

<h2 style="margin: 0;">Regulatory Analysis Form</h2> <p style="margin: 0;">(Completed by Promulgating Agency)</p> <p style="margin: 0;">(All Comments submitted on this regulation will appear on IRRC's website)</p>	<p style="margin: 0;">INDEPENDENT REGULATORY REVIEW COMMISSION</p> <p style="margin: 0;">RECEIVED</p> <p style="margin: 0;">Independent Regulatory Review Commission May 22, 2024</p>
<p>(1) Agency</p> <p>Department of State, Bureau of Professional and Occupational Affairs, State Board of Podiatry</p>	<p>IRRC Number: 3389</p>
<p>(2) Agency Number: 16A</p> <p style="padding-left: 20px;">Identification Number: 4412</p>	
<p>(3) PA Code Cite:</p> <p>49 Pa. Code §§ 29.52, 29.55, 29.61 and 29.91—29.99</p>	
<p>(4) Short Title: Child Abuse Reporting Requirements</p>	
<p>(5) Agency Contacts (List Telephone Number and Email Address):</p> <p>Primary Contact: Cynthia K. Montgomery, Deputy Chief Counsel, Department of State, phone (717)783-7200; P.O. Box 69523, Harrisburg, PA 17106-9523; fax (717)787-0251; cymontgome@pa.gov.</p> <p>Secondary Contact: Dean Picarella, Board Counsel, Department of State, P.O. Box 69523, Harrisburg, PA 17106-9523 (phone 717-783-7200) (fax 787-0251) dpicarella@pa.gov.</p>	
<p>(6) Type of Rulemaking (check applicable box):</p> <p><input type="checkbox"/> Proposed Regulation</p> <p><input checked="" type="checkbox"/> Final Regulation</p> <p><input type="checkbox"/> Final Omitted Regulation</p>	<p><input type="checkbox"/> Emergency Certification Regulation;</p> <p style="padding-left: 20px;"><input type="checkbox"/> Certification by the Governor</p> <p style="padding-left: 20px;"><input type="checkbox"/> Certification by the Attorney General</p>
<p>(7) Briefly explain the regulation in clear and nontechnical language. (100 words or less)</p> <p>This rulemaking is needed to update the Board's existing regulations on the subject of child abuse reporting to be consistent with amendments to the Child Protective Services Law (CPSL) (23 Pa.C.S. §§ 6301-6388), including the requirement imposed by the act of April 15, 2014 (P.L. 411, No. 31) (Act 31) on all health-related boards to require training in child abuse recognition and reporting for licensees who are considered "mandated reporters" under the CPSL.</p>	
<p>(8) State the statutory authority for the regulation. Include <u>specific</u> statutory citation.</p> <p>Section 15 of the Podiatry Practice Act (63 P.S. § 42.15) 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.</p>	

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

Yes, section 6383(b)(2) of the CPSL requires the Board to promulgate regulations to implement the mandatory reporting requirements for licensees 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 and licensees will benefit by receiving mandatory training with regard to their responsibilities under the CPSL, and all Pennsylvania children will benefit from the increased protections provided by the amendments. Licensees will further benefit from regulations that are consistent with the CPSL, as amended, to avoid confusion as to their responsibilities in this area.

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

No. There are no federal standards on the topic.

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

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

In Connecticut, in accordance with CT Statutes Chapter 319a - Child Welfare, Sec. 17a-101, certain health-related professionals, including podiatrists, 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, including podiatrists. 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. Podiatrists are considered health practitioners in that they are authorized to practice healing under the Health Occupations Article at Title 16. 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, including podiatrists, are considered mandated reporters. Under MGLA 119 § 51A, mandated reporters must report to the Department of Children and Families when they suspect that a child is being abused or neglected immediately by telephone to the DCF area office that services the city or town where the child lives or the Child-at-Risk Hotline. As a mandated reporter, 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, including podiatrists, 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, including podiatrists, are considered mandated reporters. Mandated reporters are required by law to report suspected abuse or maltreatment to the New York Statewide Central Register of Child Abuse and Maltreatment whenever they have reasonable cause to suspect that a child coming before them in their professional or occupational capacity is an abused or maltreated child, or when they have reasonable cause to suspect that a child is an abused or maltreated child where the parent, guardian, custodian or other persons legally responsible for such child comes before them in their professional or official capacity and states from personal knowledge facts, conditions or circumstances which, if correct, would render the child an abused or maltreated child. The law also assigns civil and criminal liability to those professionals who do not comply with their mandated reporter duties; including being criminally charged with a Class A misdemeanor, being subject to criminal penalties, and being sued in a civil court for monetary damages for any harm causes by the failure to report. Reasonable cause to suspect child abuse or maltreatment means that, based on one’s observations, professional training and experience, a licensee believes the parent or person legally responsible for a child has harmed that child or placed that child in imminent danger or harm. In addition, New York requires individuals, when applying initially for licensure, to complete 2 hours of coursework or training in the identification and reporting of child abuse and maltreatment. This is a one-time requirement and once taken does not need to be completed again. The New York State Education Department, Office of the Professions oversees the training requirements for mandated reporters.

In Ohio, under Ohio R. C. § 2151.421 (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 podiatrists. 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 podiatrist 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 includes podiatrists. When a licensee suspects that a child is being abused or neglected, or observes a child being subjected to conditions that are likely to result in abuse or neglect, or believes that a child has suffered serious physical abuse, sexual abuse or sexual assault, a report must be made to the Child Protective Services unit in the county office of the Department of Health and Human Resources where the licensee is located or the State Police or other law enforcement agency that has jurisdiction to investigate the report. The Department of Health and Human Resources maintains a 24-hour toll free reporting hotline. Reports must be made immediately by phone and followed up within 48 hours by a written report, if requested. Anyone making a good faith report is immune from civil or criminal liability. Failure to file a required report is a misdemeanor, punishable by imprisonment up to 90 days, a fine of up to \$5,000, or both. There does not appear to be a mandatory training requirement.

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

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

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

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

The Board began discussions relating to necessary updates to its regulations in 2015 due to the amendments to the CPSL. The Board discusses its regulatory proposals at regularly scheduled public meetings of the Board. Representatives of the Pennsylvania Podiatric Medical Association (PPMA), an organization representing more than 875 podiatrists, routinely attend those meetings. The rulemaking was discussed at Board meetings beginning at the February 18, 2015, meeting and continuing through the Board’s meeting on August 19, 2020, at which time the Board voted to move forward and promulgate the proposed rulemaking. The Executive Director, President and Secretary of the Pennsylvania Podiatric Medical Association were present at this meeting.

The proposed rulemaking was then later published in the *Pennsylvania Bulletin* on December 2, 2023, for thirty days of public comment. The Board received no public comments. Additionally, there were no comments received from the House Professional Licensure Committee, the Senate Consumer Protection and Professional Licensure Committee or the Independent Regulatory Review Commission as part of their review of the regulation. The Board subsequently met on April 17, 2024, and voted to proceed with the final-form rulemaking largely unchanged. The only change is reflected in the new address of the Bureau of Professional and Occupational Affairs in § 29.99 (relating to child abuse recognition and reporting course approval process).

(15) Identify the types and number of persons, businesses, small businesses (as defined in Section 3 of the Regulatory Review Act, Act 76 of 2012) and organizations which will be affected by the regulation. How are they affected?

All licensees of the Board will be affected by the regulation, including those that are or work for small businesses. At the present time, there are approximately 1,550 podiatrists licensed by the Board. In addition, all applicants for licensure would be affected by the mandatory training requirements set forth in the regulation as required under section 6383(b)(3)(i) of the CPSL. The Board currently processes an average of approximately 90 initial licensure applications per year.

According to the Small Business Administration (SBA) in 2022, there are approximately 1.1 million small businesses in Pennsylvania of which account for 99.6% of all Pennsylvania businesses. These small business employers (those with fewer than 500 employees) employ 2.6 million employees of which 46.2% are Pennsylvania employees. Thus, the vast majority of businesses in Pennsylvania are considered small businesses. According to the most recent report of the Pennsylvania Department of Labor and Industry in 2020, podiatrists work in offices of other health practitioners (74%), are self-employed (17%) or work for the federal government (5%), in general medical and surgical hospitals, outpatient care centers and offices of physicians (less than 1% in each of these three latter categories).

Small businesses are defined in Section 3 of the Regulatory Review Act, (71 P.S. § 745.3) which provides that a small business is defined by the SBA’s Small Business Size Regulations under 13 CFR Ch. 1 Part 121. These size standards have been established for types of businesses under the North American Industry Classification System (NAICS). In applying the 2022 NAICS standards to the types of businesses where podiatrists may work, primarily independent offices of podiatrists (NAICS code #621391) would be considered a small business if their average annual receipts are \$9 million or less. Offices of other miscellaneous health care practitioners (NAICS code #621399) would be considered a

small business if their average annual receipts are \$10 million or less. For general medical and surgical hospitals (NAICS code #622110), the small business threshold is \$47 million; and for outpatient care centers (NAICS code #621498) it is \$25.5 million. Finally, offices of physicians (NAICS code #621111) are considered a small business if their average annual receipts is \$16 million or less.

Based upon this information, the Board believes that most podiatrists in Pennsylvania are employed in small businesses. However, the Board does not collect information on the size of the businesses where its licensees are employed. For purposes of determining the economic impact on small businesses, the Board assumes that a large number of its licensees either are or work for small businesses as that term is defined by the SBA and Pennsylvania's Regulatory Review Act. Those licensees that are self-employed are likely small businesses that would be impacted by the costs associated with this rulemaking. For those licensees who are employees of small businesses, whether these small businesses will be impacted by the regulations depends on whether the businesses would pay costs associated with obtaining the initial and continuing education relating to child abuse recognition and reporting for employees. Because these costs are associated with individuals applying for initial licensure or licensure renewal, any business (small or otherwise) could avoid these costs by requiring employees to bear the costs associated with compliance.

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

All licensees of the Board will be affected by the regulation, including those that are or work for small businesses. At the present time, there are approximately 1,550 podiatrists licensed by the Board. In addition, all applicants for a license issued by the Board would be affected by the mandatory training requirements set forth in the regulation as required under section 6383(b)(3)(i) of the CPSL. The Board currently processes an average of approximately 90 initial licensure applications a year.

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

The Board does not anticipate significant fiscal impact or paperwork requirements relating to the rulemaking. Because licensees of the Board are already required to complete mandatory continuing education, and the 2 hours of continuing education in child abuse recognition and reporting are incorporated in the existing requirement, there would be no increased burden. Only applicants for licensure would incur an additional requirement, and because there are many low-cost and free options available to complete the training, the Board anticipates this impact to also be minimal, ranging in cost from \$0 to \$100 per course. Because all approved Act 31 training providers are required to report attendance 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, 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 existing continuing education already required as a condition of biennial renewal. In fact, the new electronic reporting system will reduce any paperwork requirements. The only individuals who would incur additional costs are applicants for licensure, who need to complete 3 hours of approved training in child abuse recognition and reporting as a condition of licensure. However, because there are numerous low-cost and free options available, this cost to the individual is minimal. Additionally, as more and more schools are submitting their courses for approval, more and more applicants will have completed the required training as part of their professional education and will incur no additional costs. At the present time, the cost for the required training ranges from free to \$100 per course.

For purposes of this rulemaking, the Board is assuming that most applicants would choose a free or low-cost option and estimates a cost of no more than \$25 each on average. At an average of 90 applications per year, the cost to applicants is estimated at \$2,250 annually. However, these costs could be eliminated by choosing to complete one of the free options.

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

There are no costs or savings to local governments associated with compliance with the rulemaking.

(21) Provide a specific estimate of the costs and/or savings to the **state government** associated with the implementation of the regulation, including any legal, accounting, or consulting procedures which may be required. Explain how the dollar estimates were derived.

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

(22) For each of the groups and entities identified in items (19)-(21) above, submit a statement of legal, accounting or consulting procedures and additional reporting, recordkeeping or other paperwork, including copies of forms or reports, which will be required for implementation of the regulation and an explanation of measures which have been taken to minimize these requirements.

There are no additional legal, accounting or consulting procedures or additional reporting, recordkeeping or other paperwork requirements required of the regulated community. The Bureau/Board has additional recordkeeping responsibilities in receiving, retaining, and retrieving electronic records of completed child abuse training for applicants and licensees.

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

No forms are required for implementation of this regulation, as completion of the required child abuse training is being reported electronically to the Bureau by the course provider.

(22b) If forms are required for implementation of the regulation, **attach copies of the forms here**. If your agency uses electronic forms, provide links to each form or a detailed description of the information required to be reported. **Failure to attach forms, provide links, or provide a detailed description of the information to be reported will constitute a faulty delivery of the regulation.**

N/A

(23) In the table below, provide an estimate of the fiscal savings and costs associated with implementation and compliance for the regulated community, local government, and state government for the current year and five subsequent years.

	Current FY 2023-24	FY +1 2024-25	FY +2 2025-26	FY +3 2026-27	FY +4 2027-28	FY +5 2028-29
SAVINGS:						
Regulated Community						
Local Government						
State Government						
Total Savings						
COSTS:						
Regulated Community	\$2,250	\$2,250	\$2,250	\$2,250	\$2,250	\$2,250
Local Government						
State Government	\$90,000	\$90,000	\$90,000	\$90,000	\$90,000	\$90,000
Total Costs	\$92,250	\$92,250	\$92,250	\$92,250	\$92,250	\$92,250
REVENUE LOSSES:						
Regulated Community						
Local Government						
State Government						
Total Revenue Losses						

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

Program	FY -3 2020-2021 (actual)	FY -2 2021-2022 (actual)	FY -1 2022-2023 (projected)	Current FY 2023-2024 (budgeted)
State Board of Podiatry	\$354,557.54	\$309,391.59	\$319,000.00	\$321,000.00

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

- (a) An identification and estimate of the number of small businesses subject to the regulation.

Assuming most licensees of the board either are, or work for, small businesses, up to 1,550 small businesses may be subject to the regulation.

- (b) The projected reporting, recordkeeping and other administrative costs required for compliance with the proposed regulation, including the type of professional skills necessary for preparation of the report or record.

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

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

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

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

As noted, many approved courses are free or low cost. Small businesses can avoid any impact by requiring their employees to pay for their own licensure-related costs, including the costs associated with continuing education. Also, the costs associated with completing the mandatory training in child abuse recognition and reporting could be avoided by selecting one of the free

options for completing this training. The Board could discern no less costly alternative methods of achieving the purposes of the regulation or the CPSL.

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

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

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

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

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

- a) The establishment of less stringent compliance or reporting requirements for small businesses;

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

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

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

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

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

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

There are no design or operational standards in the regulation.

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

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

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

No data is the basis for this regulation.

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

- A. The length of the public comment period: 30 days.
- B. The date or dates on which any public meetings or hearings will be held: The Board considers its regulatory proposals at regularly scheduled public meetings, a schedule of which is included in item (30) below.
- C. The expected date of delivery of the final-form regulation: Spring 2024
- D. The expected effective date of the final-form regulation: Upon publication of the final-form rulemaking in the *Pennsylvania Bulletin* – expected in Spring or early Summer 2024.
- 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 *Pennsylvania Bulletin*.
- F. The expected date by which required permits, licenses or other approvals must be obtained: N/A

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

The Board continually reviews the efficacy of its regulations, as part of its annual review process under Executive Order 1996-1. The Board reviews its regulatory proposals at regularly scheduled public meetings. The Board will meet on the following remaining dates in 2024: June 20, August 21, October 15 and December 16, 2024.

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

CDL-1

**FACE SHEET
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FINAL RULEMAKING

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

STATE BOARD OF PODIATRY

49 PA. CODE § 29.52, 29.55, 29.61 and 29.91—29.99

CHILD ABUSE REPORTING REQUIREMENTS

The State Board of Podiatry (Board) hereby amends §§ 29.52, 29.55, 29.61 and 29.91—29.97, and adds §§ 29.98 and 29.99 (relating to child abuse recognition and reporting— mandatory training requirement; and child abuse recognition and reporting course approval process) to read as set forth in Annex A.

Effective date

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

Statutory authority

Section 15 of the Podiatry Practice Act (63 P.S. §42.15) 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.

Background and Need for this Final-Form Rulemaking

Since 2014, the General Assembly has made numerous amendments to the CPSL, including the requirement imposed by the act of April 15, 2014 (P.L. 411, No. 31) (Act 31) on all health-related Boards to require training in child abuse recognition and reporting 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. This final-form rulemaking is 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.

Specifically, the Board is amending §§ 29.52 and 29.55 (relating to requirements for applicants; and volunteer license) to incorporate the mandatory child abuse recognition and reporting training requirements. The Board is also taking this opportunity to replace the outdated reference to the repealed Health Care Services Malpractice Act with its successor - the Medical Care Availability and Reduction of Error (MCARE) Act.

The Board is also proposing to amend § 29.61 (relating to requirements for biennial renewal and eligibility to conduct educational conferences) to incorporate the requirement that podiatrists seeking to renew a license shall complete at least 2 hours of approved courses in child abuse recognition and reporting as required under section 6383(b)(3)(ii) of the CPSL.

The Board is also making comprehensive amendments to the Board’s existing child abuse reporting requirements in §§ 29.91—29.97 to comport to the amendments to the CPSL since 2014. Additionally, the Board is adding two new sections to incorporate the mandatory training requirements set forth in section 6383(b)(3)(i) and (ii) of the CPSL. Section 29.98 (relating to child abuse recognition and reporting—mandatory training requirement) sets forth the

requirements that all individuals applying to the Board for an initial license are required to complete at least 3 hours of training in child abuse recognition and reporting and that all licensees seeking biennial renewal are required to complete at least 2 hours of continuing education in approved courses child abuse recognition and reporting as a requirement of renewal. This section also includes the process for applying for an exemption from the mandatory training requirements as set forth in section 6383(b)(4) and (6) of the CPSL, for individuals who have already completed similar training or who otherwise should be exempt from the training requirements.

Finally, the Board is adding § 29.99 (relating to child abuse recognition and reporting course approval process) to set forth the administrative process developed by the Bureau in conjunction with the Department of Human Services, for individuals, entities and organizations to apply for approval to deliver the mandatory training in child abuse recognition and reporting required under Act 31. To be approved to provide the mandatory training in child abuse recognition and reporting, an individual, entity or organization must be able to report participation or attendance electronically to the Bureau. In this manner, the completion of the training is automatically imported into the applicant's or licensee's record with the Board at the time the course is completed.

Summary and Response to Comments

Notice of the proposed rulemaking was published at 53 Pa.B.7497 (December 2, 2023). 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. The Senate Consumer Protection and Professional Licensure Committee (SCP/PLC) and the House Professional Licensure Committee (HPLC) did not submit comments.

Description of Amendments to the Final-form Rulemaking

Upon review of the final-form rulemaking, it became apparent that an amendment was needed. Because the Bureau of Professional and Occupational Affairs recently moved to a new location, it was necessary to amend the street address to which individuals, organizations and entities may mail their course materials for approval as set forth in § 29.99.

Fiscal Impact and Paperwork Requirements

The Board does not anticipate any significant fiscal impact or paperwork requirements relating to these amendments. 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 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. In addition, the implementation of an electronic reporting

system for mandated reporters of child abuse under the CPSL by the Department of Human Services has decreased the paperwork requirements related to the mandatory reporting requirements.

Sunset Date

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

Regulatory Review

Under section 5(a) of the Regulatory Review Act (71 P.S. § 745.5(a)), on November 13, 2023, the Board submitted a copy of this rulemaking and a copy of a Regulatory Analysis Form to IRRC and to the Chairpersons of the SCP/PLC and the HPLC. A copy of this material is available to the public upon request.

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

Under section 5.1(a) of the Regulatory Review Act (71 P.S. § 745.5a(a)), on May 22, 2024, the Board delivered this final-form rulemaking to IRRC, the HPLC and the SCP/PLC. Under section 5.1(j.2) of the Regulation Review Act, the final-form rulemaking was deemed approved by the HPLC and the SCP/PLC on _____, 2024. Under section 5.1(e) of the Regulatory Review Act, IRRC met on _____, 2024, and approved the final-form rulemaking.

Additional Information

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

Findings

The State Board of Podiatry finds that:

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

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

(3) Amendments made to this final-form rulemaking do not enlarge the original purpose of the proposed rulemaking published at 53 Pa.B. 7497.

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

Order

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

(a) The regulations of the Board at 49 Pa. Code Chapter 29, are amended by amending §§ 29.52, 29.55, 29.61 and 29.91— 29.97, and adding §§ 29.98 and 29.99 to read as set forth in Annex A.

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

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

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

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

Eric B. Greenberg, D.P.M., J.D.,
Chairperson

**16A-4412 FINAL RULEMAKING – STATE BOARD OF PODIATRY
CHILD ABUSE REPORTING REQUIREMENTS
COMMENTOR’S LIST**

There were no public comments received.

ANNEX A

TITLE 49. PROFESSIONAL AND VOCATIONAL STANDARDS

PART I. DEPARTMENT OF STATE

Subpart A. PROFESSIONAL AND OCCUPATIONAL AFFAIRS

CHAPTER 29. STATE BOARD OF PODIATRY

* * * * *

LICENSURE APPLICATIONS

* * * * *

§ 29.52. Requirements for applicants.

(a) Professional liability insurance requirements. Applicants for licensure or licensees applying for biennial renewal, who practice in this Commonwealth, shall comply with the following:

(1) Applicants shall furnish satisfactory proof to the Board that they are complying with the Medical Care Availability and Reduction of Error (MCARE) Act (40 P.S. §§ 1303.101—1303.910), in that the applicant or licensee, if required by the act and the rules and regulations pertaining thereto, is maintaining the required amount of professional liability insurance or an approved self-insurance plan and has paid the required fees and surcharges.

[(b)] (2) Licensees practicing solely as Federal employees are not required to participate in the professional liability insurance program, nor are they required to comply with the MCARE Act.

[(c)] (3) Licensees practicing podiatry in this Commonwealth shall carry at least the minimum amount of professional liability insurance or an approved self-insurance plan as set forth in the MCARE Act. The licensee shall carry liability insurance or an approved self-insurance plan to cover all professional services performed by the licensee. Licensees who do not practice in this Commonwealth are not required to comply with the MCARE Act.

(b) Mandatory child abuse recognition and reporting training requirements. Applicants for licensure or licensees applying for biennial renewal shall comply with the requirements of § 29.98 (relating to child abuse recognition and reporting—mandatory training requirement).

* * * * *

§ 29.55. Volunteer license.

* * * * *

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

- (1) An executed verification on forms provided by the Board certifying that the applicant intends to practice exclusively as follows:
 - (i) Without personal remuneration for professional services.
 - (ii) In an approved clinic.
- (2) A letter signed by the director or chief operating officer of an approved clinic that the applicant has been authorized to provide volunteer services in the named clinic by the governing body or responsible officer of the clinic.

- (3) Evidence that the applicant has completed at least 3 hours of approved training in child abuse recognition and reporting in accordance with § 29.98(a) (relating to child abuse recognition and reporting—mandatory training requirement).
- (d) *Validity of a license.* A volunteer license shall be valid for the biennial period for which it is issued, subject to biennial renewal. During each biennial renewal period, the volunteer license holder shall notify the Board of any change in clinic or volunteer status within 30 days of the date of a change, or at the time of renewal, whichever occurs first.
- (e) *Renewal of license.* A volunteer license shall be renewed biennially on forms provided by the Board.
- (1) As a condition of biennial renewal, the applicant shall satisfy the same continuing education requirements as the holder of an active, unrestricted license, including at least 2 hours of approved courses in child abuse recognition and reporting in accordance with § 29.98(b).
- (2) The applicant shall be exempt from § 29.13 (relating to fees) pertaining to the biennial renewal fee and shall be exempt from the requirements with regard to maintenance of liability insurance coverage under [section 701 of the Health Care Services Malpractice Act (40 P. S. § 1301-701)] section 711 of the Medical Care Availability and Reduction of Error (MCARE) Act (40 P.S. § 1303.711) and §§ 29.51—29.54.
- (f) *Return to active practice.* A volunteer license holder who desires to return to active practice shall notify the Board and apply for biennial registration on forms provided by the Board in accordance with §§ 29.51 and 29.52 (relating to applicants; and requirements for applicants).
- (g) *Disciplinary provisions.* A volunteer license holder shall be subject to the disciplinary provisions of the act and this chapter. Failure of the licensee to comply with the Volunteer Health

Services Act (35 P.S. §§ 449.41—441.50) or this chapter may also constitute grounds for disciplinary action.

CONTINUING EDUCATION

§ 29.61. Requirements for biennial renewal and eligibility to conduct educational conferences.

(a) A licensee applying for biennial renewal of a license shall have completed 50 clock hours of continuing education in approved courses and programs during the preceding biennium, in accordance with the following:

(1) At least 30 of the clock hours must be in courses and programs in podiatry approved by the Board under § 29.64 (relating to applications for approval of educational conferences) or approved by the CPME.

(1.1) At least 2 of the clock hours must be completed in child abuse recognition and reporting in accordance with § 29.98(b) (relating to child abuse recognition and reporting—mandatory training requirement).

(2) The remaining clock hours must be in courses and programs in medical subjects pertinent to the practice of podiatry approved by the American Medical Association, the American Osteopathic Association, the Board or the CPME, or offered by an accredited school or college of podiatric medicine.

(3) A maximum of 10 clock hours may be in approved courses and programs that involve the use of reading professional journals.

(4) Clock hours may be obtained by completing approved synchronous distance education or asynchronous distance education courses and programs. Approved

asynchronous distance education courses or programs must include a skill or knowledge assessment component in addition to all other requirements.

- (5) Continuing education credit will not be awarded for courses or programs in office management or marketing the practice.
 - (6) Excess clock hours may not be carried over to the next biennium.
 - (7) Continuing education courses completed in accordance with a disciplinary order of the Board may not be used to meet the biennial continuing education requirement.
 - (8) A licensee who wishes to use a course or program for continuing education credit toward licensure renewal is responsible for ensuring that a particular course or program is approved for continuing education credit prior to participating in the course or program.
- (b) Providers approved by the Board are eligible to conduct educational conferences.

* * * * *

CHILD ABUSE REPORTING REQUIREMENTS

§ 29.91. Definitions relating to child abuse reporting requirements.

The following words and terms, when used in this section and §§ 29.92—[29.97] 29.99, have the following meanings, unless the context clearly indicates otherwise:

Bodily injury—Impairment of physical condition or substantial pain.

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

Child—An individual under 18 years of age.

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

- (i) A recent act or failure to act by a perpetrator which causes nonaccidental serious physical injury to a child under 18 years of age.

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

Intentionally, knowingly or recklessly doing any of the following:

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

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

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

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

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

(E) Interfering with the breathing of a child.

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

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

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

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

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

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

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

(x) Engaging a child in a severe form of trafficking in persons or sex trafficking as those terms are defined under section 103 of the Trafficking Victims Protection Act of 2000 (Division A of Pub.L. No. 106-386).

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

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

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

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

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

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 who has direct contact with children as an employee of child-care services, a school or through a program, activity or service.

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

(F) An individual 18 years of age or older who does not reside in the same home as the child but is related, within the third degree of consanguinity or affinity by birth or adoption, 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. [The term does not include a person who is employed by or provides services or programs in a public or private school, intermediate unit or area vocational-technical school.]

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

- (ii) Any of the following offenses committed against a child:
- (A) Rape as defined in 18 Pa.C.S. § 3121 (relating to rape).
 - (B) Statutory sexual assault as defined in 18 Pa.C.S. § 3122.1 (relating to statutory sexual assault).
 - (C) Involuntary deviate sexual intercourse as defined in 18 Pa.C.S. § 3123 (relating to involuntary deviate sexual intercourse).
 - (D) Sexual assault as defined in 18 Pa.C.S. § 3124.1 (relating to sexual assault).
 - (E) Institutional sexual assault as defined in 18 Pa.C.S. 3124.2 (relating to institutional sexual assault).
 - (F) Aggravated indecent assault as defined in 18 Pa.C.S. § 3125 (relating to aggravated indecent assault).
 - (G) Indecent assault as defined in 18 Pa.C.S. § 3126 (relating to indecent assault).
 - (H) Indecent exposure as defined in 18 Pa.C.S. § 3127 (relating to indecent exposure).
 - (I) Incest as defined in 18 Pa.C.S. § 4302 (relating to incest).
 - (J) Prostitution as defined in 18 Pa.C.S. § 5902 (relating to prostitution and related offenses).
 - (K) Sexual abuse as defined in 18 Pa.C.S. § 6312 (relating to sexual abuse of children).
 - (L) Unlawful contact with a minor as defined in 18 Pa.C.S. § 6318 (relating to unlawful contact with minor).

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

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

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

immediately thereafter notify the person in charge of the institution, school, facility or agency or the designated agent of the person in charge.

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

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

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

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

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

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

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

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

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

A podiatrist who is required to report suspected child abuse may take or cause to be taken photographs of the child who is subject to a report and, if clinically indicated, cause to be performed a radiological examination and other medical tests on the child. Medical summaries or reports of the photographs, X-rays and relevant medical tests taken shall be sent to the county children and youth social service agency at the time the written report is sent, or within 48 hours after an electronic report is made under § 29.92(c)(2) (relating to suspected child abuse—mandated reporting requirements), or as soon thereafter as possible. The county children and youth social service agency shall have access to actual photographs or duplicates and X-rays and may obtain them or duplicates of them upon request. Medical summaries or reports of the photographs, X-rays and relevant medical tests shall be made available to law enforcement officials in the course of investigating cases under 23 Pa.C.S. § 6340(a)(9) or (10) (relating to release of information in confidential reports).

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

A podiatrist 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.

§ 29.95. Immunity from liability.

(a) Under 23 Pa.C.S. § 6318 (relating to immunity from liability) a podiatrist who participates in good faith in the making of a report of suspected child abuse, making a referral for general protective services, cooperating or consulting with an investigation including providing information to a child fatality or near fatality review team, testifying in a proceeding arising out of

an instance of suspected child abuse or general protective services or [the taking of photographs] engaging in any action authorized under 23 Pa.C.S. §§ 6314—6317, shall have immunity from civil and criminal liability that might otherwise result by reason of the podiatrists actions. For the purpose of any civil or criminal proceeding, the good faith of the podiatrist shall be presumed.

(b) The Board will uphold the same good faith presumption in any disciplinary proceeding that might result by reason of a podiatrist’s actions [in participating in good faith in the making of a report, cooperating with an investigation, testifying in a proceeding arising out of an instance of suspected child abuse or the taking of photographs] under §§ 29.92—29.94 (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).

§ 29.96. Confidentiality—waived.

To protect children from abuse, the reporting requirements of §§ 29.92—29.94 (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 confidentiality in § 29.23 (relating to confidentiality) and any other ethical principle or professional standard that might otherwise apply to podiatrists. In accordance with 23 Pa.C.S. § 6311.1 (relating to privileged communications), privileged communications between a mandated reporter and a patient does not apply to a situation involving child abuse and does not relieve the mandated reporter of the duty to make a report of suspected child abuse.

§ 29.97. Noncompliance.

(a) *Disciplinary action.* A podiatrist who willfully fails to comply with the reporting requirements in §§ 29.92—29.94 (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 16 of the act (63 P.S. § 42.16).

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

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

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

(i) The mandated reporter willfully fails to report.

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

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

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

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

(a) Except as provided in subsection (c), individuals applying to the Board for an initial license shall complete at least 3 hours of training in child abuse recognition and reporting requirements which has been approved by the Department of Human Services and the Bureau, as set forth in § 29.99 (relating to child abuse recognition and reporting course approval process). The applicant shall certify on the application that the applicant has either completed the required training or has been granted an exemption under subsection (c). The Board will not issue a license unless the Bureau has received an electronic report from an approved course provider documenting the attendance 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 issued by the Board shall complete, as a condition of biennial renewal of the license, at least 2 hours of approved continuing education in child abuse recognition and reporting, as a portion of the total continuing education required for biennial renewal. For credit to be granted, the continuing education course or program must be approved by the Bureau, in consultation with the Department of Human Services, as set forth in § 29.99. The Board will not renew a license unless the Bureau has received an electronic report from an approved course provider documenting the attendance or participation by the licensee in an approved course within the applicable biennial renewal period or the licensee has obtained an exemption under subsection (c). If a licensee also holds a license issued by another

licensing board within the Bureau that requires mandatory training in child abuse recognition and reporting, credit for completion of an approved course will be applied to both licenses.

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

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

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

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

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

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

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

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

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

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

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

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

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

§ 29.99. 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; or electronically at RA-PWOCYFCPSL@pa.gov.

(2) Bureau of Professional and Occupational Affairs, ~~2601 North Third Street~~ 2525 NORTH 7TH STREET, P.O. Box 2649, Harrisburg, PA 17105-2649; or electronically at RA-stcpsl_course_app@pa.gov.

(b) Submissions shall include all of the following:

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

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

(3) Title of the course.

(4) Timed agenda and estimated hours of training.

(5) Learning objectives.

(6) Intended audience.

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

(i) Handouts.

(ii) Narrated script or talking points.

(iii) Interactive activities or exercises.

(iv) Videos and audio/visual content.

(v) Knowledge checks, quizzes or other means of assessing participant's understanding of the material.

(vi) For online courses, a transcript 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 or participation, which shall include:
 - (i) Name of participant.
 - (ii) Title of training.
 - (iii) Date of training.
 - (iv) Length of training (2 or 3 hours).
 - (v) Name and signature of the authorized representative of the provider. The signature may be an electronic signature.
 - (vi) Statement affirming the participant attended the entire course.
 - (13) Verification of ability to report participation or attendance electronically to the Bureau in a format prescribed by the Bureau.
- (c) The Bureau will notify the individual, entity or organization in writing upon approval of the course and will post a list of approved courses on the Bureau’s website and the Board’s website.

* * * * *



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

Post Office Box 2649
Harrisburg, Pennsylvania 17105-2649
(717) 632-5264

May 22, 2024

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

Re: Final Rulemaking
State Board of Podiatry
16A-4412: Child Abuse Reporting Requirements

Dear Chairman Bedwick:

Enclosed is a copy of a final rulemaking package of the State Board of Podiatry 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 cursive script that reads "Eric B. Greenberg".

Dr. Eric Greenburg, Chairperson
State Board of Podiatry

EBG/CKM/mas
Enclosure

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

Porta, Jason

RECEIVED

From: Orchard, Kari L. <KOrchard@pahouse.net>
Sent: Wednesday, May 22, 2024 9:23 AM
To: Porta, Jason; Barton, Jamie; Brett, Joseph D.
Subject: RE: DELIVERY NOTICE: REGULATIONS 16A-4412 & 16A-5146

Independent Regulatory
Review Commission

May 22, 2024

Thanks, Jason!

Kari Orchard

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

From: Porta, Jason <jporta@pa.gov>
Sent: Wednesday, May 22, 2024 9:14 AM
To: Orchard, Kari L. <KOrchard@pahouse.net>; Barton, Jamie <JBarton@pahouse.net>; Brett, Joseph D. <JBrett@pahouse.net>
Subject: RE: DELIVERY NOTICE: REGULATIONS 16A-4412 & 16A-5146

Please replace the previous attachment with the one now attached. The Commenter's List was omitted on the original.

From: Porta, Jason
Sent: Wednesday, May 22, 2024 8:47 AM
To: Kari Orchard <KOrchard@pahouse.net>; Barton, Jamie <JBarton@pahouse.net>; JBrett@pahouse.net
Subject: DELIVERY NOTICE: REGULATIONS 16A-4412 & 16A-5146
Importance: High

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

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

Thank you for your attention to this matter.

- **16A-4412 –Podiatry- Child Abuse Reporting Requirements**
Proposed Rulemaking of the State Board of Podiatry relating to Child Abuse Reporting Requirements: This proposed rulemaking is required to update the Board's existing regulations on the subject of child abuse reporting to be consistent with numerous amendments made to the Child Protective Services Law since 2014, including the requirement that all health-related boards require licensees who are considered "mandated reporters" to complete training in child abuse recognition and reporting.
- The State Board of Nursing will not be delivering Final Rulemaking 16A-5146 Opioid Prescription and Organ Donation Education at this time. A future delivery date will be determined.

Jason P. Porta | Legal Assistant II
Counsel Division
PA Department of State | Office of General Counsel
P.O. Box 69523

From: [Vazquez, Enid](#)
To: [Porta, Jason](#); [Dimm, Ian](#); [joseph.kelly](#); [Monoski, Jesse](#)
Subject: RE: DELIVERY NOTICE: REGULATIONS 16A-4412 & 16A-5146
Date: Wednesday, May 22, 2024 10:06:33 AM

Independent Regulatory
Review Commission

May 22, 2024

Jason,

Received.

Thank you,

Enid Vazquez

State Senator Lisa M. Boscola
One E. Broad Street – Suite 120
Bethlehem, PA 18018
O: 610-868-8667
F: 610-861-2184
www.senatorboscola.com

From: Porta, Jason <jporta@pa.gov>
Sent: Wednesday, May 22, 2024 9:12 AM
To: Dimm, Ian <Ian.Dimm@pasenate.com>; Kelly, Joseph <joseph.kelly@pasenate.com>; Vazquez, Enid <Enid.Vazquez@pasenate.com>; Monoski, Jesse <jesse.monoski@pasenate.com>
Subject: RE: DELIVERY NOTICE: REGULATIONS 16A-4412 & 16A-5146

■ EXTERNAL EMAIL ■

Please replace the previous attachment with the one now attached. The Commenter's List was omitted on the original.

From: Porta, Jason
Sent: Wednesday, May 22, 2024 8:47 AM
To: Dimm, Ian <Ian.Dimm@pasenate.com>; joseph.kelly <joseph.kelly@pasenate.com>; Vazquez, Enid <Enid.Vazquez@pasenate.com>; Monoski, Jesse <jesse.monoski@pasenate.com>
Subject: DELIVERY NOTICE: REGULATIONS 16A-4412 & 16A-5146
Importance: High

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Thank you for your attention to this matter.

- **16A-4412 –Podiatry- Child Abuse Reporting Requirements**
Proposed Rulemaking of the State Board of Podiatry relating to Child Abuse

Reporting Requirements: This proposed rulemaking is required to update the Board's existing regulations on the subject of child abuse reporting to be consistent with numerous amendments made to the Child Protective Services Law since 2014, including the requirement that all health-related boards require licensees who are considered "mandated reporters" to complete training in child abuse recognition and reporting.

- The State Board of Nursing will not be delivering Final Rulemaking 16A-5146 Opioid Prescription and Organ Donation Education at this time. A future delivery date will be determined.

RECEIVED

Jason P. Porta | Legal Assistant II
Counsel Division
PA Department of State | Office of General Counsel
P.O. Box 69523
Harrisburg, PA 17105
Phone: 717.783.7200 | Fax: 717.787.0251
www.dos.pa.gov

Independent Regulatory
Review Commission

May 22, 2024

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From: [Nicole Sidle](#)
To: [Porta, Jason](#); [Francesca Summa](#)
Subject: RE: [EXTERNAL]: RE: DELIVERY NOTICE: REGULATIONS 16A-4412 & 16A-5146
Date: Wednesday, May 22, 2024 10:26:49 AM

Independent Regulatory
Review Commission
May 22, 2024

This has been received. Thank you!

From: Porta, Jason <jporta@pa.gov>
Sent: Wednesday, May 22, 2024 9:13 AM
To: Nicole Sidle <Nsidle@pahousegop.com>; Francesca Summa <Fsumma@pahousegop.com>
Subject: [EXTERNAL]: RE: DELIVERY NOTICE: REGULATIONS 16A-4412 & 16A-5146

Please replace the previous attachment with the one now attached. The Commenter's List was omitted on the original.

From: Porta, Jason
Sent: Wednesday, May 22, 2024 8:47 AM
To: Nsidle@pahousegop.com; fsumma@pahousegop.com
Subject: DELIVERY NOTICE: REGULATIONS 16A-4412 & 16A-5146
Importance: High

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

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

Thank you for your attention to this matter.

- **16A-4412 –Podiatry- Child Abuse Reporting Requirements**
Proposed Rulemaking of the State Board of Podiatry relating to Child Abuse Reporting Requirements: This proposed rulemaking is required to update the Board's existing regulations on the subject of child abuse reporting to be consistent with numerous amendments made to the Child Protective Services Law since 2014, including the requirement that all health-related boards require licensees who are considered "mandated reporters" to complete training in child abuse recognition and reporting.
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Jason P. Porta | Legal Assistant II
Counsel Division
PA Department of State | Office of General Counsel
P.O. Box 69523
Harrisburg, PA 17105
Phone: 717.783.7200 | Fax: 717.787.0251

From: [Smeltz, Jennifer](#)
To: [Porta, Jason](#)
Subject: RE: DELIVERY NOTICE: REGULATIONS 16A-4412 & 16A-5146
Date: Wednesday, May 22, 2024 9:23:52 AM

Independent Regulatory
Review Commission
May 22, 2024

Received.

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

From: Porta, Jason <jporta@pa.gov>
Sent: Wednesday, May 22, 2024 9:14 AM
To: Smeltz, Jennifer <jmsmeltz@pasen.gov>
Subject: RE: DELIVERY NOTICE: REGULATIONS 16A-4412 & 16A-5146

ⓘ CAUTION : External Email ⓘ

Please replace the previous attachment with the one now attached. The Commenter's List was omitted on the original.

From: Porta, Jason
Sent: Wednesday, May 22, 2024 8:47 AM
To: jmsmeltz@pasen.gov
Subject: DELIVERY NOTICE: REGULATIONS 16A-4412 & 16A-5146
Importance: High

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

Thank you for your attention to this matter.

- **16A-4412 –Podiatry- Child Abuse Reporting Requirements**
Proposed Rulemaking of the State Board of Podiatry relating to Child Abuse Reporting Requirements: This proposed rulemaking is required to update the Board's existing regulations on the subject of child abuse reporting to be consistent with numerous amendments made to the Child Protective Services Law since 2014, including the requirement that all health-related boards require licensees who are considered "mandated reporters" to complete training in child abuse recognition and reporting.
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delivery date will be determined.

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Review Commission

May 22, 2024

Jason P. Porta | Legal Assistant II
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