

<h2 style="margin: 0;">Regulatory Analysis Form</h2> <p style="margin: 0;">(Completed by Promulgating Agency)</p> <p style="margin: 0; font-size: small;">(All Comments submitted on this regulation will appear on IRRC's website)</p>	<p style="margin: 0;">INDEPENDENT REGULATORY REVIEW COMMISSION</p> <div style="border: 2px solid black; padding: 10px; margin: 0 auto; width: 80%;"> <p style="margin: 0; font-size: 2em; font-weight: bold;">RECEIVED</p> <p style="margin: 5px 0 0 0;">NOV 30 2021</p> <p style="margin: 0; font-size: small;">Independent Regulatory Review Commission</p> </div>
<p>(1) Agency Department of State, Bureau of Professional and Occupational Affairs, State Board of Nursing</p>	<p>IRRC Number: 3288</p>
<p>(2) Agency Number: 16A Identification Number: 5140</p>	
<p>(3) PA Code Cite: 49 Pa. Code §§ 21.20, 21.28, 21.29, 21.131, 21.150, 21.155, 21.156, 21.271, 21.331, 21.501—21.509, 21.603, 21.721, 21.723, 21.724, 21.811, 21.812 and 21.822</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: Judith Pachter Schulder, Counsel, State Board of Nursing, Department of State; (717)783-7200; P.O. Box 69523, Harrisburg, PA 17106-9523; (717)787-0251; jschulder@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 2.1(k) of the Professional Nursing Law (63 P.S. § 222.1(k)) and Section 17.6 of the Practical Nurse Law (63 P.S. § 667.6) set 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 licensees of the Board.</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, licensees and certificate holders 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 and certificate holders 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 any registered nurse and any practical nurse, 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. 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 registered nurses and licensed practical nurses. It also includes "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, nurses are considered mandated reporters. Only those dietitian-nutritionists that work in hospitals appear to be included within the definition of mandated reporter as "hospital personnel engaged in the examination, care or treatment

of persons” (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 nurses 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 nurses 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 causes 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. In 2015, the Board began discussions relating to recent amendments to the CPSL that would require an update to its existing regulations on the topic of child abuse reporting. Subsequently, the Board sent an exposure draft of the proposal out to approximately 72 stakeholder groups and individuals who indicated an interest in the Board's regulatory agenda. The Board received four comments, which the Board reviewed at its meeting on July 28, 2015. The majority of the comments supported the proposal. The few negative comments were on provisions that were required by the CPSL.

The proposal was revised numerous times as the CPSL was amended throughout the ensuing years. The Board approved the proposed rulemaking at its public board meeting on July 22, 2020. After it was published as proposed on January 30, 2021, the Board did not receive any further public comments, but did receive comments from the Independent Regulatory Review Commission on March 31, 2021. Those comments were discussed by the Board at its regularly scheduled meeting on June 10, 2021. Subsequently, the Board adopted the final-form rulemaking at its regularly scheduled public meeting on July 21, 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 230,087 licensed registered nurses (of which 15,952 are certified registered nurse practitioners and 263 are clinical nurse specialists), 49,952 licensed practical nurses, and 4,414 licensed dietitian-nutritionists. 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 regulation as required under section 6383(b)(3)(i) of the CPSL. The Board currently processes an average of approximately 15,700 initial licensure applications a year, as follows: 10,250 RN/PN applications for licensure by examination; 5,150 RN/PN applications for licensure by endorsement; and 300 applications for LDN licensure.

According to the Pennsylvania Department of Labor and Industry in 2018 (the most recent year for which data is available), the majority of registered nurses (including clinical nurse specialists) work in hospitals (58%); home health care services (8.5%); offices of physicians (7%); outpatient care centers (5%); nursing and residential care facilities 7%; government (2%) and elementary and secondary schools (2%). For those RNs who are certified registered nurse practitioners the locations of practice are generally: offices of physicians (51%); hospitals (17%), outpatient care centers (7%); and offices of other health care practitioners (4%). Licensed practical and vocational nurses generally work in nursing and residential care facilities (40%); hospitals (9%); offices of physicians (11%); home health care services (16%); outpatient care centers (3%) and government (6%). Licensed dietitian-nutritionists work in the following locations: hospitals (29%); outpatient care centers (15%); home health care services (6.5%); nursing and residential care facilities (5%); special food services (6%); offices of other health care practitioners (3.5%); offices of physicians (3%) and 6% report they are self-employed.

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. Nursing care facilities (#623110) have a small business threshold of \$30 million or less in average annual receipts. 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 home health care services (#621610), the small business threshold is \$16.5 million or less. For offices of physicians (#621111), the small business threshold would be \$12.0 million or less. For all other residential care facilities (#623990), the small business threshold is also \$12.0 million or less in average annual receipts. Finally, for offices of other miscellaneous health care practitioners, the small business threshold is \$8.0 million or less.

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 LDNs 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 LDNs that are self-employed are likely small businesses that would be impacted by the costs associated with this 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 training 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 230,087 licensed registered nurses (of which 15,952 are certified registered nurse practitioners and 263 are clinical nurse specialists), 49,952 licensed practical nurses, and 4,414 licensed dietitian-nutritionists. 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 regulation as required under section 6383(b)(3)(i) of the CPSL. The Board currently processes an average of approximately 15,700 initial licensure applications a year, as follows: 10,250 RN/PN applications for licensure by examination; 5,150 RN/PN applications for licensure by endorsement; and 300 applications for LDN licensure.

(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 registered nurses and licensed dietitian-nutritionists 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 licensed practical nurses 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 licensee 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 existing RN and LDN licensees to comply with the updated regulations to complete the 2 hours of continuing education, 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 LPN licensees who will need to complete at least 2 hours of mandated reporter training as a condition of biennial renewal, and applicants for licensure 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. The 49,952 existing licensed practical nurses will incur the costs associated with completing the mandated reporter training on a biennial basis. Licensed practical nurses are required to renew by June 30th of even numbered years. At an average of \$25, total costs to existing licensees is estimated at \$1,248,800 biennially (annualized as \$624,400). At an average of 15,700 applications per year, the cost to applicants is estimated at \$392,500 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	\$1,016,900	\$1,016,900	\$1,016,900	\$1,016,900	\$1,016,900	\$1,016,900
Local Government						
State Government	\$ 90,000	\$ 90,000	\$ 90,000	\$ 90,000	\$ 90,000	\$ 90,000
Total Costs	\$1,106,900	\$1,106,900	\$1,106,900	\$1,106,900	\$1,106,900	\$1,106,900
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 (actual)	FY -2 FY 19-20 (actual)	FY -1 FY 20-21 (projected)	Current FY FY 21-22 (budgeted)
State Board of Nursing	\$ 16,781,080.68	\$ 16,380,673.08	\$ 16,612,000.00	\$ 16,708,000.00

(24) For any regulation that may have an adverse impact on small businesses (as defined in Section 3 of the Regulatory Review Act, Act 76 of 2012), provide an economic impact statement that includes the following:

- (a) An identification and estimate of the number of small businesses subject to the regulation.
- (b) The projected reporting, recordkeeping and other administrative costs required for compliance with the proposed regulation, including the type of professional skills necessary for preparation of the report or record.
- (c) A statement of probable effect on impacted small businesses.
- (d) A description of any less intrusive or less costly alternative methods of achieving the purpose of the proposed regulation.

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 practical nurses 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. Again, 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

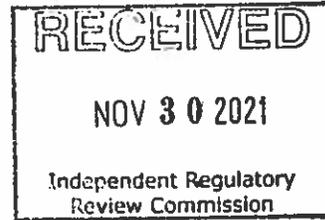
(30) Describe the plan developed for evaluating the continuing effectiveness of the regulations after its implementation.

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 date in 2021: October 21 and December 9, 2021. In 2022, the Board will meet on the following dates: January 27, March 22, May 5, June 10, July 20, September 7, October 28 and December 16, 2022.

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

CDL-1

FACE SHEET
FOR FILING DOCUMENTS
WITH THE LEGISLATIVE REFERENCE BUREAU
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<p>Copy below is hereby approved as to form and legality. Attorney General</p> <p>BY: _____ (DEPUTY ATTORNEY GENERAL)</p> <p>_____ DATE OF APPROVAL</p> <p><input type="checkbox"/> Check if applicable Copy not approved. Objections attached.</p>	<p>Copy below is hereby certified to be a true and correct copy of a document issued, prescribed or promulgated by:</p> <p>_____ State Board of Nursing (AGENCY)</p> <p>DOCUMENT/FISCAL NOTE NO. <u>16A-5140</u></p> <p>DATE OF ADOPTION: _____</p> <p>BY:  _____ Kristin Malady, BSN, RN</p> <p>TITLE <u>Board Chair</u> (EXECUTIVE OFFICER, CHAIRMAN OR SECRETARY)</p>	<p>Copy below is hereby approved as to form and legality. Executive or Independent Agencies.</p> <p>BY:  _____</p> <p>_____ November 9, 2021 DATE OF APPROVAL</p> <p>Deputy General Counsel (Chief Counsel, Independent Agency) (Strike inapplicable title)</p> <p><input type="checkbox"/> Check if applicable. No Attorney General approval or objection within 30 days after submission.</p>
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FINAL RULEMAKING

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

TITLE 49 PA CODE CHAPTER 21

§§ 21.20, 21.28, 21.29, 21.131, 21.150, 21.155, 21.156, 21.271, 21.331, 21.501—21.509,
21.603, 21.605, 21.721, 21.723, 21.724, 21.811, 21.812 and 21.822

CHILD ABUSE REPORTING REQUIREMENTS

The State Board of Nursing hereby amends §§ 21.28, 21.29, 21.131, 21.155, 21.156, 21.271, 21.331, 21.501—21.507, 21.603, 21.605, 21.721, 21.723, 21.724, 21.811, 21.812 and 21.822; and adds §§ 21.20, 21.150, 21.508 and 21.509 to read as set forth in Annex A.

Effective date

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

Statutory authority

Section 2.1(k) of the Professional Nursing Law (63 P.S. § 222.1(k)) and Section 17.6 of the Practical Nurse Law (63 P.S. § 667.6) set 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 licensees of the Board.

Background and purpose

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) on all health-related boards to require training in child abuse recognition and reporting. Section 2 of Act 31 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. 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. 558 (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 points out that the proposed rulemaking did not amend the application and continuing education requirements in Subchapters C and H (relating to certified registered nurse practitioners; and clinical nurse specialists). IRRC acknowledged that these certifications are held by individuals who are licensed registered nurses, and asks the Board to explain how the child abuse recognition and reporting training and continuing education requirements in 23 Pa.C.S. § 6383(b)(3)(i) and (ii) (relating to education and training) are implemented for these certifications. Further, IRRC asked the Board to consider clarifying these subchapters by either adding the child

abuse recognition and reporting requirements or cross-references to the applicable registered nurse regulations.

The mandatory training requirements under the CPSL are applicable to all licenses and certificates issued by the Board. So, if a licensed registered nurse subsequently applies for a certificate as a certified registered nurse practitioner or as a clinical nurse specialist, the registered nurse is required to have completed at least 3 hours of approved training in child abuse recognition and reporting as a condition of certification. If the registered nurse's education profile in Pennsylvania Licensing System (PALS) contains evidence of at least 3 hours of approved training, as reported by approved course providers, the certificate would be issued. If not, the individual would need to complete the required training. Often, an applicant will apply for both credentials simultaneously, such as when the individual is already licensed as a registered nurse/certified as a certified registered nurse practitioner from another state. That individual would only need to complete 3 hours of approved training (not 6), which would be applied to both credentials. As for the continuing education that is required as a condition of biennial renewal, when a Board-regulated practitioner takes an approved course and that attendance/participation is reported by the approved provider, it is applied to all licenses and certificates held by the individual. Thus, if an individual holds both a registered nurse license and a certificate as a certified registered nurse practitioner, both of which expire on the same date under § 21.331(a) (relating to biennial renewal of certification), that individual would not need to take the course twice or apply for an exemption.

This would also apply across licensure Boards within the Bureau of Professional and Occupational Affairs (Bureau) that also require this training. For example, a registered nurse license issued by the Board is a prerequisite to obtaining a license as a nurse-midwife from the State Board of Medicine. 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. When the licensee applies for biennial renewal, the PALS system then "looks back" 24 months from the applicable expiration date of the license to determine whether the individual completed an approved course of at least 2 hours in child abuse recognition and reporting during the relevant biennial licensure cycle. If so, the license is renewed. Provided the course was completed within the 2-year biennial renewal cycle for each license/certificate held by the individual, there is no need to repeat the course or obtain an exemption from either board. However, because different boards have different biennial renewal cycles, it is incumbent upon the licensee to make sure that they complete the training at a time when the biennial renewal periods overlap, or risk having to take the course again.

In response to this inquiry by IRRC, the Board has made a number of amendments to the final-form rulemaking. First, the Board has clarified in § 21.508(b) (relating to child abuse recognition and reporting—mandatory training requirements) that if a licensee holds more than one license or certificate issued by the Board, or holds a license issued by another licensing board within the Bureau that required mandatory training in child abuse recognition and reporting, credit for completion of an approved course will be applied to both credentials. In addition, the Board has added references to the mandatory training requirements for certified registered nurse practitioners and clinical nurse specialists in Subchapters C and H, as suggested by IRRC. Specifically, the Board added to §§ 21.171, 21.811 and 21.812 (relating to certification requirements; qualifications for initial certification; and qualifications for certification by

endorsement; additional certification) the requirement that an applicant for initial certification shall have completed at least 3 hours of approved training in child abuse recognition and reporting in accordance with § 21.508(a); and added to §§ 21.331 and 21.822 (relating to biennial renewal of certification) the requirement to have completed at least 2 hours of approved training as a condition of biennial renewal in accordance with § 21.508(b).

Next, IRRC points out that §§ 21.20, 21.28(f), 21.131(d) and (e), 21.150, 21.155(f) and 21.723(b)(3) require an applicant or licensee to “submit proof of completion” of the required training, while it is the approved course provider that reports participation/attendance electronically to the Bureau. IRRC asked the Board to revise these sections to clarify that the approved course provider electronically reports proof of attendance/completion. In response, the Board has amended each of these sections to aid clarity. Each section has been amended in the final-form rulemaking to require the applicants to “complete” the required training or “cause to be submitted” the proof of completion of the mandated reporter training. In addition, the Board has amended § 21.508(a) to clarify that the Board will not issue a license or certificate unless the Bureau has received a report from an approved course provider documenting the attendance/participation by the applicant, or the applicant has obtained an exemption from the Board.

Pertaining to § 21.501 (relating to definitions), IRRC offered two comments. First, IRRC commented that subparagraphs (i)(D) and (ii)(D) of the definition of “perpetrator” would be clearer if the specifically-defined term “person responsible for the child’s welfare” were used. In response, the Board has revised these subparagraphs to use the defined term. IRRC’s second comment noted that the definition of “serious physical neglect” does not include the phrase “when committed by a perpetrator” as specified in the definition of this term in 23 P.C.S. § 6303 (relating to definitions). IRRC asked the Board to revise the definition to include the omitted language. Initially, the Board had omitted the language because the Board did not want to dissuade individuals from making a report of suspected child abuse if they did not know who was responsible for the “serious physical neglect” or imply that they had a duty to determine whether that individual would be considered “a perpetrator” under the CPSL. However, the Board has added the omitted language as requested by IRRC. In addition, amendments made in response to IRRC’s next comment provide additional clarity that a mandated reporter is not required to identify the person responsible for the child abuse in order to make a report.

Next, IRRC notes that § 21.502(a) requires a Board-regulated practitioner to report suspected child abuse when there is reasonable cause to suspect that a child is a victim of child abuse under a set of circumstances derived from 23 Pa.C.S. § 6311(b)(1) (relating to persons required to report suspected child abuse), but that the provisions of 23 Pa.C.S. § 6311(b)(2) and (3) have been omitted. These provisions provide that the responsibility to report suspected child abuse exists even when certain information is unknown. Specifically, they provide that:

- “(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.”

The Board agrees that the omitted language does clarify the scope of the duty to report and has been added to § 21.502, which necessitated some re-numbering of the section.

With regard to § 21.503 (relating to photographs, medical tests and x-rays of child subject to report), IRRC noted that under 23 Pa.C.S. § 6314, these types of materials “shall be made available to law enforcement officials in the course of investigating cases.” However, this requirement was not included in the proposed rulemaking. For consistency, IRRC suggested that the Board should add the statutory requirement to make these materials available to law enforcement officials. The Board agrees and has added the omitted language to the final-form rulemaking.

Next, IRRC offered a number of comments pertaining to § 21.508 (relating to child abuse recognition and reporting—mandatory training requirement). First, IRRC notes that subsection (a), which requires an individual applying for initial licensure to complete at least 3 hours of training in child abuse recognition and reporting requirements, does not address the documentation and reporting of completion of training as required under 23 Pa.C.S. § 6383(b)(3)(i). IRRC asked the Board to revise this subsection to include the implementation procedures for submission of proof of training by an approved course provider. The Board has revised this section to clarify that applicants for an initial license or certificate shall have completed the required training, which has been approved by the Department of Human Services and the Bureau. Further, the Board added the requirement that the applicant shall certify on the application that the training has been completed, and that 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 from the Board.

IRRC also noted that subsection (b) indicates that 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 or the licensee has obtained an exemption under subsection (c). However, IRRC pointed out that § 21.131(b) (relating to continuing education) provides that a registered nurse “will not be required to meet the continuing education requirement on the first renewal immediately following licensure.” IRRC asked the Board to explain how it will implement the child abuse recognition and reporting continuing education requirements for RNs who are exempt from continuing education following initial licensure.

There is no exception provided by the CPSL that would excuse a registered nurse from complying with the mandated reporter training requirements the first time they renew. However, as a practical matter, the PALS system was programmed to “look back” 24 months to determine if a licensee applying for renewal has completed an approved course of at least 2 hours. If so, the license would be renewed. If not, the licensee would receive a discrepancy notice. Since an applicant is required to complete at least 3 hours of training as a condition of licensure, if the subsequent renewal occurs within 2 years of the date of completion of that course, the PALS system would renew the registered nurse’s license without requiring an additional 2 hours of approved training. However, it would depend on when the initial training was completed as compared to the expiration date of the individual’s license. If the first renewal would fall beyond

the 24-month look-back period from the date the licensee completed the initial training, then the licensee would need to complete the additional 2 hours. The Board believes this comports with the statutory intent that a licensee be required to complete at least 2 hours of training in child abuse recognition and reporting during each biennial licensure cycle. In response to IRRC's comment, the Board has amended § 21.131(b) to clarify that the exception does not apply to the mandatory continuing education in child abuse recognition and reporting. The Board also notes that licensed practical nurses currently have no continuing education requirements at all, but are required to complete the mandatory training in child abuse recognition and reporting as a condition of renewal and would likewise not be exempt during their first renewal after initial licensure.

With regard to § 21.508(c), which provides for circumstances in which the Board may grant an exemption from the mandatory training requirements, IRRC raised three concerns. First, the standards for documentation and evaluation are vague. Second, this subsection does not specify if the exemption is limited to one biennial renewal period. Third, the process for notification of approval or denial is not stated. IRRC asked the Board to explain the standards for sufficient documentation and the evaluation process for reviewing a request for exemption, including if there is a time frame for completion of training prior to applying for an exemption. IRRC also asked the Board to consider clarifying this subsection to state the time period of the exemption and the process for notifying applicants and licensees.

In response to IRRC's comments, the Board has made a number of revisions to subsection (c). First, the Board has clarified that for purposes of licensure renewal, comparable training in child abuse recognition and reporting completed as required either under the Public School Code or under 23 Pa.C.S. § 6383(c) for individuals subject to regulation by the Department of Human Services must have been completed during the relevant biennial renewal period. Next, the Board has amended paragraph (3) to clarify the standards for review of other exemption requests. It is difficult to specify what documentation might be "acceptable to the Board," because it would depend on the reason for the exemption request. 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)). In this case acceptable documentation may consist of proof of having completed the annual in-service training. Generally, the Board evaluates these requests to determine whether 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.

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. This, too, the Board believes is consistent with the statutory intent that a mandated reporter be required to complete at least 2 hours of approved training every 2 years or obtain an

exemption from the Board. 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 or certificate 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 § 21.721 (relating to qualification for licensure, IRRC pointed out that because the approved course providers electronically report participation/attendance to the Bureau, subsection (c) should be revised to delete the word “submit.” The Board agrees and has made this correction. In addition, IRRC pointed out a number of miscellaneous clarity issues resulting from typographical and other errors in §§ 21.501, 21.502, 21.507(b)(4), 21.603(b) and 21.605, as well as in the Regulatory Analysis Form. These have all been corrected in the final-form rulemaking.

Description of the amendments to the final-form rulemaking

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

§§ 21.20 and 21.150 (relating to licensure by examination)

In response to comments from IRRC, the Board has revised these sections to eliminate the requirement that an applicant for licensure “submit proof of completion of” the mandatory training in recognition of the fact that it is the approved course provider that actually submits the report to the Bureau. Instead, this section will simply require an applicant to complete the required training.

§§ 21.28 and 21.155 (relating to licensure by endorsement)

A similar revision was made to these sections to clarify that an applicant for licensure by endorsement shall complete at least 3 hours of approved training in child abuse recognition and reporting in accordance with § 21.508(a), which now makes it clear that the Board will not issue the license unless the approved course provider has submitted the required report to the Bureau.

§ 21.131 (relating to continuing education)

In response to IRRC’s comments, subsection (b) has been amended to make it clear that there is no exception to the mandatory continuing education in child abuse recognition and reporting for licensees who are renewing for the first time. In addition, subsections (d) and (e) have been amended to clarify that a registered nurse seeking reinstatement or reactivation of a lapsed, inactive or suspended license would be required to submit, or cause to be submitted, documentation demonstrating the completion of 30 hours of continuing education, including at least 2 hours in approved training in child abuse recognition and reporting.

§ 21.156 (relating to renewal of license)

The Board amended subsection (b.1) to be consistent with other provisions by adding the term “approved” to make it clear that the 2 hours of training in child abuse recognition and reporting must be approved by the Department of Human Services and the Bureau.

§ 21.271 (relating to certification requirements)

In response to IRRC’s comments, the Board has added a cross-reference in subsections (a) and (b) to the mandatory training requirements in § 21.508(a) to make it clear that applicants for certification as a certified registered nurse practitioner must have completed at least 3 hours of approved training in child abuse recognition and reporting as a condition of certification.

§ 21.331 (relating to biennial renewal of certification)

Likewise, the Board has amended this section to add a cross-reference to the requirement that a certified registered nurse practitioner complete at least 2 hours of approved training in child abuse recognition and reporting in accordance with § 21.508(b) as a condition of renewal.

§ 21.501 (relating to definitions)

The Board has amended the definition of the term “mandated reporter” to refer to this “subchapter” rather than “chapter.” The definition of “perpetrator” has been amended to incorporate the specifically-defined term “person responsible for the child’s welfare,” and to correct a typographical error to refer to “birth or adoption to the child.” A typographical error has been corrected in the definition of “recent act or failure to act” correcting the word “of” to read “or.” The Board has added the omitted phrase “when committed by a perpetrator” to the definition of “serious physical neglect.”

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

The Board amended subsection (a) to incorporate the provisions of 23 Pa.C.S. § 6311(b)(2) and (3) to clarify that “nothing in this subsection shall require a child to come before the mandated reporter” and that “nothing in this subsection shall require the mandated reporter to identify the person responsible for the child abuse” in order for the mandated reporter to make a report of suspected child abuse. In addition, the term “subparagraph” was corrected to read “paragraph” in subsection (c)(1).

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

As suggested by IRRC, the Board has added language clarifying that 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).

§ 21.507 (relating to noncompliance)

The citation to the relevant section of the CPSL has been corrected to read “23 Pa.C.S. § 6319” in paragraph (4).

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

In response to IRRC’s comments, the Board has made substantial edits to this section. First, subsection (a), pertaining to the mandator training in child abuse recognition and reporting required for initial licensure or certification, the Board has amended the language to clarify that an applicant shall have completed at least 3 hours of training which has been approved by the Department of Human Services and the Bureau, as set forth in § 21.509 (relating to child abuse recognition and reporting course approval process). In addition, the Board has included a requirement that the applicant shall certify on the application that the training has been completed or that the applicant has received an exemption from the Board. Finally, the Board added a notice that 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).

Additionally, the Board has amended subsection (b) to make it clear that licensees seeking renewal of a license or certificate issued by the Board are required to complete at least 2 hours of approved continuing education in child abuse recognition and reporting as a condition of renewal, and that the training must have been completed within the applicable biennial renewal period. The Board is also clarifying that if a licensee holds more than one license or certificate 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 credentials.

The Board has amended subsection (c)(1) and (2) to clarify that, for purposes of licensure renewal, an exemption may be granted to individuals who have completed comparable training provided that the training must have been completed during the relevant biennial renewal period. Paragraph (3) was amended to provide that the Board may otherwise grant an exemption of the applicant or licensee submit documentation acceptable to the Board indicating that the completion of the mandated reporter training is duplicative or unnecessary under the circumstances, and that it is not enough that the applicant or licensee state that they do not include children in their practice.

Finally, the Board has added a subsection (d) to provide that exemptions granted under subsection (c) are applicable only for the biennial renewal period for which the exemption is requested and to set for the process by which the Board will notify applicants and licensees of the grant or denial of an exemption request.

§ 21.603 (relating to applications)

The Board has corrected a typographical error in subsection (b) where the term “licensee” should have read “license.” In addition, for the sake of consistency, the Board clarified that the training in child abuse recognition and reporting must be “approved.”

§ 21.605 (relating to biennial renewal)

The Board corrected the citation to section 6(c) of the Volunteer Health Services Act.

§§ 21.272 and 21.723 (relating to qualifications for licensure; and license renewal)

Both of these sections, pertaining to licensed dietitian-nutritionists, were amended to clarify the fact that the applicant/licensee shall complete the training or “cause to be submitted” proof to the Board of completion of the required training, in recognition of the fact that it is the approved course provider that submits the report of the applicant’s/licensee’s completion of the required training.

§§ 21.811 and 21.812 (relating to qualifications for initial certification; and qualifications for certification by endorsement; additional certification)

In response to IRRC’s comments, the Board has added a cross-reference to the mandatory training requirements in § 21.508(a) to make it clear that applicants for certification as a clinical nurse specialist must have completed at least 3 hours of approved training in child abuse recognition and reporting as a condition of certification.

§ 21.822 (relating to biennial renewal of certification)

Likewise, the Board has amended this section to add a cross-reference to the requirement that a clinical nurse specialist complete at least 2 hours of approved training in child abuse recognition and reporting in accordance with § 21.508(b) as a condition of renewal.

Fiscal Impact and Paperwork Requirements

The Board does not anticipate any significant fiscal impact or paperwork requirements relating to these amendments. Registered nurses, dietitian-nutritionists, certified nurse specialists certified registered nurse practitioners and volunteer license holders 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 applicants for licensure/certification and licensed practical nurses would incur an additional requirement. Because there are many low-cost and free options available to complete the training, the Board anticipates this impact to also be minimal. Because all approved Act 31 training providers 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. 558, 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 Cynthia Miller, Board Administrator, State Board of Nursing, P.O. Box 2649, Harrisburg, PA 17105-2649, ST-NURSE@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) (45 P.S. §§ 1201 and 1202), known as the Commonwealth Documents Law and the regulations promulgated thereunder, 1 Pa. Code §§ 7.1 and 7.2 (relating to notice of proposed rulemaking required; and adoption of regulations).
- (2) A public comment period was provided as required by law, but no comments were received.
- (3) The amendments to this final-form rulemaking do not enlarge the original purpose of the proposed rulemaking published at 51 Pa.B. 558.
- (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 Chapter 21 are amended by amending §§ 21.28, 21.29, 21.131, 21.155, 21.156, 21.271, 21.331, 21.501—21.507, 21.603, 21.605, 21.721, 21.723, 21.724, 21.811, 21.812 and 21.822, and adding §§ 21.20, 21.150, 21.508 and 21.509 to read as set forth in Annex A.
- (b) The Board shall submit the final-form regulation to the Office of Attorney General and the Office of General Counsel for approval as required by law.
- (c) The Board shall submit the final-form regulation to IRRC, the HPLC and the SCP/PLC as required by law.
- (d) The Board shall certify the final-form regulation and deposit it with the Legislative Reference Bureau as required by law.
- (e) This final-form regulation shall take effect upon publication in the *Pennsylvania Bulletin*.

Kristin Malady, BSN, RN
Board Chair

ANNEX A

TITLE 49. PROFESSIONAL AND VOCATIONAL STANDARDS

PART I. DEPARTMENT OF STATE

Subpart A. PROFESSIONAL AND OCCUPATIONAL AFFAIRS

CHAPTER 21. STATE BOARD OF NURSING

Subchapter A. REGISTERED NURSES

* * * * *

LICENSES

§ 21.20. Licensure by examination.

An applicant for licensure by examination shall comply with the requirements of § 21.23 (relating to application for examination), pass the examination and ~~submit proof of completion of~~ COMPLETE at least 3 hours of approved training in child abuse recognition and reporting in accordance with § 21.508(a) (relating to child abuse recognition and reporting—mandatory training requirement).

* * * * *

§ 21.28. Licensure by endorsement.

* * * * *

(e) An applicant for licensure by endorsement shall demonstrate proficiency in English by submitting proof that the applicant's nursing education program was conducted in English or that the applicant received a passing score on a Board-approved English proficiency examination unless the applicant has met this requirement in satisfaction of § 21.7(b)(2) (relating to temporary practice permits). The Board will make available a list of Board-approved English proficiency examinations on its web site.

(f) An applicant for LICENSURE BY endorsement shall submit proof of completion of COMPLETE at least 3 hours of approved training in child abuse recognition and reporting in accordance with § 21.508(a) (relating to child abuse recognition and reporting—mandatory training requirement).

§ 21.29. Expiration and renewal of license.

* * * * *

(c) The applicant for license renewal may complete and submit an application online or may mail a completed application form to the Board's administrative office. When applying for licensure renewal, a registered nurse shall:

- (1) Complete and submit the renewal application, including disclosing any license to practice nursing or any allied health profession in any other state, territory, possession or country.
- (2) Pay the biennial renewal of licensure fee in § 21.5 (relating to fees).
- (3) Verify that the registered nurse has complied with the continuing education requirements mandated by section 12.1 of the act (63 P.S. § 222) during the biennial period immediately preceding the application for renewal in accordance with §§ 21.131—21.134 (relating to continuing education). School nurses, who as certified education specialists are required to obtain continuing professional education under the Public School Code of 1949 (24 P.S. §§ 1-101—27-2702), shall verify by signed statement that the school nurse has complied with the continuing education requirements for certification by the Department of Education.

(3.1) Ensure that the registered nurse has completed at least 2 hours of APPROVED training in child abuse recognition and reporting in accordance with § 21.508(b) (relating to child abuse recognition and reporting—mandatory training requirement).

(4) Disclose any discipline imposed by a state licensing board on any nursing or allied health profession license or certificate in the previous biennial period and any criminal charges pending or criminal conviction, plea of guilty or nolo contendere, or admission into a probation without verdict or accelerated rehabilitative disposition during the previous biennial period unless prior notification has been made under § 21.29a (relating to reporting of crimes and disciplinary action).

(d) When communicating with the Board, licensees shall identify themselves by full name, current address and license number.

* * * * *

CONTINUING EDUCATION

§ 21.131 Continuing education.

(a) *Requirement of continuing education.* A registered nurse seeking licensure renewal shall complete 30 hours of continuing education approved by the Board during the biennial period immediately preceding the application for renewal in accordance with section 12.1 of the act (63 P. S. § 222) and this subchapter. At least 2 of the 30 hours shall be completed in approved continuing education in child abuse recognition and reporting requirements in accordance with § 21.508(b) (relating to child abuse recognition and reporting—mandatory training requirement).

The Board will not renew a license of a registered nurse who fails to verify compliance with the continuing education requirement. A registered nurse whose license is not renewed by the expiration of the biennial period may not engage in the practice of professional nursing until the

continuing education requirements are satisfied and the license has been renewed, reinstated or reactivated.

(b) *Exception.* An applicant applying for initial licensure in this Commonwealth will not be required to meet the continuing education requirement on the first renewal immediately following licensure, EXCEPT FOR THE MANDATORY CONTINUING EDUCATION IN CHILD ABUSE RECOGNITION AND REPORTING REQUIRED UNDER § 21.508(b).

* * * * *

(d) *Reinstatement of lapsed license or reactivation of inactive license.* A registered nurse seeking to reinstate a lapsed license or reactivate an inactive license shall file an application for reinstatement or reactivation and submit, OR CAUSE TO BE SUBMITTED, documentation to demonstrate that the licensee completed 30 hours of continuing education, including at least 2 hours in approved child abuse recognition and reporting in accordance with § 21.508(b), within the biennial period immediately preceding application.

(e) *Reinstatement of suspended license.* A registered nurse seeking to reinstate a suspended license shall submit, OR CAUSE TO BE SUBMITTED, documentation to demonstrate that the registered nurse completed 30 hours of continuing education, including at least 2 hours in approved child abuse recognition and reporting in accordance with § 21.508(b), within the biennial period immediately preceding application for reinstatement.

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Subchapter B. PRACTICAL NURSES

LICENSURE

§ 21.150. Licensure by examination.

An applicant for licensure by examination shall comply with the requirements of § 21.151 (relating to application for examination), pass the examination and ~~submit proof of completion of~~

COMPLETE at least 3 hours of training in child abuse recognition and reporting in accordance with § 21.508(a) (relating to child abuse recognition and reporting—mandatory training requirement).

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§ 21.155. Licensure by endorsement.

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(e) An applicant for licensure by endorsement shall demonstrate proficiency in English by submitting proof that the applicant’s nursing education program was conducted in English or that the applicant has received a passing score on a Board-approved English proficiency examination unless the applicant has previously met this requirement in satisfaction of § 21.149(b)(2) (relating to temporary practice permits). The Board will make available a list of Board-approved English proficiency examination on its website.

(f) An applicant for licensure by endorsement shall ~~submit proof of completion of~~ COMPLETE at least 3 hours of APPROVED training in child abuse recognition and reporting in accordance with § 21.508(a) (relating to child abuse recognition and reporting—mandatory training requirement).

§ 21.156. Renewal of license.

* * * * *

(b) When applying for licensure renewal, a licensed practical nurse shall:

- (1) Submit the renewal application, including disclosing a license to practice nursing or an allied health profession in an other state, territory, possession or country.
- (2) Pay the biennial renewal of license fee in § 21.147(b) (relating to fees).

(3) Disclose discipline imposed by a state licensing board in the previous biennial period and criminal charges pending or criminal conviction, plea of guilty or nolo contendere, or admission into a probation without verdict or accelerated rehabilitative disposition during the previous biennial period, unless prior notification has been made under § 21.156b (relating to reporting of crimes and disciplinary actions).

(b.1) Licensed practical nurses applying for renewal shall complete at least 2 hours of APPROVED training in child abuse recognition and reporting in accordance with § 21.508(b) (relating to child abuse recognition and reporting—mandatory training requirement).

(c) When communicating with the Board, [registrants] licensed practical nurses shall identify themselves by their full name, [including maiden name,] current address and [their Commonwealth certification number, which shall be typed or printed] license number.

Subchapter C. CERTIFIED REGISTERED NURSE PRACTITIONERS

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CERTIFICATION REQUIREMENTS

§ 21.271. Certification requirements.

(a) *Initial certification.* An applicant for initial certification shall meet the following requirements:

(1) *Registered nurse license.* An applicant for certification shall hold a current, unrestricted license as a professional nurse in this Commonwealth.

(2) *Education.* An applicant for certification shall have completed an accredited, Board-approved master's or postmaster's nurse practitioner program or other Board-approved program that awarded an advanced degree or a course of study considered by the

Board to be equivalent to that required for certification in this Commonwealth at the time the course was completed.

(3) *National certification.* An applicant for initial certification after February 7, 2005, shall hold current National certification in the specialty in which the professional nurse is seeking certification.

(4) *MANDATORY TRAINING IN CHILD ABUSE RECOGNITION AND REPORTING.* AN APPLICANT FOR INITIAL CERTIFICATION SHALL HAVE COMPLETED AT LEAST 3 HOURS OF APPROVED TRAINING IN CHILD ABUSE RECOGNITION AND REPORTING IN ACCORDANCE WITH § 21.508(a) (RELATING TO CHILD ABUSE RECOGNITION AND REPORTING—MANDATORY TRAINING REQUIREMENT) AS A CONDITION OF CERTIFICATION.

(b) *Certification by endorsement.* An applicant for certification who holds a current, unrestricted license or certificate as a nurse practitioner from another state, territory or possession of the United States or a foreign country, shall meet the certification requirements that were effective at the time the applicant was licensed or certified as a nurse practitioner by the other jurisdiction. Applicants who were initially licensed or certified by another state, territory or possession of the United States or a foreign country after February 7, 2005, shall hold current National certification in the specialty in which the nurse is seeking certification. Nurse practitioners applying for certification from a jurisdiction that does not designate the nurse practitioner's specialty will be required to present evidence satisfactory to the Board to demonstrate the nurse practitioner's specialty. AN APPLICANT FOR INITIAL CERTIFICATION BY ENDORSEMENT SHALL HAVE COMPLETED AT LEAST 3 HOURS

OF APPROVED TRAINING IN CHILD ABUSE RECOGNITION AND REPORTING IN ACCORDANCE WITH § 21.508(a) (RELATING TO CHILD ABUSE RECOGNITION AND REPORTING—MANDATORY TRAINING REQUIREMENT) AS A CONDITION OF CERTIFICATION.

(c) *Addition of a specialty.* A CRNP who holds an unrestricted certification to practice may apply for certification in an additional specialty. To be granted certification in an additional specialty, the CRNP shall meet the educational and National certification requirements for the specialty in which the CRNP is applying for certification.

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MAINTENANCE OF CERTIFICATION

§ 21.331. Biennial renewal of certification.

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- (c) As a condition of biennial renewal, a CRNP shall:
- (1) Renew the CRNP's registered nurse license.
 - (2) Verify completion of a minimum of 30 hours of Board-approved continuing education in the 2 years prior to renewal, INCLUDING AT LEAST 2 HOURS OF APPROVED TRAINING IN CHILD ABUSE RECOGNITION AND REPORTING IN ACCORDANCE WITH § 21.508(b) (RELATING TO CHILD ABUSE RECOGNITION AND REPORTING—MANDATORY TRAINING REQUIREMENT). As a condition of biennial renewal of prescriptive authority approval, a CRNP shall complete a minimum of 16 of the 30 hours of Board-approved continuing education in pharmacology in the 2 years prior to renewal.

- (3) Demonstrate current National certification, if the CRNP was certified by the Board after February 7, 2005
- (4) Pay the required biennial renewal fee set forth in § 21.253 (relating to fees).
- (5) Verify compliance with section 8.7 of the act (63 P.S. § 218.7) regarding liability coverage.

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Subchapter E. CHILD ABUSE REPORTING REQUIREMENTS

§ 21.501. Definitions.

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

Acts—The Professional Nursing Law (63 P. S. §§ 211—225); and the Practical Nurse Law (63 P. S. §§ 651—667).

Board-regulated practitioner—A registered nurse (RN), practical nurse (LPN), certified registered nurse practitioner (CRNP), clinical nurse specialist (CNS) or licensed dietitian-nutritionist (LDN).

Bodily injury—Impairment of physical condition or substantial pain.

Bureau—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~~ SUBCHAPTER, 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 TO 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—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. [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—Acts or omissions] act or failure to act—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 WHEN COMMITTED BY A PERPETRATOR 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.

§ 21.502. 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), [RNs, LPNs or CRNPs 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 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] 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.* [RNs, LPNs and CRNPs 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 RN, LPN or CRNP, 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~~ PARAGRAPH 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] the child's parents and any other person responsible for the [care of the child, if known] child's welfare.
- (2) Where the suspected child 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 person or 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 person making the report and where that person can be reached.] The name, telephone number and e-mail address of the person making the report.
- (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.

(9.1) Other information required by Federal law or regulation.

(10) Other information which the Department of [Public Welfare] Human Services may require by regulation.

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

[An RN, LPN or CRNP] 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 § 21.502(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).

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

[An RN, LPN or CRNP] 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.

§ 21.505. Immunity from liability.

Under 23 Pa.C.S. § 6318 (relating to immunity from liability), [an RN, LPN or CRNP] 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 [RN, LPN or CRNP's] Board-regulated practitioner's actions. For the purpose of any civil or criminal proceeding, the good faith of the [RN, LPN or CRNP] 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 [an RN, LPN or CRNP's] 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 §§ 21.502—21.504 (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).

§ 21.506. Confidentiality—waived.

To protect children from abuse, the reporting requirements of §§ 25.502—25.504 (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 provisions of any [other] client confidentiality, ethical principle or professional standard that might otherwise apply [to RNs, LPNs or CRNPs]. 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.

§ 21.507. Noncompliance.

(a) *Disciplinary action.* [An RN, LPN or CRNP] A Board-regulated practitioner who willfully fails to comply with the reporting requirements in §§ 25.502—25.504 (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 14 of the Professional Nursing Law (63 P. S. § 224) and section 16 of the Practical Nurse Law (63 P. S. § 666).

(b) *Criminal penalties.* [Under 23 Pa.C.S. § 6319 (relating to penalties for failure to report), an RN, LPN or CRNP 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.

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

(a) Except as provided in subsection (c), individuals applying to the Board for an initial license OR CERTIFICATE 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 § 21.509 (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 OR CERTIFICATE 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 § 21.509 (relating to child abuse recognition and reporting course approval process). The Board will not renew a license OR CERTIFICATE 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 2-YEAR BIENNIAL LICENSURE CYCLE or the licensee has obtained an exemption under subsection (c). IF A LICENSEE HOLDS MORE THAN ONE LICENSE OR CERTIFICATE 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 CREDENTIALS.

(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/CERTIFICATE, 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.

§ 21.509. 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.

Subchapter F. VOLUNTEER LICENSES

§ 21.603. Applications.

(a) 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 nursing exclusively:

- (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.

(b) An applicant for a volunteer licensee LICENSE shall complete at least 3 hours of APPROVED training in child abuse recognition and reporting in accordance with § 21.508(a) (relating to child abuse recognition and reporting—mandatory training requirement) as a condition of issuance of a volunteer license.

* * * * *

§ 21.605. Biennial renewal.

A volunteer license shall be renewed biennially on forms provided by the Board. In accordance with section 6(c) of the Volunteer Health Services Act (~~35 P.S. § 449.46~~) 35 P.S. § 449.46(c), a volunteer license holder shall comply with the applicable continuing education requirements imposed by the Board, including at least 2 hours of training in approved child abuse recognition and reporting in accordance with § 21.508(b) (relating to child abuse recognition and reporting—

mandatory training requirement). The applicant shall be exempt from payment of the biennial renewal fee of § 21.5, § 21.147 or § 21.253 (relating to fees), as applicable.

Subchapter G. DIETITIAN-NUTRITIONISTS

LICENSURE REQUIREMENTS

§ 21.721. Qualifications for licensure.

(a) An individual may apply for licensure as a dietitian-nutritionist by submitting a written application on forms provided by the Board and remitting the application fee set forth in § 21.705 (relating to fees).

(b) To obtain licensure, an applicant must meet the qualifications set forth in section 6(b)(1)—(4) of the act (63 P. S. § 216(b)(1)—(4)), which include:

(1) Evidencing good moral character.

(2) Receipt of a baccalaureate or higher degree from a Board-approved program or equivalent program as set forth in section 5(b) and (c) of the act (63 P. S. § 215(b) and (c)).

(3) Completion of a planned continuous preprofessional experience of at least 900 hours under appropriate supervision.

(4) Successful completion of one of the examinations specified in § 21.722 (relating to education and examination of applicants).

(c) To obtain licensure, an applicant ~~must submit~~ SHALL complete at least 3 hours of training in child abuse recognition and reporting in accordance with § 21.508(a) (relating to child abuse recognition and reporting—mandatory training requirement).

* * * * *

§ 21.723. License renewal.

(a) A license issued under section 5(e) of the act (63 P. S. § 215(e)) or under this subchapter will be valid from the date of issuance through September 30, 2006, following the issuance of the license. Each subsequent license renewal will be valid for 2 years from October 1 through September 30.

(b) When applying for renewal of licensure, an LDN shall:

(1) Complete the renewal application, including disclosing a license to practice dietetics-nutrition in any other state, territory, possession or country.

(2) Pay the required fee as set forth in § 21.705 (relating to fees).

(3) Submit, OR CAUSE TO BE SUBMITTED, proof to the Board that the LDN has satisfactorily completed a minimum of 30 hours of CPE approved by the Board in accordance with § 21.724 (relating to continuing education) during the 2 calendar years immediately preceding the application for renewal. At least 2 of the required 30 hours shall be completed in approved training in child abuse recognition and reporting in accordance with § 21.508(b) (relating to child abuse recognition and reporting—mandatory training requirement).

(4) Disclose any discipline imposed by a state licensing board in the previous biennial period or any criminal charges pending or criminal conviction, plea of guilty or nolo contendere, or admission into a probation without verdict or accelerated rehabilitative disposition program during the previous biennial period unless prior notification has been made under § 21.723a (relating to reporting of crimes and disciplinary action).

§ 21.724. Continuing education.

(a) *Prior to renewal.* One hour of CPE credit will be given for each 50-minute clock hour of CPE activity. Each LDN shall complete 30 CPE credits during the 2 calendar years immediately

preceding the application for license renewal. At least 2 of the 30 hours shall be completed in approved training in child abuse recognition and reporting in accordance with § 21.508(b) (relating to child abuse recognition and reporting—mandatory training requirement). If any activity overlaps two renewal periods, the date of completion of the activity determines the date in which the activity can be reported.

* * * * *

Subchapter H. CLINICAL NURSE SPECIALISTS
CERTIFICATION REQUIREMENTS

§ 21.811. Qualifications for initial certification.

The Board may certify an applicant for initial certification who files an application on a form provided by the Board and pays the application fee in § 21.805 (relating to fees), in accordance with the following:

- (1) *RN license.* The Board may certify an applicant who has a current, unrestricted license to practice professional nursing in this Commonwealth.
- (2) *Education.* The Board may certify an applicant who has a master's degree, doctoral degree or post-master's degree or certificate in nursing from an educational program that meets the requirements of section 6.2(c)(1) of the act (63 P.S. § 216.2(c)(1)).
- (3) *Alternative education.* An applicant for initial certification who completed an educational program in a related discipline previously recognized for National certification as a CNS may be granted certification from the Board in the area of the applicant's current National certification from the American Nurses Association or the American Nurses Credentialing Center.
- (4) *National certification or equivalence.*

(i) The Board may grant initial certification in a Board-designated specialty or other pertinent specialty to an applicant who demonstrates current National certification by examination.

(ii) The Board may grant initial certification without specialty to applicants who demonstrate that their educational program does not make them eligible to take a National certification examination and who demonstrate equivalence. For purposes of this section, the Board will determine equivalence on a case-by-case basis after considering the information submitted by the applicant that may include an official transcript, course descriptions, current curriculum vitae, work history in the CNS role, professional recommendations and additional advanced nursing education and certification examinations.

(5) *MANDATORY TRAINING IN CHILD ABUSE RECOGNITION AND REPORTING.* AN APPLICANT FOR INITIAL CERTIFICATION SHALL HAVE COMPLETED AT LEAST 3 HOURS OF APPROVED TRAINING IN CHILD ABUSE RECOGNITION AND REPORTING IN ACCORDANCE WITH § 21.508(a) (RELATING TO CHILD ABUSE RECOGNITION AND REPORTING—MANDATORY TRAINING REQUIREMENT).

§ 21.812. Qualifications for certification by endorsement; additional certification.

(a) *Certification by endorsement.* An applicant for certification by the Board who holds an unrestricted license, certificate or authorization to practice as a CNS from another state, territory or possession of the United States or a foreign country, who met initial certification requirements equivalent to the Board's certification requirements and a current RN license in this Commonwealth may be granted certification by endorsement. AN APPLICANT FOR INITIAL

CERTIFICATION BY ENDORSEMENT SHALL HAVE COMPLETED AT LEAST 3 HOURS OF APPROVED TRAINING IN CHILD ABUSE RECOGNITION AND REPORTING IN ACCORDANCE WITH § 21.508(a) (RELATING TO CHILD ABUSE RECOGNITION AND REPORTING—MANDATORY TRAINING REQUIREMENT).

(b) *Additional certification.* A CNS who is already certified by the Board may apply for an additional certification. To be granted an additional certification, the CNS shall meet the educational and National certification requirements for the additional certification.

* * * * *

MAINTENANCE OF CERTIFICATION

§ 21.822. Biennial renewal of certification.

(a) The certification of a CNS will expire at the same time as the CNS's professional nursing license as provided in § 21.29 (relating to expiration and renewal of license).

(b) Notice of application for renewal will be forwarded biennially to each active CNS at the CNS's address of record with the Board prior to the expiration date of the current biennial period.

(c) As a condition of biennial renewal, a CNS shall hold a valid, unexpired and unrestricted professional nursing license.

(d) As a condition of biennial renewal, a CNS shall complete a minimum of 30 hours of Board-approved continuing education, in the 2 years prior to renewal as required under section 8.5(c)(2) of the act (63 P.S. § 218.5(c)(2)), unless the requirement is waived by the Board under § 21.823(b) (relating to CNS-level continuing education; waiver; sanctions) or the CNS's certification is on inactive status. AT LEAST 2 OF THE REQUIRED 30 HOURS MUST BE COMPLETED IN APPROVED TRAINING IN CHILD ABUSE RECOGNITION AND

REPORTING IN ACCORDANCE WITH § 21.508(b) (RELATING TO CHILD ABUSE
RECOGNITION AND REPORTING—MANDATORY TRAINING REQUIREMENT).

(e) The applicant shall remit the required renewal fee in § 21.805 (relating to fees) with the applicant's renewal application forms. Upon approval of the renewal application, the CNS will receive a certification for the current renewal period.

* * * * *



**COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF STATE
BUREAU OF PROFESSIONAL AND OCCUPATIONAL AFFAIRS
STATE BOARD OF NURSING**
Post Office Box 2649
Harrisburg, Pennsylvania 17105-2649
(717) 783-7142

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 Nursing
16A-5140: Child Abuse Reporting Requirements

Dear Chairman Bedwick:

Enclosed is a copy of a final rulemaking package of the State Board of Nursing 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 "Kristin Malady".

Kristin Malady, BSN, RN, Chair
State Board of Nursing

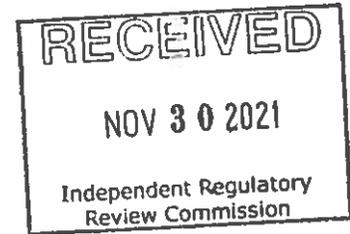
KM/ckm:bmz
Enclosure

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
Judith Pachter Schulder, Board Counsel, State Board of Nursing
State Board of Nursing

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:

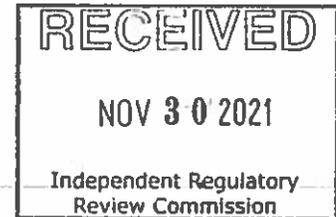
- 16A-4953: Registration of Naturopathic Doctors

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

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

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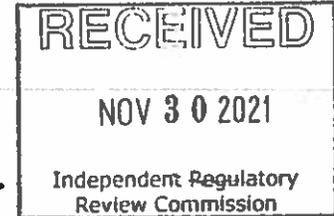
Brittany Zappasodi | Legal Assistant II

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



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

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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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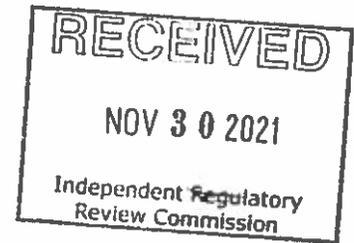
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Zappasodi, Brittany

From: 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
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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
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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