 16.108(a) (relating to child abuse recognition and reporting—mandatory training requirement).

(c) The Board may deny an application for licensure as a pedorthist upon the grounds for disciplinary action in section 41 of the act (63 § 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) An individual holding an active, unsuspended pedorthist license may use the title “pedorthist.”

QUALIFICATIONS FOR LICENSURE AS AN ORTHOTIC FITTER

§ 18.843. Orthotic fitter license.

(a) An applicant for a license to practice as an orthotic fitter shall submit, on forms made available by the Board, a completed application for licensure, including the necessary supporting documents, and pay the application fee in § 16.13(q) (relating to licensure, certification, examination and registration fees).

(b) The Board may issue a license to practice as an orthotic fitter to an applicant who:

(1) Is of good moral character.

* * * * *

(5) Has complied with § 18.864 (relating to professional liability insurance coverage for licensed prosthetist, orthotist, pedorthist or orthotic fitter). An applicant shall demonstrate this requirement by submitting proof of professional liability insurance

coverage through self-insurance, a personally purchased insurance policy or insurance provided by the applicant's employer in accordance with § 18.864.

(6) Has completed at least 3 hours of approved training in child abuse recognition and reporting in accordance with § 16.108(a) (relating to child abuse recognition and reporting—mandatory training requirement).

(c) The Board may deny an application for licensure as an orthotic fitter upon the grounds for disciplinary action in section 41 of the act (63 § 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) An individual holding an active, unsuspended orthotic fitter license may use the title "orthotic fitter."

BIENNIAL RENEWAL AND REACTIVATION

§ 18.862. Continuing education.

(a) *Credit hour requirements.* A licensed prosthetist, orthotist, pedorthist or orthotic fitter shall satisfy the following continuing education credit hour requirements:

(1) As a condition for biennial renewal, a prosthetist shall complete at least 24 hours of ABC-approved or BOC-approved continuing education applicable to the practice of prosthetics and an orthotist shall complete at least 24 hours of ABC-approved or BOC-approved continuing education applicable to the practice of orthotics. At least 2 of the required 24 hours shall be completed in approved training in child abuse recognition and reporting in accordance with § 16.108(b) (relating to child abuse recognition and reporting—mandatory training requirement).



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) 783-7155

November 30, 2021

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

Re: Final Regulation
State Board of Medicine
16A-4941: Child Abuse Reporting Requirements

Dear Chairman Bedwick:

Enclosed is a copy of a final rulemaking package of the State Board of Medicine pertaining to Child Abuse Reporting Requirements.

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 black ink, appearing to read "Mark B. Woodland".

Mark B. Woodland, M.S., M.D., Chairperson
State Board of Medicine

MBW/ckm:bmz
Enclosure

cc: K. Kalonji Johnson, Commissioner of Professional and Occupational Affairs
Pamela Iovino, 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, Co-Counsel, State Board of Medicine
Dana M. Wucinski, Co-Counsel, State Board of Medicine
State Board of Medicine

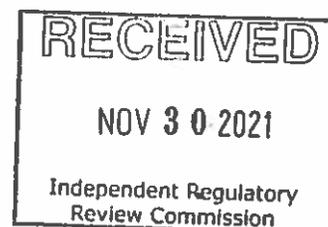
Zappasodi, Brittany

From: Blauch, Tammy <tblauch@pasen.gov>
Sent: Tuesday, November 30, 2021 11:40 AM
To: Zappasodi, Brittany; Smeltz, Jennifer
Subject: RE: DELIVERY: REGULATIONS 16A-4824, 16A-5140, 16A-6919, 16A-4941, 16A-4953

Hello Brittany,
Yes, our office has received your email with the latest regulations.

Tammy Blauch

Executive Secretary
Office of Senator Robert M. Tomlinson
Room 286 Main Capitol Building
Harrisburg, PA 17120
(717)-787-5072
Fax: (717)772-2991
tblauch@pasen.gov



From: Zappasodi, Brittany <bzappasodi@pa.gov>
Sent: Tuesday, November 30, 2021 8:40 AM
To: Smeltz, Jennifer <jmsmeltz@pasen.gov>; Blauch, Tammy <tblauch@pasen.gov>
Subject: DELIVERY: REGULATIONS 16A-4824, 16A-5140, 16A-6919, 16A-4941, 16A-4953
Importance: High

Ⓢ CAUTION : External Email Ⓢ

Please provide written (email) confirmation of receipt of the delivery of the attached rulemakings.

Please be advised that the State Board of Funeral Directors, the State Board of Nursing, the State Board of Social Workers, Marriage and Family Therapists, and Professional Counselors and the State Board of Medicine are delivering the following final rulemakings:

- 16A-4824: Child Abuse Reporting Requirements
- 16A-5140: Child Abuse Reporting Requirements
- 16A-6919: Child Abuse Reporting Requirements
- 16A-4941: Child Abuse Reporting Requirements

Also, please be advised that the State Board of Medicine is delivering the following proposed rulemaking:

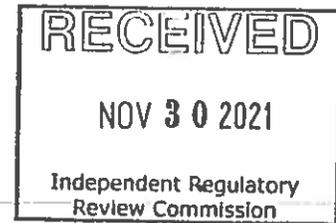
- 16A-4953: Registration of Naturopathic Doctors

Brittany Zappasodi | Legal Assistant II
Office of Chief Counsel | Department of State

Zappasodi, Brittany

From: Livingston, Jerry <Jerry.Livingston@pasenate.com>
Sent: Tuesday, November 30, 2021 9:16 AM
To: Zappasodi, Brittany; Vazquez, Enid
Subject: RE: DELIVERY: REGULATIONS 16A-4824, 16A-5140, 16A-6919, 16A-4941, 16A-4953

Follow Up Flag: Follow up
Flag Status: Flagged



Received, thank you.

From: Zappasodi, Brittany <bzappasodi@pa.gov>
Sent: Tuesday, November 30, 2021 8:39 AM
To: Livingston, Jerry <Jerry.Livingston@pasenate.com>; Vazquez, Enid <Enid.Vazquez@pasenate.com>
Subject: DELIVERY: REGULATIONS 16A-4824, 16A-5140, 16A-6919, 16A-4941, 16A-4953
Importance: High

■ EXTERNAL EMAIL ■

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Also, please be advised that the State Board of Medicine is delivering the following proposed rulemaking:

- 16A-4953: Registration of Naturopathic Doctors

Brittany Zappasodi | Legal Assistant II
Office of Chief Counsel | Department of State
Governor's Office of General Counsel
P.O. Box 69523 | Harrisburg, PA 17106-9523
Phone 717.783.7200 | Fax 717.787.0251
bzappasodi@pa.gov | www.dos.pa.gov

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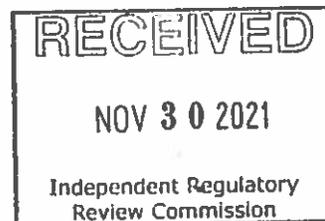
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Zappasodi, Brittany

From: Wilson, Marlene <MWilson@pahouse.net>
Sent: Tuesday, November 30, 2021 9:20 AM
To: Zappasodi, Brittany
Subject: RE: DELIVERY: REGULATIONS 16A-4824, 16A-5140, 16A-6919, 16A-4941, 16A-4953

Follow Up Flag: Follow up
Flag Status: Flagged

Received. Thank you.



*Marlene Wilson, Esquire
Senior Committee Executive Director
House Professional Licensure Committee
Rep. Jake Wheatley, Jr., Chairman
Phone: (717) 787-4032
Internal Phone: 6253
Email - mwilson@pahouse.net*

From: Zappasodi, Brittany <bzappasodi@pa.gov>
Sent: Tuesday, November 30, 2021 8:40 AM
To: Wilson, Marlene <MWilson@pahouse.net>
Subject: DELIVERY: REGULATIONS 16A-4824, 16A-5140, 16A-6919, 16A-4941, 16A-4953
Importance: High

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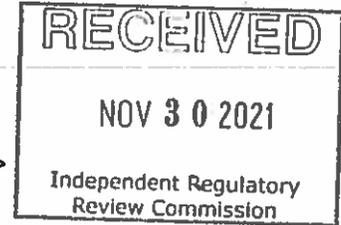
Brittany Zappasodi | Legal Assistant II

Zappasodi, Brittany

From: Nicole Sidle <Nsidle@pahousegop.com>
Sent: Tuesday, November 30, 2021 9:07 AM
To: Zappasodi, Brittany; Emily Hackman
Subject: RE: DELIVERY: REGULATIONS 16A-4824, 16A-5140, 16A-6919, 16A-4941, 16A-4953

Received.

From: Zappasodi, Brittany <bzappasodi@pa.gov>
Sent: Tuesday, November 30, 2021 8:39 AM
To: Nicole Sidle <Nsidle@pahousegop.com>; Emily Hackman <Eepler@pahousegop.com>
Subject: DELIVERY: REGULATIONS 16A-4824, 16A-5140, 16A-6919, 16A-4941, 16A-4953
Importance: High



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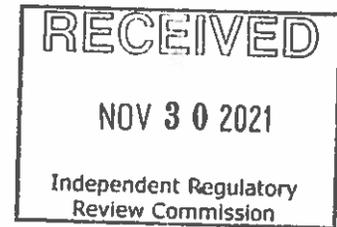
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Zappasodi, Brittany

From: Bulletin <bulletin@palrb.us>
Sent: Tuesday, November 30, 2021 8:52 AM
To: Zappasodi, Brittany
Cc: Code&Bulletin
Subject: [External] RE: DELIVERY: REGULATION 16A-4953

Follow Up Flag: Follow up
Flag Status: Flagged



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Good morning Brittany,

Thank you for sending this rulemaking. Someone from our office will contact you regarding publication in the Pennsylvania Bulletin.

Take care,

Ernest L. Engvall | Legal Assistant
eengvall@palrb.us | 717.783.1531
Legislative Reference Bureau
Code and Bulletin Office

From: Zappasodi, Brittany <bzappasodi@pa.gov>
Sent: Tuesday, November 30, 2021 8:42 AM
To: Bulletin <bulletin@palrb.us>
Subject: DELIVERY: REGULATION 16A-4953
Importance: High

Please provide written (email) confirmation of receipt of the delivery of the attached rulemaking.

Please be advised that the State Board of Medicine is delivering the following proposed rulemaking:

- 16A-4953: Registration of Naturopathic Doctors

Brittany Zappasodi | Legal Assistant II
Office of Chief Counsel | Department of State
Governor's Office of General Counsel
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Phone 717.783.7200 | Fax 717.787.0251
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