

# Regulatory Analysis Form

(Completed by Promulgating Agency)

(All Comments submitted on this regulation will appear on IRRCs website)

(1) Agency  
**Department of State, Bureau of Professional and Occupational Affairs, State Board of Nursing**

(2) Agency Number: 16A  
 Identification Number: 5140

(3) PA Code Cite: **49 Pa. Code §§ 21.20, 21.28, 21.29, 21.131, 21.150, 21.155, 21.156, 21.50121.509, 21.603, 21.723 and 21.724**

(4) Short Title: **Child Abuse Reporting Requirements**

(5) Agency Contacts (List Telephone Number and Email Address):

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; "mailto:cymontgome@pa.gov" cymontgome@pa.gov**

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(6) Type of Rulemaking (check applicable box):

**PROPOSED REGULATION**  
 Final Regulation  
 Final Omitted Regulation

Emergency Certification Regulation;  
 Certification by the Governor  
 Certification by the Attorney General

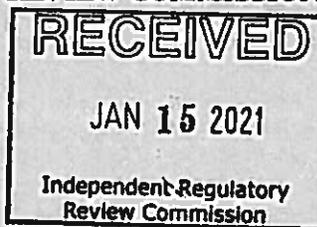
(7) Briefly explain the regulation in clear and nontechnical language. (100 words or less)

**This proposed rulemaking is needed to update the Boards 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. §§ 6301-6386), 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.**

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

**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 Boards 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**

**INDEPENDENT REGULATORY REVIEW COMMISSION**



IRRC Number: **3288**

**implement the mandatory reporting requirements for licensees of the Board.**

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

**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 Boards 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 Pennsylvanias ability to compete with other states?

**This regulation will not adversely affect Pennsylvanias 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 individuals 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 § 5-7015-715 (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 persons 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 9:6-8.88:6-8.20 (relating to abused childreports 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 caused by the failure to report. Reasonable cause to suspect child abuse or maltreatment means that, based on one's observations, professional training and experience, a licensee believes the parent or person legally responsible for a child has harmed that child or placed that child in imminent danger or harm. In addition, New York requires individuals, when applying initially for licensure, to complete 2 hours of coursework or training in the identification and reporting of child abuse and maltreatment. This is a one-time requirement and once taken does not need to be completed again. The New York State Education Department, Office of the Professions oversees the training requirements for mandated reporters.

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

In Virginia, under Title 63.2 of the Code of Virginia § 63.2-1509, any person licensed to practice any of the healing arts must report if they have reason to suspect a child is an abused or neglected child immediately to the local department of the county or city where the child resides, where the abuse or neglect is believed to have occurred, or to the Department of Social Services 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 mis

demeanor, 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 14 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.**

**For example, one commenter did not support the requirement to complete 2 hours of continuing education in the area of child abuse recognition and reporting as a condition of biennial renewal, noting that the Board has not previously mandated specific content and suggesting that shall be changed to may. However, this requirement is mandated by section 6383(b)(3)(ii) of the CPSL. The Board is merely updating its regulations to be consistent with the mandates of the CPSL. This same commenter asked, if the intent is to increase awareness and reporting of child abuse and neglect, why would there be an exemption clause? The Board notes that section 6383(b)(4) and (6) of the CPSL provide for exemptions to the requirements to complete the required training/continuing education. The proposal would exempt those individuals who have completed comparable training required by other laws. In addition, the catch-all exemption in § 21.508(c) is for use by individuals who can demonstrate to the Board's satisfaction that they have no need to complete this training. This provision has been construed narrowly, given the expanded duty to report in the CPSL. For example, a licensee who also volunteers as a court appointed special advocate (CASA) would have**

**no need to complete additional training, because CASA volunteers are required to complete 30 hours of preservice training on topics related to child abuse recognition and reporting prior to being assigned to a case, and 12 hours of in-service training on an annual basis. (See 37 Pa. Code § 200.221 (relating to training)). This provision permits the Board to grant an exemption in such a case.**

**The Pennsylvania Academy of Nutrition & Dietetics (PAND) expressed concern about an LDN's ability to comply with § 21.503 (relating to photographs, medical tests and X-rays of child subject to report) because of their limited scope of practice. However, this is existing language in both the Board's regulations and CPSL, and permits, but does not require, a licensee to take photographs, and perform or cause to be performed medical tests and X-rays, if clinically indicated. The Board notes that as the language of the CPSL and the regulations are permissive, but not mandatory, compliance is discretionary. This provision is included to make it clear that the provisions on immunity from liability in § 21.505 would extend to licensees if they took any of the actions permitted by § 21.503.**

**The proposal was revised numerous times as the CPSL was amended throughout the ensuing years, including as recently as November of 2019. The Board approved the current version of the proposed rulemaking at its public board meeting on July 22, 2020.**

**(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 226,601 licensed registered nurses (of which 14,402 are certified registered nurse practitioners and 256 are clinical nurse specialists), 53,950 licensed practical nurses, and 4,503 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 proposed 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 2016 (the most recent year for which data is available), the majority of registered nurses (including clinical nurse specialists) work in hospitals (61%); ambulatory health care services (18%); nursing and residential care facilities (7%); government (5%) and educational services (3%). For those RNs who are certified registered nurse practitioners the locations of practice are generally: offices of physicians (46%); hospitals (28%), outpatient care centers (8%); educational services (4%) and offices of other health practitioners (3%). Licensed practical and vocational nurses generally work in nursing and residential care facilities (38%); hospitals (16%); offices of physicians (13%); home health care services (12%) and government (7%). Licensed dietitian-nutritionists work in the following locations: hospitals (30%); government (14%); outpatient care centers (10%); nursing and residential care facilities (9%) 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 SBAs Small Business Size Regulations under 13 CFR Ch. 1 Part 121. These size standards have been established for types of businesses under the North**

**American Industry Classification System (NAICS). In applying the 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 Pennsylvanias Regulatory Review Act.**

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

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

**All licensees of the Board will be affected by the regulation, including those that are or work for small businesses. At the present time, there are approximately 226,601 licensed registered nurses (of which 14,402 are certified registered nurse practitioners and 256 are clinical nurse specialists), 53,950 licensed practical nurses, and 4,503 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 proposed 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 proposed 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 on average. The 53,950 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 30<sup>th</sup> of even numbered years. At an average of \$25, total costs to existing licensees is estimated at \$1,348,750 biennially (annualized as \$674,375). 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 20-21	FY +1 FY 21-22	FY +2 FY 22-23	FY +3 FY 23-24	FY +4 FY 24-25	FY +5 FY 25-26
<b>SAVINGS:</b>						
Regulated Community						
Local Government						
State Government						
<b>Total Savings</b>	\$0	\$0	\$0	\$0	\$0	\$0
<b>COSTS:</b>						
Regulated Community	\$1,066,875	\$1,066,875	\$1,066,875	\$1,066,875	\$1,066,875	\$1,066,875
Local Government						
State Government	\$ 90,000	\$ 90,000	\$ 90,000	\$ 90,000	\$ 90,000	\$ 90,000
<b>Total Costs</b>	\$1,156,875	\$1,156,875	\$1,156,875	\$1,156,875	\$1,156,875	\$1,156,875

<b>REVENUE LOSSES:</b>						
<b>Regulated Community</b>						
<b>Local Government</b>						
<b>State Government</b>						
<b>Total Revenue Losses</b>	\$0	\$0	\$0	\$0	\$0	\$0

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

<b>Program</b>	<b>FY -3 FY 17-18</b>	<b>FY -2 FY 18-19</b>	<b>FY -1 FY 19-20</b>	<b>Current FY FY 20-21</b>
<b>State Board of Nursing</b>	(actual) \$ 16,183,651.45	(actual) \$ 16,781,064.52	(projected) \$ 16,655,000.00	(budgeted) \$ 16,782,000.00

(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 after publication of the proposed rulemaking in the *Pennsylvania Bulletin*.**
- 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: Spring 2021**
- D. The expected effective date of the final-form regulation: Upon publication of the final-form rulemaking in the *Pennsylvania Bulletin* expected in Spring 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 2020: December 3, 2020. During 2021, the Board will meet on the following dates: January 28, March 16, April 28, June 10, July 21, September 1, October 21 and December 9, 2021.**

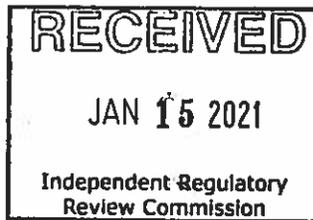
**More information can be found on the Departments website at "<http://www.dos.pa.gov>" [www.dos.pa.gov](http://www.dos.pa.gov)**



CDL-1

FACE SHEET  
FOR FILING DOCUMENTS  
WITH THE LEGISLATIVE REFERENCE BUREAU

(Pursuant to Commonwealth Documents Law)



DO NOT WRITE IN THIS SPACE

<p>Copy below is hereby approved as to form and legality. Attorney General</p> <p>BY: <u>Amy M. Elliott</u> (DEPUTY ATTORNEY GENERAL)</p> <p><small>Digitally signed by Amy M. Elliott DN: cn=Amy M. Elliott, o=Pennsylvania Office of Attorney General, ou=Chief Deputy Attorney General, email=amelliott@attorneygeneral.gov, c=US Date: 2020.12.09 17:21:59 -0500</small></p> <p><u>12/9/2020</u> DATE OF APPROVAL</p> <p><input type="checkbox"/> Check if applicable Copy not approved. Objections attached.</p>	<p>Copy below is here by certified to be a true and correct copy of a document issued, prescribed or promulgated by:</p> <p><u>State Board of Nursing</u> (AGENCY)</p> <p>DOCUMENT/FISCAL NOTE NO. <u>16A-5140</u></p> <p>DATE OF ADOPTION: _____</p> <p><u>Ann M. Coughlin</u></p> <p>BY: <u>Ann M. Coughlin, DNP, MBA, RN</u></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: <u>Marisa H. Z. Lehr</u></p> <p><u>11/16/2020</u> DATE OF APPROVAL</p> <p><u>Deputy General Counsel</u> (<del>Chief Counsel, Independent Agency</del>) (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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PROPOSED 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, 21.501—21.509,  
21.603, 21.605, 21.723 and 21.724

CHILD ABUSE REPORTING REQUIREMENTS

The State Board of Nursing proposes to amend §§ 21.28, 21.29, 21.131, 21.155, 21.156, 21.501—21.507, 21.603, 21.605, 21.721, 21.723 and 21.724; and to add §§ 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 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.

*Description of the proposed amendments*

The Board is proposing to add §§ 21.20 and 21.150 (relating to licensure by examination) to summarize the requirements for licensure by examination as a registered nurse or practical nurse, including the mandatory 3 hours of training in child abuse recognition and reporting required as a condition of licensure. Additionally, the Board proposes amendments to §§ 21.28 and 21.155 (relating to licensure by endorsement) to likewise incorporate the mandatory 3 hours of training in child abuse recognition and reporting as a condition to obtain a license as a registered nurse or practical nurse by endorsement. Similar amendments are being made to §§ 21.603 and 21.721 (relating to applications; and qualifications for licensure) to incorporate the training requirement as a condition of obtaining a volunteer license and as a condition of obtaining a license as a licensed dietitian-nutritionist, respectively.

The Board is also proposing amendments to § 21.131 (relating to continuing education) to incorporate the mandatory 2 hours of continuing education in child abuse recognition and reporting as a condition of biennial renewal, as well as reactivation of an inactive license and reinstatement of a lapsed or suspended license. The Board is proposing similar amendments to §§ 21.29, 21.156,

21.605, 21.723 and 21.724, pertaining to biennial renewal of licenses, setting forth the requirement that registered nurses, practical nurses, licensed dietitian-nutritionists and volunteer licensees must complete at least 2 hours of child abuse recognition and reporting training in order to renew their licenses. It is important to note that, for licensed practical nurses, this is the only continuing education requirement, as the Practical Nurse Law contains no provision requiring licensed practical nurses to otherwise complete continuing education as a condition of license renewal. Section 21.605 (relating to biennial renewal) is also being amended to make it clear that volunteer licensees are required to complete applicable continuing education as required under section 6(c) of the Volunteer Health Services Act (35 P.S. § 449.46).

The Board next proposes comprehensive amendments to the child abuse reporting requirements in Subchapter E (relating to child abuse reporting requirements). First, the Board proposes to amend § 21.501 (relating to definitions) to update the definitions of terms used in the CPSL. Specifically, the Board finds it necessary to define the terms “bodily injury,” “child,” “parent,” “program, activity or service” and “serious physical neglect” and to amend the definitions of “child abuse,” “perpetrator,” “person responsible for the child’s welfare,” “recent acts or omissions” and “sexual abuse or exploitation” to comport with amendments made to the CPSL. The Board has also added a definition for the terms “Board-regulated practitioner,” “Bureau” and “mandated reporter” for ease of reference. The Board proposes to delete the definitions of “individual residing in the same home as the child” and “serious physical injury” because these terms have been deleted from the CPSL. The Board also proposes to amend, where necessary throughout this proposed rulemaking, “Department of Public Welfare” to “Department of Human Services,” as the name of that agency has changed.

The Board is proposing to amend § 21.502 (relating to suspected child abuse—mandated reporting requirement) to provide the general rule that all Board-regulated practitioners are considered mandated reporters, and to set forth the mandated reporting requirements and procedures as provided in section 6311(b) of the CPSL (relating to persons required to report suspected child abuse, and the reporting procedures in section 6313 of the CPSL (relating to reporting procedure). The Department of Human Services has implemented an electronic reporting process for mandated reporters, and the Board finds it necessary to amend § 21.503 (relating to photographs, medical tests and X-rays of child subject to report) to set forth the requirement to submit these types of materials to the county children and youth social service agency within 48 hours of making an electronic report in accordance with section 6314 of the CPSL (relating to photographs, medical tests and X-rays of child subject to report).

The Board is proposing amendments to § 21.504 (relating to suspected death as a result of child abuse—mandated reporting requirement) to incorporate an amendment made to section 6317 of the CPSL (relating to mandatory reporting and postmortem investigation of death) to permit a report to be made to the appropriate coroner or medical examiner of the county where the death occurred, or of the county where the injuries were sustained. Further, the Board is proposing to amend § 21.505 (relating to immunity from liability) to incorporate amendments made to section 6318 of the CPSL (relating to immunity from liability); and to amend § 21.506 (relating to confidentiality—waived) to incorporate the provisions of sections 6311.1 (relating to privileged communications) and 6313(e) of the CPSL. Likewise, the Board proposes to amend § 21.507 (relating to noncompliance) to update the criminal penalties for willful failure to make a report or

referral to conform to the increased criminal penalties in section 6319 of the CPSL (relating to penalties).

The Board proposes to add two new sections to implement the mandatory training requirements set forth in Act 31 of 2014. Proposed section 21.508 (relating to child abuse recognition and reporting—mandatory training requirement) would set forth the requirements in section 6383(b)(3) of the CPSL that all individuals applying to the Board for an initial license or certification are required to complete at least 3 hours of training in child abuse recognition and reporting which has been approved by the Department of Human Services; and that all licensees and certificate holders seeking renewal of a license or certificate complete at least 2 hours of continuing education in child abuse recognition and reporting as a requirement of renewal. The Board also would provide notice that these 2 hours of continuing education would be accepted as a portion of the total continuing education required for biennial renewal, and not an additional requirement, as provided in section 6382(b)(2)(iii) of the CPSL.

This section would also include the process for applying for an exemption from the mandatory training requirements as set forth in section 6383(b)(4) and (6) of the CPSL, for individuals who have already completed similar training or who otherwise should be exempt from the training requirements. The Board notes that section 6383(b)(4)(ii)(B) of the CPSL provides an exemption for individuals who have already completed child abuse recognition training required by the Human Services Code (62 P.S. §§ 101—1503) (formerly known as the Public Welfare Code), and the training was approved by the Department of Human Services. However, the Department of Human Services has confirmed that there is no provision in the Human Services Code that requires such training. Instead, section 6383(c) of the CPSL sets forth the requirement that certain individuals and entities regulated by the Department of Human Services complete mandated reporter training. Therefore, the Board believes it is appropriate to include an exemption for a licensee who has already completed comparable training in child abuse recognition and reporting required by the Department of Human Services under section 6383(c). For example, if a registered nurse happened to be a foster parent and, therefore, was required to complete the training under section 6383(c), there would be no need to repeat the training as a condition of licensure or license renewal under section 6383(b). In addition, section 6383(b)(6) permits the Board to exempt a licensee from the training requirement if the licensee “submits documentation acceptable to the licensing board that the licensee should not be subject to the training or continuing education requirement.” The Board believes that this section also provides authority to the Board to determine that those licensees who are required to complete comparable training under section 6383(c) should be exempt from the training requirement under section 6383(b), provided they submit acceptable documentation to the Board evidencing completion of comparable training.

The Board proposes to add § 21.509 (relating to child abuse recognition and reporting course approval process) to set forth the process developed by the Bureau of Professional and Occupational Affairs, in conjunction with the Department of Human Services, for individuals, entities and organizations to apply for approval to deliver training required under Act 31. The Bureau has incorporated a requirement that to be approved to provide Act 31 training in child abuse recognition and reporting, an applicant must be able to report participation/attendance electronically to the Bureau. In this manner, the completion of the training is automatically imported into the individual’s record with the Board at the time the course is completed. Then,

prior to issuing or renewing a license or certificate, the system verifies that the training was completed as required. If no record exists, the applicant or licensee would be notified of the need to complete an approved course before the license or certificate can be issued or renewed.

#### *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(f) of the Regulatory Review Act (71 P.S. § 745.5(f)), January 15, 2021 the Board submitted a copy of this proposed rulemaking and a copy of a Regulatory Analysis Form to the Independent Regulatory Review Commission (IRRC). A copy of this material is available to the public upon request. On the same date, the Board submitted this proposed rulemaking to the Legislative Reference Bureau for publication in the Pennsylvania Bulletin. The Board will submit this proposed rulemaking and required material to the standing committees of the House and Senate no later than the second Monday after the date by which both committee designations have been published in the Pennsylvania Bulletin.

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

#### *Public Comment*

Interested persons are invited to submit written comments, suggestions, or objections regarding this proposed rulemaking to the Regulatory Counsel, State Board of Nursing, P.O. Box

69523, Harrisburg, PA 17106-9523, RA-STRegulatoryCounsel@pa.gov within 30 days following publication of this proposed rulemaking in the *Pennsylvania Bulletin*. Reference 16A-5140 (Child Abuse Reporting Requirements) when submitting comments.

Ann M. Coughlin, DNP, MBA, 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 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.**

\* \* \* \* \*

(f) An applicant for endorsement shall submit proof of completion of 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.

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

(5) 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.

\* \* \* \* \*

(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 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 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.

\* \* \* \* \*

## **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 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).

\* \* \* \* \*

#### **§ 21.155. Licensure by endorsement.**

\* \* \* \* \*

(f) An applicant for licensure by endorsement shall submit proof of completion of 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).

#### **§ 21.156. Renewal of license.**

\* \* \* \* \*

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

(d) 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 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, 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 14 years of age or older and responsible for the child's welfare or having direct contact with children as an employee of child-care services, a school

or through a program, activity or service.

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

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

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

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

(A) A parent of the child.

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

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

(D) A person 18 years of age or older and responsible for the child's welfare.

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

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

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

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

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

(i) A repeated, prolonged or egregious failure to supervise a child in a manner that is appropriate considering the child's developmental age and abilities.

(ii) The failure to provide a child with adequate essentials of life, including food, shelter or medical care.

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

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

(A) Looking at sexual or other intimate parts of a child or another individual for the purpose of arousing or gratifying sexual desire in any individual.

(B) Participating in sexually explicit conversation either in person, by telephone, by computer or by a computer-aided device for the purpose of sexual stimulation or gratification of any individual.

(C) Actual or simulated sexual activity or nudity for the purpose of sexual stimulation or gratification of any individual.

- (D) Actual or simulated sexual activity for the purpose of producing visual depiction, including photographing, videotaping, computer depicting or filming.
- (ii) Any of the following offenses committed against a child:
- (A) Rape as defined in 18 Pa.C.S. § 3121 (relating to rape).
- (B) Statutory sexual assault as defined in 18 Pa.C.S. § 3122.1 (relating to statutory sexual assault).
- (C) Involuntary deviate sexual intercourse as defined in 18 Pa.C.S. § 3123 (relating to involuntary deviate sexual intercourse).
- (D) Sexual assault as defined in 18 Pa.C.S. § 3124.1 (relating to sexual assault).
- (E) Institutional sexual assault as defined in 18 Pa.C.S. 3124.2 (relating to institutional sexual assault).
- (F) Aggravated indecent assault as defined in 18 Pa.C.S. § 3125 (relating to aggravated indecent assault).
- (G) Indecent assault as defined in 18 Pa.C.S. § 3126 (relating to indecent assault).
- (H) Indecent exposure as defined in 18 Pa.C.S. § 3127 (relating to indecent exposure).
- (I) Incest as defined in 18 Pa.C.S. § 4302 (relating to incest).
- (J) Prostitution as defined in 18 Pa.C.S. § 5902 (relating to prostitution and related offenses).

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

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

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

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

**§ 21.502. Suspected child abuse—mandated reporting requirements.**

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

(4) An individual 14 years of age or older makes a specific disclosure to the mandated reporter that the individual has committed 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 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](http://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.
- (10) Other information required by Federal law or regulation.
- (11) 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.

**§ 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 § 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 shall complete at least 3 hours of training in child abuse recognition and reporting requirements which has been approved by the Department of Human Services.

(b) Except as provided in subsection (c), licensees seeking renewal of a license issued by the Board shall complete, as a condition of biennial renewal, at least 2 hours of approved continuing education in child abuse recognition and reporting requirements, as a portion of the total continuing education required for biennial renewal. For credit to be granted, the continuing education course or program must be approved by the Bureau, in consultation with the Department of Human Services, as set forth in § 21.509 (relating to child abuse recognition and reporting course approval process). The Board will not renew a license unless the Bureau has received an

electronic report from an approved course provider documenting the attendance/participation by the licensee in an approved course or the licensee has obtained an exemption under subsection (c).

(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.

(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.

(3) The applicant or licensee submits documentation demonstrating that the applicant or licensee should not be subject to the training or continuing education requirement. Each

request for an exemption under this paragraph will be considered on a case-by-case basis.

**§ 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-steps1\_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 in writing upon approval of the course and will post a list of approved courses on the Bureau's website and the Board's website.

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#### **Subchapter F. VOLUNTEER LICENSES**

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#### **§ 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 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) as a condition of issuance of a volunteer license.

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#### **§ 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), 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.

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### **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 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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**§ 21.723. 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 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.

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## Stephen Hoffman

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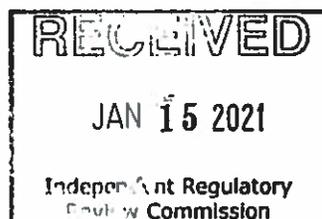
**From:** Bulletin <bulletin@palrb.us>  
**Sent:** Friday, January 15, 2021 9:38 AM  
**To:** Worthington, Amber  
**Cc:** Adeline E. Gaydosh  
**Subject:** [External] Re: DELIVERY 16A-4941 & 16A-5140

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Good morning Amber,*

Thank you for sending these. They will be published in the 1/30 issue of the *Pennsylvania Bulletin*.

Have a great day and weekend!  
Adeline

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**From:** Worthington, Amber <agontz@pa.gov>  
**Sent:** Friday, January 15, 2021 9:27 AM  
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**Subject:** DELIVERY 16A-4941 & 16A-5140  
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**Amber Worthington, PLS** | *Supervising Legal Assistant*  
Department of State | Counsel Division Legal Office | Clerical Supervisor 2  
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Harrisburg, PA 17106-9523  
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