

Regulatory Analysis Form (Completed by Promulgating Agency) (All Comments submitted on this regulation will appear on IRRC's website)		INDEPENDENT REGULATORY REVIEW COMMISSION RECEIVED Independent Regulatory Review Commission September 15, 2025	
(1) Agency Department of State, Bureau of Professional and Occupational Affairs, State Board of Pharmacy		IRRC Number: 3438	
(2) Agency Number: 16A Identification Number: 5430			
(3) PA Code Cite: 49 Pa. Code §§ 27.21, 27.25, 27.26, 27.31, 27.32 and 27.801—27.809			
(4) Short Title: Child Abuse Reporting Requirements			
(5) Agency Contacts (List Telephone Number and Email Address): Primary Contact: Sean C. Barrett, Board Counsel, State Board of Pharmacy, Department of State, P.O. Box 69523, Harrisburg, PA 17106-9523; phone (717) 783-7200; seabarrett@pa.gov Secondary Contact: Marc J. Farrell, Regulatory Counsel, Department of State, P.O. Box 69523, Harrisburg, PA 17106-9523; phone (717) 783-7200; marcfarrel@pa.gov			
(6) Type of Rulemaking (check applicable box): ☐ Proposed Regulation ☒ FINAL REGULATION ☐ Final Omitted Regulation		☐ Emergency Certification Regulation; ☐ Certification by the Governor ☐ Certification by the Attorney General	
(7) Briefly explain the regulation in clear and nontechnical language. (100 words or less) This rulemaking is needed to implement relevant provisions of 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) on all health-related boards to require training in child abuse recognition and reporting for licensees who are considered “mandated reporters” under the CPSL. The Board has determined that its licensees and registrants practice in a health-related field and that the Board is a health-related Board under the jurisdiction of the Department of State.			
(8) State the statutory authority for the regulation. Include <u>specific</u> statutory citation. Section 390-6(k) of the Pharmacy Act (63 P.S. § 390-6(k)) sets forth the Board’s general rulemaking authority. Under 23 Pa.C.S. Chapter 63 (relating to Child Protective Services Law) (CPSL), specifically			

section 6383(b)(2) of the CPSL (relating to education and training), the Board is required to promulgate regulations to implement the mandatory reporting requirements for licensees of the Board in that the Board has determined that its licensees are considered mandated reporters. Specifically, section 6311 of the CPSL provides that “[a] person licensed or certified to practice in any health-related field under the jurisdiction of the Department of State” is considered a mandated reporter. Section 6383(b) of the CPSL requires each licensing board with jurisdiction over professional licensees identified as mandated reporters to require training in child abuse recognition and reporting. The Board has determined that its licensees practice in a health-related field and that the Board is a health-related Board under the jurisdiction of the Department of State in accordance with section 202 of the Administrative Code of 1929 (71 P.S. § 62).

(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 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 for licensees who are considered “mandated reporters” under the CPSL. Section 2 of Act 31 provided that these training requirements would apply to all persons applying for a license, or applying for renewal of a license, on or after January 1, 2015, and were implemented as of that date. These amendments are required to update the Board’s existing regulations on the subject of child abuse reporting to comport to the numerous amendments made to the CPSL, and to incorporate the mandatory training requirements required by Act 31.

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

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

No. There are no federal standards on the topic.

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

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

In Connecticut, in accordance with CT Statutes Chapter 319a - Child Welfare, Sec. 17a-101, certain health-related professionals, including pharmacists, 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. Any mandated reporter who fails to make a required report is guilty of a class A misdemeanor, except that person is guilty of a class E felony if the violation is a subsequent violation, the violation was willful or intentional or due to gross negligence, or the person had actual knowledge that a child was abused or neglected. Connecticut requires an oral or electronic report to be made by a mandated reporter as soon as practicable but no later than 12 hours after the mandated reporter has reasonable cause to suspect or believe that a child has been abused or neglected or placed in imminent risk of serious harm. If an oral report is made, the mandated reporter shall submit a written or electronic report within 48 hours after making the oral report. Mandated reporters who make a good faith report are protected from retaliation by an employer and are immune from any liability, civil or criminal, which might otherwise arise from or be related to the actions taken by the mandated reporter. 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 various types of health care practitioners, however, pharmacists are not specifically enumerated. In Maine, 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. The report must be made by telephone immediately and followed by a written report within 48 hours if requested. Mandated reporters may submit reports electronically. 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. Pharmacists are considered health practitioners under the Health Occupations Article at Title 12. In addition, any other person in the state other than a health practitioner, police officer, educator or human service worker who has reason to believe that child has been subjected to abuse or neglect shall notify the local department or the appropriate law enforcement agency. 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 § 21 (relating to definitions applicable to sections 21 to 51H), various health care practitioners are considered mandated reporters, however, it does not appear that the definition of mandated reporter includes pharmacists unless institutional pharmacists would fall under the umbrella of “hospital personnel involved in the care or treatment of persons.” However, under MGLA 119 § 51A, any person may file a report of suspected child abuse if that person has reasonable cause to believe that a child is suffering from or has died as a result of abuse or neglect. Reports are made to the Department of Children and Families by telephone to the DCF area office that services the city or town where the child lives or the Child-at-Risk Hotline. One must also 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 (relating to persons required to report), various health care practitioners, as well as “any other person having reason to suspect that a child has been abused or neglected” are considered mandated reporters. Mandated reporters are required to report suspected child abuse or neglect to the Central Intake Unit of the New Hampshire Division for Children, Youth and Families. An oral report shall be made immediately by telephone and followed within 48 hours by a report in writing, if requested. Individuals who make a good faith report have immunity from civil and criminal liability; and privileged communications between a professional and their patient/client is does not apply and does not excuse the failure to report. Failure to report is a misdemeanor. Training on the reporting requirements is not required.

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

In New York, under NY Soc Serv § 413, various health care practitioners are considered mandated reporters. Although pharmacists do not appear to be mandated reporters, under NY Soc Serv § 414, in addition to those persons and officials required to report suspected child abuse or maltreatment, any person may make such a report if such person has reasonable cause to suspect that a child is an abused or maltreated child. Reports are made to the New York Statewide Central Register of Child Abuse and Maltreatment. 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 in a health related field, 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 individuals that they license as health care practitioners.

In Ohio, under Ohio R. C. § 2151.421 (relating to persons required to report injury or neglect; procedures on receipt of report), all health care professionals and practitioners of a limited branch of medicine are considered mandated reporters. The definition of “health care professional” in Ohio includes pharmacists. Mandated reporters are required to report if a child under the age of 18 or a mentally retarded, developmentally disabled, or physically impaired person under the age of 21 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. Additionally, a mandated reporter who fails to make a required report is liable for compensatory and exemplary damages to the child who would have been the subject of the report that was not made. There does not appear to be a mandatory training requirement in Ohio. All other persons are considered permissive reporters and may make a report if they know, or have reasonable cause to suspect, that a child under eighteen years of age or a person under 21 years of age with a developmental disability or physical impairment has suffered or faces a threat of abuse.

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. “Healing arts” is defined as the arts and sciences dealing with the prevention, diagnosis, treatment and cure or alleviation of human physical or mental ailments, conditions, diseases, pain or infirmities.” Thus, a pharmacist would be a mandated reporter in Virginia. A person making a good faith report or testifying in any judicial proceeding arising from such report is immune from criminal or civil liability or administrative penalty or sanction. 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 § 49-2-803, any medical, dental or mental health professional is a mandated reporter and is required to report suspected child abuse or neglect. The term “medical professional” is undefined, but the Board believes that the term may include pharmacists. 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 have already promulgated, or will shortly be promulgating, similar regulations.

(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 began discussions relating to necessary updates to its regulations at its December 15, 2015, board meeting. The Board discusses regulatory proposals at its regularly scheduled public meetings. Representatives of the professional associations representing the regulated community routinely attend those meetings. The rulemaking was discussed periodically at Board meetings culminating in the Board's meeting on October 15, 2020, at which time the Board voted to move forward and promulgate the proposed rulemaking. Representatives of the Pennsylvania Pharmacists Association and the Pennsylvania Society of Health-System Pharmacists, as well as chain pharmacies such as Rite Aid, Walgreens and CVS, were present during these meetings.

(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 and registrants 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 25,592 pharmacists licensed by the Board. In addition, there are currently 4,151 registered pharmacy interns. In addition, all applicants for initial licensure/registration 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. Each year, the Board currently processes an average of approximately 2,275 individual applications for initial pharmacist licensure and pharmacy intern registration. However, the number of initial applicants and new licensees who will require training in child abuse reporting requirements is expected to increase substantially, as the Board began registering pharmacy technicians and pharmacy technician trainees on June 27, 2025.

According to the Pennsylvania Department of Labor and Industry, the majority of pharmacists work in health and personal care stores, i.e. pharmacies (40.26%) and general medical and surgical hospitals and specialty hospitals (25.12%). Others work in food and beverage stores (8.63%), merchant wholesalers (4.68%), electronic shopping and mail-order houses (4.57%) and for insurance carriers (2.90%). A small percentage of pharmacists work for home health care services (2.12%), offices of physicians (2.10%) and for the Federal government (1.47%).

Similarly, pharmacy interns and pharmacy technicians generally work in health and personal care stores (48.13%), hospitals (including general medical and surgical hospitals, specialty hospitals and psychiatric and substance abuse hospitals) (14.5%). Others work in food and beverage stores (9.97%), for home health care services (2.59%) and in offices of physicians (1.51%). Few work for the Federal government (1.21%) and for insurance carriers (0.84%).

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 standards to the types of employment where the majority of pharmacists, pharmacy interns, pharmacy technicians and pharmacy technician trainees may work, a pharmacy or drug retailer (NAICS code #456110) is considered a small business if their average annual receipts are less than \$37.5 million. Hospitals (NAICS code #622110 and 622210) are considered small businesses when their average annual receipts are less than \$47 million. For supermarkets and other grocery retailers (food and beverage stores) (NAICS code #445110), the small business threshold is \$40 million. For home health care services (NAICS code #621610), the small business threshold is \$19 million and for offices of physicians (NAICS code # 621111), it is \$16 million.

Based upon this variety of employers, the Board believes that most pharmacists, pharmacy interns and pharmacy technicians/trainees in Pennsylvania are employed in small businesses. However, the Board does not collect information on the size of the businesses where its licensees and registrants are employed. For purposes of determining the economic impact on small businesses, the Board assumes that a large number of its licensees and registrants work for small businesses as that term is defined by the SBA and Pennsylvania's Regulatory Review Act. 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/training relating to child abuse recognition and reporting for employees. Because these costs are associated with individuals applying for initial licensure/registration and by those applying for biennial 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 and registrants 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 25,592 pharmacists licensed by the Board, as well as 4,151 currently registered pharmacy interns. The Board has only recently begun registering pharmacy technicians or pharmacy technician trainees and therefore does not have any reliable numbers to report just yet. All initial applicants for a license or registration issued by the Board must abide 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 2,275 initial individual applications (for all license types, combined) each year. However, it could be expected that that number will increase significantly as the Board continues to register pharmacy technicians and pharmacy technician trainees. Based on occupational statistics provided by the Department of Labor & Industry, there may be as many as 20,000 pharmacy technicians already working in Pennsylvania who will seek registration as a pharmacy technician or pharmacy technician trainee now that the Board has begun registration.

(17) Identify the financial, economic and social impact of the regulation on individuals, small businesses, businesses and labor communities and other public and private organizations. Evaluate the benefits expected as a result of the regulation.

The Board does not anticipate significant fiscal impact or paperwork requirements relating to the rulemaking. Because licensed pharmacists are already required to complete mandatory continuing

education, and the 2 hours of continuing education in child abuse recognition and reporting are incorporated in the existing requirement, there would be no increased burden. Pharmacy interns have to take 3 hours of training in child abuse recognition and reporting when they apply for initial registration, but do not have any ongoing continuing education requirement thereafter (there is no biennial renewal associated with a pharmacy intern registration; the registration is valid for 6 years). Pharmacy technicians/trainees are required to obtain 3 hours of training initial registration, and thereafter pharmacy technicians must take 2 hours of continuing education in child abuse recognition and reporting each biennium as a condition of renewing their registration (a pharmacy technician trainee registration is not renewable; it expires after 2 years). Because there are many low-cost and free options available to complete the training, the Board anticipates this impact to also be minimal, ranging in cost from \$0 to \$100 per course. Because all approved Act 31 training providers are required to report attendance or participation electronically, there are no additional paperwork requirements imposed on licensees or applicants. 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 licensees and registrants, 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, as these are not additional requirements, but are incorporated as part of their overall continuing education already required as a condition of biennial renewal. In fact, the new electronic reporting system will reduce any paperwork requirements. Applicants for initial licensure/registration need to complete 3 hours of approved training in child abuse recognition and reporting as a condition of initial licensure/registration. 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 for initial licensure/registration would choose a free or low-cost option and estimates a cost of no more than \$25 each on average. At an average of 2,275 pharmacist and pharmacy intern applications per year, the total cost to all applicants combined is estimated at \$56,875 annually. However, these costs could be eliminated by choosing to complete one of the free options. The Board estimates that as many as 20,000 pharmacy technicians and trainees will ultimately register with the Board and be required to complete the training biennially. As such, the annual costs associated with compliance for licensed pharmacists and pharmacy interns is \$56,875 annually, and ultimately for pharmacy technicians and trainees, it would be estimated

at a combined biennial total of \$500,000 (i.e., an annual total of \$250,000).

(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 2025-26	FY +1 2026-27	FY +2 2027-28	FY +3 2028-29	FY +4 2029-30	FY +5 2030-31
SAVINGS:						
Regulated Community	N/A	N/A	N/A	N/A	N/A	N/A
Local Government	N/A	N/A	N/A	N/A	N/A	N/A
State Government	N/A	N/A	N/A	N/A	N/A	N/A
Total Savings	N/A	N/A	N/A	N/A	N/A	N/A
COSTS:						
Regulated Community						
Pharmacists & Interns	\$56,875	\$56,875	\$56,875	\$56,875	\$56,875	\$56,875
Pharmacy Technicians & Trainees	\$250,000	\$250,000	\$250,000	\$250,000	\$250,000	\$250,000
Local Government	N/A	N/A	N/A	N/A	N/A	N/A
State Government	\$90,000	\$90,000	\$90,000	\$90,000	\$90,000	\$90,000
Total Costs	\$396,875	\$396,875	\$396,875	\$396,875	\$396,875	\$396,875
REVENUE LOSSES:						
Regulated Community	N/A	N/A	N/A	N/A	N/A	N/A
Local Government	N/A	N/A	N/A	N/A	N/A	N/A
State Government	N/A	N/A	N/A	N/A	N/A	N/A
Total Revenue Losses	N/A	N/A	N/A	N/A	N/A	N/A

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

Program	FY -3 2022-2023 (actual)	FY -2 2023-2024 (actual)	FY -1 2024-2025 (actual)	Current FY 2025-2026 (budgeted)
State Board of Pharmacy	\$3,281,032	\$3,272,548	\$2,941,700	\$3,709,000

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

- (a) An identification and estimate of the number of small businesses subject to the regulation.
- (b) The projected reporting, recordkeeping and other administrative costs required for compliance with the proposed regulation, including the type of professional skills necessary for preparation

of the report or record.

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

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

The regulation should have minimal adverse impact on small business. The new streamlined electronic system for making reports of suspected child abuse has decreased the paperwork requirement; and although licensees who 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. Only applicants for initial licensure/registration as a pharmacist, pharmacy intern, pharmacy technician or pharmacy technician trainee must complete training in child abuse recognition and reporting. Also, many approved courses are free or low cost. Employers can avoid any impact by requiring their employees to pay for their own licensure-related costs, including the costs associated with continuing education. Also, the costs associated with completing the mandatory training in child abuse recognition and reporting could be avoided by selecting one of the free options for completing this training.

(25) List any special provisions which have been developed to meet the particular needs of affected groups or persons including, but not limited to, minorities, the elderly, small businesses, and farmers.

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

(26) Include a description of any alternative regulatory provisions which have been considered and rejected and a statement that the least burdensome acceptable alternative has been selected.

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

(27) In conducting a regulatory flexibility analysis, explain whether regulatory methods were considered that will minimize any adverse impact on small businesses (as defined in Section 3 of the Regulatory Review Act, Act 76 of 2012), including:

- a) The establishment of less stringent compliance or reporting requirements for small businesses;
- b) The establishment of less stringent schedules or deadlines for compliance or reporting requirements for small businesses;
- c) The consolidation or simplification of compliance or reporting requirements for small businesses;
- d) The establishment of performance standards for small businesses to replace design or operational standards required in the regulation; and
- e) The exemption of small businesses from all or any part of the requirements contained in the regulation.

Because there is minimal anticipated adverse impact on small business, a regulatory flexibility analysis was not conducted. No less stringent compliance or reporting requirements or less stringent schedules or deadlines for compliance for small businesses would be consistent with the goals of the CPSL. The electronic reporting process established by the Department of Human Services simplifies the reporting

process for all businesses. There are no design or operational standards in the regulation. Exempting small businesses or employees of small businesses from any of the requirements contained in the regulation would not be consistent with the intent of the CPSL.

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

No data is the basis for this regulation.

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

- | | |
|---|--|
| A. The length of the public comment period: | 30 days |
| B. The date or dates on which any public meetings or hearings will be held: | The Board considers its regulatory proposals at regularly scheduled public meetings, a schedule of which is included in item (30) below. |
| C. The expected date of delivery of the final-form regulation: | Fall 2025 |
| D. The expected effective date of the final-form regulation: | Upon publication of the final-form rulemaking in the <i>Pennsylvania Bulletin</i> . |
| E. The expected date by which compliance with the final-form regulation will be required: | Upon notice or publication of the final-form rulemaking in the <i>Pennsylvania Bulletin</i> . |
| 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 2025: October 7; and December 2, 2025.

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

CDL-1

**FACE SHEET
FOR FILING DOCUMENTS
WITH THE LEGISLATIVE REFERENCE BUREAU**

(Pursuant to Commonwealth Documents Law)

RECEIVED

Independent Regulatory
Review Commission

September 15, 2025

DO NOT WRITE IN THIS SPACE

Copy below is hereby approved as to form and legality. Attorney General BY: _____ (DEPUTY ATTORNEY GENERAL) _____ DATE OF APPROVAL ☐ Check if applicable Copy not approved. Objections attached.	Copy below is hereby certified to be a true and correct copy of a document issued, prescribed or promulgated by: _____ State Board of Pharmacy (AGENCY) DOCUMENT/FISCAL NOTE NO. _____ 16A-5430 DATE OF ADOPTION: _____ BY:  Christine Roussel, Pharm.D., R.Ph. TITLE _____ Board Chairperson (EXECUTIVE OFFICER, CHAIRMAN OR SECRETARY)	Copy below is hereby approved as to form and legality. Executive or Independent Agencies. BY:  (Deputy General Counsel, Chief Counsel, Independent Agency) (Strike inapplicable title) _____ 9/8/2025 DATE OF APPROVAL ☐ Check if applicable. No Attorney General approval or objection within 30 days after submission.
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FINAL RULEMAKING

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

TITLE 49 PA CODE CHAPTER 27

§§ 27.21, 27.25, 27.26, 27.31, 27.32 and 27.801—27.809

CHILD ABUSE REPORTING REQUIREMENTS

The State Board of Pharmacy (board) amends §§ 27.21, 27.25, 27.26, 27.31 and 27.32, and adds §§ 27.801—27.809 (relating to child abuse reporting requirements) to read as set forth in Annex A.

Effective Date

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

Statutory Authority

Section 6(k)(1) and (9) of the Pharmacy Act (act) (63 P.S. § 390-6(k)(1) and (9)) sets forth the board’s general rulemaking authority. Section 6383(b)(2) of 23 Pa.C.S (relating to education and training) requires the board to promulgate regulations to implement the mandatory reporting requirements for licensees of the board in that the board has determined its licensees are considered mandated reporters.

Under 23 Pa.C.S. Chapter 63 (relating to Child Protective Services Law (CPSL)), specifically, section 6383(b)(2) of the CPSL (relating to education and training), the Board is required to promulgate regulations to implement the mandatory reporting requirements for licensees of the Board. Specifically, 23 Pa.C.S. § 6311 (relating to persons required to report suspected child abuse) provides that “[a] person licensed or certified to practice in any health-related field under the jurisdiction of the Department of State” is considered a mandated reporter. Section 6383(b)(2) of 23 Pa.C.S. requires each licensing board with jurisdiction over professional licensees identified as mandated reporters to require training in child abuse recognition and reporting. The board has determined that its licensees practice in a health-related field and that the board is a health-related board under the jurisdiction of the Department of State in accordance with

section 202 of The Administrative Code of 1929 (71 P.S. § 62).

Background and Purpose

Other boards in the Bureau of Professional and Occupational Affairs (bureau) began to amend their existing regulations on the topic of the mandatory child abuse reporting requirements as a result of numerous amendments that were made to 23 Pa.C.S. Chapter 63 (relating to Child Protective Services Law) (CPSL) beginning in 2014 and continuing through 2019, 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 and certificate holders who are considered “mandated reporters” under the CPSL. Section 2 of Act 31 of 2014 provided that these training requirements would apply to all persons applying for a health-related license or applying for renewal of a health-related license, on or after January 1, 2015, and were implemented bureau-wide as of that date. Prior to 2015, pharmacists did not regularly come into contact with children in the course of their practice of the profession. However, in June of 2015, the Pharmacy Act was amended to permit pharmacists to administer flu vaccines to children 9 years of age and older. This development, in addition to the expanded scope of the duty to report in 23 Pa.C.S. § 6311(b), which includes circumstances that would occur outside of the course of the practice of the profession of pharmacists, led the board to its consideration of the need to promulgate these regulations. Thus, this rulemaking is necessary to incorporate the mandatory reporting requirements under the CPSL in Chapter 27 (relating to State Board of Pharmacy), including the mandatory training requirements required by Act 31 of 2014.

Summary of Comments and the Board’s Response

Notice of the proposed rulemaking was published at 55 Pa.B. 3873 (June 7, 2025).

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 the 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. Neither the Senate Consumer Protection and Professional Licensure Committee (SCP/PLC) nor the House Professional Licensure Committee (HPLC) submitted comments. For these reasons, the Board made no changes to the proposed rulemaking to the final-form.

Fiscal Impact and Paperwork Requirements

The board does not anticipate any significant fiscal impact or paperwork requirements relating to this rulemaking. Because licensees are already required to complete mandatory continuing education, and these 2 hours in child abuse recognition and reporting are incorporated in the existing requirement, there would be no increased burden. Only applicants for licensure as a pharmacist or registration as a pharmacy intern, pharmacy technician or pharmacy technician trainee would incur an additional requirement, and as there are many low-cost and free options available to complete the training, the board anticipates this impact to also be minimal. Because all approved training providers of the mandatory training in child abuse recognition and reporting are required to report attendance/participation electronically, there are no additional paperwork requirements imposed on licensees or registrants. In addition, the implementation of an electronic reporting system for mandated reporters of child abuse under 23 Pa.C.S. Chapter 63 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 May 21, 2025, the board submitted a copy of the notice of proposed rulemaking, published at 55 Pa.B. 3873 (June 7, 2025) and a copy of the 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, the Board must submit copies of all comments received during the public comment period to IRRC, the SCP/PLC and the HPLC, as well as other documents when requested. IRRC did not issue any comments on this rulemaking. The Board received no comments from the SCP/PLC or the HPLC.

Under section 5.1(a) of the Regulatory Review Act (71 P.S. § 745.5a(a)), on September 15, 2025, the Board delivered this final-form rulemaking to IRRC, the SCP/PLC and the HPLC. Under section 5.1(j.2) of the Regulation Review Act, on _____, 2025, the final-form rulemaking was deemed approved by the SCP/PLC and the HPLC. Under section 5.1(e) of the Regulatory Review Act, IRRC met on _____, 2025, and approved the final-form rulemaking.

Additional Information

Additional information may be obtained by writing to Regulatory Counsel, Department of State, P.O. Box 69523, Harrisburg, PA 17106-9523, RA-STRegulatoryCounsel@pa.gov. Please reference 16A-5430 (Pharmacy Board—Child Abuse Reporting Requirements) on all correspondence.

Findings

The Board finds that:

- (1) Public notice of proposed rulemaking was given under sections 201 and 202 of the act of July 31, 1968 (P.L. 769, No. 240) (45 P.S. §§ 1201 and 1202), known as the Commonwealth Documents Law and the regulations promulgated thereunder, 1 Pa. Code §§ 7.1 and 7.2 (relating to notice of proposed rulemaking required; and adoption of regulations).
- (2) A public comment period was provided as required by law, and all comments received were considered in drafting this final-form rulemaking.
- (3) This final-form rulemaking does not include any amendments and therefore the final-form rulemaking does not enlarge the original purpose of the proposed rulemaking published at 55 Pa.B. 3873.
- (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, therefore, orders that:

- (a) The regulations of the Board at 49 Pa. Code §§ 27.21, 27.25, 27.26, 27.31, 27.32 and §§ 27.801 – 27.809 are amended and added to read as set forth in Annex A.
- (b) The Board shall submit the final-form regulation to the Office of Attorney General and the Office of General Counsel for approval as required by law.
- (c) The Board shall submit the final-form regulation to IRRC, the SCP/PLC and HPLC as required by law.

- (d) The Board shall certify the final-form regulation and deposit it with the Legislative Reference Bureau as required by law.
- (e) This final-form regulation shall take effect upon publication in the *Pennsylvania Bulletin*.

CHRISTINE ROUSSEL, PharmD, RPh
Chairperson

Annex A

TITLE 49. PROFESSIONAL AND VOCATIONAL STANDARDS

PART I. DEPARTMENT OF STATE

Subpart A. PROFESSIONAL AND OCCUPATIONAL AFFAIRS

CHAPTER 27. STATE BOARD OF PHARMACY

PHARMACISTS

§ 27.21. Application for examination and licensure.

(a) A candidate for licensure to practice pharmacy by examination applying to take the North American Pharmacist Licensure Examination (NAPLEX) and the Multistate Pharmacy Jurisprudence Examination (MPJE) shall obtain an application for licensure from the Board, complete the application and file the application with the Board.

(b) The applicant shall include in the application proof of graduation with a B.S. or advanced degree in pharmacy granted by an ACPE accredited school or college; affidavits of all internship experience gained prior to submitting the application; **proof of having completed at least 3 hours of approved courses in child abuse recognition and reporting in accordance with § 27.808(a) (relating to child abuse recognition and reporting—mandatory training requirement)**; and the application fee.

(c) The applicant shall also complete and submit the examination fees and examination registration forms to the test administrator.

(d) Affidavits of internship experience shall be filed before authorization to take the exam is given.

§ 27.25. Licensure by reciprocity.

(a) An applicant for licensure by reciprocity shall comply with section 3(g) of the act (63 P.S. § 390-3(g)).

(b) Except as provided in subsection (c), an applicant for licensure by reciprocity who received a license to practice pharmacy in any other state, territory or possession of the United States, after January 26, 1983, shall be required to demonstrate that the applicant passed the FDLE.

(c) If an applicant licensed after January 26, 1983, cannot demonstrate that the applicant passed the FDLE, the applicant shall be required to demonstrate that the applicant passed the Pennsylvania MPJE.

(d) An applicant for licensure by reciprocity shall demonstrate that the applicant completed at least 3 hours of approved courses in child abuse recognition and reporting in accordance with § 27.808(a) (relating to child abuse recognition and reporting—mandatory training requirement).

§ 27.26. Pharmacy internship.

(a) Pharmacy internship means the supervised practical experience required for licensure as a registered pharmacist. The purpose of the pharmacy internship program is to provide a registered intern with the knowledge and practical experience necessary for functioning competently and effectively upon licensure.

(b) Registration as a pharmacy intern will be available to an individual of good moral character who has completed at least 2 years of college and is enrolled or accepted as a student of pharmacy in an ACPE-accredited pharmacy degree program. A person desiring to register as a

pharmacy intern shall do the following:

(1) Apply to the Board for registration including the fee specified in § 27.91 (relating to schedule of fees) for registering as a pharmacy intern.

(2) Forward to the Board acceptable documentation verifying that the applicant has successfully completed at least 2 years of college and is enrolled or accepted as a student of pharmacy in an ACPE-accredited pharmacy degree program. Acceptable documentation includes a document bearing the school's seal received by the Board directly from the dean or registrar of the ACPE-accredited pharmacy degree program which includes the pharmacy student's name, address, Social Security number, and a statement indicating that the student has successfully completed at least 2 years of college and is enrolled or accepted as a student of pharmacy in, or has graduated from, the ACPE-accredited pharmacy degree program.

(3) Complete at least 3 hours of approved courses in child abuse recognition and reporting in accordance with § 27.808(a) (relating to child abuse recognition and reporting—mandatory training requirement).

(c) The Board will register an applicant after it receives a completed application and other items in subsection (b). A pharmacy intern registration is valid for 6 years from the date of issue exclusive of time spent in the military. A pharmacy intern registration will automatically become invalid if the pharmacy intern permanently ceases enrollment in an ACPE-accredited pharmacy degree program prior to graduation. A pharmacy intern whose registration becomes invalid under this subsection shall immediately return to the Board the pharmacy intern registration and preceptor approval documents.

* * * * *

RENEWAL OF PHARMACIST LICENSE AND PHARMACY PERMIT

§ 27.31. Biennial renewal.

(a) A holder of a pharmacy permit shall renew the permit every 2 years, in odd-numbered years. Renewal requires completion of a form mailed to the holder by the Board in advance of the renewal period.

(b) A licensed pharmacist shall renew the license every 2 years, in even-numbered years. Renewal requires completion of a form mailed to the pharmacist by the Board in advance of the renewal period or completion of an online electronic form, and payment of the specified fee. A pharmacist shall also submit proof of compliance with the continuing education requirements of § 27.32 (relating to continuing education), **including at least 2 hours of approved courses in child abuse recognition and reporting in accordance with § 27.808(b) (relating to child abuse recognition and reporting—mandatory training requirement).**

* * * * *

§ 27.32. Continuing education.

(a) The Board will renew the license of a pharmacist who has completed a minimum of 30 contact hours (3 CEU) of continuing education during the preceding biennial renewal period. **[Beginning with the license period commencing on October 1, 2011, 2] Two** of the required 30 contact hours shall be completed in courses from the ACPE topic designator “Patient Safety.” **At least 2 of the required 30 hours shall be completed in approved courses in child abuse recognition and reporting in accordance with § 27.808(b) (relating to child abuse recognition and reporting—mandatory training requirement).** In addition, for licensees with authority to

administer injectable medications, biologicals and immunizations in accordance with section 9.2 of the act (63 P.S. § 390-9.2) and § 27.401 (relating to qualifications for authority), at least 2 of the required 30 hours must concern the administration of injectable medications, biologicals and immunizations, including, but not limited to, disease epidemiology, vaccine characteristics, injection technique, emergency response to adverse events and related topics. Except as provided in subsection (h) **and except for the mandatory courses in child abuse recognition and reporting approved under § 27.809 (relating to child abuse recognition and reporting course approval process)**, only continuing education programs offered by ACPE-accredited providers of continuing pharmaceutical education targeted toward pharmacists are acceptable to the Board.

* * * * *

(e) [A] **Except for the mandatory training in child abuse recognition and reporting in § 27.808, a** newly graduated licensee will be exempt from the requirements in subsection (a) for the license renewal immediately following licensure. A reciprocally licensed pharmacist will be required to show compliance with the requirements in subsection (a), but will have the number of hours required to be completed prorated, on a quarterly basis, from the date of licensure to the next date of renewal. For this purpose, each quarter will consist of 3 months, and will be credited for 3.75 contact hours (.375 CEU). The pharmacist will be required to begin accumulating contact hours at the beginning of the next quarter following licensure.

* * * * *

(Editor's Note: Sections 27.801—27.809 are to be added and are printed in regular type to enhance readability.)

CHILD ABUSE REPORTING REQUIREMENTS

§ 27.801. Definitions relating to child abuse reporting requirements.

The following words and terms, when used in this section and §§ 27.802—27.809, 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—Intentionally, knowingly or recklessly doing any of the following:

- (i) Causing bodily injury to a child through any recent act or failure to act.
- (ii) Fabricating, feigning or intentionally exaggerating or inducing a medical symptom or disease which results in a potentially harmful medical evaluation or treatment to the child through any recent act.
- (iii) Causing or substantially contributing to serious mental injury to a child through any act or failure to act or a series of such acts or failures to act.
- (iv) Causing sexual abuse or exploitation of a child through any act or failure to act.
- (v) Creating a reasonable likelihood of bodily injury to a child through any recent act or failure to act.
- (vi) Creating a likelihood of sexual abuse or exploitation of a child through any recent act or failure to act.
- (vii) Causing serious physical neglect of a child.
- (viii) Engaging in any of the following recent acts:
 - (A) Kicking, biting, throwing, burning, stabbing or cutting a child in a manner that endangers the child.

- (B) Unreasonably restraining or confining a child, based on consideration of the method, location or duration of the restraint or confinement.
- (C) Forcefully shaking a child under 1 year of age.
- (D) Forcefully slapping or otherwise striking a child under 1 year of age.
- (E) Interfering with the breathing of a child.
- (F) Causing a child to be present at a location while a violation of 18 Pa.C.S. § 7508.2 (relating to operation of methamphetamine laboratory) is occurring, provided that the violation is being investigated by law enforcement.
- (G) Leaving a child unsupervised with an individual, other than the child's parent, who the actor knows or reasonably should have known:
 - (I) Is required to register as a Tier II or Tier III sexual offender under 42 Pa.C.S. Chapter 97, Subchapter H (relating to registration of sexual offenders), 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 (Division A of Pub.L. No. 106-386).

ChildLine—An organizational unit of the Department of 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.

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 licensed pharmacists, registered pharmacy interns, registered pharmacy technicians and registered pharmacy technician trainees.

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

Perpetrator—A person who has committed child abuse as defined in this section. The following apply:

- (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 having direct contact with children as an employee of child-care services, a school or through a program, activity or service.
 - (E) An individual 14 years of age or older who resides in the same home as the

child.

- (F) An individual 18 years of age or older who does not reside in the same home as the child but is related, within the third degree of consanguinity or affinity by birth or adoption, to the child.
 - (G) An individual 18 years of age or older who engages a child in severe forms of trafficking in persons or sex trafficking, as those terms are defined under section 103 of the Trafficking Victims Protection Act of 2000.
- (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.

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 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 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 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—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.

§ 27.802. 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), licensed pharmacists, registered pharmacy interns, registered pharmacy technicians and registered pharmacy technician trainees 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.* Whenever a mandated reporter is required to make a report under subsection (a) in the capacity as a member of the staff of a medical or other public or private institution, school, facility or agency, that

individual 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.* A mandated reporter shall immediately make a report of suspected child abuse to the Department of Human Services by completing one of the following procedures:

(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 paragraph may be submitted electronically.

(2) Making an electronic report of suspected child abuse in accordance with 23 Pa.C.S. § 6305 (relating 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.* A written or electronic report of suspected child abuse shall include the following information, if known:

(1) The names and addresses of the child, the child's parents and any other person responsible for the child's welfare.

(2) Where the suspected child abuse occurred.

- (3) The age and sex of 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 any sibling of the child.
- (5) The name and relationship of each individual responsible for causing the suspected abuse and any evidence of prior abuse by each individual.
- (6) Family composition.
- (7) The source of the report.
- (8) The name, telephone number and email address of the person making the report.
- (9) The actions taken by the person making the report, including actions taken under 23 Pa.C.S. §§ 6314—6317.
- (10) Other information which the Department of Human Services may require by regulation.
- (11) Other information required by Federal law or regulation.

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

(a) A mandated reporter 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.

(b) 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 § 27.802(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.

(c) 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).

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

A mandated reporter 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.

§ 27.805. Immunity from liability.

(a) Under 23 Pa.C.S. § 6318 (relating to immunity from liability) a mandated reporter 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 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 mandated reporter's actions. For the purpose of any civil or criminal proceeding, the good faith of the mandated reporter shall be presumed.

(b) The Board will uphold the same good faith presumption in any disciplinary

proceeding that might result by reason of a mandated reporter's actions under §§ 27.802—27.804 (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).

§ 27.806. Confidentiality—waived.

(a) To protect children from abuse, the reporting requirements of §§ 27.802—27.804 (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 provisions of any client confidentiality, ethical principle or professional standard that might otherwise apply.

(b) In accordance with 23 Pa.C.S. § 6311.1 (relating to privileged communications), privileged communication between a mandated reporter and a patient does not apply to a situation involving child abuse and does not relieve the mandated reporter of the duty to make a report of suspected child abuse.

§ 27.807. Noncompliance.

(a) *Disciplinary action.* A mandated reporter who willfully fails to comply with the reporting requirements in §§ 27.802—27.804 (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 5(a)(6) of the act (63 P.S. § 390-5(a)(6)).

(b) *Criminal penalties.* Under 23 Pa.C.S. § 6319 (relating to penalties), a mandated reporter 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 paragraph (2), (3) or (4) is a misdemeanor of the second degree.

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

(i) The mandated reporter willfully fails to report.

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

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

(3) If the willful failure to report continues while the mandated reporter knows or has reasonable cause to suspect the 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.

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

(a) Except as provided in subsection (c), individuals applying to the Board for a license or registration shall complete at least 3 hours of training in child abuse recognition and reporting requirements which has been approved by the Department of Human Services and the Bureau, as set forth in § 27.809 (relating to child abuse recognition and reporting course approval process).

The following apply:

(1) 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).

(2) The Board will not issue a license or registration unless the Bureau has received an electronic report from an approved course provider documenting the attendance or participation by the applicant or the applicant has obtained an exemption under subsection (c).

(b) Except as provided in subsection (c), licensees seeking renewal of a license or registration 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. 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 § 27.809. The following apply:

(1) These hours of continuing education in child abuse recognition and reporting will be accepted as a portion of the hours of continuing education required under § 27.32 (relating to continuing education).

(2) The Board will not renew a license or registration unless the Bureau has received an electronic report from an approved course provider documenting the attendance/participation by the licensee or registrant in an approved course or has obtained an exemption under subsection (c).

(3) If a licensee or registrant also holds a license, registration, certificate or permit 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, licensee or registrant may apply in writing for an exemption from the training/continuing education requirements set forth in subsections (a) and (b) provided the applicant, licensee or registrant meets one of the following:

(1) The applicant, licensee or registrant submits documentation demonstrating that:

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

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

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

(2) The applicant, licensee or registrant submits documentation demonstrating that:

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

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

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

(3) The applicant, licensee or registrant submits documentation demonstrating that the applicant or licensee should not be subject to the training or continuing education requirement. Each request for an exemption under this paragraph will be considered on a case-by-case basis as follows:

(i) The Board will not grant an exemption based solely upon proof that children are not a part of the applicant's, licensee's or registrant's practice.

(ii) 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.

(e) If an exemption is granted, the Board will issue or renew the license or registration, as applicable. If an exemption is denied, the Board will email the applicant, licensee or registrant 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.

§ 27.809. 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, 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, RA-PWOCYFCPSL@pa.gov.

(2) Bureau of Professional and Occupational Affairs, 2525 North 7th Street, P.O. Box 2649, Harrisburg, PA 17105-2649, RA-stcpsl_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) 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 all of the following:
 - (i) Name of participant.
 - (ii) Title of training.
 - (iii) Date of training.
 - (iv) Length of training (2 hours 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 attendance/participation 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.



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

**Post Office Box 2649
Harrisburg, PA 17105-2649
(717) 783-7156**

September 15, 2025

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

Re: Final Regulation
State Board of Pharmacy
16A-5430: Child Abuse Reporting Requirements

Dear Chairman Bedwick:

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

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

Sincerely,

A handwritten signature in blue ink, appearing to read 'C. Roussel'.

Christine Roussel, Pharm. D., R.Ph., Chairperson
State Board of Pharmacy

CR/MJF/dps
Enclosure

cc: Arion Claggett, Acting Commissioner of Professional and Occupational Affairs
K. Kalonji Johnson, Deputy Secretary for Regulatory Programs
Robert Beecher, Policy Director, Department of State
Andrew LaFratte, Deputy Policy Director, Department of State
Jason C. Giurintano, Deputy Chief Counsel, Department of State
Jacqueline A. Wolfgang, Senior Regulatory Counsel, Department of State
Sean C. Barrett, Counsel, State Board of Pharmacy
State Board of Pharmacy

September 15, 2025

From: [Nicole Sidle](#)
To: [Solomon, Douglas](#)
Cc: [Cindy Sauder](#); [Emily Hackman](#)
Subject: RE: [EXTERNAL]: DELIVERY NOTICE REGULATION # 16A-5430 Child Abuse Reporting Requirements
Date: Monday, September 15, 2025 9:19:23 AM
Attachments: [image001.png](#)

Received.

From: Solomon, Douglas <dousolomon@pa.gov>
Sent: Monday, September 15, 2025 8:00 AM
To: Nicole Sidle <Nsidle@pahousegop.com>; Cindy Sauder <Csauder@pahousegop.com>; Emily Hackman <EHackman@pahousegop.com>
Cc: Abelson, Addie <adabelson@pa.gov>; Rizzi, Alicia (GC) <arizzi@pa.gov>; Keys, Jaclyn (GC) <jackkeys@pa.gov>; GC, Regulations <RA-GCREGULATIONS@pa.gov>; Giurintano, Jason <jgiurintan@pa.gov>; Davis, Thomas <tmdavis@pa.gov>; Wolfgang, Jacqueline <jawolfgang@pa.gov>; Barrett, Sean <seabarrett@pa.gov>; Worthington, Amber <agontz@pa.gov>; Fuhrman, Rebecca <refuhrman@pa.gov>; Roland, Joel <jjoeroland@pa.gov>; DeLaurentis, Carolyn <cdelaurent@pa.gov>; Trimmer, Sara <strimmer@pa.gov>; Farrell, Marc <marcfarrel@pa.gov>
Subject: [EXTERNAL]: DELIVERY NOTICE REGULATION # 16A-5430 Child Abuse Reporting Requirements
Importance: High

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

Please be advised that the State Board of Pharmacy Board is delivering the below final rulemaking.

- **16A-5430 Child Abuse Reporting Requirements– State Board of Pharmacy**

This rulemaking is needed to implement relevant provisions of 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) on all health-related boards to require training in child abuse recognition and reporting for licensees who are considered “mandated reporters” under the CPSL. The Board has determined that its licensees and registrants practice in a health-related field and that the Board is a health-related Board under the jurisdiction of the Department of State.

Thank you for your attention to this matter.



Doug P. Solomon | Legal Assistant 2
Office of Chief Counsel | Department of State
Governor's Office of General Counsel
2400 Thea Drive
P.O. Box 69523 | Harrisburg, PA 17106-9523
Office Phone 717.783.7200 | Fax 717.787.0251

From: [Monoski, Jesse](#)
To: [Solomon, Douglas](#); [Dimm, Ian](#); [joseph.kelly](#); [Vazquez, Enid](#)
Cc: [Abelson, Addie](#); [Rizzi, Alicia \(GC\)](#); [Keys, Jaclyn \(GC\)](#); [GC, Regulations](#); [Giurintano, Jason](#); [Davis, Thomas](#); [Wolfgang, Jacqueline](#); [Barrett, Sean](#); [Worthington, Amber](#); [Fuhrman, Rebecca](#); [Roland, Joel](#); [DeLaurentis, Carolyn](#); [Trimmer, Sara](#); [Farrell, Marc](#)
Subject: Re: DELIVERY NOTICE REGULATION # 16A-5430 Child Abuse Reporting Requirements
Date: Monday, September 15, 2025 7:57:04 AM
Attachments: [image001.png](#)

Received.

-Jesse Monoski

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From: Solomon, Douglas <dousolomon@pa.gov>
Sent: Monday, September 15, 2025 7:51:20 AM
To: Monoski, Jesse <jesse.monoski@pasenate.com>; Dimm, Ian <Ian.Dimm@pasenate.com>; Kelly, Joseph <joseph.kelly@pasenate.com>; Vazquez, Enid <enid.vazquez@pasenate.com>
Cc: Abelson, Addie <adabelson@pa.gov>; Rizzi, Alicia (GC) <arizzi@pa.gov>; Keys, Jaclyn (GC) <jackkeys@pa.gov>; GC, Regulations <RA-GCREGULATIONS@pa.gov>; Giurintano, Jason <jgiurintan@pa.gov>; Davis, Thomas <tmdavis@pa.gov>; Wolfgang, Jacqueline <jawolfgang@pa.gov>; Barrett, Sean <seabarrett@pa.gov>; Worthington, Amber <agontz@pa.gov>; Fuhrman, Rebecca <refuhrman@pa.gov>; Roland, Joel <joeroland@pa.gov>; DeLaurentis, Carolyn <cdelaurent@pa.gov>; Trimmer, Sara <strimmer@pa.gov>; Farrell, Marc <marcfarrel@pa.gov>
Subject: DELIVERY NOTICE REGULATION # 16A-5430 Child Abuse Reporting Requirements

■ EXTERNAL EMAIL ■

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Governor's Office of General Counsel
2400 Thea Drive
P.O. Box 69523 | Harrisburg, PA 17106-9523
Office Phone 717.783.7200 | Fax 717.787.0251
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Independent Regulatory
Review Commission

September 15, 2025

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September 15, 2025

From: [Orchard, Kari L.](#)
To: [Solomon, Douglas](#)
Cc: [Brett, Joseph D.](#); [Barton, Jamie](#)
Subject: RE: DELIVERY NOTICE REGULATION # 16A-5430 Child Abuse Reporting Requirements
Date: Monday, September 15, 2025 9:46:51 AM
Attachments: [image001.png](#)

Regulations received.

Thanks!

Kari Orchard

Executive Director (D) | House Professional Licensure Committee

Chairman Frank Burns, 72nd Legislative District

From: Solomon, Douglas <dousolomon@pa.gov>
Sent: Monday, September 15, 2025 7:56 AM
To: Orchard, Kari L. <KOrchard@pahouse.net>; Barton, Jamie <JBarton@pahouse.net>; Brett, Joseph D. <JBrett@pahouse.net>
Cc: Abelson, Addie <adabelson@pa.gov>; Rizzi, Alicia (GC) <arizzi@pa.gov>; Keys, Jaclyn (GC) <jackkeys@pa.gov>; GC, Regulations <RA-GCREGULATIONS@pa.gov>; Giurintano, Jason <jgiurintano@pa.gov>; Davis, Thomas <tmdavis@pa.gov>; Wolfgang, Jacqueline <jawolfgang@pa.gov>; Barrett, Sean <seabarrett@pa.gov>; Worthington, Amber <agontz@pa.gov>; Fuhrman, Rebecca <refuhrman@pa.gov>; Roland, Joel <jroerland@pa.gov>; DeLaurentis, Carolyn <cdelaurent@pa.gov>; Trimmer, Sara <strimmer@pa.gov>; Farrell, Marc <marcfarrel@pa.gov>
Subject: DELIVERY NOTICE REGULATION # 16A-5430 Child Abuse Reporting Requirements
Importance: High

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- **16A-5430 Child Abuse Reporting Requirements– State Board of Pharmacy**

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Thank you for your attention to this matter.



Doug P. Solomon | Legal Assistant 2

Office of Chief Counsel | Department of State
Governor's Office of General Counsel
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Office Phone 717.783.7200 | Fax 717.787.0251
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Review Commission

September 15, 2025

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September 15, 2025

From: [Smeltz, Jennifer](#)
To: [Solomon, Douglas](#)
Subject: RE: DELIVERY NOTICE REGULATION # 16A-5430 Child Abuse Reporting Requirements
Date: Monday, September 15, 2025 8:22:28 AM
Attachments: [image001.png](#)

Received.

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

From: Solomon, Douglas <dousolomon@pa.gov>
Sent: Monday, September 15, 2025 7:48 AM
To: Smeltz, Jennifer <jmsmeltz@pasen.gov>
Cc: Abelson, Addie <adabelson@pa.gov>; Rizzi, Alicia (GC) <arizzi@pa.gov>; Keys, Jaclyn (GC) <jackkeys@pa.gov>; GC, Regulations <RA-GCREGULATIONS@pa.gov>; Giurintano, Jason <jgiurintano@pa.gov>; Davis, Thomas <tmdavis@pa.gov>; Wolfgang, Jacqueline <jawolfgang@pa.gov>; Barrett, Sean <seabarrett@pa.gov>; Worthington, Amber <agontz@pa.gov>; Fuhrman, Rebecca <refuhrman@pa.gov>; Roland, Joel <joeroland@pa.gov>; DeLaurentis, Carolyn <cdelaurent@pa.gov>; Trimmer, Sara <strimmer@pa.gov>; Farrell, Marc <marcfarrel@pa.gov>
Subject: DELIVERY NOTICE REGULATION # 16A-5430 Child Abuse Reporting Requirements
Importance: High

ⓘ CAUTION : External Email ⓘ

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