

<h1 style="margin: 0;">Regulatory Analysis Form</h1> <p style="margin: 0;">(Completed by Promulgating Agency)</p>		<p>INDEPENDENT REGULATORY REVIEW COMMISSION</p> <div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 10px auto;"> <p>RECEIVED</p> <p><small>By Independent Regulatory Review Commission at 12:24 pm, Sep 15, 2023</small></p> </div>
<p>(All Comments submitted on this regulation will appear on IRRC's website)</p>		
<p>(1) Agency Department of State, Bureau of Professional and Occupational Affairs, State Board of Osteopathic Medicine</p>		
<p>(2) Agency Number: 16A Identification Number: 5326</p>		<p>IRRC Number: 3356</p>
<p>(3) PA Code Cite: 49 Pa. Code §§ 25.1, 25.161, 25.163, 25.241—25.244, 25.246, 25.271, 25.301—25.304, 25.401, 25.411—25.418, 25.507, 25.509a, 25.603, 25.605, 25.704, 25.708, 25.803, 25.810, 25.903 and 25.909.</p>		
<p>(4) Short Title: Child Abuse Reporting Requirements</p>		
<p>(5) Agency Contacts (List Telephone Number and Email Address):</p> <p>Primary Contact: Cynthia K. Montgomery, Deputy Chief Counsel, Department of State, phone (717)783-7200; P.O. Box 69523, Harrisburg, PA 17106-9523; fax (717)787-0251; cymontgome@pa.gov</p> <p>Secondary Contacts: Shana M. Walter or Dana Wucinski, Co-counsel, State Board of Osteopathic Medicine, Department of State, phone (717) 783-7200; P.O. Box 69523, Harrisburg, PA 17106-9523; fax (717) 787-0251; shanwalter@pa.gov or dwucinski@pa.gov.</p>		
<p>(6) Type of Rulemaking (check applicable box):</p> <p><input type="checkbox"/> Proposed Regulation</p> <p><input checked="" type="checkbox"/> Final Regulation</p> <p><input type="checkbox"/> Final Omitted Regulation</p>		<p><input type="checkbox"/> Emergency Certification Regulation;</p> <p><input type="checkbox"/> Certification by the Governor</p> <p><input type="checkbox"/> Certification by the Attorney General</p>
<p>(7) Briefly explain the regulation in clear and nontechnical language. (100 words or less)</p> <p>This rulemaking is needed to update the Board’s existing regulations on the subject of child abuse reporting to be consistent with amendments to the Child Protective Services Law (CPSL) (23 Pa.C.S. §§ 6301-6388), including the requirement imposed by the act of April 15, 2014 (P.L. 411, No. 31) (Act 31 of 2014) on all health-related boards to require training in child abuse recognition and reporting for licensees who are considered “mandated reporters” under the CPSL.</p>		
<p>(8) State the statutory authority for the regulation. Include <u>specific</u> statutory citation.</p> <p>Section 16 of the Osteopathic Medical Practice Act (act) (63 P.S. § 271.16) sets forth the Board’s general rulemaking authority. Under 23 Pa.C.S. §§ 6301—6388 (relating to Child Protective Services Law) (CPSL), specifically, section 6383(b)(2) of the CPSL (relating to education and training), the Board is required to promulgate regulations to implement the mandatory reporting requirements for Board-regulated practitioners.</p>		

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

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

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

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

All applicants and licensees will benefit by receiving mandatory training with regard to their responsibilities under the CPSL, and all Pennsylvania children will benefit from the increased protections provided by the amendments. Licensees will further benefit from regulations that are consistent with the CPSL, as amended, to avoid confusion as to their responsibilities in this area. There are currently approximately 13,361 actively licensees and the Board averages 2,483 applicants annually.

(11) Are there any provisions that are more stringent than federal standards? If yes, identify the specific provisions and the compelling Pennsylvania interest that demands stronger regulations.

No. There are no federal standards on the topic.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

No. The regulation does not affect any other regulations of the agency or other state agencies. However, there are additional boards that will be promulgating similar regulations in the upcoming months.

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

The Board discusses its regulatory proposals at regularly scheduled public meetings of the Board. Representatives of the professional associations representing the regulated community routinely attend those meetings. The Board did not release an exposure draft of the proposal because the Board is merely updating its regulations to be consistent with the CPSL. The Board voted to move forward and promulgate the proposed rulemaking at its meeting on August 12, 2020. Notice of the proposed rulemaking was published at 52 Pa.B. 6537 (October 22, 2022). Publication was followed by a 30-day public comment period during which the Board received no public comments. Additionally, there were no comments received from Independent Regulatory Review Commission (IRRC) other than to say that they have no objections, comments or recommendations to offer. IRRC further advised that if the final form rulemaking is delivered without revisions, and the committees do not take any action, it will be deemed approved. The House Professional Licensure Committee (HPLC) and the Senate Consumer Protection and Professional Licensure Committee (SCP/PLC) did not submit comments. Thereafter, on June 14, 2023, the Board met in public session and voted to proceed with the final-form rulemaking with no changes.

(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 9,365 osteopathic physicians, 3,020 physician assistants, 140 acupuncturists (including 52 physician acupuncturists), 480 respiratory therapists, 285 athletic trainers, 35 perfusionists and 36 genetic counselors licensed by the Board. In addition, all applicants for one of these licenses issued by the Board would be affected by the mandatory training requirements set forth in the final regulation as required under section 6383(b)(3)(i) of the CPSL. The Board currently processes an average of approximately 2,483 initial licensure applications a year.

According to the Pennsylvania Department of Labor and Industry in 2020 (the most recent year for which data is available), the vast majority of physicians work in offices of physicians, outpatient care centers and in hospitals. Others work in academia, in government and for insurance companies. Physician assistants generally work in offices of physicians (59%), hospitals (18%), outpatient care centers (11%), offices of other health care providers (3%), educational services (1%) and the federal government (1%). Acupuncturists either work in offices of physicians, offices of other health care practitioners, hospitals, home health care services, or are self-employed. Most respiratory therapists work in hospitals (87%); some work in skilled nursing facilities (3%) and offices of physicians (3%). The largest employers of athletic trainers are hospitals (37%); educational services (15%); offices of physicians (13%); fitness and recreational sports centers (3%) and about 2% are self-employed. Genetic counselors work in hospitals (33%), offices of physicians (18%), outpatient care centers (8%) colleges, universities and professional schools (11%), and 3% report that they are self-employed. Perfusionists work in hospitals (72%), offices of physicians (10 %) and 2% report that they are self-employed.

Small businesses are defined in Section 3 of the Regulatory Review Act, (71 P.S. § 745.3) which provides that a small business is defined by the SBA's Small Business Size Regulations under 13 CFR Ch. 1 Part 121. These size standards have been established for types of businesses under the North American Industry Classification System (NAICS). In applying the 2022 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 \$47 million or less in average annual receipts. Skilled nursing care facilities (#623110) have a small business threshold of \$34 million or less in average annual receipts. Medical and diagnostic laboratories (#621511) also have a small business threshold of \$41.5 million or less. Colleges, universities and professional schools (#611310) have a small business threshold of \$34.5 million or less in average annual receipts. Outpatient care centers (#621498) have a small business threshold at \$25.5 million or less. For miscellaneous ambulatory health care services (#621999), the small business threshold is \$20.5 million or less. For educational support services (#611710) the threshold is also \$24 million or less. For offices of physicians (#621111), the small business threshold would be \$16 million or less in average annual receipts. For offices of other miscellaneous health care practitioners (#621399), the small business threshold is \$10 million or less. For health and personal care stores (#456199), the small business threshold is \$9.5 million or less in average annual receipts.

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

Those licensees that are self-employed are likely small businesses that would be impacted by the costs associated with this final-form 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 9,365 osteopathic physicians, 3,020 physician assistants, 140 acupuncturists (including 52 physician acupuncturists), 480 respiratory therapists, 285 athletic trainers, 35 perfusionists and 36 genetic counselors licensed by the Board. In addition, all applicants for one of these licenses issued by the Board would be affected by the mandatory training requirements set forth in the final regulation as required under section 6383(b)(3)(i) of the CPSL. The Board currently processes an average of approximately 2,483 initial licensure applications a year.

(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 this final-form rulemaking. Because most Board-regulated practitioners are already required to complete mandatory continuing education, and as these 2 hours of continuing education in child abuse recognition and reporting are incorporated in the existing requirement, there would be no increased burden. Only acupuncturists do not currently have continuing education requirements, therefore, the mandatory 2 hours in child abuse recognition and reporting would be an additional requirement for biennial renewal for that licensure classification. Additionally, all applicants for licensure are impacted by the costs associated with completing at least 3 hours of approved training in child abuse recognition and reporting. However, in that currently there are a large number of free or low-cost options, the Board does not consider this impact to be significant. 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 suspected child abuse under the CPSL by the Department of Human Services has decreased the paperwork requirements related to the mandatory reporting requirements. The regulation benefits all license holders, by providing clarity regarding the reporting obligations; and benefits all Pennsylvania children by the increased protections provided.

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

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

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

There should be no additional cost to most existing licensees to comply with the updated regulations to complete the 2 hours of continuing education (except for acupuncturists), as these are not additional requirements, but are incorporated as part of their existing continuing education already required as a condition of biennial renewal. In fact, the new electronic reporting system will reduce any paperwork requirements. The only individuals who would incur additional costs are the 88 non-physician acupuncturists who will need to complete at least 2 hours of mandated reporter training as a condition of biennial renewal, and all applicants for licensure as a Board-regulated practitioner, who will need to complete 3 hours of approved training in child abuse recognition and reporting as a condition of licensure. However, because there are numerous low-cost and free options available, this cost to the individual is minimal. Additionally, as more and more schools are submitting their courses for approval, more and more applicants will have completed the required training as part of their professional education and will incur no additional costs. At the present time, the cost for the required training ranges from free to \$100 per course.

For purposes of this rulemaking, the Board is assuming that most applicants would choose a free or low-cost option and estimates an average cost of no more than \$25 each on average. The 88 existing licensed acupuncturists will incur the costs associated with completing the mandated reporter training on a biennial basis. At an average of \$25, total costs to existing licensees is estimated at \$2,200 biennially (annualized as \$1,100). At an average of 2,483 applications per year, the cost to applicants is estimated at \$62,075 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 2023-24	FY +1 2024-25	FY +2 2025-26	FY +3 2026-27	FY +4 2027-28	FY +5 2028-29
SAVINGS:	\$	\$	\$	\$	\$	\$
Regulated Community						
Local Government						
State Government						
Total Savings						
COSTS:						
Regulated Community	\$63,175	\$63,175	\$63,175	\$63,175	\$63,175	\$63,175
Local Government						
State Government	\$90,000	\$90,000	\$90,000	\$90,000	\$90,000	\$90,000
Total Costs	\$153,175	\$153,175	\$153,175	\$153,175	\$153,175	\$153,175
REVENUE LOSSES:						
Regulated Community						
Local Government						
State Government						
Total Revenue Losses						

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

Program	FY -3 2020-2021 (actual)	FY -2 2021-2022 (actual)	FY -1 2022-2023 (projected)	Current FY 2023-2024 (budgeted)
State Board of Osteopathic Medicine	\$1,636,001.30	\$1,431,536.92	\$1,409,000.00	\$1,474,000.00

(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.

Assuming most licensees of the board either are, or work for, small businesses, up to 13,361 small businesses may be 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.

The new streamlined electronic system for making reports of suspected child abuse has decreased the paperwork requirement related to mandatory reporting. In addition, as the approved course provider is required to report participation/attendance in the required training/continuing education electronically to the Bureau, licensees and applicants have no additional reporting requirements. No professional skills are necessary to the preparation of any report or record under this regulation.

- (c) A statement of probable effect on impacted small businesses.

The regulation should have minimal adverse impact on small businesses. The costs associated with the final-form regulation fall primarily on individual applicants and licensees, and not on their employers. Although licensees who operate or 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, so there is no increased burden. Therefore, only acupuncturists and applicants for licensure would have a new requirement to complete training in child abuse recognition and reporting. Many approved courses are free or low cost. Most small businesses that employ licensees of the Board could avoid any impact by requiring their employees to pay for their own licensure-related costs, including the costs associated with continuing education.

- (d) A description of any less intrusive or less costly alternative methods of achieving the purpose of the proposed regulation.

As noted, many approved courses are free or low cost. Small businesses can avoid any impact by requiring their employees to pay for their own licensure-related costs, including the costs associated with continuing education. Also, the costs associated with completing the mandatory training in child abuse recognition and reporting could be avoided by selecting one of the free options for completing this training. The Board could discern no less costly alternative methods of achieving the purposes of the regulation or the CPSL.

(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;

No less stringent compliance or reporting requirements for small businesses would be consistent with the goals of the CPSL.

- b) The establishment of less stringent schedules or deadlines for compliance or reporting requirements for small businesses;

No less stringent schedules or deadlines for compliance for small businesses would be consistent with the goals of the CPSL.

- c) The consolidation or simplification of compliance or reporting requirements for small businesses;

The new electronic reporting process established by the Department of Human Services simplifies the reporting process for all businesses, including small businesses.

- d) The establishment of performance standards for small businesses to replace design or operational standards required in the regulation; and

There are no design or operational standards in the regulation.

- e) The exemption of small businesses from all or any part of the requirements contained in the regulation.

Exempting small businesses or employees of small businesses from any of the requirements contained in the regulation would not be consistent with the intent of the CPSL.

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

No data is the basis for this regulation.

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

- A. The length of the public comment period: 30 days.
- B. The date or dates on which any public meetings or hearings will be held: The Board considers its regulatory proposals at regularly scheduled public meetings, a schedule of which is included in item (30) below.
- C. The expected date of delivery of the final-form regulation: Fall 2023
- D. The expected effective date of the final-form regulation: Upon publication of the final-form rulemaking in the *Pennsylvania Bulletin* – expected in Fall of 2023
- E. The expected date by which compliance with the final-form regulation will be required: Upon publication of the final-form rulemaking in the *Pennsylvania Bulletin*.
- F. The expected date by which required permits, licenses or other approvals must be obtained: N/A

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

The Board continually reviews the efficacy of its regulations, as part of its annual review process under Executive Order 1996-1. The Board reviews its regulatory proposals at regularly scheduled public meetings. The Board will meet on the following remaining dates in 2023: August 9, October 11 and December 13, 2023; and on the following dates in 2024: February 14, April 10, June 5, August 15, October 9 and December 4, 2024.

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

CDL-1


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<p>Copy below is hereby approved as to form and legality. Attorney General</p> <p>BY: _____ (DEPUTY ATTORNEY GENERAL)</p> <p>_____ DATE OF APPROVAL</p> <p><input type="checkbox"/> Check if applicable Copy not approved. Objections attached.</p>	<p>Copy below is here by certified to be a true and correct copy of a document issued, prescribed or promulgated by:</p> <p><u>State Board of Osteopathic Medicine</u> (AGENCY)</p> <p>DOCUMENT/FISCAL NOTE NO. <u>16A-5326</u></p> <p>DATE OF ADOPTION: _____</p> <p></p> <p>BY: _____ William B. Swallow, D. O.</p> <p>TITLE <u>Chairman</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: _____ (Deputy General Counsel) (Chief Counsel, Independent Agency) (Strike inapplicable title)</p> <p><u>August 18, 2023</u> DATE OF APPROVAL</p> <p><input type="checkbox"/> Check if applicable. No Attorney General approval or objection within 30 days after submission.</p>
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FINAL RULEMAKING

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

TITLE 49 PA. CODE, CHAPTER 25

**§§ 25.1, 25.161, 25.163, 25.241—25.244, 25.246, 25.271, 25.301—25.304, 25.401,
25.411—25.418, 25.507, 25.509a, 25.603, 25.605, 25.704, 25.803, 25.810, 25.903 and 25.909**

CHILD ABUSE REPORTING REQUIREMENTS

The State Board of Osteopathic Medicine (Board) hereby amends Chapter 25 to read as set forth in Annex A. Specifically, the Board amends §§ 25.1, 25.161, 25.163, 25.241—25.244, 25.246, 25.271, 25.301—25.304, 25.401, 25.411—25.416, 25.507, 25.509a, 25.603, 25.605, 25.704, 25.708, 25.803, 25.810, 25.903 and 25.909 and adds §§ 25.417 and 25.418 (relating to child abuse recognition and reporting—mandatory training requirement; and child abuse recognition and reporting course approval process).

Effective date

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

Statutory authority

Section 16 of the Osteopathic Medical Practice Act (act) (63 P.S. § 271.16) sets forth the Board’s general rulemaking authority. Under 23 Pa.C.S. §§ 6301—6387 (relating to Child Protective Services Law) (CPSL), specifically, section 6383(b)(2) of the CPSL (relating to education and training), the Board is required to promulgate regulations to implement the mandatory reporting requirements for Board-regulated practitioners.

Background and Need for this Final-Form Rulemaking

Since 2014, the General Assembly has made numerous amendments to the CPSL, including the requirement imposed by the act of April 15, 2014 (P.L. 411, No. 31) (Act 31) on all health-related boards to require training in child abuse recognition and reporting. Section 2 of Act 31 provided that these training requirements would apply to all persons applying for a license or applying for renewal of a license on or after January 1, 2015, and were implemented as of that date. These amendments are required to update the Board’s existing regulations relating to child abuse reporting requirements to comport to the numerous amendments made to the CPSL, and to incorporate the mandatory training requirements required by Act 31 for all Board-regulated practitioners.

Specifically, in Subchapter A (relating to general provisions), the Board is amending § 25.1 (relating to definitions) to update the definition of “board-regulated practitioner” to add acupuncturists, perfusionists, and genetic counselors to the list. In Subchapter C (relating to physician assistants), the Board is amending §§ 25.161 and 25.163 (relating to criteria for licensure as a physician assistant; and approval and effect of licensure; biennial renewal of physician assistants; registration of supervising physicians) to incorporate the mandatory training requirements in section 6383(b)(3)(i) and (ii) of the CPSL. Similarly, the Board is amending Subchapter G (relating to licensing, education and graduate training), specifically §§ 25.241—25.244 and 25.246, to incorporate the mandatory 3 hours of approved training in child abuse recognition and reporting for applicants for unrestricted physician licenses, boundary licenses, temporary licenses and short-term camp physician licenses. The Board also amends § 25.271 (relating to requirements for renewal) to incorporate the 2 hours of mandatory training in child abuse recognition and reporting as a portion of the 100 hours of continuing medical education required for osteopathic physicians.

The Board is amending Subchapter I (relating to licensure and practice of acupuncturists) to update terminology and to incorporate the mandatory 3 hours of training in child abuse recognition and reporting required by section 6383(b)(3)(i) of the CPSL in § 25.303 (relating to requirements for registration as an acupuncturist and an acupuncturist supervisor). Further, § 25.304 (relating to biennial registration requirements) is amended to incorporate the 2 hours of continuing education in child abuse recognition and reporting required by section 6383(b)(3)(ii) of the CPSL.

The Board is adding comprehensive amendments to the child abuse reporting requirements in Subchapter J (relating to child abuse reporting requirements) to comport to the amendments made to the CPSL since 2014. In addition, the Board is adding two new sections setting forth the mandatory training requirements in section 6383(b)(3)(i) and (ii) of the CPSL. Section 25.417 (relating to child abuse recognition and reporting—mandatory training requirement) would set forth the requirements that all individuals applying to the Board for an initial license are required to complete at least 3 hours of approved training in child abuse recognition and reporting; and that all licensees and certificate holders seeking renewal of a license or certificate complete at least 2 hours of continuing education in approved courses in child abuse recognition and reporting as a requirement of renewal. These 2 hours of training would be accepted as a portion of the total continuing education required for biennial renewal, and not an additional requirement. This section also includes a subsection setting forth 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 is also adding § 25.418 (relating to child abuse recognition and reporting course approval process) to set forth the process developed by the Bureau, 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 licensee's record with the Board at the time the course is completed. Then, at the time of renewal, the system verifies that the training was completed as required prior to renewing the license. Thus, the Board will not renew a license unless an electronic report has been received from an approved course provider documenting the required attendance/participation in an approved course or the licensee has received an exemption from the mandatory training requirement.

The Board is amending Subchapter K (relating to respiratory therapists) to incorporate the mandatory child abuse training requirements in §§ 25.507 and 25.509a (relating to criteria for licensure as a respiratory therapist; and requirement of continuing education). Similarly, the Board amends Subchapter L (relating to volunteer license) in §§ 25.603 and 25.605 (relating to applications; and biennial renewal). In Subchapter M (relating to athletic trainers), the Board is likewise amending §§ 25.704 and 25.708 (relating to application for licensure; and renewal of license). Further, the Board amends Subchapter N (relating to perfusionists), specifically §§ 25.803 and 25.810 (relating to application for perfusionist license; and continuing education for licensed perfusionists) to incorporate the mandatory training in child abuse recognition and

reporting. Finally, the Board is amending Subchapter O (relating to genetic counselors), specifically §§ 25.903 and 25.909 (relating to application for genetic counselor license; and continuing education for genetic counselors) to incorporate the mandated reporter training.

Summary and Response to Comments

Notice of the proposed rulemaking was published at 52 Pa.B. 6537 (October 22, 2022). Publication was followed by a 30-day public comment period during which the Board received no public comments. Additionally, there were no comments received from Independent Regulatory Review Commission (IRRC) other than to say that they have no objections, comments or recommendations to offer. IRRC further advised that if the final form rulemaking is delivered without revisions, and the committees do not take any action, it will be deemed approved. The House Professional Licensure Committee (HPLC) and the Senate Consumer Protection and Professional Licensure Committee (SCP/PLC) did not submit comments. For these reasons, the Board made no changes to the final-form rulemaking.

Fiscal Impact and Paperwork Requirements

The Board does not anticipate any significant fiscal impact or paperwork requirements relating to these amendments. Most of the Board’s licensees are already required to complete mandatory continuing education, and as these 2 hours are incorporated in the existing requirement, there would be no increased burden. Only acupuncturists do not currently have continuing education requirements, therefore, the mandatory 2 hours in child abuse recognition and reporting would be an additional requirement for biennial renewal for that licensure classification. Additionally, all applicants for licensure are impacted by the costs associated with completing at least 3 hours of approved training in child abuse recognition and reporting. Because there are many low-cost and free options available to complete the training, the Board anticipates this impact to be minimal. Because all approved Act 31 training providers are required to report attendance/participation electronically, there are no additional paperwork requirements imposed on licensees. In addition, the implementation of an electronic reporting system for mandatory reporters of child abuse under the CPSL by the Department of Human Services has decreased the paperwork requirements related to the mandatory reporting requirements.

Sunset Date

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

Regulatory Review

Under section 5(a) of the Regulatory Review Act (71 P.S. § 745.5(a)), on September 15, 2023, the Board submitted a copy of this rulemaking and a copy of a Regulatory Analysis Form to IRRC and to the Chairpersons of the SCP/PLC and the HPLC. A copy of this material is available to the public upon request.

Under section 5(c) of the Regulatory Review Act, IRRC, the HPLC and the SCP/PLC were provided with copies of the comments received during the public comment period, as well as other documents when requested. In preparing the final-form rulemaking, the Board has made no revisions based on a lack of comments received from the public, IRRC, the HPLC and the SCP/PLC.

Under section 5.1(g)(3) and (j.2) of the Regulatory Review Act (71 P.S. § 745.5a(g)(3) and (j.2)), on _____, 2023, the final-form rulemaking was deemed approved by the HPLC and the SCP/PLC. Under section 5.1(e) of the Regulatory Review Act, IRRC met on _____, 2023, and approved the final-form rulemaking.

Additional Information

Additional information may be obtained by writing to Priscilla Turek, Board Administrator, State Board of Osteopathic Medicine, P.O. Box 2649, Harrisburg, PA 17105-2649, ST-OSTEOPATHIC@pa.gov.

Findings

The State Board of Osteopathic Medicine finds that:

(1) Public notice of proposed rulemaking was given under sections 201 and 202 of the act of July 31, 1968 (P.L. 769, No. 240) (45 P.S. §§ 1201 and 1202), referred to as the Commonwealth Documents Law, and the regulations promulgated under those sections at 1 Pa. Code §§ 7.1 and 7.2 (relating to notice of proposed rulemaking required; and adoption of regulations).

(2) A public comment period was provided as required by law and no comments were received.

(3) Amendments were not made to this final-form rulemaking and therefore the final-form rulemaking does not enlarge the original purpose of the proposed rulemaking published at 52 Pa.B. 6537.

(4) This final-form rulemaking is necessary and appropriate for the administration of the relevant provisions of the Child Protective Services Law (CPSL).

Order

The Board, acting under its authorizing statute, orders that:

(a) The regulations of the Board at 49 Pa. Code Chapter 25, are amended by amending §§ 25.1, 25.161, 25.163, 25.241—25.244, 25.246, 25.271, 25.301—25.304, 25.401, 25.411—25.416, 25.507, 25.509a, 25.603, 25.605, 25.704, 25.708, 25.803, 25.810, 25.903 and 25.909 and adding §§ 25.417 and 25.418.

(b) The Board shall submit a copy of this final-form rulemaking to the Office of the Attorney General and the Office of General Counsel for approval as required by law.

(c) The Board shall submit this final-form rulemaking to IRRC, the HPLC and the SCP/PLC as required by law.

(d) The Board shall certify this final-form rulemaking and shall deposit it with the Legislative Reference Bureau as required by law.

(e) This final-form rulemaking shall take effect immediately upon publication in the *Pennsylvania Bulletin*.

William B. Swallow, D.O.
Chairperson

16A-5326 State Board of Osteopathic Medicine
Child Abuse Reporting Requirements

No public comments were received pertaining to this rulemaking.

ANNEX A

TITLE 49. PROFESSIONAL AND VOCATIONAL STANDARDS

PART I. DEPARTMENT OF STATE

Subpart A. PROFESSIONAL AND OCCUPATIONAL AFFAIRS

CHAPTER 25. STATE BOARD OF OSTEOPATHIC MEDICINE

Subchapter A. GENERAL PROVISIONS

§ 25.1. Definitions.

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

* * * * *

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

* * * * *

Subchapter C. PHYSICIAN ASSISTANT PROVISIONS

**LICENSURE OF PHYSICIAN ASSISTANTS AND REGISTRATION OF SUPERVISING
PHYSICIANS**

§ 25.161. Criteria for licensure as a physician assistant.

(a) The Board has approved as a proficiency examination the national certification examination on primary care developed by the NCCPA. The Board will maintain a current register of approved proficiency examinations. This register will list the full name of the examination, the organization giving the examination, the mailing address of the examination organization and the

date the proficiency examination received Board approval. This register shall be available for public inspection.

(b) The clinical experience required by the Board is at present identical to the clinical experience required by the NCCPA for taking the NCCPA examination on primary care. To qualify for an NCCPA proficiency examination, the applicant's employment history must be verified by the NCCPA in cooperation with the Board and must be evaluated by the NCCPA in relation to specific work criteria.

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

- (1) Is of good moral character and reputation.
- (2) Has graduated from a physician assistant training program certified by the Board.
- (3) Has submitted a completed application detailing his education and work experience, together with the required fee.
- (4) Has passed a proficiency examination approved by the Board.
- (5) Has completed at least 3 hours of mandatory training in child abuse recognition and reporting in accordance with § 25.417(a) (relating to child abuse recognition and reporting—mandatory training requirement).

(d) The physician assistant may amend information regarding his education and work experience submitted under the requirements of subsection (c)(3), by submitting to the Board in writing additional detailed information. No additional fee will be required. The file for each physician assistant will be reviewed by the Board to determine whether the physician assistant possesses the necessary skills to perform the tasks that a physician, applying for registration to supervise and utilize the physician assistant, intends to delegate to him as set forth in the protocol contained in the physician's application for registration.

(e) A person who has been licensed as a physician assistant by the State Board of Medicine shall make a separate application to the Board if he intends to provide physician assistant services for a physician licensed to practice osteopathic medicine and surgery without restriction.

(f) An application for licensure as a physician assistant by the Board may be obtained by writing to the Harrisburg office of the Board.

§ 25.163. Approval and effect of licensure; biennial renewal of physician assistants; registration of supervising physicians.

(a) Upon approval of an application for licensure as a physician assistant, the Board will issue a physician assistant license which contains the licensee's name, license number and the date of issuance, after payment of the fee required under § 25.231 (relating to schedule of fees).

(b) A physician assistant's right to continue practicing is conditioned upon biennial renewal and the payment of the fee required under § 25.231. Upon receipt of the form provided to the physician assistant by the Board in advance of the renewal period and the required fee, the Board will issue the physician assistant a biennial renewal certificate containing the licensee's name, license number and the beginning and ending dates of the biennial renewal period.

(c) To be eligible for renewal of a physician assistant license, the physician assistant shall complete continuing medical education as required by NCCPA, including at least 2 hours of approved courses in child abuse recognition and reporting in accordance with § 25.417(b) (relating to child abuse recognition and reporting—mandatory training requirement) and maintain National certification by completing current certification and recertification mechanisms available to the profession, identified on NCCPA's web site and recognized by the Board. The Board recognizes certification through NCCPA and its successor organizations and certification through any other

National organization for which the Board publishes recognition of the organization’s certification of physician assistants on the Board’s web site.

(d) Upon approval of an application for registration as a supervising physician, the Board will issue a supervising physician registration certificate which contains the name of the supervising physician, his registration number and the name of the physician assistant that he is authorized to supervise under that specific registration. The registration is not subject to renewal. When the physician submits a request to modify a protocol with respect to a physician assistant he is already registered to utilize, no new registration certificate will be issued; however, the physician will receive a letter from the Board confirming its approval of the expanded utilization.

* * * * *

Subchapter G. LICENSING, EDUCATION AND GRADUATE TRAINING

LICENSURE REQUIREMENTS

§ 25.241. Unrestricted license by examination.

To secure an unrestricted license for the practice of osteopathic medicine and surgery by examination, the applicant shall meet the following educational and professional requirements.

The applicant shall have:

- (1) Graduated from an approved osteopathic medical college.
- (2) Received passing scores on Parts I, II and III of the National Board Examination.

The applicant shall pay the required examination fee at the direction of the National Board.

- (3) Received a passing score on the practical examination in osteopathic diagnosis and manipulative therapy developed and administered by the Board or a designated professional testing organization.

- (4) Successfully completed an approved internship.
- (5) Complied with the malpractice insurance requirements of the [Health Care Services Malpractice Act (40 P.S. §§ 1301.101—1301.1006)] Medical Care Availability and Reduction of Error (MCARE) Act (40 P.S. §§ 1303.101—1303.910) and regulations thereunder.
 - (5.1) Completed at least 3 hours of mandatory training in child abuse recognition and reporting in accordance with § 25.417(a) (relating to child abuse recognition and reporting—mandatory training requirement).
- (6) Completed an application obtained from the Board detailing education and experience and indicating compliance with the applicable provisions of the act and this chapter, submitted with the required fees.

§ 25.242. Unrestricted license by endorsement.

To secure an unrestricted license for the practice of osteopathic medicine and surgery by endorsement, the applicant shall meet the following educational and professional requirements.

The applicant shall have:

- (1) Provided evidence of a valid license in good standing to practice osteopathic medicine and surgery in another state or territory of the United States or Canada whose standards are substantially equivalent to those established by the Board and who reciprocate with the Commonwealth.
- (2) Graduated from an approved osteopathic medical college.
- (3) Received a passing score on the National Board Examination, FLEX or a written state or territorial examination developed by the NBOME or otherwise acceptable to the Board.

- (4) Received a passing score on the practical examination in osteopathic diagnosis and manipulative therapy developed and administered by the Board or a designated professional testing organization.
- (5) Successfully completed an approved internship.
- (6) Complied with the malpractice insurance requirements of the [Health Care Services Malpractice Act (40 P. S. §§ 1301.101—1301.1006)] Medical Care Availability and Reduction of Error (MCARE) Act (40 P.S. §§ 1303.101—1303.910) and regulations thereunder.
- (6.1) Completed at least 3 hours of mandatory training in child abuse recognition and reporting in accordance with § 25.417(a) (relating to child abuse recognition and reporting—mandatory training requirement).
- (7) Completed an application obtained from the Board detailing education and experience and indicating compliance with the applicable provisions of the act and this chapter, submitted with the required fees.

§ 25.243. Boundary license.

- (a) A licensed osteopathic physician residing in or maintaining an office of practice in an adjoining state near the boundary line between that state and this Commonwealth whose practice extends into this Commonwealth shall apply for the privilege, in the form of a boundary license, to practice osteopathic medicine and surgery in this Commonwealth.
- (b) Specific requirements for boundary licensure are as follows. The applicant shall:
 - (1) Possess a valid, current and unrestricted license in the physician’s state of residence and primary practice. The physician shall arrange for certification of licensure to be transmitted to the Board by the authorized licensing body of that state.

(2) Comply with the malpractice insurance requirements of the [Health Care Services Malpractice Act (40 P. S. §§ 1301.101—1301.1006)] Medical Care Availability and Reduction of Error (MCARE) Act (40 P.S. §§ 1303.101—1303.910) and regulations thereunder.

(2.1) Complete at least 3 hours of mandatory training in child abuse recognition and reporting in accordance with § 25.417(a) (relating to child abuse recognition and reporting—mandatory training requirement).

(3) Submit an application obtained from the Board, together with the required fee.

(c) The issuance of a boundary license depends upon whether the adjoining state of licensure reciprocates by extending similar privileges to licensees of the Commonwealth.

(d) A record of persons granted a boundary license will be maintained in the office of the Board.

(e) Since a boundary license is invalidated by practice location changes, a person granted a boundary license shall inform the Board within 10 days of changes in residence or office of practice location which affect the maintenance of the license.

§ 25.244. Temporary license.

(a) A temporary license is required of an osteopathic medical college graduate for permission to participate in an approved graduate osteopathic or medical training program in this Commonwealth.

(b) Specific requirements for temporary training licensure are as follows. The applicant shall have:

(1) Graduated from an approved osteopathic medical college.

(1.1) Completed at least 3 hours of mandatory training in child abuse recognition and reporting in accordance with § 25.417(a) (relating to child abuse recognition and reporting—mandatory training requirement).

(2) Submitted an application obtained from the Board, together with the required fee.

(c) The temporary training license permits the graduate to train only within the complex of the hospital and its affiliates where the graduate is engaged in an approved graduate osteopathic or medical training program.

(d) The temporary training license is valid for 1 year, after which it shall be surrendered to the Board. The Board may extend the validity of the temporary training license within its discretion.

§ 25.246. Short-term camp physician license.

(a) A short-term license valid for a period not exceeding 3 months may be granted by the Board to an osteopathic physician licensed in good standing in another state or Canada who intends to practice osteopathic medicine and surgery in camps in this Commonwealth.

(b) Specific requirements for short-term camp licensure are as follows. The applicant shall:

(1) Possess a valid, current and unrestricted license in another state or territory of the United States or Canada. The physician shall arrange for certification of licensure to be transmitted to the Board by the authorized licensing body of the other jurisdiction.

(2) Comply with the malpractice insurance requirements of the [Health Care Services Malpractice Act (40 P. S. §§ 1301.101—1301.1006)] Medical Care Availability and Reduction of Error (MCARE) Act (40 P.S. §§ 1303.101—1303.910) and regulations thereunder.

(2.1) Complete at least 3 hours of mandatory training in child abuse recognition and reporting in accordance with § 25.417(a) (relating to child abuse recognition and reporting—mandatory training requirement).

(3) Submit an application obtained from the Board, together with the required fee.

LICENSURE RENEWAL AND CONTINUING EDUCATION

§ 25.271. Requirements for renewal.

* * * * *

(b) A penalty fee as specified by § 25.231 (relating to schedule of fees) will be imposed on a licensee who continued to practice without having timely renewed his license. The licensee may also be subject to other criminal, civil or administrative penalties.

(c) Proof of completion of 100 credit hours of continuing medical education, including at least 2 hours of approved courses in child abuse recognition and reporting in accordance with § 25.417(b) (relating to child abuse recognition and reporting—mandatory training requirement), in the preceding biennial period will be required for licensure renewal for osteopathic physicians.

* * * * *

Subchapter I. [REGISTRATION] LICENSURE AND PRACTICE OF ACUPUNCTURISTS

§ 25.301. Definitions.

* * * * *

Acupuncturist—An individual [registered] licensed to practice acupuncture by the Board.

* * * * *

§ 25.302. [Registration] Licensure as an acupuncturist and registration as an acupuncturist supervisor.

(a) An osteopathic physician who intends to practice acupuncture and other individuals who intend to practice acupuncture at the direction and under the supervision of an osteopathic physician shall [register with] be licensed by the Board as an acupuncturist.

(b) Only an osteopathic physician registered as an acupuncturist supervisor may delegate the performance of acupuncture services to an acupuncturist. An acupuncturist who is not an osteopathic physician may only perform acupuncture services under the direction and supervision of an acupuncturist supervisor, unless otherwise authorized by statute.

§ 25.303. Requirements for [registration] licensure as an acupuncturist and registration as an acupuncturist supervisor.

(a) The Board will register as an acupuncturist a nonosteopathic physician who satisfies the following requirements:

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

(i) If the acupuncture education program is taken within the United States, the applicant shall complete 2 academic years of acupuncture training and shall complete 2 academic years of a college level educational program.

(ii) If the educational program is taken outside of the United States, an applicant shall graduate from a college with a program of study including Oriental medicine and document 300 class hours of study in acupuncture training.

(2) Has obtained a passing grade on an acupuncture examination or has been certified by NCCA by credential review. The Board accepts the passing grade on the certifying examination of the NCCA as determined by the NCCA, and accepts a passing grade on any state's acupuncture examination taken prior to January 1, 1987, as determined by the

licensing or registering authority in the other state. If the examination was not taken in English, but is otherwise acceptable and a passing score was secured, the Board will accept the examination result if the applicant has also secured a passing score [of 550] on the test of English as a Foreign Language [(TOEFL)] (TOEFL®).

(2.1) Completes at least 3 hours of mandatory training in child abuse recognition and reporting in accordance with § 25.417(a) (relating to child abuse recognition and reporting—mandatory training requirement).

(3) Submits an application [to register] for licensure as an acupuncturist accompanied by the required fee.

(b) The Board will [register] license as an acupuncturist an osteopathic physician who satisfies the following requirements:

(1) Has successfully completed 200 hours of training in acupuncture medical programs including examinations required by those programs or has engaged in clinical acupuncture practice for at least 3 years prior to January 1, 1987, documented to the satisfaction of the Board.

(1.1) Completes at least 3 hours of mandatory training in child abuse recognition and reporting in accordance with § 25.417(a) (relating to child abuse recognition and reporting—mandatory training requirement).

(2) Submits an application [to register] for licensure as an acupuncturist accompanied by the required fee.

(c) The Board will register as an acupuncturist supervisor an osteopathic physician who satisfies the following requirements:

(1) Possesses a license without restriction.

- (2) Submits an application to register as an acupuncturist supervisor accompanied by the required fee.

§ 25.304. Biennial registration requirements.

- (a) An acupuncturist shall register biennially, complete at least 2 hours of approved courses in child abuse recognition and reporting in accordance with § 25.417(b) (relating to child abuse recognition and reporting—mandatory training requirement) and submit the appropriate registration fee to engage in the practice of acupuncture for the biennial period.
- (b) There is no biennial registration requirement for an acupuncturist supervisor.

Subchapter J. CHILD ABUSE REPORTING REQUIREMENTS

GENERAL

§ 25.401. Definitions.

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

Bodily injury—Impairment of physical condition or substantial pain.

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 the 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), when 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 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) An individual 14 years of age or older who is a person responsible for the child’s welfare or who has direct contact with children 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 (Division A of Pub.L. No. 106-386).

(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 responsible for the child’s welfare who is 18 years of age or older.

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

Person responsible for the child’s welfare—A person who provides permanent or temporary care, supervision, mental health diagnosis or treatment, training or control of a child in lieu of parental care, supervision and control. [The term does not include a person who is employed by or provides services or programs in a public or private school, intermediate unit or area vocational-technical school.]

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

(i) A youth camp or program.

(ii) A recreational camp or program.

- (iii) A sports or athletic program.
- (iv) A community or social outreach program.
- (v) An enrichment or educational program.
- (vi) A troop, club or similar organization.

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

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

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

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

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

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

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

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

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

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

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

(D) Actual or simulated sexual activity for the purpose of producing visual depiction, including photographing, videotaping, computer depicting or filming.

(ii) Any of the following offenses committed against a child:

(A) Rape as defined in 18 Pa.C.S. § 3121 (relating to rape).

(B) Statutory sexual assault as defined in 18 Pa.C.S. § 3122.1 (relating to statutory sexual assault).

- (C) Involuntary deviate sexual intercourse as defined in 18 Pa.C.S. § 3123 (relating to involuntary deviate sexual intercourse).
- (D) Sexual assault as defined in 18 Pa.C.S. § 3124.1 (relating to sexual assault).
- (E) Institutional sexual assault as defined in 18 Pa.C.S. 3124.2 (relating to institutional sexual assault).
- (F) Aggravated indecent assault as defined in 18 Pa.C.S. § 3125 (relating to aggravated indecent assault).
- (G) Indecent assault as defined in 18 Pa.C.S. § 3126 (relating to indecent assault).
- (H) Indecent exposure as defined in 18 Pa.C.S. § 3127 (relating to indecent exposure).
- (I) Incest as defined in 18 Pa.C.S. § 4302 (relating to incest).
- (J) Prostitution as defined in 18 Pa.C.S. § 5902 (relating to prostitution and related offenses).
- (K) Sexual abuse as defined in 18 Pa.C.S. § 6312 (relating to sexual abuse of children).
- (L) Unlawful contact with a minor as defined in 18 Pa.C.S. § 6318 (relating to unlawful contact with minor).
- (M) Sexual exploitation as defined in 18 Pa.C.S. § 6320 (relating to sexual exploitation of children).
- (iii) For the purposes of subparagraph (i), the term does not include consensual activities between a child who is 14 years of age or older and another person who is 14 years of age or older and whose age is within 4 years of the child’s age.

CHILD ABUSE REPORTING REQUIREMENTS

§ 25.411. Suspected child abuse—mandated reporting requirements.

(a) *General rule.*

(1) Under 23 Pa.C.S. § 6311 (relating to persons required to report suspected child abuse), [osteopathic physicians, physician assistants or certified respiratory care therapists 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 and to the appropriate county agency 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:

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

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

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

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

(2) Nothing in this subsection shall require a child to come before the mandated reporter in order for the mandated reporter to make a report of suspected child abuse.

(3) Nothing in this subsection shall require the mandated reporter to take steps to identify the person responsible for the child abuse, if unknown, in order for the mandated reporter to make a report of suspected child abuse.

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

with subsection (c) and shall immediately thereafter notify the person in charge of the institution, school, facility or agency or the designated agent of the person in charge.

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

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

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

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

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

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

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

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

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

[An osteopathic physician, physician assistant or certified respiratory care therapist] 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 § 25.411(c)(2) (relating to suspected child abuse—mandated reporting requirements), or as soon thereafter as possible. The county children and youth social service agency shall have access to actual photographs or duplicates and X-rays and may obtain them or duplicates of them upon request. Medical summaries or reports of the photographs, x-rays and relevant medical tests shall be made available to law enforcement officials in the course of investigating cases under 23 Pa.C.S. § 6340(a)(9) or (10) (relating to release of information in confidential reports).

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

[An osteopathic physician, physician assistant or certified respiratory care therapist] 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.

§ 25.414. Immunity from liability.

Under 23 Pa.C.S. § 6318 (relating to immunity from liability) [an osteopathic physician, physician assistant or certified respiratory care therapist] a Board-regulated practitioner who participates in good faith in the making of a report 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 [the taking of photographs] 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 [osteopathic physician’s, physician assistant’s or certified respiratory care therapist’s] Board-regulated practitioner’s actions. For the purpose of any civil or criminal proceeding, the good faith of the [osteopathic physician, physician assistant or certified respiratory care therapist] 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 osteopathic physician’s, physician assistant’s or certified respiratory care therapist’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] a Board-regulated practitioner’s actions under §§ 25.411—25.413 (relating to suspected child abuse—mandated reporting requirement; photographs, medical tests and X-rays of child subject to report; and suspected death as a result of child abuse—mandated reporting requirement).

§ 25.415. Confidentiality—waived.

To protect children from abuse, the reporting requirements of §§ 25.411—25.413 (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 the confidentiality provisions in § 25.213(c) (relating to medical records) and any other ethical principle or professional standard that might otherwise apply to [osteopathic physicians, physician assistants or certified respiratory care therapists]

Board-regulated practitioners. In accordance with 23 Pa.C.S. § 6311.1, privileged communications between a mandated reporter and a patient do not apply to a situation involving child abuse and do 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 Mental Health Procedures Act (50 P.S. §§ 7101—7503), by releasing information necessary to complete the report.

§ 25.416. Noncompliance.

(a) *Disciplinary action.* [An osteopathic physician, physician assistant or certified respiratory care therapist] A Board-regulated practitioner who willfully fails to comply with the reporting requirements in §§ 25.411—25.413 (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 15(a)(6) or (b)(7) of the act (63 P.S. § 27.15(a)(6) or (b)(7)).

(b) *Criminal penalties.* [Under 23 Pa.C.S. § 6319 (relating to penalties for failure to report), an osteopathic physician, physician assistant or certified respiratory care therapist who is required to report a case of suspected child abuse who willfully fails to do so commits 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:
- (i) The mandated reporter willfully fails to report.
 - (ii) The child abuse constitutes a felony of the first degree or higher.
 - (iii) The mandated reporter has direct knowledge of the nature of the abuse.
- (3) If the willful failure to report continues while the mandated reporter knows or has reasonable cause to suspect a child is being subjected to child abuse by the same individual, or while the mandated reporter knows or has reasonable cause to suspect that the same individual continues to have direct contact with children through the individual's employment, program, activity or service, the mandated reporter commits a felony of the third degree, except that if the child abuse constitutes a felony of the first degree or higher, the mandated reporter commits a felony of the second degree.
- (4) A mandated reporter who, at the time of sentencing for an offense under 23 Pa.C.S. § 6319, has been convicted of a prior offense under 23 Pa.C.S. § 6319, commits a felony of the third degree, except that if the child abuse constitutes a felony of the first degree or higher, the penalty for the second or subsequent offense is a felony of the second degree.

§ 25.417. 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 have completed at least 3 hours of training in child abuse recognition and reporting requirements which have been approved by the Department of Human Services and the Bureau, as set forth in § 25.418 (relating to child abuse recognition and reporting course approval process). The applicant shall certify on the application that the applicant has either completed the required training or has been granted an exemption under subsection (c). The Board will not issue a license unless the Bureau has received an electronic report from an approved course provider documenting

the attendance/participation by the applicant or the applicant has obtained an exemption under subsection (c).

(b) Except as provided in subsection (c), licensees seeking renewal of a license issued by the Board shall complete, as a condition of biennial renewal of the license, at least 2 hours of approved continuing education in child abuse recognition and reporting, 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 § 25.418. The Board will not renew a license unless the Bureau has received an electronic report from an approved course provider documenting the attendance/participation by the licensee in an approved course within the applicable biennial renewal period or the licensee has obtained an exemption under subsection (c). If a licensee holds more than one license issued by the Board, or holds a license issued by another licensing board within the Bureau that requires mandatory training in child abuse recognition and reporting, credit for completion of an approved course will be applied to both licenses.

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

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

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

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

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

(iv) For purposes of licensure renewal, the training must have been completed during the relevant biennial renewal period.

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

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

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

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

(iv) For purposes of licensure renewal, the training must have been completed during the relevant biennial renewal period.

(3) The applicant or licensee submits documentation acceptable to the Board demonstrating why the applicant or licensee should not be subject to the training or continuing education requirement. The Board will not grant an exemption based solely upon proof that children are not a part of the applicant's or licensee's practice. Each request for an exemption under this paragraph will be considered on a case-by-case basis. The Board may grant the exemption if it finds that completion of the training or continuing education requirement is duplicative or unnecessary under the circumstances.

(d) Exemptions granted under subsection (c) are applicable only for the biennial renewal period for which the exemption is requested. If an exemption is granted, the Board will issue or renew the license, as applicable. If an exemption is denied, the Board will email the applicant or licensee a discrepancy notice notifying them of the need to either complete an approved course or, if warranted, to submit additional documentation in support of their request for an exemption.

§ 25.418. 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 shall include 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 or recording 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 individual, entity or organization in writing upon approval of the course and will post a list of approved courses on the Bureau’s website and the Board’s website.

Subchapter K. RESPIRATORY THERAPISTS

§ 25.507. Criteria for licensure as a respiratory therapist.

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

(1) Submits evidence satisfactory to the Board, on forms supplied by the Board, that the applicant has met one or more of the following criteria:

(i) Has graduated from a respiratory care program approved by the CoARC and passed the entry level credentialing examination as determined by the NBRC.

(ii) Holds a valid license, certificate or registration as a respiratory therapist in another state, territory or the District of Columbia which has been issued based on requirements substantially the same as those required by the Commonwealth, including the examination requirement.

(1.1) Has completed at least 3 hours of approved training in child abuse recognition and reporting in accordance with § 25.417(a) (relating to child abuse recognition and reporting—mandatory training requirement).

(2) Has paid the appropriate fee in a form acceptable to the Board.

§ 25.509a. Requirement of continuing education.

(a) An applicant for biennial renewal or reactivation of licensure is required to complete a minimum of 30 hours of continuing education as set forth in section 10.2(f)(2) of the act (63 P. S. § 271.10b(f)(2)) subject to the following:

(1) At least 10 continuing education hours shall be obtained through traditional continuing education such as classroom lecture, clinical presentation, real-time web-cast or other live sessions where a presenter is involved. For nontraditional continuing education such as prerecorded presentations, Internet-based presentations and journal review programs, to qualify for credit, the provider shall make available documented verification of completion of the course or program.

(2) One hour must be completed in medical ethics, and 1 hour must be completed in patient safety. In addition, at least 2 hours must be completed in approved courses in child abuse recognition and reporting in accordance with § 25.417(b) (relating to child abuse recognition and reporting—mandatory training requirement).

(3) Credit will not be given for continuing education in basic life support, including basic cardiac life support and cardiopulmonary resuscitation. In any given biennial renewal period, a licensee may receive credit for no more than 8 continuing education hours in advanced life support, including advanced cardiac life support, neonatal advanced life support/neonatal resuscitation and pediatric advanced life support.

(4) A licensee will not receive continuing education credit for participating in a continuing education activity with objectives and content identical to those of another continuing education activity within the same biennial renewal period for which credit was granted.

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Subchapter L. VOLUNTEER LICENSE

§ 25.603. Applications.

An applicant for a volunteer license shall complete an application obtained from the Board. In addition to providing information requested by the Board, the applicant shall provide or cause to be provided:

- (1) An executed verification on forms provided by the Board certifying that the applicant intends to practice 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.
- (3) Evidence that the applicant has completed at least 3 hours of approved training in child abuse recognition and reporting in accordance with § 25.417(a) (relating to child abuse recognition and reporting—mandatory training requirement).

§ 25.605. Biennial renewal.

A volunteer license shall be renewed biennially on forms provided by the Board.

- (1) As a condition of biennial renewal, the applicant shall satisfy the same continuing education requirements as the holder of an active, unrestricted license under § 25.271 (relating to requirements for renewal), including at least 2 hours in approved courses in child abuse recognition and reporting in accordance with § 25.417(b) (relating to child abuse recognition and reporting—mandatory training requirement).

(2) The applicant shall be exempt from § 25.231 (relating to schedule of fees) pertaining to the biennial renewal fee and shall be exempt from § 25.283 (relating to biennial renewal of license) with regard to the maintenance of liability insurance coverage under section [701 of the Health Care Services Malpractice Act (40 P. S. § 1301-701)] 711 of the Medical Care Availability and Reduction of Error (MCARE) Act (40 P.S. § 1303.711) as provided in section 9 of the Volunteer Health Services Act (35 P. S. § 449.49).

Subchapter M. ATHLETIC TRAINERS

§ 25.704. Application for licensure.

(a) The applicant shall submit, or cause to be submitted, the following on forms supplied by the Board:

(1) A completed application and the fee set forth in § 25.231 (relating to schedule of fees).

(2) Verification of professional education in athletic training in accordance with § 25.705 (relating to educational requirements).

(3) Documentation of passage of the National examination in accordance with § 25.706 (relating to examination requirement).

(3.1) Verification of having completed at least 3 hours of approved training in child abuse recognition and reporting in accordance with § 25.417(a) (relating to child abuse recognition and reporting—mandatory training requirement).

(4) Documentation of practice as an athletic trainer, if licensed or certified in another jurisdiction, and verification as to whether there has been disciplinary action taken in that jurisdiction.

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

§ 25.708. Renewal of license.

(a) A license issued under this subchapter shall be renewed biennially. An application form will be mailed to the most recent address of the licensee as it appears on the records of the Board. The licensee shall complete the renewal application and return it to the Board with a renewal fee before December 31 of the year in which the application was received. Licenses other than temporary licenses expire on December 31 of each even-numbered year. Upon receipt of an application and renewal fee, the Board will verify the accuracy of the application and issue to the applicant a license of renewal for the next biennial period.

(b) When a license is renewed after December 31 of an even-numbered year, a penalty fee of \$5 for each month or part of a month of practice beyond the renewal date will be charged in addition to the renew fee, as set forth in section 225 of the Bureau of Professional and Occupational Affairs Fee Act (63 P.S. § 1401-225).

(c) As a condition of renewal, a licensee shall comply with the continuing education requirements in § 25.711 (relating to continuing education), including at least 2 hours in approved courses in child abuse recognition and reporting in accordance with § 25.417(b) (relating to child abuse recognition and reporting—mandatory training requirement).

Subchapter N. PERFUSIONISTS

§ 25.803. Application for perfusionist license.

- (a) An applicant for a license to practice as a perfusionist shall submit, or cause to be submitted, on forms made available by the Board, a completed application, including the necessary supporting documents, for a license to practice as a perfusionist and pay the fee in § 25.231 (relating to schedule of fees) for application for a perfusionist license.
- (b) The Board may issue a license to practice as a perfusionist to an applicant who:
- (1) Demonstrates that the applicant holds a current certification by a certifying agency approved by a Nationally-recognized accrediting agency approved by the Board.
 - (2) Demonstrates that the applicant has graduated from an accredited perfusion program approved by the Board.
 - (3) Demonstrates that the applicant is at least 18 years of age and of good moral character.
 - (4) Demonstrates that the applicant has obtained professional liability insurance as required under section 13.3(k) of the act (63 P.S. § 271.13c(k)).
 - (4.1) Has completed at least 3 hours of approved training in child abuse recognition and reporting in accordance with § 25.417(a) (relating to child abuse recognition and reporting—mandatory training requirement).
 - (5) Otherwise complies with this subchapter.
- (c) The Board may deny an application for licensure as a perfusionist upon the grounds for disciplinary action in § 25.809 (relating to disciplinary action for licensed perfusionist).

§ 25.810. Continuing education for licensed perfusionists.

(a) *Credit hour requirements.* A licensed perfusionist shall satisfy the following continuing education credit hour requirements.

(1) As a condition for biennial registration, a licensee shall complete at least 30 hours of continuing education applicable to the practice of perfusion, including at least 10 hours of category I continuing education, and at least 2 hours of approved training in child abuse recognition and reporting in accordance with § 25.417(b) (relating to child abuse recognition and reporting—mandatory training requirement). A licensee is not required to complete continuing education during the biennium in which the licensee is first licensed.

(2) Except when reactivating an inactive license, when the Board has granted a waiver or when ordered by the Board, continuing education credits may be used to satisfy the continuing education credit hour requirements only for the biennial period in which the credits were earned. An hour of continuing education may not be used to satisfy the requirement of paragraph (1) for more than one biennium.

* * * * *

Subchapter O. GENETIC COUNSELORS

§ 25.903. Application for genetic counselor license.

(a) An applicant for a license to practice as a genetic counselor shall submit, or cause to be submitted, on forms made available by the Board, a completed application for a license to practice as a genetic counselor, including the necessary supporting documents, and pay the application fee in § 25.231 (relating to schedule of fees).

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

- (1) Is at least 21 years of age and of good moral character, as required under section 10.3(e)(1) and (2) of the act (63 P.S. § 271.10c(e)(1) and (2)).
 - (2) Has received a master’s degree or doctoral degree in human genetics or genetic counseling from an ABGC-accredited or ABMG-accredited educational program or has met the requirements for certification by the ABGC or the ABMG. Proof of the degree, if applicable, shall be sent directly from the applicant’s education program and include an official transcript.
 - (3) Has passed the examination for certification as a genetic counselor by the ABGC or the ABMG or has passed the examination for certification as a Ph.D. medical geneticist by the ABMG. Proof that the applicant has passed the examination shall be sent directly from the ABGC or the ABMG and may include proof of current certification.
 - (3.1) Has completed at least 3 hours of approved training in child abuse recognition and reporting in accordance with § 25.417(a) (relating to child abuse recognition and reporting—mandatory training requirement).
 - (4) Has obtained professional liability insurance, or is exempt from the requirement to obtain professional liability insurance, as set forth in § 25.910 (relating to professional liability insurance coverage for genetic counselors).
- (c) The Board may deny an application for licensure as a genetic counselor upon the grounds for disciplinary action in § 25.908 (relating to disciplinary action for applicants and genetic counselors).

§ 25.909. Continuing education for genetic counselors.

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

(1) As a condition for biennial renewal, a genetic counselor shall complete at least 30 hours of continuing education applicable to the practice of genetic counseling, including at least 2 hours of approved training in child abuse recognition and reporting in accordance with § 25.417(b) (relating to child abuse recognition and reporting—mandatory training requirement); credit will not be given for a course in office management or practice building. [A] With the exception of the 2 hours in mandatory child abuse training, a genetic counselor is not required to complete continuing education during the biennium in which the licensee was first licensed if licensure occurred within 3 years of completion of the degree.

(2) Except when reactivating an inactive license, when the Board has granted a waiver or when ordered by the Board, continuing education credits may be used to satisfy the continuing education credit hour requirements only for the biennial period in which the credits were earned. No hour of continuing education may be used to satisfy the requirement of paragraph (1) for more than one biennium.

* * * * *



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

Post Office Box 2649
Harrisburg, Pennsylvania 17105-2649
(717) 772-8528

September 15, 2023

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

Re: Final Regulation
State Board of Osteopathic Medicine
16A-5326 Child Abuse Reporting Requirements

Dear Chairman Bedwick:

Enclosed is a copy of a final rulemaking package of the State Board of Osteopathic Medicine pertaining to 16A-5326 Child Abuse Reporting Requirements.

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

Sincerely,

A handwritten signature in blue ink, appearing to read "John B. Bulger".

John B. Bulger, DO
State Board of Osteopathic Medicine

CKM/elb
Enclosure

cc: Arion Claggett, Acting Commissioner of Professional and Occupational Affairs
K. Kalonji Johnson, Deputy Secretary for Regulatory Programs
Andrew LaFratte, Deputy Policy Director, Department of State
Cynthia Montgomery, Deputy Chief Counsel, Department of State
Dana M. Wucinski, Counsel, State Board of Osteopathic Medicine

From: [Rolko, Seth](#)
To: [Bennetch, Erica](#)
Subject: Re: DELIVERY NOTICE: CHILD ABUSE REPORTING REQUIREMENTS 16A-6322 and 16A-5326
Date: Friday, September 15, 2023 9:50:00 AM
Attachments: [image001.png](#)

Received. Thanks.

RECEIVED

By Independent Regulatory Review Commission at 12:25 pm, Sep 15, 2023

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From: Bennetch, Erica <erbennetch@pa.gov>
Sent: Friday, September 15, 2023 8:09:29 AM
To: Rolko, Seth <seth.rolko@pasenate.com>; Vazquez, Enid <Enid.Vazquez@pasenate.com>
Subject: DELIVERY NOTICE: CHILD ABUSE REPORTING REQUIREMENTS 16A-6322 and 16A-5326

■ EXTERNAL EMAIL ■

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

Please be advised that the Boards of Psychology and Osteopathic Medicine are delivering the below final rulemakings.

16A-5326 – State Board of Osteopathic Medicine - Child Abuse Reporting Requirements

16A-6322 – State Board of Psychology – Child Abuse Reporting Requirements

These final-form regulations are needed to update the Boards' existing regulations on the subject of child abuse reporting to be consistent with numerous amendments made to the Child Protective Services Law since 2014, include the requirement that all licensees who are considered mandated reporters complete training in child abuse recognition and reporting.

Erica L. Bennetch | Legal Assistant 2
Office of Chief Counsel | Department of State
Governor's Office of General Counsel
P.O. Box 69523 | Harrisburg, PA 17106-9523
Office Phone 717.775.8145 | Fax: 717.787.0251
erbennetch@pa.gov | www.dos.pa.gov
(preferred pronouns: she, her, hers)

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From: [Orchard, Kari L.](#)
To: [Bennetch, Erica](#); [Barton, Jamie](#); [Brett, Joseph D.](#)
Subject: RE: DELIVERY NOTICE: CHILD ABUSE REPORTING REQUIREMENTS 16A-6322 and 16A-5326
Date: Friday, September 15, 2023 9:09:46 AM
Attachments: [image001.png](#)

Received. Thank you.

Kari Orchard

Executive Director (D) | House Professional Licensure Committee
Chairman Frank Burns, 72nd Legislative District

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By Independent Regulatory Review Commission at 12:25 pm, Sep 15, 2023

From: Bennetch, Erica <erbennetch@pa.gov>
Sent: Friday, September 15, 2023 8:09 AM
To: Orchard, Kari L. <KOrchard@pahouse.net>; Barton, Jamie <JBarton@pahouse.net>; Brett, Joseph D. <JBrett@pahouse.net>
Subject: DELIVERY NOTICE: CHILD ABUSE REPORTING REQUIREMENTS 16A-6322 and 16A-5326

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From: [Bennetch, Erica](#)
To: [Bennetch, Erica](#)
Subject: FW: [EXTERNAL]: FW: DELIVERY NOTICE: CHILD ABUSE REPORTING REQUIREMENTS 16A-6322 and 16A-5326
Date: Friday, September 15, 2023 11:39:00 AM
Attachments: [image001.png](#)

Received. Thank you!

-Francesca

RECEIVED

By Independent Regulatory Review Commission at 12:26 pm, Sep 15, 2023

From: Bennetch, Erica
Sent: Friday, September 15, 2023 8:09 AM
To: Sidle, Nicole <nsidle@pahousegop.com>; fsumma@pahousegop.com
Subject: DELIVERY NOTICE: CHILD ABUSE REPORTING REQUIREMENTS 16A-6322 and 16A-5326

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From: [Smeltz, Jennifer](#)
To: [Bennetch, Erica](#)
Subject: RE: DELIVERY NOTICE: CHILD ABUSE REPORTING REQUIREMENTS 16A-6322 and 16A-5326
Date: Friday, September 15, 2023 8:26:22 AM
Attachments: [image001.png](#)

Received.

Jen Smeltz
Executive Director
Office of Senator Pat Stefano
Consumer Protection and Professional Licensure Committee
Phone: (717) 787-7175

RECEIVED

By Independent Regulatory Review Commission at 12:26 pm, Sep 15, 2023

From: Bennetch, Erica <erbennetch@pa.gov>
Sent: Friday, September 15, 2023 8:09 AM
To: Smeltz, Jennifer <jmsmeltz@pasen.gov>
Subject: DELIVERY NOTICE: CHILD ABUSE REPORTING REQUIREMENTS 16A-6322 and 16A-5326

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