

Regulatory Analysis Form (Completed by Promulgating Agency) (All Comments submitted on this regulation will appear on IRRC's website)		INDEPENDENT REGULATORY REVIEW COMMISSION RECEIVED Independent Regulatory Review Commission October 23, 2025	
(1) Agency Department of State, Bureau of Professional and Occupational Affairs, State Board of Medicine		IRRC Number: 3463	
(2) Agency Number: 16A Identification Number: 4960			
(3) PA Code Cite: 49 Pa. Code §§ 16.1, 16.18, 16.19, 17.1-17.7, 17.10, 18.3, 18.6, 18.7, 18.141, 18.145, and 18.181.			
(4) Short Title: Education and Volunteer Licenses			
(5) Agency Contacts (List Telephone Number and Email Address): Primary Contact: Jacqueline A. Wolfgang, Senior Regulatory Counsel, Department of State (717)783-7200; P.O. Box 69523, Harrisburg, PA 17106-9523; (717)787-0251; jawolfgang@pa.gov Secondary Contact: Dana Archer, Board Counsel, State Board of Medicine, Department of State; (717)783-7200; P.O. Box 69523, Harrisburg, PA 17106-9523; (717)787-0251; darcher@pa.gov			
(6) Type of Rulemaking (check applicable box): ☒ Proposed Regulation ☐ Final Regulation ☐ Final Omitted Regulation		☐ Emergency Certification Regulation: ☐ Certification by the Governor ☐ Certification by the Attorney General	
(7) Briefly explain the regulation in clear and nontechnical language. (100 words or less) This proposed rulemaking section implements 9.1(a) of the Achieving Better Care by Monitoring All Prescriptions Program (ABC-MAP) Act (35 P.S. § 872.9a) and 20 Pa. C.S. § 8628 (relating to requirements for physician and nurse training relative to organ and tissue donation and recovery). Section 9.1(a) of ABC-MAP requires prescribers and dispensers to obtain mandatory education regarding pain management or the identification of addiction, education in the practices of prescribing or dispensing of opioids and opioid continuing education in as a condition of prescriptive authority biennial renewal. Additionally, consistent with the Safe Emergency Prescribing Act, the Board would include provisions applicable to medical doctors, (MD) and physician assistants (PA) as well as certified nurse-midwives (CNM) that violations of the Safe Emergency Prescribing Act subject licensees to discipline. Finally, this rulemaking also conforms the Board's regulations to amendments made to the Volunteer Health Services Act (35 P.S. § 449.41-449.53).			
(8) State the statutory authority for the regulation. Include <u>specific</u> statutory citation. Section 8 of the Medical Practice Act of 1985 (act) (63 P.S. § 422.8) sets forth the State Board of			

Medicine's (Board) general rulemaking authority. Under the amendments to section 9.1 of the Achieving Better Care By Monitoring All Prescriptions Program (ABC-MAP) (35 P.S. § 872.9a) and the Probate, Estates and Fiduciaries Code, specifically 20 Pa. C.S. § 8628 (relating to requirements for physician and nurse training relative to organ and tissue donation and recovery), the Board is required to implement the mandatory education requirements. The act of November 2, 2016 (P.L. 987, No. 126) (Act 126 of 2016), 35 Pa.C.S. § 5102, requires the Board to adopt an opioid education curriculum to be offered in colleges or by providers approved by the Board. The Safe Emergency Prescribing Act (35 P.S. §§ 873.1-873.9), the act of November 2, 2016 (P.L. 976, No. 122) (Act 122 of 2016), imposes restrictions on MDs, PAs and CNMs prescription of opioid drug products to individuals seeking treatment in an emergency department, urgent care center or in observation status in a hospital. Health care practitioners are subject to discipline by licensing boards for violations of the Safe Emergency Prescribing Act.

This proposed rulemaking would also conform the Board's regulations to the amendments made to the Volunteer Health Services Act (35 P.S. § 449.41-449.53) by the acts of October 18, 2000 (P.L. 599, No. 76) (Act 76 of 2000); June 19, 2002 (P.L. 406, No. 58) (Act 58 of 2002); July 8, 2007 (P.L. 91, No. 29) (Act 29 of 2007); and July 2, 2014 (P.L. 820, No. 86) (Act 86 of 2014).

Under section 711(j)(3) of the Medical Care Availability and Reduction of Error Act (MCARE Act) (40 P.S. § 1303.711(j)(3)), a retired licensed participating health care provider who provides care only to themselves or their immediate family members are exempt from medical professional liability insurance requirements under the MCARE Act.

Section 506 of the Administrative Code of 1929 (71 P.S. §186) empowers the heads of all administrative departments, the several independent administrative boards and commissions, the several departmental administrative boards and commissions to prescribe rules and regulations not inconsistent with law, for the government of their respective departments, boards, or commissions.

(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 9.1 of the ABC-MAP and 20 Pa. C.S. § 8628 requires the Board to implement the mandatory education requirements for licensees and certificate holders of the Board. The Probate, Estates and Fiduciaries Code, specifically 20 Pa. C.S. § 8628 requires the Board to implement mandatory education requirements relating to organ and tissue donation and recovery. Otherwise, this rulemaking is not mandated by any Federal or state law or court order, or Federal regulation.

(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.

In 2016, the Legislature amended ABC-MAP, including the requirement imposed by section 9.1(a) on all prescribers and dispensers who hold either a DEA registration or use the DEA number of another to obtain 2 hours of mandatory education regarding pain management or the identification of addiction and 2 hours of education in the practices of prescribing or dispensing of opioids (collectively, "opioid education") within 1 year of obtaining prescriptive authority, and an additional 2 hours of continuing education in any of the three topics per biennium as a condition of prescriptive authority biennial renewal.

In addition, 20 Pa.C.S. § 8628 (relating to requirements for physician and nurse training relative to organ and tissue donation and recovery) requires MDs to complete at least 2 hours of Board-approved continuing education in organ donation one time within 5 years of initial licensure or within 5 years of licensure renewal, whichever comes first. The proposed amendments would update the Board's existing continuing education regulations on both subjects to be consistent with the aforementioned acts. Licensees will benefit by receiving mandatory training about their responsibilities and all potential organ donors and recipients will benefit from this information. Currently, there are approximately 50,871 licensed MDs (including volunteer licenses) that will have to complete this education.

Similarly, as the cases and dangers of opioid addiction are being readily discussed in the media and in healthcare communities, patients will benefit from the enhanced knowledge of this opioid education. That benefit has occurred because MDs, CNMs and PAs have been required to complete the opioid education at the time of application and on renewal since January 1, 2017. Additionally, while the Safe Emergency Prescribing Act only imposes an obligation on the Department of Health to promulgate regulations, because the Board has opioid prescribing regulations, it believes it is in the interest of licensees to know their obligations under that act.

Regarding the amendments made to update the volunteer license regulations, the purpose of the act is to increase the availability of primary health care services, including mental health services, by establishing a procedure through which physicians and other health care practitioners who are retired from active practice may provide professional services within their scope of practice as a volunteer in approved clinics serving financially qualified persons and in approved clinics located in medically underserved areas or health professionals shortage areas. It also serves to increase the availability of mental health services to military personnel and their families by establishing a procedure through which physicians and other health care practitioners who are retired from active practice may provide mental health services within their scope of practice as a volunteer upon referral from approved organizations. The updated regulations will be beneficial to the regulated community in that the regulatory standards will be updated and consistent with the Volunteer Health Services Act. Moreover, the proposed regulations will fully implement the amendments to the Volunteer Health Services Act, which will benefit individuals who are or seek to be treated by volunteer providers.

(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?

The proposed regulations updated the Board's regulations to reflect and implement opioid and organ donation continuing education required by statutory amendments.

Of the six contiguous states within the Northeast region (New York, West Virginia, New Jersey, Delaware, Ohio and Maryland), all six states require education regarding opioid prescription pain management or substance use disorder for MDs, PAs and CNMs. Five of the states require at least 2 hours of education each renewal period. Three states have specific requirements for opioid education, with West Virginia having different topics between licenses, and the other states only requiring controlled substance abuse related education.

The West Virginia Board of Medicine requires MDs and PAs who prescribe controlled substances within the renewal reporting period to complete 3 hours of continuing medical education (CME) in risk assessment and responsible prescribing of controlled substances training, drug diversion training and best practice prescribing of controlled substances training every two years. The Registered Nurse Board, in accordance with W. Va. Code R. 30-1-7a, requires 3 hours of best practice prescribing and drug diversion training for Registered Nurses (RN) and 3 hours of drug diversion, best-practice prescribing, and opioid antagonist training for Advanced Practice Registered Nurse (APRN) within the first year of initial registration. In West Virginia, CNMs must be licensed as either RNs or APRNs to practice.

In New Jersey, on February 15, 2017, the “Opioid Law,” (P.L. 2017, c. 28) was signed, which required the State Board of Medical Examiners to include 1 CME concerning prescription opioid drugs each biennial renewal period for MDs and PAs, including courses or training on responsible prescribing practices, alternatives to opioids for managing and treating pain, and the risks and signs of opioid abuse, addiction, and diversion. The New Jersey Opioid Law requires CNMs who seek prescriptive authority to complete 1 contact hour with their initial registration on topics concerning prescription opioid drugs, including responsible prescribing practices, alternatives to opioids for managing and treating pain, and the risks and signs of opioid abuse, addiction, and diversion. This contact hour may be included in their initial CNM educational program.

Under Delaware’s Uniform Controlled Substances Act Regulations, practitioners, including MDs, PAs and APRN-CNMs, who prescribe controlled substances are required to apply and renew biennially a controlled substance registration. Initial registration requires a 1 hour, two part course on safe prescribing and distributing of controlled substances, treatment of pain, and recognizing and treating opioid use disorder. Biennial renewal requires 2 hours continuing education (CE) in the areas of controlled substance prescribing practices, treatment of chronic pain, or other topics related to prescribing controlled substances. These courses are not counted toward other CME requirements and are regulated under the Delaware Division of Professional Regulation – Controlled Substances Advisory Committee.

In New York, pursuant to the Public Health Law § 3309-A(3), MDs, CNMs and PAs who have a DEA registration number to prescribe controlled substances must complete at least 3 hours of course work or training in pain management, palliative care and addiction every 3 years. Similar to the Pennsylvania sponsored program, the New York State Department of Health, through the University at Buffalo, sponsored a free, comprehensive course covering the eight required topic areas (4 credits) entitled “Opioid Prescriber Education Program.”

The State Medical Board of Ohio requires MDs and PAs, who provide treatment for opioid use, to complete at least 8 hours of CME relating to substance use disorder and addiction every two years. The Ohio Board of Nursing also authorizes CNMs (an APRN designation) to prescribe controlled substances if they complete at least 8 hours of CE relating to substance abuse and addiction every two years.

The Maryland Department of Health – Prescription Drug Monitoring Program requires prescribers with prescriptive authority relating to controlled dangerous substances, including MAs, PAs and CNMs, to complete 2 hours of specific course CE in prescribing or dispensing of controlled substances.

The proposed regulation updates the Board’s regulations to include the statutorily mandated opioid education, which has already been implemented by the Board. Therefore, the Board does not have discretion to require less opioid based education. Surrounding states have similar opioid education

requirements; therefore, this proposed regulation will not place Pennsylvania at a competitive disadvantage by requiring the opioid education, but rather, will have a positive impact because Board-regulated practitioners will be better educated in this area.

Concerning organ donation, of the six contiguous states within the Northeast region (New York, West Virginia, New Jersey, Delaware, Ohio and Maryland), only one state currently requires specific organ and tissue donation education for MDs. Another state currently has a bill pending for MD educational requirements in organ and tissue donation. Two other states, while not requiring specific organ and tissue donation education of MDs, do require training for hospital staff that approach potential donors' families to request donations.

Under the New Jersey State Board of Medical Examiners Law, each college of medicine within the state is required to include instruction in organ and tissue donation and recovery designed to address clinical aspects of the donation and recovery process and the rights of living organ donors. This instruction would be a required condition for receiving a diploma and would also be offered for CE credit. MDs who did not receive this instruction as part of their initial diploma program are encouraged to complete the training within 3 years of enactment of the amended act (2021).

While New York does not currently have specific educational requirements for MDs on organ and tissue donations, bill A2702 was introduced in the New York Assembly January 22, 2025 concerning anatomical gifts. If enacted, this bill would amend New York's education law to require MD educational programs to include instruction in organ and tissue donation and recovery as a requirement for a diploma. This bill would also require the same courses to be offered as part of CE. The proposed language encourages all current MDs to complete the trainings within 3 years of enactment.

While Delaware Board of Medical Licensure and Discipline does not have specific educational requirements on MDs for organ and tissue donations, the Uniform Anatomical Gift Act defines a "designated requestor" as a hospital employee who has completed a course offered by the federally certified organ procurement organization (OPO) on how to approach potential donor families and request organ and tissue donation.

Similarly, the Maryland Board of Physicians does not have specific educational requirements on MDs for organ and tissue donations, but under Maryland Code, Health-General § 19-310(a)(1), defines a "designated requestor" to be a hospital employee who has completed a course offered by an organ, tissue, or eye recovery agency on how to approach potential donor families and request organ or tissue donation.

Neither the state of Ohio nor West Virginia have specific organ and tissue donation education requirements for MDs.

The organ donation education continuing education is statutorily mandated; therefore, the Board does not have discretion to require less education. Nonetheless, the Board does not believe this proposed regulation will result in a competitive disadvantage as no additional continuing education hours must be taken to satisfy this requirement. The organ donation education may be used to satisfy the existing continuing education requirements. Both licensees and the public will benefit from this additional education. Further, the required organ donation education is a statutory requirement for which the Board did not use any discretion.

Regarding the proposed amendments to the volunteer health services regulations, the Board is updating

its exiting regulations to reflect statutory updates to the Volunteer Services Act. The Board does not believe this proposed regulation will result in a competitive disadvantage. Of the six contiguous states within the Northeast region (New York, West Virginia, New Jersey, Delaware, Ohio and Maryland), four states currently have provisions for MDs volunteer practice. The regulated community will benefit from the updates to the volunteer license regulations as the standards set forth therein will provide clarity because the regulations will reflect the amendments to the Volunteer Health Services Act.

(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.

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

The Board discusses its regulatory proposals at regularly scheduled public meetings of the Board. Representatives of the professional associations representing the regulated community routinely attend those meetings.

Beginning in February 2021 and continuing through March, 2023, representatives from the Department of Health’s Division of Nutrition and Physical Activity, Bureau of Health Promotion & Risk Reduction, Center for Organ Recovery and Education (CORE), Donate Life PA (Donate PA) and Gift of Life Donor Program (Gift of Life), organ procurement organizations (OPOs) designated for the region by the United States Secretary of Health and Human Services, and Counsel for the Board, the State Board of Osteopathic Medicine and the State Board of Nursing formed a workgroup to discuss implementation of 20 Pa.C.S. § 8628 and the development of the required curriculum by the OPOs. The OPOs have advised that the curriculum is now available for providers.

In accordance with the requirements of Executive Order 1996-1 (4 Pa. Code §§ 1.371—1.382), the Board sent an exposure draft of this proposed rulemaking to interested parties on September 23, 2025. The Board submitted the exposure draft to stakeholders and individuals who indicated an interest in the Board’s regulatory agenda. The Board received one comment from the Pennsylvania Medical Society (PAMED). The Board discussed this proposed regulation and the exposure draft comment, including the comments made by PAMED on April 8 and May 20, 2025. Some of the comments made by PAMED included clarification requests for terms used, such as “primary care” (now defined as primary health care services), “retired” (now defined as active-retired status and retired board-regulated practitioner) and clarifying language between licenses on child abuse recognition and reporting training. Suggestions were also given concerning opioid education language to further clarify requirements, such as clarifying that PA-SUPPORT curriculum will be only one of the methods by which licensees may satisfy the proposed education requirements. Based upon comments made by PAMED, the Board made some clarifying amendments in the proposed annex and defined additional terms. On May 20, 2025, the Board adopted the proposed regulation.

(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?

According to the Small Business Administration (SBA), there are approximately 1,131,036 small businesses in Pennsylvania, which is 99.6% of all Pennsylvania businesses. Of the 1,131,036 small businesses, 228,272 are small employers (those with fewer than 500 employees) and the remaining 902,764 are non-employers. Thus, the vast majority of businesses in Pennsylvania are considered small businesses.

There are approximately 50,871 MDs who are licensed by the Board that would be required to comply with this regulation as it pertains to opioid and organ donation education, including those that are, or work for, small businesses. There are approximately 12,557 PAs and 575 CNMs who are licensed by the Board and who may be required to comply with the regulation as it pertains to opioid education, including those that are, or work for, small businesses.

According to the Pennsylvania Department of Labor and Industry in 2022, MDs, PAs and CNMs provide their services for a variety of private and public sector employers.

The majority of MDs generally work for offices of physicians (48.07%), general medical and surgical hospitals (20.64%), federal government (8.39%) and specialty (except psychiatric and substance abuse) hospitals (7.51%). Other employment for MDs includes being self-employed workers as a primary job (3.52%) and offices of other health practitioners (1.16%). MDs with a focus on pathology are generally employed at general medical and surgical hospitals (58.12%), medical and diagnostic laboratories (17.52%), and were self-employed workers, as a primary job (4.13%).

The majority of PAs work for offices of physicians (53.41%), general medical and surgical hospitals (20.61%) and outpatient care centers (15.87%). Other employment for PAs includes offices of other health practitioners (2.14%), being self-employed workers as a primary job (2.10%) and individual and family services (0.62%).

The majority of CNMs work for offices of physicians (61.76%), offices of other health practitioners (26.47%) and outpatient care centers (8.09%). Other employment for CNMs include self-employed workers, primary job (0.74%) and general medical and surgical hospitals, which has the statistic marked as “confidential” on the Pennsylvania Department of Labor and Industry report.

For the business entities listed above, small businesses are defined in Section 3 of Act 76 of 2012, which provides that a small business is defined by the U.S. Small Business Administration’s (SBA) Small Business Size Regulations under 13 CFR Ch. 1 Part 121. Specifically, the SBA has established these size standards at 13 CFR 121.201 for types of businesses under the North American Industry Classification System (NAICS). In applying the NAICS standards to the types of businesses where licensees may work, offices of physicians (except mental health specialists) have a small business threshold of \$16.0 million (NAICS# 621111), offices of physicians (mental health specialists) have a threshold of \$13.5 million (NAICS# 621112), general medical and surgical hospitals (NAICS# 622110), and specialty (except psychiatric and substance abuse) hospitals (NAICS# 622310) have a threshold of \$47.0 million. Offices of all other miscellaneous health practitioners have a small business threshold of \$10.0 million (NAICS# 621399), medical laboratories have a threshold of \$41.5 million (NAICS# 621511), diagnostic imaging centers have a threshold of \$19.0 million (NAICS# 621512) and all other outpatient care centers of \$25.5 million (NAICS# 621498). Other individual and family services have a small business threshold of \$16.0 million (NAICS# 624190), residential intellectual and developmental disability facilities (NAICS# 623210) and residential mental health and substance abuse facilities (NAICS# 623220) have a threshold of \$19.0 million, and colleges, universities, and professional schools

of \$34.5 million (NAICS# 611310).

Many of the hospitals and health systems in Pennsylvania would not be considered small businesses under these thresholds. However, the Board does not collect information on the size of the businesses where its licensees are employed. Also, NAICS does not set thresholds for federal, state and local government bodies, which should not be considered small business. Most self-employed workers would not exceed small business thresholds. Accordingly, for purposes of determining the economic impact on small businesses, the Board assumes that a large number of its licensees either are owners of, or work for, small businesses as that term is defined by the SBA and Pennsylvania's Regulatory Review Act.

Concerning the proposed regulations that incorporate opioid education, the Board has already implemented the statutorily required educational requirements; therefore, this proposed regulation will not have any impact on licensees other than having the clarity of updated regulations. The Board has not yet effectuated the requirements of 20 Pa.C.S. § 8628 because, unlike the opioid education, there was not an approved curriculum for continuing education in organ donation, which had to be developed.

Concerning the proposed regulations that update the volunteer services provisions, all licensees under the Board would be required to comply with the proposed regulations. The amendments are being proposed to conform with amendments to the Volunteer Health Services Act that have already been implemented by the Board; therefore, the amendments to the volunteer services regulations do not affect the regulated community because the statutory requirements went into effect upon enactment of the various laws amending the Volunteer Health Services Act. The regulated community will be positively impacted in that the Board's regulations are consistent with and reflect the amendments to the Volunteer Health Services Act.

There are no additional costs to the regulated community related to this proposed rulemaking and the Board does not believe this regulation would adversely affects any business, be it large or small. Licensees are already required to complete educational requirements for initial licensure or registration and renewal. There is no adverse fiscal impact of the regulation because the regulations do not increase the number of continuing education hours that must be completed per biennium, just a portion of the course content.

(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 under the Board would be required to comply with the proposed regulations that update the volunteer services provisions.

There are approximately 50,871 MDs who are licensed by the Board that would be required to comply with this regulation as it pertains to opioid and organ donation education, including those that are, or work for, small businesses. There are approximately 575 CNMs and 12,557 PAs who are licensed by the Board and who may be required to comply with the regulation as it pertains to opioid education, including those that are, or work for, small businesses.

(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.

Regarding the proposed amendments to the volunteer services regulations, the regulated community will not experience a fiscal impact nor will it experience additional paperwork requirements. The regulated community will benefit from the updates to the volunteer license regulations as the standards set forth therein will provide clarity because they reflect amendments to the Volunteer Health Services Act.

The Board does not anticipate significant fiscal impact or paperwork requirements relating to the rulemaking. Because MDs, CNM and PAs are already required to complete mandatory continuing education, and the additional hours for opioid related education and organ donation are incorporated in the existing requirement, there would be no increased burden. Also, because licensees and certificate holders are already required to maintain evidence to support their completion of the continuing education requirement, there are no additional paperwork requirements imposed on licensee and certificate holders. There is no fiscal impact or paperwork requirements associated with the Safe Emergency Prescribing Act. The regulation benefits all licensee and certificate holders, by requiring additional education in the aforementioned areas which in turn will benefit Pennsylvania patients.

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

Education on pain management, the identification of addiction and the practices of prescribing and dispensing of opioids as well as organ donation benefits both the regulated community and patients of these caregivers. The regulation does not impose any increased costs, as the number of continuing education hours that must be completed by licensees per biennium is not being increased, and there are no adverse effects. There are no adverse effects as a result of the volunteer services proposed regulations.

(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 are no additional costs associated with compliance with the organ donation education as it does not increase the total number of hours that must be obtained by these licensees/certificate holders as a condition of biennial renewal, just the distribution of those hours.

Similarly, there are no additional costs associated with the addition of the opioid education as the initial education would most likely be incorporated within the academic program and the continuing education credits, as explained above, are included in the total number of hours required for licensure renewal. Additionally, there is no significant fiscal impact or paperwork requirements associated with the Safe Emergency Prescribing Act. Further, the proposed amendments to the volunteer services regulations would not require additional compliance, legal, accounting or consulting procedures.

(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.

There are no additional costs directly associated with implementing this regulation as the addition of the

opioid and organ donation continuing education does not increase the total number of hours that must be obtained by these licensees/certificate holders, just the distribution of those hours. There are no significant fiscal impact or paperwork requirements associated with the Safe Emergency Prescribing Act or the updates to the Volunteer Health Services Act.

(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. Licensees are currently required to keep records of their continuing education for submission to the Board upon audit. On renewal, they will continue to check off whether they completed the required education and minimum total. The addition of the opioid and organ donation education does not increase the total number of hours that must be obtained by these licensees/certificate holders, just the distribution of those hours. Further, the proposed amendments to the volunteer services regulations would not require additional compliance, legal, accounting or consulting procedures.

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

Yes, current renewal forms will have to be revised include verification of completion of continuing education in organ and tissue donation and recovery process one time within 5 years of initial license or within five years of licensure renewal. Board application forms currently reflect the mandatory opioid education requirements and volunteer services requirements; therefore, no changes to the forms are necessary for these proposed amendments.

(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.**

The Bureau of Professional and Occupational Affairs (Bureau) uses an online platform for the submission of applications for licensure through PALS. Within the online platform, applicants are asked a series of questions, including questions about mandatory educational and training requirements, including child abuse training and opioid education. When the Board implemented the opioid education requirements, it updated PALS to require verification of opioid education for initial applications and in renewal applications in 2016. Upon the effective date of the training relative to organ and tissue donation and recovery, the Board will include in its electronic application and renewal application processes requiring verification of 2 hours of continuing education in organ and tissue donation and recovery process one time within 5 years of initial license or within five years of licensure renewal.

(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 +1	FY +2	FY +3	FY +4	FY +5
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	FY FY 24-25	FY 25-26	FY 26-27	FY 27-28	FY 28-29	FY 29-30
SAVINGS:						
Regulated Community	N/A	N/A	N/A	N/A	N/A	N/A
Local Government	N/A	N/A	N/A	N/A	N/A	N/A
State Government	N/A	N/A	N/A	N/A	N/A	N/A
Total Savings	\$0	\$0	\$0	\$0	\$0	\$0
COSTS:						
Regulated Community	N/A	N/A	N/A	N/A	N/A	N/A
Local Government	N/A	N/A	N/A	N/A	N/A	N/A
State Government	N/A	N/A	N/A	N/A	N/A	N/A
Total Costs	\$0	\$0	\$0	\$0	\$0	\$0
REVENUE LOSSES:						
Regulated Community	N/A	N/A	N/A	N/A	N/A	N/A
Local Government	N/A	N/A	N/A	N/A	N/A	N/A
State Government	N/A	N/A	N/A	N/A	N/A	N/A
Total Revenue Losses	\$0	\$0	\$0	\$0	\$0	\$0

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

Program	FY -3 FY 2021-2022 (actual)	FY -2 FY 2022-2023 (actual)	FY -1 FY 2023-2024 (projected)	Current FY FY 2024-2025 (budgeted)
State Board of Medicine	\$7,161,301.36	\$7,937,689.40	\$8,633,277.06	\$9,290,000.00

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

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

The regulation has no adverse impact on small business. Licensees are currently required to complete

continuing education and maintain proof of completion in the event of an audit. Employers are not required to pay the costs associated with their employee's compliance with the continuing education requirement. Additionally, the regulated community will benefit from the updates to the volunteer license regulations as the standards set forth therein will reflect amendments to the Volunteer health Services Act.

This rulemaking will not impose additional reporting, recordkeeping or other administrative costs on small businesses. Licensees will benefit by receiving mandatory training about their responsibilities under 20 Pa.C.S. § 8628, and all potential organ donors and recipients will benefit from this information. Similarly, as the cases and dangers of opioid addiction are being readily discussed in the media and in healthcare communities, patients benefit because practitioners with prescriptive authority have enhanced knowledge of this opioid education.

The Board could discern no less costly or less intrusive alternative methods to effectuate the purpose of the statutory requirements under ABC-MAP, 20 Pa.C.S. § 8628 and the Volunteer Health Services Act.

(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. ABC-MAP, 20 Pa.C.S. § 8628 and the Volunteer Health Services Act apply equally to all mandated licensees and certificate holders.

(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 as the additional continuing education content added by these regulations is mandated by the statutes. Further, the Board believes these regulations provide the least burdensome means of complying with amendments to ABC-MAP, 20 Pa.C.S. § 8628 and the Volunteer Health Services Act.

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

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

Because there is minimal anticipated adverse impact on small business, a regulatory flexibility analysis was not conducted. No less stringent compliance or reporting requirements, or less stringent schedules or deadlines for compliance for small businesses, would be consistent with the goals of ABC-MAP, 20 Pa.C.S. § 8628 or the Volunteer Health Services Act. There are no design or operational standards in the

regulation. Exempting small businesses or employees of small businesses from any of the requirements contained in the regulation would not be consistent with the intent of ABC-MAP, 20 Pa.C.S. § 8628 or the Volunteer Health Services Act.

(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 the final-form regulation: Winter of 2026

D. The expected effective date of the final-form regulation: Upon publication of the final-form rulemaking in the *Pennsylvania Bulletin*

E. The expected date by which compliance with the final-form regulation will be required: Upon publication of the final-form rulemaking in the *Pennsylvania Bulletin*

F. The expected date by which required permits, licenses or other approvals must be obtained: N/A

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

The Board continually reviews the efficacy of its regulations, as part of its annual review process under Executive Order 1996-1. The Board reviews its regulatory proposals at regularly scheduled public meetings. The Board will meet on the following remaining dates in 2025: August 19, September 30,

November 18, December 23. More information can be found on the Board's website.

CDL-1

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

(Pursuant to Commonwealth Documents Law)

RECEIVED

Independent Regulatory
Review Commission

October 23, 2025

DO NOT WRITE IN THIS SPACE

Copy below is hereby approved as to form and legality. Attorney General Amy M Elliott BY: <u>Amy M Elliott</u> (DEPUTY ATTORNEY GENERAL) Digitally signed by Amy M Elliott Date: 2025.10.16 10:14:40 -04'00' _____ DATE OF APPROVAL ☐ Check if applicable Copy not approved. Objections attached.	Copy below is hereby certified to be a true and correct copy of a document issued, prescribed or promulgated by: Department of State State Board of Medicine _____ (AGENCY) DOCUMENT/FISCAL NOTE NO. <u>16A-4960</u> DATE OF ADOPTION: _____ BY: <u>Donald M. Yealy, M.D.</u>  Board Chair TITLE _____ (EXECUTIVE OFFICER, CHAIRMAN OR SECRETARY)	Copy below is hereby approved as to form and legality. Executive or Independent Agencies. Cynthia K. Montgomery BY: <u>Cynthia K. Montgomery</u> (Deputy General Counsel) (Chief Counsel, Independent Agency) (Strike inapplicable title) Digitally signed by Cynthia K. Montgomery DN: cn=Cynthia K. Montgomery, o, ou, email=cymontgome@pa.gov, c=US Date: 2025.09.17 12:24:26 -04'00' <u>September 17, 2025</u> _____ DATE OF APPROVAL ☐ Check if applicable. No Attorney General approval or objection within 30 days after submission.
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NOTICE OF PROPOSED RULEMAKING

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

49 PA. CODE CHAPTER 16, 17 & 18

§§ 16.1, 16.18, 16.19, 17.1-17.7, 17.10, 18.3, 18.6, 18.7, 18.141, 18.145, and 18.181.

EDUCATION AND VOLUNTEER SERVICES

The State Board of Medicine (board) proposes to amend §§ 16.1, 16.18, 16.19, 17.1-17.7, 18.3, 18.6, 18.7, 18.141, 18.145, and 18.181 and proposes to add § 17.10 (relating to additional grounds for discipline) to read as set forth in Annex A.

Effective date

This proposed rulemaking will be effective upon publication of final-form rulemaking in the *Pennsylvania Bulletin*, except that provisions relating to required training relative to organ and tissue donation and recovery will be effective on May 1, 2026. The Board has chosen May 1, 2026, as the effective date for the organ donation regulations because the Bureau of Professional and Occupational Affairs would like to roll out the Board's organ donation regulations at the same time as the organ donation regulations for the other impacted boards, including the State Board of Nursing and the State Board of Osteopathic Medicine. Additionally, the Bureau is transitioning to a new online application platform and the Board and Bureau wish to include the implementation of the organ donation requirement into the new platform, which is anticipated to be completed by May 1, 2026.

Statutory authority

Section 8 of the Medical Practice Act of 1985 (act) (63 P.S. § 422.8) sets forth the board's general rulemaking authority. Under the amendments to section 9.1 of the Achieving Better Care By Monitoring All Prescriptions Program (ABC-MAP) (35 P.S. § 872.9a) and 20 Pa.C.S. § 8628 (relating to requirements for physician and nurse training relative to organ and tissue donation and recovery), the board is required to implement mandatory education requirements. In addition, under 35 Pa.C.S. § 5102 (relating to safe opioid prescription education), the board is required to adopt an opioid education curriculum, which may be offered in colleges or by providers approved by the board. Further, the Safe Emergency Prescribing Act (35 P.S. §§ 873.1-873.9) imposes

restrictions on medical doctors' (MD), physician assistants' (PA) and nurse-midwives' (CNM) prescription of opioid drug products to individuals seeking treatment in an emergency department, urgent care center or in observation status in a hospital. Under section 7 of the Safe Emergency Prescribing Act (35 P.S. § 873.7), health care practitioners are subject to discipline by licensing boards for violations of the Safe Emergency Prescribing Act.

This proposed rulemaking would also conform the Board's regulations to the amendments made to the Volunteer Health Services Act (35 P.S. §§ 449.41-449.53) (VHSA) by the acts of October 18, 2000 (P.L. 599, No. 76); June 19, 2002 (P.L. 406, No. 58) ; July 8, 2007 (P.L. 91, No. 29) and July 2, 2014 (P.L. 820, No. 86) .

Finally, section 506 of the Administrative Code of 1929 (71 P.S. §186) empowers the heads of all administrative departments, the several independent administrative boards and commissions, the several departmental administrative boards and commissions to prescribe rules and regulations not inconsistent with law, for the government of their respective departments, boards or commissions.

Background and purpose

Opioid and organ donation education

In 2016, the Legislature amended ABC-MAP , including the requirement imposed by section 9.1(a) on all prescribers and dispensers to obtain 2 hours of mandatory education regarding pain management or the identification of addiction, and 2 hours of education in the practices of prescribing or dispensing of opioids (collectively, "opioid education") within 1 year of obtaining prescriptive authority, and an additional 2 hours of continuing education in pain management, identification of addiction or the practices of prescribing or dispensing of opioids topics per biennium as a condition of prescriptive authority biennial renewal. The Board implemented these

educational requirements and has required the mandatory opioid education since January 1, 2017. The Board has also required MDs, PAs and CNMs with prescriptive authority to verify completion of the 2 hours of continuing education in pain management, identification of addiction or the practices of prescribing or dispensing of opioids per biennium as a condition of biennial renewal since 2017.

Shortly after enactment of section 9.1 of ABC-MAP, representatives of the Bureau of Professional and Occupational Affairs, on behalf of the impacted licensing boards, met with representatives of the Department of Health (DOH) to discuss approval of curricula for the opioid education required under section 9.1(b). Because the opioid education required was readily available from multiple providers and is incorporated into many medical, physical assistant and nurse-midwife education programs' advanced pharmacology courses, a decision was made not to mandate a specific curriculum similar to what is being required for organ and tissue donation and recovery process (collectively, "organ donation") for MDs, discussed below. Nonetheless, for guidance, DOH has posted seven modules that fit within the topics of the mandated education on its webpage at www.health.pa.gov/topics/programs/PDMP/Pages/education.aspx.

Under 35 Pa.C.S. § 5102, the Board is required to adopt an opioid education curriculum that may be offered in colleges or by providers approved by the Board. Under 35 Pa.C.S. § 5102, the curriculum must include all of the following:

- (1) Current, age-appropriate information relating to pain management.
- (2) Multimodal treatments for chronic pain that minimize the use of a controlled substance containing an opioid.

- (3) If a controlled substance containing an opioid is indicated, instruction on safe methods of prescribing a controlled substance containing an opioid that follow guideline-based care.
- (4) Identification of patients who have risk factors for developing problems with prescription of a controlled substance containing an opioid.
- (5) Training on managing substance use disorders as a chronic disease.

The Board has adopted the PA-SUPPORT opioid education curriculum. The PA-SUPPORT curriculum, entitled “Source for Understanding Pain, Prescribing Opioids, and Recovery Treatment” is posted on the Lewis Katz School of Medicine at Temple University’s website. A link to the adopted curriculum is posted on the Board’s website. Additionally, consistent with the Safe Emergency Prescribing Act, the Board proposes to include provisions applicable to MDs, CNMs and PAs providing that violations of the Safe Emergency Prescribing Act subjects licensees to discipline.

The Board also proposes to amend its regulations to conform to the amendments to the Probate, Estates and Fiduciaries Code (20 Pa.C.S. §§ 8610-8632), including the requirement imposed in 20 Pa.C.S. § 8628 that MDs complete at least 2 hours of Board-approved continuing education in organ donation one time within 5 years of initial licensure or within 5 years of licensure renewal, whichever occurs first. In drafting organ donation regulations, the Board has worked with the DOH and other agencies regarding the development of an approved curriculum for continuing education in organ donation. Representatives from the Department of Health’s Division of Nutrition and Physical Activity, Bureau of Health Promotion and Risk Reduction, Center for Organ Recovery and Education (CORE), Donate Life PA (Donate PA) and Gift of Life Donor Program (Gift of Life), organ procurement organizations (OPOs) designated for the region

by the United States Secretary of Health and Human Services, and Counsel for the State Board of Medicine, State Board of Osteopathic Medicine and State Board of Nursing formed a workgroup to discuss implementation of 20 Pa.C.S. § 8628 and the development of the required curriculum by the OPOs. The OPOs have advised that the curriculum is available for providers. CNMs would be required to complete the required organ donation education in order to maintain their registered nurse licenses, so the Board is deferring to the State Board of Nursing's proposed rulemaking pertaining to nurses.

Volunteer Health Services Act

Regarding the Volunteer Health Services Act, the purpose of the act is to increase the availability of primary health care services, including mental health services, by establishing a procedure through which physicians and other health care practitioners who are retired from active practice may provide professional services within their scope of practice as a volunteer in approved clinics serving financially qualified persons and in approved clinics located in medically underserved areas or health professionals shortage areas. It also serves to increase the availability of mental health services to military personnel and their families by establishing a procedure through which physicians and other health care practitioners who are retired from active practice may provide mental health services within their scope of practice as a volunteer upon referral from approved organizations.

In 2000, the VHSA was amended by adding section 10.1 (35 P.S. § 9.51) authorizing the holder of a volunteer license to prescribe medication for family members. This section allows a holder of a volunteer license, who was previously able to prescribe medication as an active, nonvolunteer licensee, to prescribe medication to any family member, as defined within the section.

In 2002, the VHSA was amended by adding sections on indemnity and defense for active practitioners and on optional liability coverage. Section 10.2 (35 P.S. § 449.52) relating to indemnity and defense provides that a health care practitioner who offers health care services at an approved clinic without remuneration under an active, nonvolunteer license shall be entitled to indemnity and defense under the liability insurance coverage that is maintained by the practitioner as required under the MCARE Act as part of the active, nonvolunteer licensee's regular practice. Section 10.3 (35 P.S. § 449.53) relating to optional liability coverage provides that holders of volunteer licenses or approved clinics acting on behalf of volunteer licensees are not obligated to purchase excess insurance coverage through the Medical Professional Catastrophe Loss Fund or the MCARE Fund.

The 2002 amendments included several other changes and additions, including amendments to the definition of "volunteer license" and to section 4 of the VHSA (35 P.S. § 449.44), pertaining to volunteer status. Under the definition of volunteer license, a health care practitioner must document to the Board that the health care practitioner will practice only in approved clinics without remuneration and is either a retired health care practitioner or a nonretired health care practitioner who is not required to maintain liability insurance because the health care practitioner is not practicing medicine in this Commonwealth. Under the amendments to section 4 of the VHSA, to qualify for a volunteer license, an applicant has to hold a current, active, unrestricted license and be either a retired health care practitioner or a nonretired health care practitioner who is not required to maintain professional liability insurance under the MCARE Act, because the health care practitioner is not otherwise practicing medicine or providing health care services in this Commonwealth. In addition, section 9 of the VHSA (35 P.S. § 449.49), pertaining to exemptions, was amended to include a reference to the MCARE Act.

In 2007, the General Assembly amended the VHSA to address the continuing education requirements for a physician who holds a volunteer license and for physicians who hold an unrestricted license to practice medicine. Physicians who hold a volunteer license must complete a minimum of 20 credit hours of American Medical Association Physician’s Recognition Award Category 2 Activities during the preceding biennial period as a condition of biennial renewal and are otherwise exempt from any continuing education requirement imposed by the MCARE Act. Physicians who hold an unrestricted license to practice and are covered by section 10.2 of the VHSA shall complete the continuing medical education requirements established by the Board under the MCARE Act in § 16.19 (relating to continuing medical education) to be eligible for renewal of the unrestricted license.

In 2014, the VHSA was amended to increase the availability of mental health services in underserved areas or health professional shortage areas and to increase availability of mental health services for military personnel and their family members; to provide for mental health services upon referral from an approved organization and to set forth the procedures for approval of nonprofit organizations.

In accordance with the requirements of Executive Order 1996-1 (4 Pa. Code §§ 1.371—1.382), the Board sent an exposure draft of this proposed rulemaking to interested parties on September 23, 2025. The Board received one comment from the Pennsylvania Medical Society (PAMED). The Board discussed this proposed regulation, including the comments made by PAMED on April 8 and May 20, 2025. Some of the comments made by PAMED included clarification requests for terms used, such as “primary care” (now defined as primary health care services), “retired” (now defined as active-retired status and retired board-regulated practitioner) and clarifying language between licenses on child abuse recognition and reporting training.

Suggestions were also given concerning opioid education language to further clarify requirements, such as clarifying that PA-SUPPORT curriculum will be only one of the methods by which licensees may satisfy the proposed education requirements. Based upon comments made by PAMED, the Board made some clarifying amendments in the proposed annex and defined additional terms. On May 20, 2025, the Board adopted the proposed regulation.

Description of the proposed amendments for Volunteer Health Services Act (VHSA) amendments

Purpose and definitions

The Board proposes to add a definition of “active-retired status” to § 16.1 (relating to definitions) to ensure that applicable licensure statuses are addressed in this proposed regulation as they pertain to MDs with volunteer licenses. Under section 711(j)(3) of the MCARE Act, a retired licensed participating health care provider, which includes MDs, who provide care only to themselves or their immediate family members are exempt from medical professional liability insurance requirements under the MCARE Act. In this instance, the Board assigns an “active-retired status” to the MD license. Under 910(d)(3) of the MCARE Act, retired MDs who provide care only to immediate family members are also exempt from the Board’s continuing medical education requirement. The Board also proposes to move the definition of unrestricted license from 16.18 (a) (relating to volunteer license) to §16.1 because this term is relevant to other sections of the Board’s regulations.

The Board proposes to amend § 16.18(a) by updating the statutory citation to reflect amendments to the VSHA and deleting substantive provisions that currently exist in the purpose section.

To provide clarity to the regulated community, the Board proposes to add definitions of “family member,” “approved organization” and “primary health care services” to § 16.18(a)(2).

The definitions are consistent with terms defined in the VHSA. The Board also proposes to define the terms “nonretired Board-regulated practitioner” and “retired Board-regulated practitioner” as the terms “nonretired” and “retired” are used in the VHSA but not specifically defined.

Qualifications for obtaining a volunteer license

The Board proposes restructure § 16.18(b) and add subsection (b.1) to conform to amendments to the VHSA and to clarify requirements. There is some confusion in the regulated community regarding what it means to be a retired Board-regulated practitioner and a nonretired Board-regulated practitioner. Under the proposed regulations, the Board clarifies and updates the requirements for eligibility for a volunteer license for retired and nonretired Board-regulated practitioners. The Board further clarifies that it may issue a volunteer license to a retired Board-regulated practitioner with an inactive, expired or active-retired license if the practitioner reactivates the inactive, expired or active-retired license, registration or certificate to active, unrestricted status and documents to the satisfaction of the Board that the practitioner will practice only in approved clinics, or upon referral from approved organizations, without remuneration. As a part of the proposed amendment of § 16.18(a) and (b), and consistent with the VHSA as amended, the Board includes updated language regarding provision of mental health services and referrals from approved organizations.

In redrafting subsection (b), the Board proposes to exclude the child abuse recognition and reporting requirement in the existing volunteer services regulation. Any Board-regulated practitioner who applies for a volunteer license either has a currently renewed active license, registration or certificate or a reactivated license, registration or certificate. Child abuse recognition and reporting compliance would have already been verified for these practitioners; therefore, this provision is redundant.

Applications and validity of license

In § 16.18 (c) and (d) the Board proposes to add the term “approved organization” to conform to the 2014 amendments to the VHSA.

In § 16.18 (c), the Board proposes to update the application process because the Board no longer uses paper applications. Additionally, the Board proposes to exclude the child abuse recognition and reporting requirement in the existing volunteer services regulation. As noted previously, any Board-regulated practitioner who applies for a volunteer license either has a currently renewed active license, registration or certificate or a reactivated license, registration or certificate. Child abuse recognition and reporting compliance would have already been verified for these practitioners; therefore, this provision is redundant.

Renewal of license

In § 16.18 (e), the Board proposes to update the application process because the Board no longer uses paper applications. Additionally, the Board proposes to amend subsection (e) to include the ABC-MAP (35 P.S. § 872.9a) continuing education requirement for volunteer licensees who hold a current DEA registration or utilizes the DEA registration number of another person or entity, as permitted by law. This provision codifies the Board’s implementation of the ABC-MAP requirement for licensees who hold or utilize the DEA registration of another to complete 2 hours of education in pain management, identification of addiction or the practices of prescribing or dispensing of opioids per biennium as a condition of biennial renewal.

Additional continuing education requirement

The Board proposes to add § 16.18(e.1) to include the requirement from 20 Pa.C.S. § 8628 that MDs must complete at least 2 hours of Board-approved continuing education in organ and tissue donation and recovery (organ donation) one time within 5 years of initial licensure or within

5 years of licensure renewal, whichever occurs first. Proposed subsection (e.1) would require MDs to complete the continuing education in accordance with § 16.19(c), which is described below under the continuing medical education section of this preamble.

Practice

In § 16.18 (f), the Board proposes to include paragraph (1), which indicates a volunteer licensee may practice only in approved clinics, or upon referral from approved organizations, without remuneration. This provision was previously in the definition and purpose section in § 16.18(a). This type of substantive provision is more appropriately included within the substantive regulations. The Board also proposes to clarify the requirements for a volunteer license holder who desires to return to active practice in paragraph (2).

Disciplinary provisions

In § 16.18 (g), the Board proposes to update the citation to the VSHA.

Prescription of medication for family members

The Board proposes to add subsection (h) to § 16.18 to conform to section 10.1 of the VHSA. Subsection (h) provides that a volunteer licensee who was able to prescribe medication while an actively licensed Board-regulated practitioner may prescribe medication to any family members. The Board also incorporates the liability provisions under section 7 of the VHSA (35 P.S. § 449.47(a)) and also makes clear that nothing in this section may be construed to allow a volunteer licensee to prescribe medication to a family member if the type or manner of prescription is prohibited by the laws of the Commonwealth.

Exemptions, indemnity and defense and liability coverage

The Board proposes to add subsection §16.18 (i) to conform to section 9 of the VHSA (35 P.S. § 449.49) relating to exemptions from the maintenance of liability insurance coverage

required by the MCARE Act. Proposed §16.18 (i) would provide that volunteer licensees who are otherwise subject to the provisions of the MCARE Act shall be exempt from the MCARE Act's requirements for the maintenance of liability insurance coverage.

Description of the proposed amendments for opioid and organ donation education

Purpose and definitions

The Board proposes to define "PA-SUPPORT curriculum" in § 16.1 as the safe opioid prescription education curriculum approved by the Board under 35 Pa.C.S. § 5102 (relating to safe opioid prescription education). The Board proposes to add this definition because 35 Pa.C.S. § 5102 requires licensing boards to implement a safe prescription of a controlled substance containing an opioid curriculum. The curriculum may be offered in colleges or by providers approved by the licensing boards and must include (1) current, age-appropriate information relating to pain management; (2) multimodal treatments for chronic pain that minimize the use of a controlled substance containing an opioid; (3) if a controlled substance containing an opioid is indicated, instruction on safe methods of prescribing a controlled substance containing an opioid that follow guideline-based care; (4) Identification of patients who have risk factors for developing problems with prescription of a controlled substance containing an opioid; and (5) training on managing substance use disorders as a chronic disease. This curriculum is available to colleges and providers, and it is not a required curriculum. Colleges and providers may at their discretion use the PA-SUPPORT curriculum or may develop or utilize other curricula.

Continuing medical education

In reviewing § 16.19 (relating to continuing medical education), the Board determined that § 16.19(a) is outdated and should be deleted from the regulations. This provision addressed continuing education requirements for the renewal period commencing January 1, 2005.

Accordingly, the Board proposes to delete this subsection. The Board also proposes to update subsection (b) to clarify continuing education standards and update the renewal requirements relating to verification of continuing education to conform to the Board's current, online procedures.

The Board proposes amendments to §16.19(b)(1) to include the ABC-MAP (35 P.S. § 872.9a) continuing education requirement for MDs. This provision codifies the Board's implementation of the ABC-MAP requirement that MDs complete 2 hours of education in pain management, identification of addiction or the practices of prescribing or dispensing of opioids per biennium as a condition of biennial renewal.

The Board is proposing to add § 16.19(b)(2)(i)(G) and (c) to include the requirement from 20 Pa.C.S. § 8628 that MDs complete at least 2 hours of Board-approved continuing education in organ and tissue donation and recovery (organ donation) one time within 5 years of initial licensure or within 5 years of licensure renewal, whichever occurs first. Specifically, under 20 Pa.C.S. § 8628, MDs shall complete a 2-hour course on organ donation designed to address the clinical aspects of the donation and recovery process as a condition of license renewal. The course may include information about donation of hands, facial tissue and limbs and other vascularized composite allografts. (Because CNMs are required to complete the required organ donation education in order to maintain their registered nurse licenses, a prerequisite to obtaining a CNM, no additional organ donation education provisions have been added to Chapter 18, Subchapter A.) The Board also proposes to update subsection (b) to clarify continuing education standards and update the renewal requirements relating to verification of continuing education to conform to the Board's current, online procedures.

Proposed § 16.19(c)(1) would apply to medical doctors at the time the regulation is published in final form. Subparagraph (1)(i) would apply to licensees who obtain their licenses on or after the effective date and subparagraph (1)(ii) would apply to licensees who renew or reactivate expired or inactive licenses on or after the effective date.

Concomitantly, the Board proposes to add § 16.19(c)(2) which delineates the mandatory organ donation curriculum. Unlike the opioid curriculum, which is already established and in use by medical programs, there is no established organ donation curriculum. In light of the statutory mandate and the lack of an established curriculum, the Board decided that a specific pre-approved curriculum was needed. The curriculum was jointly developed by CORE, Donate PA and Gift of Life and approved by the Board. The curriculum is composed of six parts: an overview of the organ donation and transplantation system, the tissue donation process, the organ donation process, determining death and family communication, caring for families and organ donor management. The first part describes the national, state and local systems for organ and tissue donation. Organ transplant waiting lists are discussed as well as transplantable organs and tissues, including vascularized composite allografts. The second part describes common applications for transplantable tissue and a framework for an effective hospital process. The third part describes commonly transplantable organs, and the entire organ donation process from the initial referral to the recovery of organs. It also defines the role of the organ procurement organization (OPO) and the healthcare team, including optimal practices for communication and collaboration. The fourth part describes a historical perspective for determining death and effective communication techniques to aid in family conversations. The fifth part addresses considerations for providing compassionate end of life care for families and assessing readiness for the donation conversation. It also addresses information and techniques for debunking common myths and misconceptions.

The last part describes the organ donation pathways, medical assessment for eligibility and clinical management strategies for optimizing end organ function, the surgical recovery phase, and coroner/medical examiner communication. It also highlights practices for maintaining optimal communication and collaboration. Like all other providers of education, a provider of organ donation education must follow existing regulations regarding continuing education. Under subsection (c)(2), a copy of the Board-approved organ donation curriculum will be posted on the Board's web site. Like with other continuing education aside from child abuse, licensees/certificate holders will be required to submit certificates of attendance only upon audit but will be required to verify completion on their biennial renewal applications.

Because the organ donation education is relevant to patient care and medicine generally, it falls within approved activities required by § 16.19(b). Proposed § 16.19(b)(2)(i)(G) would add certification by an organ procurement organization as defined in 20 Pa.C.S. § 8601 (relating to definitions) as acceptable documentation for Category 1 activities. Approved OPOs are listed on the Pennsylvania Department of Health and Human Services website under "Additional Resources" at

<https://www.health.pa.gov/topics/programs/Organ%20Donation/Pages/Organ%20Donation.aspx>

and the US Department of Health Resources & Services Administration at <https://www.organdonor.gov>.

In connection with opioid prescription by MDs, PAs and CNM's who hold prescriptive authority, the Board is also proposing to amend §§ 17.1(a)(6), 17.2(g), 17.3(a.1), 17.4(b)(1)(vi), 17.5(c)(4), 17.6(a.1), 17.7(c)(8.1), 18.6(6)(i), and 18.141(1.1) to include the requirement from section 9.1 of ABC-MAP that MDs, PAs and CNM's who hold prescriptive authority authorizations complete 2 hours of mandatory education regarding pain management or the

identification of addiction and 2 hours of education in the practices of prescribing or dispensing of opioids within 1 year of obtaining prescriptive authority. Proposed §§ 17.1(a)(6)(i), 17.2(g)(1), 17.3(a.1)(1), 17.4(b)(1)(vi)(A), 17.5(c)(4)(i), 17.6(a.1)(1), 17.7(c)(8.1)(i), 18.6(6)(i)(A), and 18.141(1.1)(i) would clarify that the specified opioid education may be taken as part of the applicant's academic degree in medicine and surgery, midwife program or physician assistant educational program, as applicable, or as part of an approved continuing education course. Proposed §§ 17.1(a)(6)(iii), 17.2(g)(3), 17.3(a.1)(3), 17.4(b)(1)(vi)(C), 17.5(c)(4)(iii), 17.6(a.1)(3), 17.7(c)(8.1)(iii), 18.6(6)(i)(C), and 18.141(1.1)(iii) also clarify that only MDs, PAs and CNMs who hold a current Drug Enforcement Administration (DEA) registration number or utilize the DEA registration number of another person or entity are required to comply with the initial opioid education within 1 year of licensure.

The Board is also proposing to amend § 18.3(b) (relating to biennial registration requirements). to include the ABC-MAP (35 P.S. § 872.9a) continuing education requirement for CNMs who hold a current DEA registration or utilizes the DEA registration number of another person or entity, as permitted by law. This provision codifies the Board's implementation of the ABC-MAP requirement that CNMs complete 2 hours of education in pain management, identification of addiction or the practices of prescribing or dispensing of opioids per biennium as a condition of biennial renewal. The Board also proposes to amend § 18.145(c) (relating to biennial registration requirements; renewal of physician assistant license) to include the 2 hours of continuing education in pain management, identification of addiction or the practices of prescribing or dispensing of opioids per biennium as a condition of biennial renewal for physician assistants and to delete the child abuse recognition and reporting requirement in subsection (c) and place it in proposed paragraph (c)(1).

Finally, the Board is proposing to add § 17.10, 18.7(d) and § 18.181(a)(13) (relating to additional grounds for discipline; and disciplinary and corrective measures) to notify MDs, CNMs and PAs that a violation of the Safe Emergency Prescribing Act subjects MDs, CNMs and PAs to discipline.

Fiscal Impact and Paperwork Requirements

The Board does not anticipate any significant fiscal impact or paperwork requirements relating to these amendments. MDs, PAs and CNMs and volunteer license holders are already required to complete mandatory continuing education, and as these hours are incorporated in the existing requirement, there would be no increased burden. Also, like with other continuing education, aside from the mandatory child abuse education, licensees and certificate holders are required to keep copies of their continuing education certificates in the event of an audit. There is no fiscal impact or paperwork requirements associated with the Safe Emergency Prescribing Act. The Board does not anticipate any fiscal impact of the updates to the volunteer license regulation as the purpose of the proposed regulation is to update the regulations to be in conformance with statutory amendments that have already been implemented.

Sunset Date

The Board continuously monitors the effectiveness of its regulations on a fiscal year and biennial basis.

Regulatory Review

Under section 5(a) of the Regulatory Review Act (71 P.S. § 745.5(a)), on October 23, 2025, the Board submitted a copy of this proposed rulemaking and a copy of a Regulatory Analysis Form to the Independent Regulatory Review Commission (IRRC) and to the Chairpersons of the Senate Consumer Protection and Professional Licensure Committee and the House Professional Licensure

Committee. A copy of this material is available to the public upon request.

Under section 5(g) of the Regulatory Review Act, IRRC may convey comments, recommendations or objections to the proposed rulemaking within 30 days of the close of the public comment period. The comments, recommendations or objections shall specify the regulatory review criteria in section 5.2 of the Regulatory Review Act (71 P.S. § 745.5b) which have not been met. The Regulatory Review Act specifies detailed procedures for review prior to final publication of the rulemaking by the Board, the General Assembly and the Governor.

Public Comment

Interested persons are invited to submit written comments, suggestions, or objections regarding this proposed rulemaking to Regulatory Counsel, State Board of Medicine, P.O. Box 69523, Harrisburg, PA 17106-9523, RA-STRegulatoryCounsel@pa.gov within 30 days following publication of this proposed rulemaking in the *Pennsylvania Bulletin*. Reference 16A-4960 (Education and Volunteer licenses) when submitting comments.

Donald M. Yealy, M.D.
Chairperson
State Board of Medicine

ANNEX A

TITLE 49. PROFESSIONAL AND VOCATIONAL STANDARDS

PART I. DEPARTMENT OF STATE

Subpart A. PROFESSIONAL AND OCCUPATIONAL AFFAIRS

CHAPTER 16. STATE BOARD OF MEDICINE – GENERAL PROVISIONS

Subchapter A. BASIC DEFINITIONS AND INFORMATION

§ 16.1. Definitions.

The following words and terms, when used in this chapter and Chapters 17 and 18 (relating to State Board of Medicine—medical doctors; and State Board of Medicine—practitioners other than medical doctors), have the following meanings, unless the context clearly indicates otherwise:

* * * * *

Act—The Medical Practice Act of 1985 (63 P.S. §§ 422.1—422.53).

***Active-retired status* – The Board’s licensure status designation for medical doctors that limits the scope of practice to providing care for themselves and their immediate family members.**

Approved activity—A continuing medical education activity accepted for AMA PRA credit.

* * * * *

National Boards—The examination of the National Board of Medical Examiners of the United States, Inc. NBME Part I was last administered in June 1992, NBME Part II was last administered in April 1992 and NBME Part III will be last administered in May 1994.

***PA-SUPPORT curriculum*--The safe opioid prescription education curriculum approved by the Board under 35 Pa.C.S. § 5102 (relating to safe opioid prescription education).**

SPEX—Special purpose examination offered by the Federation and NBME to assist the assessment of current competence requisite for the practice of medicine and surgery by physicians who hold or have held a license in the United States or another jurisdiction.

* * * * *

Unaccredited medical college—An institution of higher learning which provides courses in the arts and sciences of medicine and related subjects, is empowered to grant professional and academic degrees in medicine, is listed by the World Health Organization or is otherwise recognized as a medical college by the country in which it is situated, and is not accredited by an accrediting body recognized by the Board.

Unrestricted license—A license which is not restricted or limited by order of the Board under its disciplinary power.

Subchapter B. GENERAL LICENSE, CERTIFICATION AND REGISTRATION PROVISIONS

§ 16.18. Volunteer license.

(a) Purpose and definitions.

(1) The following subsections implement the Volunteer Health Services Act (35 P. S. §§ 449.41—[449.50] **449.53**) and provide for the issuance of a volunteer license to a qualified Board-regulated practitioner as defined in section 2 of the act (63 P. S. § 422.2)[, **who retires from active practice and seeks to provide professional services as a volunteer. A volunteer license authorizes the holder to practice only in an organized community-based clinic without remuneration**].

(2) The following words and terms, when used in this section, have the following meanings, unless the context clearly indicates otherwise:

Approved clinic—An organized community-based clinic offering primary health care services to individuals and families who cannot pay for their care, to Medical Assistance clients or to residents of medically underserved areas or health professionals shortage areas. The term includes a State health center, nonprofit community-based clinic and Federally qualified health center, as designated by Federal rulemaking or as approved by the Department of Health or the Department of Public Welfare.

Approved organization—A nonprofit organization as defined under section 501(c)(3) of the Internal Revenue Code of 1986 (26 U.S.C. § 501(c)(3) (relating to exemption from tax on corporations, certain trusts, etc.)) approved by the Department of Military and Veterans Affairs and whose purpose is to refer military personnel and their families, regardless of income and who are in need of mental health services, to licensed volunteers who provide mental health services, regardless of whether the mental health services are provided at an approved clinic.

Family member – A volunteer license holder's spouse, child, daughter-in-law, son-in-law, mother, father, sibling, mother-in-law, father-in-law, sister-in-law, brother-in-law, grandparent, grandchild, niece, nephew or cousin.

Nonretired Board-regulated practitioner - A Board-regulated practitioner who holds a currently renewed, active, unrestricted license, registration or certification and is not required to maintain professional liability insurance under section 711 of the

MCARE Act (40 P.S. § 1303.711) because the practitioner does not otherwise currently practice or provide health care services in this Commonwealth.

Primary health care services – The term includes, but is not limited to, regular checkups, immunizations, school physicals, health education, prenatal and obstetrical care, early periodic screening and diagnostic testing, health education and mental health services.

Retired Board-regulated practitioner – A Board-regulated practitioner who has retired from active practice at the time the applicant applies for a volunteer license.

[Unrestricted license—A license which is not restricted or limited by order of the Board under its disciplinary power.]

(b) **[License. A volunteer license may be issued to a Board-regulated practitioner of the Board for whom the Board has received verification from the course provider that the applicant has completed at least 3 hours of approved training in child abuse recognition and reporting in accordance with § 16.108(a) (relating to child abuse recognition and reporting—mandatory training requirement) and who documents to the satisfaction of the Board that the applicant will practice without personal remuneration in approved clinics and meets one of the following:**

(1) Holds a currently renewed, active, unrestricted license, registration or certificate in this Commonwealth and retires from active practice at the time the applicant applies for a volunteer license.

(2) Retires from active practice in this Commonwealth in possession of an unrestricted license which was allowed to lapse by not renewing it.]

Retired or nonretired Board-regulated practitioners. The Board may issue a volunteer license to a retired or nonretired Board-regulated practitioner who holds a currently renewed, active, unrestricted license, registration or certificate and documents to the satisfaction of the Board that the applicant will practice only in approved clinics, or upon referral from approved organizations, without remuneration.

(b.1) Retired Board-regulated practitioners with an inactive, expired or active-retired license. The Board may issue a volunteer license to a Board-regulated practitioner with an inactive, expired or active-retired license who meets the following:

(1) Reactivates the inactive, expired or active-retired license, registration or certificate to an active, unrestricted license, registration or certificate under § 16.15 (relating to biennial registration; inactive status and unregistered status).

(2) Documents to the satisfaction of the Board that the Board-regulated practitioner will practice only in approved clinics, or upon referral from approved organizations, without remuneration.

(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:] A Board-regulated practitioner who meets the requirements of subsection (b) or (b.1) may apply for a volunteer license and shall submit an application in the manner and format prescribed by the Board, which shall include:

(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 **or upon referral from an approved organization.**

(2) A letter signed by the director or chief operating officer of an approved clinic **or approved organization** that the applicant has been authorized to provide volunteer services in the named clinic **or upon referral from the approved organization** by the governing body or responsible officer of the clinic **or approved organization.**

(3) [A certification statement confirming that the applicant has completed at least 3 hours of approved training in child abuse recognition and reporting in accordance with § 16.108(a).] **{Reserved}.**

(d) *Validity of 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, **approved organization** 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] in the manner and format prescribed** by the Board. In accordance with section 6(c) or (d) of the Volunteer Health Services Act (35 P.S. § 449.46), a volunteer license holder shall comply with the applicable continuing education requirements, including at least 2 hours of training in approved child abuse recognition and reporting in accordance with § 16.108(b), **and if the volunteer licensee holds a current Drug Enforcement Administration (DEA) registration or is utilizing the DEA registration of another, at least 2 hours of Board-approved continuing education in pain management, the identification of addiction or in the practices of prescribing or dispensing opioids, in the 2 years prior to renewal.** The applicant shall be exempt from payment of the biennial renewal fee of § 16.13 (relating to licensure, certification, examination and

registration fees), and is exempt from the requirements with regard to the maintenance of liability insurance coverage under section 711 of the MCARE Act (40 P.S. § 1303.711) as provided in section 9 of the Volunteer Health Services Act (35 P.S. § 449.49).

(e.1) *Additional continuing education requirement.* Effective May 1, 2026, a medical doctor who holds a volunteer license shall complete at least 2 hours of the required continuing medical education credit hours in organ and tissue donation and recovery process in accordance with § 16.19(c) (relating to continuing medical education). This is a one-time requirement that shall be completed within 5 years of licensure renewal. A volunteer license holder who obtains licensure as a medical doctor on or after the effective date shall complete the 2 hours within 5 years of initial licensure.

(f) [*Return to active practice*] *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.]

(1) Except as provided in subsection (h), a volunteer license authorizes the holder to practice only in approved clinics or upon referral from approved organizations, without remuneration.

(2) A volunteer license holder who desires to return to active practice in this Commonwealth shall change the status of the volunteer license to inactive status in the manner and format prescribed by the Board. If the individual's license to practice the profession is expired, inactive or in an active-retired status, to return to active practice, the license must be reactivated in accordance with § 16.15.

(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—[449.50] 449.53) or this section may also constitute grounds for disciplinary action.

(h) *Prescription of medication for family members.* A holder of a volunteer license who was able to prescribe medication under the laws of this Commonwealth while an actively licensed Board-regulated practitioner may prescribe medication to a family member notwithstanding the family member's ability to pay for that member's own care or whether that member is being treated at an approved clinic or upon referral from an approved organization. A holder of a volunteer license who prescribes medication to a family member is liable under section 7(a) of the Volunteer Health Services Act (35 P.S. § 449.47), regardless of whether the holder of a volunteer license has complied with section 7(b) of the Volunteer Health Services Act. Nothing in this section shall be construed to allow a volunteer license holder to prescribe medication of a type or in a manner prohibited by the laws of this Commonwealth.

(i) *Exemptions.* Volunteer licensees who are otherwise subject to the provisions of the MCARE Act, shall be exempt from the requirements of that act regarding the maintenance of liability insurance coverage.

§ 16.19. Continuing medical education.

(a) [Beginning with the licensure renewal period commencing January 1, 2005, proof of completion of 25 credit hours of continuing medical education in the preceding biennial period will be required for licensure renewal for medical doctors. The 25 credit hours for the January 1, 2005, license renewal

period may be completed in either AMA PRA Category 1 or AMA PRA Category 2 activities, and must include 3 hours in patient safety and risk management.] **{Reserved}**.

(b) Proof of completion of 100 credit hours of continuing medical education in the preceding biennial period, including at least 2 hours of approved training in child abuse recognition and reporting in accordance with § 16.108(b) (relating to child abuse recognition and reporting—mandatory training requirement), will be required for licensure renewal for medical doctors.

(1) At least 20 credit hours shall be completed in AMA PRA category 1 approved activities. At least 12 credit hours shall be completed in AMA PRA Category 1 or AMA PRA Category 2 approved activities in the area of patient safety and risk management. Approved activities in the area of patient safety and risk management may include topics such as improving medical records and recordkeeping, reducing medical errors, professional conduct and ethics, improving communications, preventative medicine and healthcare quality improvement. **If the licensee holds a current Drug Enforcement Administration (DEA) registration or is utilizing the DEA registration of another, the licensee shall complete at least 2 hours of continuing education in pain management, the identification of addiction or in the practices of prescribing or dispensing opioids completed in AMA PRA Category 1 or AMA PRA Category 2. The PA-SUPPORT curriculum satisfies this requirement, but it is not required curriculum.** The remaining credit hours shall be completed [in AMA PRA Category 1 or AMA PRA Category 2 approved activities] **through activities that meet AMA PRA Category 1 or AMA PRA Category 2 standards and as provided in subsection (c).** Credit will not be granted for courses in office management or practice building.

(2) Physicians shall retain official documentation of **[attendance] completion** for 2 years after renewal, and shall **[certify completed activities on a form provided by the Board for that purpose, to be filed with] verify completion on** the biennial renewal **[form] application**. Official documentation proving completion of continuing medical education activities shall be produced, upon Board demand, under random audits of reported credit hours. Electronic submission of documentation is permissible to prove compliance with this subsection. Noncompliance may result in disciplinary proceedings under section 41(6) of the Medical Practice Act of 1985 (63 P. S. 422.41(6)).

(i) Acceptable documentation for Category 1 activities are:

* * * * *

(F) Certification by a CME organization whose standards meet or exceed those established by AMA PRA.

(G) Certification by an organ procurement organization as defined in 20 Pa.C.S. § 8601 (relating to definitions).

* * * * *

(c) Additional education requirement.

(1) Effective May 1, 2026, a medical doctor shall complete at least 2 credit hours of the required continuing medical education hours in organ and tissue donation and recovery process. This is a one-time requirement that shall be completed within 5 years of initial licensure or within 5 years of licensure renewal or reactivation. The 2 credit hours may be attributed to the continuing medical education hours required for biennial renewal.

(i) A medical doctor who obtains initial licensure prior to May 1, 2026,

shall verify completion of the 2 credit hours within 5 years of licensure renewal.

(ii) A medical doctor who obtains a license on or after May 1, 2026, shall verify completion of the 2 credit hours within 5 years of initial licensure.

(iii) A medical doctor who reactivates an expired or inactive license on or after May 1, 2026, shall verify completion of the 2 credit hours one time within 5 years of reactivation.

(2) The education required to satisfy paragraph (1) shall consist of the following Board-approved curriculum which addresses the clinical aspects of the donation and recovery process and is posted on the Board’s website:

(i) Overview of the organ donation & transplantation system.

(ii) Tissue donation process.

(iii) Organ donation process.

(iv) Determining death and family communication.

(v) Caring for families.

(vi) Organ donor management.

CHAPTER 17. STATE BOARD OF MEDICINE—MEDICAL DOCTORS

Subchapter A. LICENSURE OF MEDICAL DOCTORS

§ 17.1. License without restriction.

(a) Except as provided in § 17.2 (relating to license without restriction—endorsement), to secure a license without restriction an applicant shall:

* * * * *

(5) Satisfy the general qualifications for a license specified in § 16.12 (relating to general qualifications for licenses, registrations and certificates), including having completed at least 3 hours of approved training in child abuse recognition and reporting in accordance with § 16.108 (relating to child abuse recognition and reporting—mandatory training requirement).

(6) Complete at least 2 hours of education in pain management or the identification of addiction and 2 hours of education in the practices of prescribing or dispensing of opioids within 1 year of obtaining licensure.

(i) The education may be taken as a part of the applicant's academic degree in medicine and surgery from a medical college or through continuing education meeting AMA PRA Category 1 or AMA PRA Category 2 standards under §16.19(b)(1) (relating to continuing medical education).

(ii) The PA-SUPPORT curriculum satisfies this requirement. This curriculum may be offered by providers, but it is not required curriculum.

(iii) This requirement applies only to holders of a current Drug Enforcement Administration (DEA) registration or those who utilize the DEA registration number of another person or entity, as permitted by law, to prescribe controlled substances in any manner.

(b) An applicant who is a graduate of an unaccredited medical college shall submit a complete application and shall, in addition to satisfying the requirements in subsection (a), submit a diploma and transcript verified by a medical college listed in the International Medical Education Directory and chartered and recognized by the country in which it is situated for the provision of medical doctor education. The transcript must identify the successful completion of the equivalent of 4

academic years of medical education including 2 academic years in the study of the arts and sciences of medicine generally recognized by the medical education community in the United States and 2 academic years of clinical study of the practice of medicine as generally recognized by the medical education community in the United States.

§ 17.2. License without restriction—endorsement.

* * * * *

(f) An applicant for a license by endorsement shall satisfy the requirements in § 16.12 (relating to general qualifications for licenses, registrations and certificates), including having completed at least 3 hours of approved training in child abuse recognition and reporting in accordance with § 16.108 (relating to child abuse recognition and reporting—mandatory training requirement)

(g) An applicant for a license by endorsement shall complete at least 2 hours of education in pain management or the identification of addiction and 2 hours of education in the practices of prescribing or dispensing of opioids within 1 year of obtaining licensure.

(1) The education may be taken as a part of the applicant’s academic degree in medicine and surgery from a medical college or through continuing education meeting AMA PRA Category 1 or AMA PRA Category 2 standards under §16.19(b)(1) (relating to continuing medical education).

(2) The PA-SUPPORT curriculum satisfies this requirement, but it is not required curriculum.

(3) This requirement applies only to holders of a current Drug Enforcement Administration (DEA) registration or those who utilize the DEA registration number

**of another person or entity, as permitted by law, to prescribe controlled substances
in any manner.**

§ 17.3. Institutional license.

(a) An institutional license authorizes a qualified person to teach and practice medicine for a period of time specified by the Board, not exceeding 3 years, in one of the medical colleges, its affiliates, or community hospitals within this Commonwealth. To qualify for an institutional license, an applicant shall satisfy the requirements listed in § 16.12 (relating to general qualifications for licenses, **registrations** and certificates), including having completed at least 3 hours of approved training in child abuse recognition and reporting in accordance with § 16.108 (relating to child abuse recognition and reporting—mandatory training requirement) and one of the following:

* * * * *

(a.1) An applicant for an institutional license shall complete at least 2 hours of education in pain management or the identification of addiction and 2 hours of education in the practices of prescribing or dispensing of opioids within 1 year of obtaining licensure.

(1) The education may be taken as a part of the applicant’s academic degree in medicine and surgery from a medical college or through continuing education meeting AMA PRA Category 1 or AMA PRA Category 2 standards under § 16.19(b)(1) (relating to continuing medical education).

(2) The PA-SUPPORT curriculum satisfies this requirement, but it is not required curriculum.

(3) This requirement applies only to holders of a current Drug Enforcement Administration (DEA) registration or those who utilize the DEA registration number of another person or entity, as permitted by law, to prescribe controlled substances in any manner.

(b) An institutional license only authorizes the licensee to teach and to practice in those areas of medicine and surgery for which the licensee is evaluated by the Board to have achieved outstanding medical skills.

* * * * *

§ 17.4. Extraterritorial license.

* * * * *

(b) An extraterritorial license will be issued under the following circumstances:

(1) The applicant shall satisfy the following:

* * * * *

(v) Satisfy the qualifications listed in § 16.12 (relating to general qualifications for licenses, **registrations** and certificates), including having completed at least 3 hours of approved training in child abuse recognition and reporting in accordance with § 16.108 (relating to child abuse recognition and reporting—mandatory training requirement).

(vi) Complete at least 2 hours of education in pain management or the identification of addiction and 2 hours of education in the practices of prescribing or dispensing of opioids within 1 year of obtaining licensure.

(A) The education may be taken as a part of the applicant's academic degree in medicine and surgery from a medical college or through continuing education meeting AMA PRA Category 1 or AMA PRA Category 2 standards under §16.19(b)(1) (relating to continuing medical education).

(B) The PA-SUPPORT curriculum satisfies this requirement, but it is not required curriculum.

(C) This requirement applies only to holders of a current Drug Enforcement Administration (DEA) registration or those who utilize the DEA registration number of another person or entity, as permitted by law, to prescribe controlled substances in any manner.

(2) The licensing authority of the adjoining state shall reciprocate by extending the same privileges to medical doctors licensed in this Commonwealth.

* * * * *

§ 17.5. Graduate license.

* * * * *

(c) Additional requirements for securing a graduate license are that the applicant shall satisfy the following:

* * * * *

(3) Satisfy the requirements in § 16.12 (relating to general qualifications for licenses, **registrations** and certificates), including having completed at least 3 hours of approved training in child abuse recognition and reporting in accordance with § 16.108 (relating to child abuse recognition and reporting—mandatory training requirement).

(4) Complete at least 2 hours of education in pain management or the identification of addiction and 2 hours of education in the practices of prescribing or dispensing of opioids within 1 year of obtaining licensure.

(i) The education may be taken as a part of the applicant's academic degree in medicine and surgery from a medical college or through continuing education meeting AMA PRA Category 1 or AMA PRA Category 2 standards under §16.19(b)(1) (relating to continuing medical education).

(ii) The PA-SUPPORT curriculum satisfies this requirement, but it is not required curriculum.

(iii) This requirement applies only to holders of a current Drug Enforcement Administration (DEA) registration or those who utilize the DEA registration number of another person or entity, as permitted by law, to prescribe controlled substances in any manner.

(d) To participate in graduate medical training at a second-year level under the authority of a graduate license, the licensee shall first secure a passing score on FLEX I or Part I of the National Boards or Step 1 of the USMLE plus Part II of the National Boards or Step 2 of the USMLE; a passing score on a licensing examination acceptable to the Board as set forth in § 17.1(a)(1)(iii), (viii) and (ix) (relating to license without restriction), or, hold a license to practice medicine without restriction in this Commonwealth or an equivalent license granted by another state, territory or possession of the United States or the Dominion of Canada.

* * * * *

§ 17.6. Temporary license.

(a) A temporary license will be issued to an applicant who holds the equivalent of a license without restriction granted by the licensing authority of another state, territory or possession of the United States, or another country, and who satisfies the requirements in § 16.12 (relating to general qualifications for licenses, registrations and certificates), including having completed at least 3 hours of approved training in child abuse recognition and reporting in accordance with § 16.108 (relating to child abuse recognition and reporting—mandatory training requirement), to permit one of the following:

* * * * *

(a.1) An applicant for a temporary license must complete at least 2 hours of education in pain management or the identification of addiction and 2 hours of education in the practices of prescribing or dispensing of opioids within 1 year of obtaining licensure.

(1) The education may be taken as a part of the applicant’s academic degree in medicine and surgery from a medical college or through continuing education meeting AMA PRA Category 1 or AMA PRA Category 2 standards under §16.19(b)(1) (relating to continuing medical education).

(2) The PA-SUPPORT curriculum satisfies this requirement, but it is not required curriculum.

(3) This requirement applies only to holders of a current Drug Enforcement Administration (DEA) registration or those who utilize the DEA registration number of another person or entity, as permitted by law, to prescribe controlled substances in any manner.

(b) A temporary license to permit the teaching and demonstration of medical and surgical techniques will be issued to facilitate the presentation of medical and surgical seminars and

demonstrations in this Commonwealth. The person applying for a temporary license for this purpose shall be sponsored by a medical training facility licensed or authorized to do business in this Commonwealth.

* * * * *

§ 17.7. Interim limited license.

* * * * *

(c) To qualify for an interim limited license, an applicant shall satisfy the following:

* * * * *

(8) Satisfy the qualifications listed in § 16.12 (relating to general qualifications for licenses, **registrations** and certificates), including having completed at least 3 hours of approved training in child abuse recognition and reporting in accordance with § 16.108 (relating to child abuse recognition and reporting—mandatory training requirement).

(8.1) Complete at least 2 hours of education in pain management or the identification of addiction and 2 hours of education in the practices of prescribing or dispensing of opioids within 1 year of obtaining licensure.

(i) The education may be taken as a part of the applicant’s academic degree in medicine and surgery from a medical college or through continuing education meeting AMA PRA Category 1 or AMA PRA Category 2 standards under §16.19(b)(1) (relating to continuing medical education).

(ii) The PA-SUPPORT curriculum satisfies this requirement, but it is not required curriculum.

(iii) This requirement applies only to holders of a current Drug Enforcement Administration (DEA) registration or those who utilize the DEA

**registration number of another person or entity, as permitted by law, to
prescribe controlled substances in any manner.**

- (9) Be evaluated by the Board as having received ample education and training to perform the specified medical services.

§ 17.10. Additional grounds for discipline.

In addition to the grounds set forth in section 41 of the act (63 P.S. § 422.41) and § 16.61 (relating to unprofessional and immoral conduct), a medical doctor who fails to comply with the Safe Emergency Prescribing Act (35 P.S. §§ 873.1-873.9) will be subject to disciplinary action.

**CHAPTER 18. STATE BOARD OF MEDICINE—PRACTITIONERS OTHER THAN
MEDICAL DOCTORS**

Subchapter A. LICENSURE AND REGULATION OF MIDWIFE ACTIVITIES

§ 18.3. Biennial registration requirements.

- (a) A nurse-midwife license shall be registered biennially. The procedure for the biennial registration of a nurse-midwife license is in § 16.15 (relating to biennial registration; inactive status and unregistered status).

- (b) As a condition of biennial license renewal, a nurse-midwife shall complete the continuing education requirement in section 12.1 of the Professional Nursing Law (63 P.S. § 222), including at least 2 hours of approved continuing education in child abuse recognition and reporting in accordance with § 16.108(b) (relating to child abuse recognition and reporting—mandatory training requirement). In the case of a nurse-midwife who has prescriptive authority under the act, the continuing education required by the Professional Nursing Law (63 P.S. §§ 211—225.5) must include at least 16 hours in pharmacology completed each biennium. **A nurse-midwife who has**

prescriptive authority under the act and who holds a current Drug Enforcement Administration (DEA) registration or utilizes the DEA registration number of another person or entity, as permitted by law, to prescribe controlled substances in any manner, shall complete at least 2 hours of continuing education in pain management, the identification of addiction or in the practices of prescribing or dispensing opioids, each biennium from a continuing education source under § 21.134 (a)(2) (relating to continuing education sources) or § 21.334 (a) (relating to sources of continuing education).

(c) The fees for the biennial renewal of a nurse-midwife license and prescriptive authority are set forth in § 16.13 (relating to licensure, certification, examination and registration fees).

§ 18.6. Practice of midwifery.

The nurse-midwife is authorized or required, or both, to do the following:

* * * * *

(5) A nurse-midwife may, in accordance with a collaborative agreement with a physician, and consistent with the nurse-midwife's academic educational preparation and National certification by the AMCB or its successor organizations, prescribe, dispense, order and administer medical devices, immunizing agents, laboratory tests and therapeutic, diagnostic and preventative measures.

(6) A nurse-midwife who possesses a master's degree or its substantial equivalent, and National certification, and applies to the Board, is eligible to receive a certificate from the Board which will authorize the nurse-midwife to prescribe, dispense, order, and administer drugs, including legend drugs and Schedule II through Schedule V controlled substances, as defined in The Controlled Substance, Drug, Device and Cosmetic Act (35 P. S. § § 780-101—780-144), in accordance with § 18.6a (relating to **[prescribing and dispensing**

drugs] prescribing, dispensing and administering drugs) provided that the nurse-midwife demonstrates to the Board that:

(i) The nurse-midwife has successfully completed at least 45 hours of course-work specific to advanced pharmacology at a level above that required by a professional nursing education program and at least 2 hours of education in pain management or the identification of addiction and 2 hours of education in the practices of prescribing or dispensing of opioids within 1 year of obtaining the certificate to prescribe, dispense, order and administer drugs.

(A) The education in pain management, identification of addiction and practice of prescribing or dispensing of opioids may be taken as a part of the applicant's midwife program or from a continuing education source under § 21.134 (a)(2) (relating to continuing education sources) or § 21.334 (a) (relating to sources of continuing education).

(B) The PA-SUPPORT curriculum satisfies this requirement, but it is not required curriculum.

(C) This requirement applies only to holders of a current Drug Enforcement Administration (DEA) registration or those who utilize the DEA registration number of another person or entity, as permitted by law, to prescribe controlled substances in any manner.

(ii) The nurse-midwife has successfully completed 16 hours of advanced pharmacology within 2 years immediately preceding the application for prescriptive authority.

(iii) The nurse-midwife is acting in accordance with the terms and conditions set forth in a collaborative agreement with a physician.

(7) Perform medical services in the care of women and neonates that may go beyond the scope of midwifery, if the authority to perform those services is delegated by the collaborating physician in the collaborative agreement, and the delegation is consistent with standards of practice embraced by the nurse-midwife and the relevant physician communities in this Commonwealth, as set forth in §§ 18.401—18.402 (relating to medical doctor delegation of medical services).

* * * * *

§ 18.7. Disciplinary and corrective measures.

* * * * *

(c) The license of a nurse-midwife shall automatically be suspended, as required by section 40 of the act.

(d) In addition to the grounds set forth in (a) and § 16.61 (relating to unprofessional and immoral conduct), a nurse-midwife who fails to comply with the Safe Emergency Prescribing Act (35 P.S. §§ 873.1-873.9) will be subject to disciplinary action.

Subchapter D. PHYSICIAN ASSISTANTS

LICENSURE OF PHYSICIAN ASSISTANTS AND REGISTRATION OF SUPERVISING PHYSICIANS

§ 18.141. Criteria for licensure as a physician assistant.

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

(1) Satisfies the licensure requirements in § 16.12 (relating to general qualifications for licenses, **registrations** and certificates) including the completion of at least 3 hours of

approved training in child abuse recognition and reporting in accordance with § 16.108(a)
(relating to child abuse recognition and reporting—mandatory training requirement).

**(1.1) Completes at least 2 hours of education in pain management or the
identification of addiction and 2 hours of education in the practices of prescribing or
dispensing of opioids within 1 year of obtaining licensure.**

**(i) The education may be taken as a part of the applicant’s Board-
recognized physician assistant educational program under § 18.131(a)
(relating to recognized educational programs/standards) or through
continuing medical education under § 18.145(c) (relating to biennial
registration requirements; renewal of physician assistant license).**

**(ii) The PA-SUPPORT curriculum satisfies this requirement, but it is not
required curriculum.**

**(iii) This requirement applies only to holders of a current Drug
Enforcement Administration (DEA) registration or those who utilize the DEA
registration number of another person or entity, as permitted by law, to
prescribe controlled substances in any manner.**

(2) Has graduated from a physician assistant program recognized by the Board.

* * * * *

§ 18.145. Biennial registration requirements; renewal of physician assistant license.

* * * * *

(b) The fee for the biennial registration of a physician assistant license is set forth in § 16.13
(relating to licensure, certification, examination and registration fees).

(c) To be eligible for renewal of a physician assistant license, the physician assistant shall complete continuing medical education as required by the NCCPA [, **including at least 2 hours of approved training in child abuse recognition and reporting in accordance with § 16.108(b) (relating to child abuse recognition and reporting—mandatory training requirement),**] and maintain National certification by completing current recertification mechanisms available to the profession, identified on the NCCPA’s web site as recognized by the Board. The Board recognizes certification through the NCCPA and its successor organizations and certification through any other National organization for which the Board publishes recognition of the organization’s certification of physician assistants on the Board’s web site. **The continuing medical education shall include:**

(1) At least 2 hours of approved training in child abuse recognition and reporting in accordance with § 16.108(b) (relating to child abuse recognition and reporting—mandatory training requirement).

(2) At least 2 hours of education in pain management, the identification of addiction or in the practices of prescribing or dispensing opioids if the physician assistant has prescriptive authority under the act and who holds a current Drug Enforcement Administration (DEA) registration or utilizes the DEA registration number of another person or entity, as permitted by law, to prescribe controlled substances in any manner.

* * * * *

DISCIPLINE

§ 18.181. Disciplinary and corrective measures.

(a) A physician assistant who engages in unprofessional conduct is subject to disciplinary

action under section 41 of the act (63 P. S. § 422.41). Unprofessional conduct includes the following:

* * * * *

(12) The failure to notify the supervising physician that the physician assistant has withdrawn care from a patient.

(13) The failure to comply with the Safe Emergency Prescribing Act (35 P.S. §§ 873.1-873.9).

(b) The Board will order the emergency suspension of the license of a physician assistant who presents an immediate and clear danger to the public health and safety, as required by section 40 of the act (63 P. S. § 422.40).

* * * * *



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

**Post Office Box 2649
Harrisburg, Pennsylvania 17105-2649
1-833-367-2762**

October 23, 2025

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

Re: Proposed Rulemaking
State Board of Medicine
16A-4960: Education and Volunteer Licenses

Dear Chairman Bedwick:

Enclosed is a copy of a proposed rulemaking package of the State Board of Medicine pertaining to 16A-4960 Education and Volunteer Licenses.

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 dark ink, appearing to read 'DM Yealy'.

Donald M. Yealy, M.D., Chairperson
State Board of Medicine

JAW/DMA/ms
Enclosure

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

Worthington, Amber

From: Orchard, Kari L. <KOrchard@pahouse.net>
Sent: Thursday, October 23, 2025 11:18 AM
To: Worthington, Amber; Barton, Jamie; Brett, Joseph D.
Cc: Roland, Joel
Subject: RE: DELIVERY NOTICE OF: REGULATION # 16A-4960 Education and Volunteer Licenses

Received!

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

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Independent Regulatory
Review Commission

October 23, 2025

From: Worthington, Amber <agontz@pa.gov>
Sent: Thursday, October 23, 2025 10:41 AM
To: Orchard, Kari L. <KOrchard@pahouse.net>; Barton, Jamie <JBarton@pahouse.net>; Brett, Joseph D. <JBrett@pahouse.net>
Cc: Roland, Joel <joeroland@pa.gov>; Worthington, Amber <agontz@pa.gov>
Subject: DELIVERY NOTICE OF: REGULATION # 16A-4960 Education and Volunteer Licenses

Please be advised that the State Board of Medicine (Board) is electronically delivering the below-identified proposed rulemaking today October 23rd, 2025.

- **16A-4960 Education and Volunteer Services**

This proposed rulemaking section implements 9.1(a) of the Achieving Better Care by Monitoring All Prescriptions Program (ABC-MAP) Act (35 P.S. § 872.9a) and 20 Pa. C.S. § 8628 (relating to requirements for physician and nurse training relative to organ and tissue donation and recovery). Section 9.1(a) of ABC-MAP requires prescribers and dispensers to obtain mandatory education regarding pain management or the identification of addiction, education in the practices of prescribing or dispensing of opioids and opioid continuing education in as a condition of prescriptive authority biennial renewal. Additionally, consistent with the Safe Emergency Prescribing Act, the Board would include provisions applicable to medical doctors, (MD) and physician assistants (PA) as well as certified nurse-midwives (CNM) that violations of the Safe Emergency Prescribing Act subject licensees to discipline. Finally, this rulemaking also conforms the Board's regulations to amendments made to the Volunteer Health Services Act (35 P.S. § 449.41-449.53).

The Board is requesting a written (email) confirmation of receipt of this delivery from the designated contact person(s) from your office for the Chair of your office effectuating the electronic delivery.

Thank you for your attention to this matter.



Amber A. Worthington, PLS | Legal Office Administrator 2
Office of Chief Counsel | Department of State
Governor's Office of General Counsel

P.O. Box 69523 | Harrisburg, PA 17106-9523
Office Phone 717.783.7200 | Fax: 717.787.0251
agontz@pa.gov | www.dos.pa.gov

Worthington, Amber

From: Emily Hackman <Ehackman@pahousegop.com>
Sent: Thursday, October 23, 2025 11:06 AM
To: Worthington, Amber; Cindy Sauder
Cc: Roland, Joel
Subject: RE: [EXTERNAL]: DELIVERY NOTICE OF: REGULATION # 16A-4960 Education and Volunteer Licenses

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Received. Thank you!

October 23, 2025

Emily Epler Hackman | Senior Policy Analyst
Pennsylvania House of Representatives
Health Committee (R)
141 Ryan Office Building
Phone: (717) 260-6351

From: Worthington, Amber <agontz@pa.gov>
Sent: Thursday, October 23, 2025 10:42 AM
To: Emily Hackman <Ehackman@pahousegop.com>; Cindy Sauder <Csauder@pahousegop.com>; Nicole Sidle <Nsidle@pahousegop.com>
Cc: Roland, Joel <joeroland@pa.gov>; Worthington, Amber <agontz@pa.gov>
Subject: [EXTERNAL]: DELIVERY NOTICE OF: REGULATION # 16A-4960 Education and Volunteer Licenses

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Office of Chief Counsel | Department of State
Governor's Office of General Counsel

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Office Phone 717.783.7200 | Fax: 717.787.0251
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October 23, 2025

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From: Bulletin <bulletin@palrb.us>
Sent: Thursday, October 23, 2025 11:02 AM
To: Worthington, Amber
Cc: Roland, Joel
Subject: [External] Re: DELIVERY NOTICE OF: REGULATION # 16A-4960 Education and Volunteer Licenses

October 23, 2025

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Hello Amber!

Thank you for the electronic delivery of proposed rulemaking 16A-4960. Someone from our staff will be in touch regarding the publication date of this proposed rulemaking.

Have a great day!

Leah

From: Worthington, Amber <agontz@pa.gov>
Sent: Thursday, October 23, 2025 10:39 AM
To: Bulletin <bulletin@palrb.us>
Cc: Roland, Joel <joeroland@pa.gov>; Worthington, Amber <agontz@pa.gov>
Subject: DELIVERY NOTICE OF: REGULATION # 16A-4960 Education and Volunteer Licenses

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Amber A. Worthington, PLS | Legal Office Administrator 2
Office of Chief Counsel | Department of State
Governor's Office of General Counsel
P.O. Box 69523 | Harrisburg, PA 17106-9523

Office Phone 717.783.7200 | Fax: 717.787.0251

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Worthington, Amber

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From: Monoski, Jesse <jesse.monoski@pasenate.com>
Sent: Thursday, October 23, 2025 10:49 AM
To: Worthington, Amber; Dimm, Ian; Kelly, Joseph; Vazquez, Enid
Cc: Roland, Joel
Subject: RE: DELIVERY NOTICE OF: REGULATION # 16A-4960 Education and Volunteer Licenses

Received. Thank you.

Jesse A. Monoski

Executive Director
Senate Consumer Protection & Professional Licensure Committee
Senator Lisa M. Boscola, Minority Chair
Room 458 Main Capitol Bldg., Harrisburg, Pa. 17120
Office: 717-787-4236 | Direct: 717-787-3506
www.senatorboscola.com

-Jesse Monoski

From: Worthington, Amber <agontz@pa.gov>
Sent: Thursday, October 23, 2025 10:41 AM
To: Monoski, Jesse <jesse.monoski@pasenate.com>; Dimm, Ian <ian.dimm@pasenate.com>; Kelly, Joseph <joseph.kelly@pasenate.com>; Vazquez, Enid <enid.vazquez@pasenate.com>
Cc: Roland, Joel <joeroland@pa.gov>; Worthington, Amber <agontz@pa.gov>
Subject: DELIVERY NOTICE OF: REGULATION # 16A-4960 Education and Volunteer Licenses
Importance: High

■ EXTERNAL EMAIL ■

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Amber A. Worthington, PLS | Legal Office Administrator 2
Office of Chief Counsel | Department of State
Governor's Office of General Counsel

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Worthington, Amber

From: Smeltz, Jennifer <jmsmeltz@pasen.gov>
Sent: Thursday, October 23, 2025 10:45 AM
To: Worthington, Amber
Subject: RE: DELIVERY NOTICE OF: REGULATION # 16A-4960 Education and Volunteer Licenses

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

October 23, 2025

From: Worthington, Amber <agontz@pa.gov>
Sent: Thursday, October 23, 2025 10:43 AM
To: Smeltz, Jennifer <jmsmeltz@pasen.gov>
Cc: Roland, Joel <joeroland@pa.gov>; Worthington, Amber <agontz@pa.gov>
Subject: DELIVERY NOTICE OF: REGULATION # 16A-4960 Education and Volunteer Licenses

ⓘ CAUTION : External Email ⓘ

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