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

March 26, 2026

IRRC Number: 3481

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

(2) Agency Number: 16A

Identification Number: 4945

(3) PA Code Cite:

49 Pa. Code §§ 16.1, 16.11--16.13, 16.15, 16.15a, 16.15b, 16.17, 16.18, 16.19, 17.1--17.8, 17.22, 18.2, 18.3, 18.13, 18.14, 18.141, 18.143, 18.145, 18.156, 18.158, 18.203, 18.504, 18.523, 18.525, 18.526, 18.603--18.605, 18.607, 18.608, 18.610, 18.703--18.707, 18.709, 18.811, 18.813, 18.814, 18.821, 18.823, 18.824, 18.831, 18.833, 18.841, 18.843, 18.861, 18.863, and 18.903--18.905.

(4) Short Title:

General Revisions and Updates

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

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6) Type of Rulemaking (check applicable box):

- ☒ **PROPOSED REGULATION**
- ☐ Final Regulation
- ☐ Final Omitted Regulation
- ☐ Emergency Certification Regulation;
  - ☐ Certification by the Governor
  - ☐ Certification by the Attorney General

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

The State Board of Medicine (board) proposes to update Chapters 16, 17, and 18 to reflect current practices and statutory requirements. The updates include: (1) defining the four possible license statuses (active, expired, inactive, and active-retired); (2) eliminating references to license "registration" in relation to biennial renewal; (3) incorporating continued competency requirements for applicants seeking initial licensure or reactivation after being out of clinical practice exceeding 4 years; (4) updating the regulations to conform with the act of April 19, 2022 (P.L. 57, No. 16) (Act 16) amendments to sections 29, 32 and 33 of the Medical Practice Act of 1985 (act) (63 P.S. §§ 422.29, 422.32, and 422.33) by reducing the

graduate training requirement for graduates of unaccredited medical colleges from 3 years to 2, removing the limit on affiliated facilities for institutional license holders and allowing for the issuance of temporary licenses to physicians (MDs) during emergency declarations; (5) enabling educational institutions to verify the completion of the educational portion of a degree program for prosthetists and orthotists applying for graduate permits; (6) removing the 7-year time limit for completing the United States Medical Licensure Examination (USMLE); (7) updating the language regarding English language proficiency throughout the regulations for consistency; (8) creating an exception to the 30-day limitation on prescribing of Schedule II controlled substances for physician assistants (PAs) prescribing medicine delivered through intrathecal pain pumps; and (9) including mandatory continuing education requirements in pain management, identification of addiction or the practices of prescribing or dispensing of opioids for active-retired status licensees.

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

Section 8 of the act (63 P.S. § 422.8) authorizes the board to adopt such regulations as are reasonably necessary to carry out the act's purposes, including the licensure of MDs and allied health professionals. Sections 29, 32 and 33 of the act (63 P.S. §§ 422.29, 422.32, and 422.33) were amended by Act 16, which modernized medical licensing in this Commonwealth by amending requirements for postgraduate training, institutional licenses and temporary licenses.

Under section 24(b) of the act (63 P.S. § 422.24(b)), applicants for a license or certificate whose principal language is other than English may be required to demonstrate, by examination, proficiency in the English language to any agency considered competent by the board.

Under section 910(d)(3) of the Medical Care Availability and Reduction of Error (MCARE) Act (40 P.S. § 1303.910(d)(3)), a medical doctor holding an active-retired license is exempt from the continuing medical education (CME) requirement and from the medical professional liability insurance requirement, as provided in section 711(j)(3) of the MCARE Act (40 P.S. § 1303.711(j)(3)).

Under the amendments to section 9.1 of the Achieving Better Care by Monitoring All Prescriptions Program (ABC-MAP) Act (35 P.S. § 872.9a), the board is required to implement mandatory continuing education requirements in pain management, identification of addiction or the practices of prescribing or dispensing of opioids.

(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.

No, however, the board is updating its regulations to conform to statutory requirements, including amendments to the act as detailed in response to RAF # 7 and 8.

(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.

Approximately 118,419 active licensees, including 57,447 active MDs (including 4,724 active-retired), 12,920 PAs and 37 orthotists and prosthetists graduate permit applicants, will benefit from the proposed regulation.

This proposed regulation is essential for updating the board's regulations to reflect current practices and to conform the existing regulations to amendments to the act. It defines an active-retired license and clarifies how each licensure status (active, active-retired, inactive, and expired) can be achieved, along with the associated practice limitations. This proposed rulemaking formally incorporates the active-retired license status into the board's regulations. In doing so, the board also includes the other three statuses, as they have always existed but were never fully addressed in the regulations. This lack of clarity has confused the licensing population regarding their meanings and the procedures for obtaining and maintaining those licenses.

Additionally, the proposed rulemaking updates regulatory language in Chapters 16, 17, and 18 to reflect current practice by removing outdated references to "biennial registration" in relation to license renewal. The term "biennial registration" is confusing, and the board no longer uses this terminology. Historically, "biennial registration" referred to a process in which a registration was issued for a 2-year period, typically for renewal. However, newer regulations use the term "biennial renewal." Switching to "biennial renewal" throughout the regulation will clarify the distinction between the authorization to practice and other forms of registration, reducing confusion for the public.

The proposed rulemaking also updates § 16.15(j) to align with current practices regarding applicants who have been out of clinical practice exceeding 4 years. The existing language allows the board to require an interview to assess the physical and mental fitness of applicants who have not practiced in the Commonwealth for this period. Currently, the board has implemented this provision by requiring medical doctor applicants meeting this threshold to undergo an interview/evaluation by a board-approved re-entry program. At the same time, other allied health professionals must demonstrate clinical competence through re-examination or recertification after a lapse in practice. Updating this process in the regulations will provide clarity for both licensees and the public.

In accordance with the 2022 amendments to the act, the proposed rulemaking is necessary to update regulations related to graduate medical training (GMT) requirements for graduates of unaccredited medical colleges and to remove the limitation on affiliated facilities where a licensee may practice or teach under an institutional license. It also amends the language regarding temporary licenses to allow for issuance in the event of an emergency declaration.

The proposed rulemaking also updates the language in § 18.811 (relating to graduate permits) and § 18.821 (relating to graduate permits) to reflect current educational requirements for orthotists and prosthetists. With the advent of accredited educational institutions requiring clinical residencies as part of their degree programs, the updated language will permit universities to submit a certificate of completion of the didactic portion of the program, along with an official transcript, allowing applicants to begin their clinical residency under a graduate permit.

Furthermore, the proposed regulation amends § 17.1 (relating to licensure without restriction) to remove the outdated requirement that the USMLE must be completed within 7 years. Although some state licensing authorities enforce this time limit, the USMLE does not impose a universal time constraint.

The proposed regulation amends § 17.2 (relating to license without restriction – endorsement) at subsection (c) to allow applicants for licensure by endorsement to establish English proficiency in more ways than just passing the Test of English as a Foreign Language (TOEFL). This change will mirror the regulatory language in § 16.12b and § 18.13 (relating to licensure by endorsement under 63 P.S. § 3111; and requirements for licensure as an acupuncturist). This change will provide consistency for English proficiency throughout the regulations.

The proposed regulation creates an exception to the 30-day limitation on prescribing Schedule II controlled substances for PAs who prescribe medication delivered through intrathecal pain pumps.

Finally, as a part of this proposed rulemaking, the board will clarify that active-retired status licensees are required to obtain the 2 hours of training in child abuse recognition and reporting as required for all active licensees under the board, and 2 hours of continuing education in pain management, identification of addiction or the practices of prescribing or dispensing of opioids per biennium, as is mandated for all active licensees with prescriptive authority.

(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.

There are no federal standards applicable to the subject matter of the regulation.

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

This regulation will not hinder Pennsylvania's ability to compete with other states. The portions of the proposed regulation updating the board's regulations to conform with amendments to the act are statutory requirements, leaving the board with no discretion in these amendments to the regulations.

In comparing the proposed regulations to other states, the board researched the immediate surrounding states of this Commonwealth, specifically Delaware, Maryland, New York, New Jersey, Ohio and West Virginia.

The proposed amendments to the continued competency language do not alter the board's procedures but instead codify existing practices when applicants for initial licensure or reactivation have been out of clinical practice exceeding 4 years. This amendment will benefit citizens of this Commonwealth by clarifying existing standards that ensure returning practitioners are current in their clinical skills. Other states have varying re-entry requirements for MDs who have been inactive for an extended period. Of the six surrounding states researched, New York does not specify a time frame excluding disciplinary concerns for continued competency requirements, Ohio and West Virginia require competency assessments at 2 years, 3 years for Delaware, 5 years for New Jersey, and as much as 7-10 years for Maryland in some circumstances. The assessment methods between these states typically include an exam or assessment program, additional training, or initially issuing a limited license to practice. By articulating its re-entry requirements in the proposed regulations, this Commonwealth can attract MDs seeking to return to practice while ensuring returning practitioners are current in their clinical skills, which could help grow this Commonwealth's healthcare workforce.

The proposed amendments to remove the 7-year USMLE requirement will increase this Commonwealth's ability to compete by making it more attractive to individuals who have had to put off completing the USMLE steps within a time frame but would otherwise be qualified to practice. The board recognizes that not every applicant can complete all three USMLE steps within 7 years. For example, many MDs take career breaks to raise families, and the board believes these applicants should not be penalized. Of the six surrounding states researched, New York also has no year limits, Delaware and New Jersey still adhere to the 7-year USMLE limit, Ohio and West Virginia have a 10 year limit and Maryland has a general examination 15 year limit. By removing this requirement, unnecessary barriers to licensure will be removed and this Commonwealth may become more attractive compared to surrounding states that still have a year limit for completing the USMLE steps.

The proposed amendments defining the different licensure statuses will not alter the board's procedures but will clarify the available license statuses and the expectations associated with each. Surrounding states define similar licensure statuses through regulatory provisions, including active and expired licenses, though many do not have an 'active-retired' status for MDs and only allow active licensees to practice. Only two neighboring states, New Jersey and Ohio, have similar license types with 'retired' being a non-practicing status. In contrast, others, such as New York, Maryland, Delaware, and West Virginia, offer an inactive status in addition to active and expired statuses. Clearly defining these statuses could give this Commonwealth a competitive edge by offering more transparency and flexibility, attracting practitioners who may prefer this Commonwealth over states with less precise or more restrictive licensing policies. Furthermore, including the active-retired status option in the regulations provides clarity, potentially drawing retired MDs who wish to remain partially engaged without the full costs or requirements of active licensure.

Allowing PAs in this Commonwealth to prescribe medications delivered by intrathecal pain pumps for up to 90 days will enhance their ability to compete with our neighboring states, where many have broader prescriptive authority, including longer durations for Schedule II controlled substances. Some states allow PAs the same prescribing authority as the collaborating/supervising MDs if the conditions for such authority are established through contract, policy or by facility bylaws and do not violate applicable state or Federal laws. Of the six surrounding states researched, all six states have general limits to Schedule II controlled substances ranging from 30-day to 180-day supplies under certain conditions. States such as New York and Ohio provide PAs with greater prescribing flexibility, making them more attractive practice locations. New Jersey is the only state of the six that specifies an exception for medications delivered by pain pump, with a 90-day supply limit compared to their general 30-day supply limit for Schedule II controlled substances. By expanding prescriptive authority, this Commonwealth can retain and attract qualified PAs, prevent unnecessary administrative burdens, and ensure continuity of care for patients with chronic or cancer-related pain. This change would also improve practice efficiency by reducing the need for frequent reauthorization from supervising MDs, allowing healthcare teams to operate more effectively.

The remaining proposed regulatory updates align with current practices, thereby enhancing transparency and clarity for the regulated community, including the Board's implementation of Act 16 of 2022 requirements that reduce graduate training requirements for graduates of unaccredited medical colleges from 3 years to 2 years. Of the six surrounding states researched, Maryland, Ohio and West Virginia also require 2 years, New Jersey requires 2 years with a contract for third year, New York state requires 3 years, and Delaware has no year requirement since the international schools must be part of a preapproved list. While these amendments are statutorily required, they are in line with the standards of the majority of surrounding states, which makes this Commonwealth more competitive compared to those states that require additional years.

Of the six states researched in regard to prosthetists and orthotists applying for graduate permits being able to verify the completion of the educational portion of a degree program, only New Jersey and Ohio issue state licenses for the practice of prosthetists and orthotists. Of these two states, only New Jersey issues a student registration for applicants with bachelor's degrees seeking to complete other requirements. Neither of these states have regulations that make exceptions for educational institutions that require clinical experience to graduate, which would make this Commonwealth more competitive for prosthetists and orthotists seeking a state permit while completing licensure requirements.

Regarding proposed amendments updating the language for English proficiency throughout the regulations, of the six states researched, five states have requirements for English language proficiency. Of those five states, Maryland, New York and Ohio allow for multiple methods such as TOEFL, while Delaware and West Virginia only require examinations to be done in English. The board's proposed regulation, which allow for additional ways for applicants to demonstrate English proficiency, will make this Commonwealth more competitive.

Finally, regarding the proposed amendments that clarify mandatory continuing education requirements in pain management, identification of addiction or the practices of prescribing or dispensing of opioids for active-retired MDs, all six states researched require CME hours in opioid/controlled substance training each renewal period for any licensees with prescribing authority in that state. This is statutorily required for all healthcare practitioners with prescriptive authority.

By modernizing regulations, this Commonwealth will be better positioned to compete with other states, fostering a more dynamic, accessible and business-friendly environment. Updated regulations signal a commitment to supporting up-to-date industry practices, making the state more appealing to top health care professionals and talent. Additionally, by eliminating outdated requirements, this Commonwealth can attract practitioners who prefer a more streamlined licensure process.

Based on trends in other states, the board believes the proposed amendments will not put this Commonwealth at a competitive disadvantage. To the contrary, the amendments will position this Commonwealth as a leader in attracting healthcare professionals and enhancing workforce availability.

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

This rulemaking does not affect other regulations of the board or other state agencies.

(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.)

All of the board's rulemaking proposals are discussed in public board meetings, which are routinely attended by members of the public and the regulated community. This proposed rulemaking has been discussed at the public board meetings since 2019 and more recently during public board meetings on March 4, May 20 and August 19 of 2025.

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 28, 2023. 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. Based upon comments made by PAMED, the board made some clarifying amendments in the proposed annex. On September 30, 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 1,169,008 small businesses in Pennsylvania, which is 99.6% of all Pennsylvania businesses. Of the 1,169,008 small businesses, 230,244 are small employers (those with fewer than 500 employees) and the remaining 938,764 are non-employers. Thus, the vast majority of businesses in Pennsylvania are considered small businesses.

There are approximately 57,447 active MDs (including 4,724 active-retired) who are licensed by the board that would be required to comply with these amended regulations as it pertains to their licensed practice. There are approximately 12,920 PAs who are licensed by the board and who may be required to comply with the amended regulations as it pertains to prescribing medicines dispensed through intrathecal pain pumps. There are approximately 37 active graduate orthotists and prosthetists, which if used as an average for orthotists and prosthetists graduate permit applications received, would be required to comply with these amended regulations as it pertains to application process and educational institution certifications.

According to the Pennsylvania Department of Labor and Industry (PA L&I) in 2022 (the most recent year for the information provided), in this Commonwealth 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%).

According to the PA L&I in 2022, in this Commonwealth 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 orthotists and prosthetists, assuming this includes those holding graduate permits, work for the Federal government (6.57%), rental and leasing services (4.72%) and self-employed as a primary job (0.82%). Other categories for orthotists and prosthetists are marked ‘Confidential’ on the report. Those confidential categories not included with MDs and PAs are medical equipment and supplies manufacturing, professional and commercial equipment and supplies merchant wholesalers, health and personal care retailers and shoe retailers.

Small businesses are defined in Section 3 of the Regulatory Review Act, (71 P.S. § 745.3) which provides that a small business is defined by the SBA’s Small Business Size Regulations under 13 CFR Ch. 1 Part 121. These size standards have been established for types of businesses under the North American

Industry Classification System (NAICS). In applying the NAICS standards to the types of businesses where these 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). Areas unique to orthotists and prosthetists include rental and leasing services (NAICS# 532210, 532283, 532289 and 532310) which ranges in small business thresholds from $9 million to $47 million. Professional and commercial equipment and supplies merchant wholesalers (NAICS# 423490) have a small business employee threshold of 150 or less. Health and personal care retailers (NAICS# 456199) have a threshold of $9.5 million and shoe retailers (NAICS# 458210) have a threshold of $34 million.

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.

Many of the proposed regulations implement statutorily required requirements; therefore, this proposed regulation will not have any impact on licensees other than having the clarity of updated regulations. The regulated community will be positively impacted in that the board's regulations are consistent with and reflect recent updates to licensed practice. 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. There is no adverse fiscal impact of the regulation because the regulations do not increase requirements but clarify existing requirements, address specific scenarios in the licensure process and provide PAs with greater prescribing flexibility. The board believes this will positively affect MDs, PAs, graduate orthotists and prosthetists, the overall healthcare systems, and the citizens of this Commonwealth.

(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.

Licensed healthcare professionals under the board will be required to comply with this regulation. Currently, there are approximately 118,419 active licensees under their purview who would benefit from the clarity provided, specifically an approximate 57,447 active MDs (including 4,724 active-retired), 12,920 PAs and an average of 37 orthotists and prosthetists graduate permit applicants.

The proposed regulations will impact applicants for licensure and license renewal and reactivation, medical schools and educational institutions, including graduate medical institutions, particularly those with graduates from unaccredited medical colleges, accredited educational institutions for orthotists and

prosthetists and universities providing clinical residencies for orthotists and prosthetists, temporary license applicants seeking temporary licensure, especially in the case of an emergency declaration, institutional licensees and entities operating under an institutional license, particularly those affected by changes to the limitations on affiliated facilities where they can practice or teach.

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

The proposed regulatory changes are expected to have several positive impacts on small businesses, labor communities, and organizations in this Commonwealth. Financially, by modernizing and streamlining licensure requirements, this Commonwealth can attract a larger pool of healthcare professionals, which will help small healthcare organizations and private practices fill staffing gaps, contributing to financial stability and growth. By eliminating outdated provisions, such as the 7-year completion requirement for the USMLE and clarifying licensure statuses, the regulations ensure a smoother and more predictable path for healthcare professionals, increasing the likelihood of attracting skilled practitioners to this Commonwealth. Simplifying the licensure process, particularly for MDs returning to practice or those from out-of-state, will reduce administrative costs for small businesses, saving them time and money spent on training and compliance with outdated regulations. Additionally, authorizing additional prescriptive authority to PAs and allowing for additional ways for applicants to demonstrate English proficiency will only enhance the practice of medicine and make it more accessible to the citizens of this Commonwealth.

Economically, these changes will increase the number of qualified healthcare professionals available, particularly in rural and underserved areas, enhancing the ability of small businesses to maintain or expand their services. This will foster job creation and economic growth in the healthcare sector, supporting local economies. The increased competitiveness resulting from aligning the board's regulations with those of other states will enable small healthcare organizations to remain competitive in a rapidly evolving market, leading to business growth and a more robust healthcare sector. The provisions related to emergency declarations also allow healthcare professionals from other states to practice temporarily in this Commonwealth, which is crucial in areas with a shortage of healthcare providers. This flexibility will ensure that small healthcare businesses remain operational and continue to contribute to this Commonwealth's economic health, especially during times of crisis.

Socially, these changes will enhance access to care by enabling small healthcare organizations in underserved areas to maintain or expand their services. The ability to attract and retain qualified professionals will lead to improved healthcare outcomes for communities, particularly those with limited access to healthcare providers. These changes will create a stronger, more sustainable healthcare ecosystem that benefits both businesses and the communities they serve.

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

The benefits of the proposed regulations significantly outweigh any potential costs or adverse effects for several reasons. First and foremost, the updates are designed to streamline and modernize the licensing process, reducing administrative burdens on both applicants and the board. This efficiency leads to cost savings for businesses and organizations, particularly small healthcare providers, as they can more quickly hire qualified professionals without unnecessary delays or complex requirements. By eliminating outdated provisions, such as the 7-year completion requirement for the USMLE and clarifying licensure statuses,

the regulations ensure a smoother and more predictable path for healthcare professionals, increasing the likelihood of attracting skilled practitioners to this Commonwealth.

Additionally, the proposed regulations align this Commonwealth with best practices observed in other states, making it more competitive in the national and regional healthcare job market. For example, by allowing for more flexible licensure requirements and temporary licensure during emergencies, this Commonwealth can better respond to healthcare staffing shortages, which is especially important during times of crisis, such as the ongoing impacts of COVID-19. This flexibility will enhance the state's ability to maintain high-quality care, even in underserved or rural areas, by ensuring a stable and responsive healthcare workforce. This enhanced competency standards builds trust in the healthcare system, which is critical for business success. The inclusion of flexibility for retired or inactive professionals, such as the active-retired status, encourages experienced practitioners to remain engaged, providing valuable mentorship and supporting a more sustainable workforce.

The board does not see any adverse effects of this proposed regulation. For the most part, the proposed regulations include updates to bring the board's regulations into compliance with amendments to the act and to its current practices and procedures. The board's proposed amendment to remove the 7-year completion requirement for the USMLE removes unnecessary barriers and would have no adverse impact. Additionally, authorizing additional prescriptive authority to PAs will only enhance the practice of medicine and make it more accessible to the citizens of this Commonwealth. The benefits of this proposed regulation include a more skilled, competitive workforce, improved access to care, and enhanced business operations. Moreover, the updated regulations help remove barriers for healthcare professionals returning to practice, enabling the better utilization of the existing workforce, reducing care gaps, and facilitating businesses' quick adaptation to changes in demand. Ultimately, the proposed regulation enhances this Commonwealth's healthcare environment, ensuring that it remains dynamic, business-friendly, and responsive to the needs of both professionals and patients. These far-reaching benefits significantly overshadow any potential downsides.

(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.

This rulemaking is not expected to create significant new costs to the regulated community. The proposed rulemaking regarding re-entry, remediation and recertification codifies the Board's existing practices. Therefore, this proposed rulemaking does not result in new costs to the regulated community. But here are the costs that licensees typically incur when completing these programs. The costs of medical doctors returning to practice after an extended absence may incur re-entry assessment costs through approved programs such as Lifeguard or the Center for Personalized Education for Physicians (CPEP), which range from approximately $9,000 to $16,000 depending on specialty and remediation needs. Physician assistants returning to practice after an extended absence may incur re-entry assessment costs through approved programs such as Lifeguard, which ranges from approximately $6,000 to $8,000. Allied health professionals, such as respiratory therapists and athletic trainers, may incur recertification costs through their national credentialing bodies, which range from $55 to $250. Under the proposed rulemaking, a licensee may submit an individualized re-entry or remediation plan to the Board. The Board reviews and approves such programs on a case-by-case basis to ensure that the proposed education, supervision and assessment components adequately demonstrate current clinical competency. Sometimes, the individualized plans may result in lower costs to licensees.

The Board considers an average approximately 100 re-entry, remediation and recertification cases annually, representing a small portion of the total licensee population.

(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.

The proposed regulation would not result in costs or savings to local governments.

(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 costs and/or savings to the state government associated with compliance.

(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 should be no legal, accounting, or consulting procedures associated with this rulemaking.

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

No forms are required for the implementation of the regulation. Regarding the active-retired status, the Board has recognized this status since 2002 under the authority of MCARE and has utilized an existing application process to administer it (See, Attachment "A"). This proposed regulation serves to formally incorporate the active-retired status into the regulations to clarify existing licensure categories, without introducing any new forms or application requirements.

(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.**

(See Attachment "A")

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

	Current FY 25-26	**FY +1 26-27**	**FY +2 27-28**	**FY +3 28-29**	**FY +4 29-30**	**FY +5 30-31**
SAVINGS:	**$**	**$**	**$**	**$**	**$**	**$**
Regulated Community	$0	$0	$0	$0	$0	$0

Local Government	$0	$0	$0	$0	$0	$0
State Government	$0	$0	$0	$0	$0	$0
Total Savings	N/A	N/A	N/A	N/A	N/A	N/A
COSTS:						
Regulated Community	$5,500-1,600,0000	$5,500-1,600,000	$5,500-1,600,000	$5,500-1,600,000	$5,500-1,600,000	$5,500-1,600,000
Local Government	$0	$0	$0	$0	$0	$0
State Government	$0	$0	$0	$0	$0	$0
Total Costs	$5,500-1,600,000	$5,500-1,600,000	$5,500-1,600,000	$5,500-1,600,000	$5,500-1,600,000	$5,500-1,600,000
REVENUE LOSSES:						
Regulated Community	$0	$0	$0	$0	$0	$0
Local Government	$0	$0	$0	$0	$0	$0
State Government	$0	$0	$0	$0	$0	$0
Total Revenue Losses	N/A	N/A	N/A	N/A	N/A	N/A

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

Program	FY -3 2022-2023 (actual)	FY -2 2023-2024 (actual)	FY -1 2024-2025 (estimated)	Current FY 2025-2026 (budgeted)
State Board of Medicine	**$7,904,689**	**$8,634,385**	**$9,290,000**	**$9,011,000**

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

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

(a) This rulemaking will not have an adverse impact on small businesses

(b) This rulemaking will not impose additional reporting, recordkeeping, or other administrative costs on small businesses.

(c) The probable effect on impacted small businesses would be positive because the board's regulations will remove unnecessary barriers to licensure and will clarify the board's existing regulations and provide more flexibility to licensees and applicants.

(d) The board could discern no less costly or less intrusive alternative methods to effectuate

(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.

No special provisions have been developed for any affected groups or persons.

(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.

The Board initially considered authorizing PAs to prescribe up to a supply of up to 60 days for medications delivered by intrathecal pain pumps. The Board later decided to increase it to 90 days so that it would be consistent with other Boards, including the State Board of Nursing. The Board believes it is a safe practice for PAs and does not see a reason to limit PAs more than other similar professions.

(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 performing 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.

a) & b) The board did not consider less stringent reporting requirements or deadlines for small businesses or applicants who intend to work for small businesses.

c) No compliance or reporting requirements could be consolidated or simplified. The application process is the same whether a small business or a large business employs a particular licensee.

d) The proposed regulations do not contain design or operational standards that need to be altered for small businesses.

e) The board only anticipates a positive impact from this proposed regulation; therefore there is no need to exempt small businesses from any provision of this regulation.

(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, studies, or references were used to justify the 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 public meetings or hearings will be held:

No public hearings were scheduled or held. The board discusses its regulatory proposals at regularly scheduled meetings. This proposed rulemaking has been discussed at the public board meetings since 2019 and more recently during public board meetings on March 4, May 20, August 19 and September 30 of 2025.

C. The expected date of promulgation of the proposed regulation as a final-form regulation: Winter 2026

D. The expected effective date of the final-form regulation: Upon publication as final.

E. The date by which compliance with the final-form regulation will be required: Upon publication as final.

F. The 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 dates in 2025: November 18 and December 23.

More information can be found on the board's website (https://www.dos.pa.gov/ProfessionalLicensing/BoardsCommissions/Medicine/Pages/default.aspx).

ATTACHMENT “A”

Medicine- Medical Physician and Surgeon-Application(ApplicationType : Change of Status)

AA000 (License # :)

BUREAU OF PROFESSIONAL AND OCCUPATIONAL AFFAIRS
P. O. Box 2649
Harrisburg, PA 17105-2649

APPLICANT INFORMATION

PERSONAL INFORMATION							
LastName				**FirstName**			
MiddleName				**Suffix**			
FullName							
SSN		**DateOfBirth**		**Age**		**Gender**	

CURRENT ADDRESS DETAILS			
Street Address			
City/State/Zip			
County		**Country**	

CHECKLIST ITEMS

Checklist name	Status	Submitted Date	Expiration Date
Application			
Application Fee			
Continuing Education			
Curriculum Vitae			
Databank Report			
Opioid CE			

LEGAL QUESTIONS

	Questions	Answer	Document Uploaded	File Name
1	Do you hold or have you ever held a license, certificate, permit, registration or other authorization to practice in any health-related profession in any state or jurisdiction?			
2	Please provide the profession and state or jurisdiction.			
3	Have you withdrawn an application for a professional or occupational license, certificate, permit or registration, had an application denied or refused, or for disciplinary reasons agreed not to apply or reapply for a professional or occupational license, certificate, permit or registration in any state or jurisdiction?			

4	Have you had disciplinary action taken against a professional or occupational license, certificate, permit, registration or other authorization to practice a profession or occupation issued to you in any state or jurisdiction or have you agreed to voluntary surrender in lieu of discipline?			
5	Do you currently have any disciplinary charges pending against your professional or occupational license, certificate, permit or registration in any state or jurisdiction?			
6	Have you ever had practice privileges denied, revoked, suspended or restricted by a hospital or any health care facility?			
7	Have you ever had your DEA registration denied, revoked or restricted?			
8	Have you ever had provider privileges denied, revoked, suspended or restricted by a Medical Assistance agency, Medicare, third party payor or another authority?			
9	Have you ever been charged by a hospital, university, or research facility with violating research protocols, falsifying research, or engaging in other research misconduct?			
10	Are you currently suffering from any condition for which you are not being appropriately treated that impairs your judgment or that would otherwise adversely affect your ability to practice (Medicine-Medical Physician and Surgeon) in a competent, ethical, and professional manner?			
11	Have you been the subject of a civil malpractice lawsuit?			
12	Have you previously reported the complaint to the Board?			
13	Provide the docket number:			
14	State			
15	County			
16	Upload a copy of the entire Civil Complaint, which must include the filing date and the date you were served.			

ACKNOWLEDGEMENT OF DUTY TO SELF-REPORT DISCIPLINARY CONDUCT AND CERTAIN CRIMINAL ACTIVITY

☑ **I hereby acknowledge that in addition to any existing reporting requirement required by a specific board or commission, I am REQUIRED pursuant to Act 6 of 2018 to NOTIFY the Bureau of Professional and Occupational Affairs WITHIN 30 DAYS of the occurrence of any of the following:**
(1) A disciplinary action taken against me by a licensing board or agency in another jurisdiction;
(2) A finding or verdict of guilt, an admission of guilt, a plea of nolo contendere, probation without verdict, a disposition in lieu of trial or an Accelerated Rehabilitative Disposition (ARD) of any felony or misdemeanor offense in a criminal proceeding. **I further acknowledge that failure to comply with these mandatory reporting requirements may subject me to disciplinary action by the Board.** I acknowledge my understanding that to self-report a disciplinary action or criminal matter as set forth above, I may log in to the Pennsylvania Licensing System (PALS) at www.pals.pa.gov and select “Mandatory Reporting by Licensee” under the heading “Your Licenses.”

(07/31/2025 16:52:28)

CONFIRMATION

☑ Any fees paid are non refundable. ( )

CDL-1

FACE SHEET
FOR FILING DOCUMENTS
WITH THE LEGISLATIVE REFERENCE BUREAU

(Pursuant to Commonwealth Documents Law)

RECEIVED

Independent Regulatory
Review Commission
March 26, 2026

DO NOT WRITE IN THIS SPACE

Copy below is hereby approved as to form and legality. Attorney General	Copy below is here by certified to be a true and correct copy of a document issued, prescribed or promulgated by:	Copy below is hereby approved as to form and legality. Executive or Independent Agencies.
BY: Amy M Elliott Digitally signed by Amy M Elliott Date: 2026.03.16 10:15:53 -04'00' (DEPUTY ATTORNEY GENERAL)	Department of State State Board of Medicine (AGENCY)	BY: Cynthia K. Montgomery Digitally signed by Cynthia K. Montgomery DN: cn=Cynthia K. Montgomery, o, ou, email=cymontgome@pa.gov, c=US Date: 2026.03.11 14:16:01 -04'00' (Deputy General Counsel) ~~(Chief Counsel, Independent Agency)~~ (Strike inapplicable title)
3/16/2026 DATE OF APPROVAL	DOCUMENT/FISCAL NOTE NO. 16A-4945 DATE OF ADOPTION:	March 11, 2026 DATE OF APPROVAL
☐ Check if applicable Copy not approved. Objections attached.	BY: Donald M. Yealy, M.D. TITLE Board Chair (EXECUTIVE OFFICER, CHAIRMAN OR SECRETARY)	☐ Check if applicable. No Attorney General approval or objection within 30 days after submission.

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, 16.11--16.13, 16.15, 16.15a, 16.15b 16.17, 16.18, 16.19 17.1--17.8, 17.22, 18.2, 18.3, 18.13, 18.14, 18.141, 18.143, 18.145, 18.156, 18.158, 18.203, 18.504, 18.523, 18.525, 18.526, 18.603--18.605, 18.607, 18.608, 18.610, 18.703--18.707, 18.709, 18.811, 18.813, 18.814, 18.821, 18.823, 18.824, 18.831, 18.833, 18.841, 18.843, 18.861, 18.863, and 18.903--18.905.

GENERAL REVISIONS AND UPDATES

The State Board of Medicine (board) proposes to amend Chapters 16, 17 and18 (relating to State Board of Medicine – general provisions; State Board of Board Medicine – medical doctors and State Board of Medicine – practitioners other than medical doctors) to read as set forth in Annex A. Specifically, the board is proposing amendments to §§ 16.1, 16.11--16.13, 16.15, 16.17, 16.18, 16.19, 17.1--17.8, 17.22, 18.2, 18.3, 18.13, 18.14, 18.141, 18.143, 18.145, 18.156, 18.158, 18.203, 18.504, 18.523, 18.525, 18.526, 18.603--18.605, 18.607, 18.608, 18.610, 18.703--18.707, 18.709, 18.811, 18.813, 18.814, 18.821, 18.823, 18.824, 18.831, 18.833, 18.841, 18.843, 18.861, 18.863, and 18.903--18.905. The board also proposes to add §§ 16.15a and 16.15b (relating to licensure status classifications; and continued competency).

Effective Date

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

Statutory Authority

Section 8 of the Medical Practice Act of 1985 (act) (63 P.S. § 422.8) authorizes the board to adopt such regulations as are reasonably necessary to carry out the act's purposes, including the licensure of physicians and allied health professionals. Sections 29, 32 and 33 of the act (63 P.S. §§ 422.29, 422.32, and 422.33) were amended by the act of April 19, 2022 (P.L. 57, No. 16) (Act 16), which modernized medical licensing in this Commonwealth by amending requirements for postgraduate training, institutional licenses and temporary licenses.

Under section 24(b) of the act (63 P.S. § 422.24(b)), applicants for a license or certificate whose principal language is other than English may be required to demonstrate, by examination, proficiency in the English language to any agency considered competent by the board.

Under section 910(d)(3) of the Medical Care Availability and Reduction of Error (MCARE) Act (40 P.S. § 1303.910(d)(3)), a medical doctor holding an active-retired license is exempt from the continuing medical education requirement and also from the medical professional liability insurance requirement, as provided in section 711(j)(3) of the MCARE Act (40 P.S. § 1303.711(j)(3)).

Under the amendments to section 9.1 of the Achieving Better Care by Monitoring All Prescriptions Program Act (ABC-MAP Act) (35 P.S. § 872.9a), the board is required to implement mandatory continuing education requirements in pain management, identification of addiction or the practices of prescribing or dispensing of opioids.

Background and Need for Amendments

The proposed regulation is an overall update to the board's regulations, including standards relating to issuing licenses, certifications, permits and registrations; graduate medical training (GMT); and continuing education requirements relating to pain management, identification of addiction or the practices of prescribing or dispensing of opioids.

This proposed regulation is essential for updating the board's regulations to reflect current practices and standards. It defines the active-retired license status and clarifies how each licensure status (active, active-retired, inactive, and expired) can be achieved, along with the associated practice limitations. This proposed rulemaking formally incorporates the active-retired license status into the board's regulations to include a status for retired medical doctors who practice only on themselves or their immediate family members. This status was created because the MCARE Act exempts retired medical doctors who practice only on themselves or their immediate family members from professional liability insurance and continuing medical education requirements. Given these exemptions, the Board determined that it was necessary to offer an active-retired status to distinguish these practitioners from those holding active, unrestricted licenses. The Board

therefore created and has long maintained the active-retired status, and now proposes to codify this status in Chapter 16.

In conjunction, the board also defines the other three license statuses —active, inactive, and expired —which, although long used in practice, were not previously codified in the board's regulations. This lack of clarity has confused the licensing population regarding their meanings and how to obtain them. Section 711(j)(3) of the MCARE Act (40 P.S. § 1303.711)(j)(3)) provides that a retired licensed participating health care provider who provides care only to the provider or the provider's immediate family members is exempt from medical professional liability insurance requirements under the MCARE Act. Additionally, section 910(d)(3) of the MCARE Act (40 P.S. § 1303.910(d)(3)) exempts a retired physician who provides care only to immediate family members from the continuing medical education requirement. Under this authority, the board currently grants active-retired license status to medical doctors who wish to practice only on themselves and their immediate family members.

The proposed rulemaking is necessary to update regulations to conform with recent amendments to the act (63 P.S. §§ 422.29, 422.32, and 422.33) relating to GMT requirements for graduates of unaccredited medical colleges and to remove the limitation on affiliated facilities where a licensee may practice or teach under an institutional license. It also amends the language regarding temporary licenses to allow for issuance in the event of an emergency declaration.

In 2016, the Legislature amended the ABC-MAP Act, including the requirement imposed by section 9.1(a)(2) (35 P.S. § 872.9a(a)(2)) on all prescribers and dispensers to obtain 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 biennial renewal. The board has required medical doctors 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. As a part of this proposed rulemaking, the board would include a provision relating to the active-retired status licensee to ensure that the regulated community understands that this continuing education is mandated for all licensees, including active-retired status licensees who maintain an active DEA registration.

Additionally, the board proposes amendments that would update regulations relating to reactivation, institutional licenses, temporary licenses, graduate permits for prosthetists and orthotists, standards for the United States Medical Licensure Examination (USMLE), an emergency provision for temporary licenses, English proficiency and prescription of intrathecal pain pumps by physician assistants.

In accordance with the requirements of Executive Order 1996-1 (4 Pa. Code §§ 1.371—1.382), on September 28, 2023, the board sent an exposure draft of this proposed rulemaking to interested parties. Comments were received from the Pennsylvania Medical Society, which were reviewed by the Board. The comments made clarifying suggestions which the board considered and incorporated. The board clarified requirements concerning continuing education requirements for the active-retired status licensees after consideration of the comments received.

Description of Proposed Amendments

Amendments to definitions.

The board proposes an amendment to Chapter 16, Subchapter A, relating to basic definitions and information. In § 16.1 (relating to definitions), the board proposes to add a definition for an "active-retired status" to reflect a licensure status designation for medical doctors that limits the scope of practice to providing care for themselves and their immediate family members (as defined in § 16.1), as authorized by the MCARE Act.

Replacing the term "registration" with "renewal."

The proposed amendments update regulatory language in Chapters 16, 17, and 18 to reflect current practice by removing outdated references to "biennial registration" in relation to license renewal and replaces outdated references to “biennial registration” with the more accurate term “biennial renewal.” While the board still issues certain registrations—for example, for primary supervising physicians of physician assistants and naturopathic doctors —the term “biennial registration” is no longer used to describe the renewal of licenses, certifications, or permits. Using “renewal” instead of “registration” in these contexts will reduce confusion by clearly distinguishing between the issuance of a registration and the routine renewal of a license or other authorization to practice. Switching to “biennial renewal” throughout the regulation will clarify the distinction between the authorization to practice and other forms of registration, reducing confusion for the public. The board proposes this amendment to the following sections, including section headings where appropriate, throughout Chapters 16, 17 and 18, specifically: §§ 16.11(c), 16.13(l), 16.15(a), (b) and (c.1), 17.8(d), 18.3, 18.14(a)--(d), 18.145(a)--(b), § 18.156(a)(5), 18.607(a), (b)(1) and (b)(3)--(5), 18.608(d)(2) and (e)—(e)(2), 18.610(a)(1), (a)(3), (a)(4) and (c), 18.706(b)(1) and (b)(3)--(b)(5), 18.707(a)(2), (c)(2) and (e)—(e)(2), 18.709(a)(1), (a)(3) and (a)(4), 18.861(b)(1), 18.904(b)(1) and (3), and 18.905(b)(1) and (b)(4). Additionally, the board proposes to amend § 16.11 by adding subsection (c)(20) to address the biennial renewal of volunteer licenses, which is currently omitted from the list.

General updates

The board is proposing an amendment to Chapter 16, Subchapter B to modernize the terminology used in the regulations by removing outdated provisions and including the term "permit" to refer to the various authorizations issued by the board. Many allied health professions issue permits instead of licenses, certificates, or registrations. By incorporating the term "permit," the board seeks to clarify that these authorizations fall under its regulatory framework.

Specifically, the board proposes adding "permit" to types of authorizations to practice in the following provisions: §§ 16.11(b), 16.12, 16.12b(a)(1)(ii), 17.1(a)(5), 17.2(f), 17.3(a), 17.4(b)(1)(v), 17.5(c)(3), 17.6(a), 17.7(c)(8), 18.2(2) and 18.141(a).

The proposed regulation simplifies § 16.13 (relating to licensure, certification, examination and registration fees) by changing the section heading to "fees." The board no longer charges examination fees; this update reflects the current reality and simplifies the language for improved clarity. This change will be applied across multiple sections where the section heading is referenced, including §§ 16.12b(a)(6), 16.17(a), 16.18(e), 17.5(h), 17.8(d), 17.22(c), 18.2(5), 18.3(c), 18.13(b)(2), 18.14(c), 18.141(3), 18.143(a)(2), 18.145(b), 18.203(a), 18.504(a)(1), 18.523(a), 18.525(c), 18.526(b), 18.603(a), 18.604(a), 18.605(a), 18.607(b)(1), 18.608(d)(2), 18.703(a), 18.704(a), 18.705(a), 18.706(b)(1), 18.707(c)(2), 18.811(a), 18.813(a), 18.814(a), 18.821(a), 18.823(a), 18.824(a), 18.831(a), 18.833(a), 18.841(a), 18.843(a), 18.861(b)(1), 18.863(d)(2), 18.903(a), 18.904(b)(1) and 18.905(b)(1).

The board also proposes to amend § 16.15 (relating to biennial registration; inactive status and unregistered status) to remove outdated language and to clarify that biennial renewal is required for all licenses, certifications, and registrations issued by the board, except as provided in subsection (b). The proposed amendments include updating the section heading to "Biennial renewal" and subsequent section heading references at §§ 17.8(d), 18.3(a), 18.145(a), 18.607(a), 18.706(a), 18.861(a) and 18.904(a). Subsection (a) will specify that licenses, certifications, and registrations generally expire on December 31 of every even-numbered year, that biennial renewal is required to continue practicing, and that renewal forms must be completed online. Permits are not included in this requirement, as they do not expire like licenses, certifications and registrations. The proposed changes will also remove outdated language regarding automatic initial registration, which is no longer accurate. Subsection (b) will be amended to identify specific license and

registration types exempt from biennial renewal (such as institutional licenses, graduate licenses, temporary licenses, interim limited licenses, and primary supervising physician registrations). Additionally, subsections (c) through (i), with the exception of (c.1), would be deleted as these provisions are outdated, and the relevant information will be more efficiently incorporated into the proposed § 16.15a (relating to licensure status classifications), which outlines license statuses in a more organized manner. The proposed rulemaking would also delete subsection (j) and incorporate the content into § 16.15b (relating to continued competency), as more fully described under the *continuing competency* section of this preamble. Additionally, the board proposes to amend §18.608 to delete outdated notice procedures regarding failure to biennially renews prior to the expiration of the biennial renewal period.

Clarification of licensure statuses.

The board is proposing significant amendments to Subchapter B, which pertains to general licensing, certification, permit, and registration provisions, to clearly define each license status, explain the meaning of each status, and outline the requirements for holders of licenses, certifications, permits or registrations in each status.

The board proposes the addition of § 16.15a (relating to licensure status classifications) to clarify four licensure statuses for holders of licenses, permits, certifications and registrations. In subsection (a), the proposed rulemaking outlines that board-regulated practitioners other than medical doctors may hold one of three statuses: active, expired or inactive. Medical doctors are eligible for the same three statuses as well as an active-retired status. Proposed subsection (b) addresses the "active" status. A license, certificate, permit or registration holder in active status can practice their profession without limitation unless they fall under one of two exceptions outlined in the proposed rulemaking. Subsection (b)(2)(i)--(ii) details the exceptions, which involve disciplinary actions or other board orders that limit or prohibit the holder from practicing

their profession. This subsection also covers the biennial renewal requirements for those in active status. Proposed subsection (c) includes the "active-retired" status, a designation available only to medical doctors with a current license in this Commonwealth. This status allows medical doctors to practice medicine solely on themselves and their immediate family members, as permitted by the MCARE Act and the definition of “immediate family member” in § 16.1 (relating to definitions). The proposed rulemaking specifies that practice on anyone other than the medical doctor or their immediate family member may subject the licensee to discipline by the board. A medical doctor holding an active-retired license is required to complete biennial renewal. Under the MCARE Act, active-retired licensees are exempt from medical professional liability insurance requirements and continuing medical education requirements except for 2 hours of mandatory training in child abuse recognition and reporting and 2 hours of continuing education in pain management, the identification of addiction or in the practices of prescribing or dispensing opioids if the doctor holds a current Drug Enforcement Administration (DEA) registration or is utilizing the DEA registration of another. The proposed rulemaking also specifies the biennial renewal and return to active status requirements for active-retired license holders. Finally, in §16.19(b)(3)(iii), the board proposes to clarify that the exemption from continuing medical education for retired physicians does not apply to statutorily mandated continuing education requirements, including training in child abuse recognition and reporting under §16.108(b) and opioid education required under section 9.1 of the Achieving Better Care by Monitoring All Prescriptions Program Act (ABC-MAP Act) (35 P.S. § 872.9a).

Proposed § 16.15a(d) addresses "expired" status and clarifies that this status applies if a medical doctor or other practitioner fails to submit a timely biennial renewal before their license, certificate or registration expires. The proposed language prohibits practicing medicine or other professions under an expired license, certificate or registration. It warns that doing so could result

in disciplinary actions, criminal prosecution or civil penalties. Subsection (d)(3) and (4) outline the process for reactivating an expired license. Proposed subsection (e) defines "inactive" status, which occurs when a board-regulated practitioner requests to be placed “inactive” while maintaining a current license in this Commonwealth. Inactive status is only available to current license holders and it prohibits the holder from practicing unless the license is reactivated to active or active-retired status. The proposed language further specifies that license holders with inactive status are not required to biennially renew the license. Subsection (e)(4) and (5) outline the process for reactivating an inactive license.

Continued Competency

The board proposes further amendments to Subchapter B with the addition of § 16.15b (relating to continued competency), which would incorporate and amend § 16.15(j), which the board proposes to delete, to more accurately reflect current board procedures for applicants seeking initial licensure or reactivation after being out of clinical practice more than 4 years. Proposed § 16.15b would align with current procedures of the board regarding applicants who have been out of clinical practice more than 4 years. The existing language in § 16.15(j) allows the board to require an “interview” to assess the physical and mental fitness of applicants who haven’t practiced in this Commonwealth for this period. The board’s current practice includes an interview and clinical skills evaluation of medical doctor applicants conducted by a board-approved re-entry program. Depending on the assessment, medical doctors may also be required to complete retraining or a preceptorship program if deemed necessary by the re-entry evaluator and the board. The board has approved several Nationally recognized clinical skills evaluation programs for this purpose. Also, it evaluates other re-entry evaluators on a case-by-case basis. Updating this process in the regulations will provide clarity for both licensees and the public.

Under proposed § 16.15b(a), the board may require any combination of the following: a comprehensive re-entry evaluation by a board-approved assessment program; retraining, remediation, or preceptorship as recommended by a board-approved program; re-examination to demonstrate current knowledge, skill, and proficiency; or re-certification to confirm the applicant's qualifications. The majority of board-approved programs are specifically for medical doctors and do not offer re-entry clinical skills evaluations or retraining programs for other allied health professionals. The board may require re-examination or re-certification for non-medical doctor practitioners to assess physical and mental fitness to resume practice. Many allied health professions require clinical examinations for licensure, and applicants are often required to obtain certification from accredited certifying bodies. The associated certification may also lapse when the license, certification, permit, or registration it is associated with lapses. By requiring re-examination or recertification, the board ensures that applicants possess the necessary knowledge, skills, and proficiency to resume practice safely and effectively. If an allied health professional has maintained certification or re-obtains certification, it assures the board that the individual has kept their skills current through their certifying body. Under proposed subsection (b), the board specifies which individuals may be required to comply with the provisions of proposed subsection (a), specifically those seeking: reinstatement or reactivation following a period of expired, inactive or active-retired licensure status exceeding 4 years; initial licensure in this Commonwealth after a lapse in clinical practice exceeding 4 years; return to practice following disciplinary suspension or voluntary agreement not to practice lasting more than 4 years; or reinstatement of a license after revocation.

<u>USMLE requirements.</u>

The board proposes an amendment to § 17.1 (relating to license–without restriction) that would remove the requirement that the USMLE be completed within a 7-year period. While the

USMLE program does not impose a universal timeframe for completing all three examination steps, many state licensing authorities require candidates to pass Steps 1, 2, and 3 within a 7-year period, starting from the date of passing the first step. The 7-year timeframe was originally recommended by the USMLE program, which is co-sponsored by the Federation of State Medical Boards (FSMB) and the National Board of Medical Examiners (NBME), as a guideline for state licensing authorities. While the USMLE program itself does not impose a mandatory time limit, many states adopted the 7-year rule as part of their licensing criteria including the board. According to the FSMB, 47 U.S. licensing jurisdictions currently maintain some form of time limit for USMLE completion, but 19 of those allow applicants to request a waiver based on individual circumstances. Four jurisdictions, including Connecticut, Delaware, North Carolina, and Rhode Island have eliminated the time limit entirely.

The board is cognizant that applicants may have personal circumstances that prevent them from taking the USMLE within 7 years. The board views the 7-year rule as an arbitrary standard; the board's concern is whether the applicant has passed the required USMLE steps within the attempt limits and not the length of time it took the applicant to pass the three steps of the USMLE. Thus, the board does not believe a fixed time limit is necessary. Fixed time limits can present a barrier to otherwise qualified candidates who have taken time away from training to raise children, care for family members, manage health issues, change specialties or respond to other life circumstances. The proposed amendment recognizes that a more flexible approach better supports a diverse physician workforce without compromising professional standards. Applicants must meet the qualifications set by USMLE to take the examination and the board is satisfied with those requirements.

Postgraduate training, institutional licenses and temporary licenses

Currently, graduates of accredited medical schools in the U.S. or Canada must complete 2 years of GMT through an approved residency program before being granted an unrestricted license to practice medicine in this Commonwealth. Prior to the amendments to section 29 of the act (63 P.S. § 422.29), International Medical Graduates (IMGs) who graduated from unaccredited medical schools were required to complete an additional year of graduate training, totaling 3 years of graduate medical education, before they could be granted the same unrestricted license. This requirement was established many years ago due to concerns that IMGs from unaccredited schools may have received less rigorous testing and training compared to their counterparts from accredited U.S. medical schools. However, in recent years, the educational standards for IMGs have been aligned with those of U.S. and Canadian medical graduates. IMGs are now required to pass the USMLE Steps 1, 2, and 3, as well as a comprehensive English language examination. Additionally, IMGs must obtain certification from the Educational Commission for Foreign Medical Graduates (ECFMG) and complete a 1-year training program, similar to the requirements for U.S. and Canadian graduates. In light of these changes, the General Assembly eliminated the requirement for IMGs to complete an additional year of graduate training in its amendments to the act in 2022. To implement this change, the board proposes amending § 17.1(a)(4)(iii) to reduce the required GMT for IMG graduates of unaccredited medical schools from 3 to 2 years, provided the applicant did not participate in GMT before June 30, 1987.

In 2022, section 32 of the act (63 P.S. § 422.32) was also amended by removing the cap on the number of affiliated facilities at which holders of institutional licenses may practice or teach. Before 2022, institutional license holders were limited to practicing or teaching at no more than two affiliated facilities. However, during the COVID-19 pandemic and continuing thereafter, hospital systems needed their physicians to be able to practice across multiple facilities to address physician shortages and ensure access to medical care in all areas of this Commonwealth,

particularly in rural and underserved communities. The board has implemented this change and proposes to update its regulations by deleting § 17.3(d) (relating to institutional licenses), which previously imposed this limitation on institutional license holders.

Additionally, section 33 of the act (63 P.S. § 422.33) was amended to include a disaster emergency clause, allowing medical doctors to obtain a temporary license during any Federal, state or local disaster emergency for a duration determined by the board, not to exceed the period of the applicable disaster emergency declaration. In line with this provision, the board proposes updates by amending § 17.6 (relating to temporary licenses) to add subsection (a)(6), which allows the board to issue a temporary license to an applicant who is licensed and in good standing in another jurisdiction, provided they are responding to a medical care need created by a disaster emergency declaration in this Commonwealth. The proposed language also includes other minor amendments to § 17.6 to align with the amendments to the act, as well as clarify "a brief period of time" to be no more than 3 months in subsection (a)(4) and specify that the board may issue a temporary license to an applicant to engage in any other purpose as deemed appropriate by the board on a case-by-case basis as proposed in subsection (a)(7).

Update English Proficiency language.

The proposed regulation would amend § 17.2 (relating to license without restriction – endorsement) at subsection (c) to provide for alternative ways to establish English proficiency. This amendment would mirror the regulatory language in §§ 16.12b and 18.13 (relating to licensure by endorsement under 63 P.S. § 3111; and requirements for licensure as an acupuncturist) and will provide consistency for English proficiency throughout the board's regulations.

The board proposes to amend § 17.2 to update and expand the options for an applicant to demonstrate English proficiency. Currently, if an applicant did not take their licensure examination in English, the only way to demonstrate English proficiency is by securing a passing score on the

Test of English as a Foreign Language (TOEFL)®. However, other newly amended sections of the regulations that include English proficiency provisions (§§ 16.12b and 18.13) allow for additional ways for applicants to demonstrate English proficiency. The proposed rulemaking would amend § 17.2 to clarify that an applicant must achieve a scaled score of at least 83 on the TOEFL® IBT (Internet-based test), the most recent version of the examination. The comparable score for the TOEFL® CBT (computer-based test) is 220, which the board will accept for that version of the examination. The comparable score for the TOEFL® PBT (paper-based test) is 557-560; however, since the board's regulations previously accepted a scaled score of 550 on the PBT, the board will continue to accept that same score to maintain consistency on this version of the examination. The board obtained comparable score information from the 2005 *TOEFL Score Comparison Table,* which was created by Educational Testing Services (ETS), the company that currently manages the TOEFL®. TOEFL iBT Score Comparison Tables The board includes the acceptable scores for the outdated versions of the TOEFL®. Although the CBT and PBT versions of the examination have been discontinued, including these versions will enable the board to accept a passing score from these versions for applicants who have previously taken the examination.

Additionally, the proposed rulemaking would allow the board to accept successor organizations of the TOEFL, ensuring that an organizational change will not impact the board's regulations. Section 17.2 will allow English proficiency to be demonstrated in the following ways: 1) the applicant's educational program was in English, 2) the applicant's training was at an English-speaking facility, 3) the applicant is certified by the ECFMG, 4) the applicant has achieved a scaled score of at least 83 on the TOEFL® IBT, a 220 on the TOEFL® CBT, a 550 on the TOEFL® PBT or an equivalent score on a successor examination of the TOEFL®, 5) the applicant has achieved a score of 350 in each of the four subtests of the Occupational English Test (OET), or 6) the applicant has achieved a passing score on an English proficiency examination equivalent

to the TOEFL® or OET, as determined by the board. This amendment will mirror the English proficiency language used in other areas of the regulations to provide consistency throughout the regulations.

Intrathecal pain pumps

The proposed regulation amends § 18.158 (relating to prescribing and dispensing drugs, pharmaceutical aids, and devices) to establish an exception allowing physician assistants to prescribe intrathecal pain pump medication. Intrathecal pain pump medications are filled via a compounding pharmacy and sent to the prescriber's office. Then the physician or physician assistant fills the pump. These pumps deliver the medication directly to the nervous system and nerves making it more effective than taking oral medication. They are titrated and many times have PRN dosing so that the patient can administer the medication as needed. Some patients need the pump refilled every month based on usage while some go 3 months or more. Currently, § 18.158 limits physician assistants to prescribing a Schedule II controlled substance for a maximum 30-day supply, provided the prescription is approved by the supervising physician for ongoing therapy. This proposed amendment expands that limitation to a 90-day supply for intrathecal pain pump medication provided the prescription is approved by the supervising physician for ongoing therapy.

Graduate permits for prosthetists and orthotists.

Recent changes in accredited educational institutions now require prosthetists and orthotists to complete clinical residency as part of the degree program before the degree is conferred. The current regulations create a challenge for graduate permit applicants because the regulations require educational institutions to submit a bachelor's degree, post-baccalaureate certificate or higher degree in prosthetics or prosthetics/orthotics to the board. The board is

proposing updated language that would permit universities to submit a certificate of completion of the educational portion of the program, along with an official transcript, allowing applicants to begin their clinical residency under a graduate permit. To effectuate this, the board proposes amendments to §§ 18.811(b)(2) and 18.821(b)(2) (relating to graduate permit) to require educational institutions to submit verification that the applicant has completed the educational portion of the degree program, rather than submitting the degree itself. This change will better align with current educational practices and streamline the application process for graduate permit or provisional license applicants.

Fiscal Impact and Paperwork Requirements

The regulation will not have any fiscal impact on the board or the Commonwealth, and no additional paperwork is anticipated. The proposed rulemaking regarding re-entry, remediation and recertification codifies the Board's existing practices. Therefore, this proposed rulemaking does not result in new costs to the regulated community.

Sunset Date

The board continuously monitors its regulations; therefore, no sunset date has been assigned.

Regulatory Review

Under section 5(a) of the Regulatory Review Act (71 P.S. § 745.5(a)), on March 26, 2026 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 Consumer Protection and Professional Licensure Committee of the Senate (SCP/PLC), and to the Chairpersons of the Professional Licensure Committee of the House of Representatives (HPLC). 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) that have not been met. The Regulatory Review Act specifies detailed procedures for review prior to the final publication of the rulemaking by the board, the General Assembly, and the Governor.

Public Comment

Interested persons are invited to submit written comments, recommendations or objections regarding this proposed rulemaking to Regulatory Counsel, State Board of Medicine, P.O. Box 69523, Harrisburg, Pennsylvania, 17106-9523 or by e-mail at RA-STRegulatoryCounsel@pa.gov within 30 days following publication of this proposed rulemaking in the *Pennsylvania Bulletin.* Reference 16A-4945 (General Revisions and Updates) when submitting comments.

Donald Yealy, M.D.
Chair, 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. §§ 422.1-422.45).

***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.

* * * * *

Subchapter B. GENERAL LICENSE, CERTIFICATION, PERMIT AND REGISTRATION PROVISIONS

§ 16.11. Licenses, certificates, [and] permits, registrations and renewals.

* * * * *

(b) The following nonmedical doctor licenses**, permits,** and certificates are issued by the Board:

* * * * *

(c) The following registrations **and renewals** are issued by the Board:

(1) Registration as a supervising physician of a physician assistant.

(1.1) Initial registration as a naturopathic doctor.

(2) Biennial **[registration]** **renewal** of a license without restriction.

(3) Biennial **[registration]** **renewal** of an extraterritorial license.

(4) Biennial **[registration]** **renewal** of a midwife license.

(5) Biennial **[registration]** **renewal** of a physician assistant license.

(6) {Reserved}.

(7) Biennial **[registration]** **renewal** of a limited license-permanent.

(8) Biennial **[registration]** **renewal** of an acupuncturist license.

(9) Biennial **[registration]** **renewal** of a practitioner of Oriental medicine license.

(10) Biennial **[registration]** **renewal** of a behavior specialist license.

(11) Biennial **[registration]** **renewal** of athletic trainer license.

(12) Biennial **[registration]** **renewal** of a perfusionist license.

(13) Biennial **[registration]** **renewal** of a respiratory therapy license.

14) Biennial **[registration]** **renewal** of a genetic counselor license.

(15) Biennial **[registration]** **renewal** of a prosthetist license.

(16) Biennial **[registration]** **renewal** of an orthotist license.

(17) Biennial **[registration]** **renewal** of a pedorthist license.

(18) Biennial **[registration]** **renewal** of an orthotic fitter license

(19) Biennial **[registration]** **renewal** of a naturopathic doctor registration

(20) Biennial renewal of a volunteer license.

§ 16.12. General qualifications for licenses, permits, registrations and certificates.

To qualify for an initial license, **permit**, registration or certificate issued by the Board, an applicant shall establish that the following criteria are satisfied:

(1) The applicant is of legal age.

* * * * *

§ 16.12b. License by endorsement under 63 Pa.C.S. § 3111.

(a) *Requirements for issuance.* To be issued a license by endorsement under 63 Pa.C.S. § 3111 (relating to licensure by endorsement), an applicant shall satisfy all of the following conditions:

(1) Have a current license, certificate, registration or permit in good standing in another jurisdiction whose standards for licensure are substantially equivalent to or exceed those under the following:

(i) The act, the Naturopathic Doctor Registration Act (NDRA) (63 P.S. § § 272.101—272.301) or the Acupuncture Licensure Act (ALA) (63 P.S. § § 1801—1806.1).

(ii) Section 16.12 (relating to general qualifications for licenses, **permits,** registration and certificates).

* * * * *

(6) Have paid the applicable application fee as required by § 16.13 (relating to **[licensure, certification, examination and registration]** fees).

* * * * *

§ 16.13. [Licensure, certification, examination and registration fees] Fees.

* * * * *

(l) *Perfusionist License*:

Application for perfusionist license…$50

Biennial **[registration]** **renewal** of perfusionist license…$50

* * * * *

§ 16.15. Biennial [registration; inactive status and unregistered status] renewal.

(a) ***Biennial renewal required*. Except as provided in subsection (b), all licenses, certifications, and registrations expire on December 31 of every even-numbered year.** A person licensed, certified or registered by the Board**[,]** shall **[register]** **renew** biennially **in even numbered years** to retain the right to engage in practice, unless specifically exempted **[within this section]** **in subsection (b). Biennial renewal requires completion of the Board's online renewal application and payment of the fee as required in § 16.13 (relating to fees) prior to the expiration of the previous biennial renewal period, and completion of the required continuing education under § 16.19 (relating to continuing medical education) or Chapter 18 (relating to State Board of Medicine--practitioners other than medical doctors), as applicable. [Initial registration shall automatically occur when the license, certificate or registration is issued.]**

(b) ***Biennial renewal not required.*** The following licenses **[, certificates]** and registration are not subject to biennial **[registration]** **renewal:**

(1) Institutional license.

(2) Graduate license.

(3) Temporary license.

(4) Interim limited license.

(5) Registration as a **primary supervising** physician **[assistant supervisor]** of a physician assistant.

(c) [Registration for a biennium expires December 31 of every even-numbered year. Application for biennial registration shall be made upon forms supplied by the Board. The forms shall be filed with the Board with the required registration fee prior to the expiration of the previous biennial registration.] {Reserved}.

(c.1) ***Child abuse training***. A licensee or certificate holder applying for biennial **[registration]** **renewal** shall, as a condition of biennial **[registration]** **renewal**, complete 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).

(d) [Biennial registration forms and other forms or literature to be distributed by the Board will be forwarded to the last mailing address given the Board by the licensee, registrant or certificate holder. If the mailing address of record is changed, the Board shall be notified, in writing, within 15 days after making the address change. Failure of the Board to send, or of the individual to receive, a biennial registration application, does not relieve the individual of the biennial registration responsibility.] {Reserved}.

(e) [A failure to pay the biennial registration fee by the required time automatically causes the license, certificate or registration to be placed in an unregistered status. A person who desires to become inactive shall notify the Board, in writing, prior to doing so, and the license, certificate or registration will be placed in inactive status. The licensee, registrant or certificate holder who either fails to pay the biennial registration fee or who notifies the Board of the desire to become inactive will not be sent biennial registration forms for the following or subsequent biennial registration periods unless that individual notifies the Board, in writing, of a desire to again register the license, certificate or registration.] {Reserved}.

(f) [If all other conditions have been met, registered status will be restored upon the payment of fees and penalties which have accrued.] {Reserved}.

(g) [The holder of a license, certificate or registration is not permitted to engage in practice in this Commonwealth unless the current registration fee is paid. If a person engages in practice in this Commonwealth during the period in which registration was not renewed, that individual is required to pay a $5 fee for each month or part of a month after the date specified for renewal of the biennial registration and may be subject to possible disciplinary proceedings and criminal prosecution.] {Reserved}.

(h) [The holder of a license, certificate or registration applying to return to registered status is required to pay the current and back registration and penalty fees which are due, submit a notarized affidavit setting forth the period of time in which the individual did not practice in this Commonwealth, submit a resume of activities since that person was last registered and comply with § 16.16(c) (relating to reporting of disciplinary actions, criminal

dispositions and other licenses, certificates or authorizations to practice), absent the 30-day grace period provided for in this subsection.] {Reserved}.

(i) [The licensee, registrant or certificate holder who seeks to update his registration will not be assessed a fee or penalty for a preceding biennial registration period in which that person did not engage in practice in this Commonwealth.] {Reserved}.

(j) [If the person has not been practicing in this Commonwealth for longer than 4 years, the Board may require that a personal interview be conducted by a designated Board member or representative to ascertain the physical and mental fitness of the applicant to practice in this Commonwealth.] {Reserved}.

§ 16.15a. Licensure status classifications.

(a) ***Status types.*** **A license, certificate, permit, or registration may be in one of the following statuses:**

(1) Board-regulated practitioners other than medical doctors:

(i) Active status.

(ii) Expired status.

(iii) Inactive status.

(2) Medical doctors:

(i) Active status.

(ii) Active-retired status.

(iii) Expired status.

(iv) Inactive status.

(b) ***Active status.***

(1) A Board-regulated practitioner who holds a current license, certificate, permit or registration is in active status.

(2) The holder of a license, certificate, permit or registration in active status may practice their profession in this Commonwealth without limitation unless either of the following occurs:

(i) Disciplinary action has been taken against the license, certificate, permit or registration that restricts, limits or prohibits practice.

(ii) A Board order has been issued that limits or prohibits the practice.

(3) The holder of a license, certificate, permit or registration in active status is required to complete biennial renewal in accordance with § 16.15 (relating to biennial renewal) and § 16.19 (relating to continuing medical education) or the continuing education requirements under Chapter 18 (relating to State Board of Medicine--practitioners other than medical doctors), as applicable.

(c) ***Active-retired status.***

(1) A medical doctor who holds a current license in this Commonwealth may, upon request, place their license on active-retired status by submitting a change request in a manner and format prescribed by the Board.

(2) A medical doctor who holds an active-retired license may practice medicine only on themselves and immediate family members as permitted under section 711(j)(3) of the MCARE Act (40 P.S. § 1303.711(j)(3)). Practice on anyone else by a licensee during active-retired status is subject to discipline by the Board.

(3) A medical doctor who holds an active-retired license is exempt from medical professional liability insurance requirements under § 16.32 (relating to requirements of the MCARE Act).

(4) A medical doctor who holds an active-retired license shall comply with the biennial renewal requirements in § 16.15(a) and shall complete the mandatory training in child abuse recognition and reporting in accordance with § 16.19(b) and if the medical doctor 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 active-retired licensee is not otherwise required to complete the continuing medical education requirements in § 16.19.

(5) A holder of an active-retired license who applies to return to active status shall:

(i) Meet all continuing education requirements in § 16.15 and § 16.19.

(ii) Obtain professional liability insurance in accordance with § 16.32.

(iii) Meet the continued competency requirements of § 16.15b (relating to continued competency), if applicable.

(iv) Meet all other application and administrative requirements as required under this chapter.

(d) *Expired status.*

(1) Failure to biennially renew a license, certificate or registration in accordance with § 16.15 before the expiration date of the biennial period automatically places the license, certificate or registration in an expired status.

(2) The holder of an expired license, certificate or registration may not engage in the practice of their profession unless the license, certificate or registration is reactivated in accordance with paragraph (3). As set forth in section 225 of the Bureau of Professional and Occupational Affairs Fee Act (63 P.S. § 1401-225), a licensee who has engaged in practice after the renewal date without renewing the license, certificate or registration, will be charged a fee of $5 for each month or partial month of practice during which the license, certificate or registration was not renewed. In addition, a licensee who has engaged in practice during a period in which the license, certificate or registration was not active may be subject to disciplinary proceedings and criminal prosecution under the act.

(3) The holder of an expired license, certificate or registration who applies to return to active status shall:

(i) Complete an application in a manner and format prescribed by the Board, pay the applicable fee as required in § 16.13 (relating to fees), pay any late renewal fee assessed under paragraph (2) and verify completion of the required continuing education under § 16.19 or under Chapter 18, as applicable.

(ii) Submit a resumé of professional activities since the license, certification or registration expired.

(iii) Report information regarding disciplinary actions, criminal dispositions and other licenses, certificates or authorizations to practice as required under § 16.16(a) (relating to reporting of disciplinary actions, criminal dispositions, and other licenses, certificates or authorizations to practice).

(iv) Meet the continued competency requirements of 16.15b, if applicable.

(v) Obtain professional liability insurance in accordance with § 16.32.

(vi) Meet all other application and administrative requirements as required under this chapter.

(4) A medical doctor who holds an expired license in this Commonwealth may, upon request, place their license on active-retired status by submitting a change request in a manner and format prescribed by the Board. The medical doctor shall:

(i) Pay any late renewal fee assessed under paragraph (2) and verify completion of the required continuing education under subsection (c)(4).

(ii) Meet the requirements in paragraph (3)(ii), (iii), (iv) and (vi).

(e) ***Inactive status.***

(1) A Board-regulated practitioner who holds a current license in this Commonwealth may, upon request, place their license on inactive status by submitting a change request in a manner and format prescribed by the Board.

(2) The holder of an inactive license may not practice in this Commonwealth unless the license is reactivated to active or active-retired status.

(3) During the period of inactive status, the holder of an inactive license is not required to biennially renew in accordance with § 16.15(a) and is not required to complete continuing medical education required in § 16.19 or Chapter 18.

(4) The holder of an inactive license who wants to return to active status shall:

(i) Complete an application in a manner and format prescribed by the Board, pay the applicable fee as required in § 16.13 and verify completion of the required continuing education under § 16.19 or under Chapter 18.

(ii) Submit a resumé of professional activities since the license, certification, permit or registration expired.

(iii) Meet the continued competency requirements of § 16.15b, if applicable.

(iv) Obtain professional liability insurance in accordance with § 16.32.

(v) Meet all other application and administrative requirements as required under this chapter.

(5) A medical doctor who holds an inactive license in this Commonwealth may, upon request, place their license on active-retired status by submitting a change request in a manner and format prescribed by the Board. The medical doctor shall:

(i) Submit a change request in a manner and format prescribed by the Board and verify completion of the required continuing education under subsection (c)(4).

(ii) Meet the requirements in paragraph (4)(ii), (iii) and (v).

§ 16.15b. Continued competency.

(a) A Board-regulated practitioner who has not actively engaged in the clinical practice of their profession for a period exceeding 4 years may, as a condition of reinstatement or reactivation to active or active-retired status, be required by the Board to demonstrate continued competency to practice. The Board may direct the licensee to complete any combination of the following, as determined appropriate based on the length of time out of practice, the individual's professional background, and the circumstances surrounding the individual's lapse in practice:

(1) A comprehensive re-entry evaluation conducted by a Board-approved clinical skills assessment program.

(2) Remediation, retraining or a preceptorship plan recommended by a Board-approved assessment program or otherwise approved by the Board.

(3) Successful completion of a re-examination to demonstrate current knowledge, skill and proficiency.

(4) Recertification or credential renewal, if required for the licensee's profession, to demonstrate current knowledge, skill and proficiency.

(b) The provisions of this section apply to individuals seeking any of the following:

(1) Reinstatement or reactivation following a period of expired, inactive or active-retired licensure status exceeding 4 years.

(2) Initial licensure in this Commonwealth after a lapse in clinical practice exceeding 4 years.

(3) Return to practice following disciplinary suspension or voluntary agreement not to practice lasting more than 4 years.

(4) Reinstatement of a license after revocation.

§ 16.17. Certification of license, certificate or registration status.

(a) The status of a license, certificate or registration issued by the Board will be certified by the Board to other jurisdictions or persons upon formal application and payment of the fee indicated under § 16.13 (relating to **[licensure, certification, examination and registration]** fees).

*** * * * ***

§ 16.18. Volunteer license.

*** * * * ***

(e) *Renewal of license.* A volunteer license shall be renewed biennially on forms provided 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). 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).

* * * * *

§ 16.19. Continuing medical education.

* * * * *

(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.

* * * * *

(3) The following exemptions apply for certain physicians:

* * * * *

(iii) A retired physician who provides care only to immediate family members shall be exempt from the continuing medical education requirement. **This exemption does not apply to statutorily mandated continuing education requirements, including training in child abuse recognition and reporting under § 16.108(b) and opioid education required under section 9.1**

of the Achieving Better Care by Monitoring All Prescriptions Program Act (ABC-MAP Act) (35 P.S. § 872.9a).

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:

(1) Have passed a licensing examination acceptable to the Board by having achieved one of the following:

(i) A passing score on Step 1, Step 2 and Step 3 of the USMLE as determined by USMLE **[completed within a 7-year period]**.

*** * * * ***

(v) A passing score on 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 plus Part III of the National Boards or Step 3 of the USMLE **[completed within a 7-year period]**.

(vi) A score of 75 on FLEX I and Step 3 of the USMLE **[completed within a 7-year period]**.

(vii) A passing score on 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 plus FLEX II **[completed within a 7-year period]**.

*** * * * ***

(4) Have successfully completed the following graduate medical training requirement:

* * * * *

(iii) **[Three]** **Two** years of graduate medical training at a first **[,]** **and** second-year **[and third-year]** level if the applicant is a graduate of an unaccredited medical college and did not participate in a graduate medical training program prior to June 30, 1987.

* * * * *

(5) Satisfy the general qualifications for a license specified in § 16.12 (relating to general qualifications for licenses**, permits, 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).

* * * * *

§ 17.2. License without restriction—endorsement.

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(c) *License examination*. In evaluating the qualifications of an applicant who seeks a license without restriction on the basis of endorsement, the Board will accept a passing score on a licensing examination acceptable to the Board. If the examination was not taken in English, but is otherwise acceptable, and a passing score was secured, the Board will accept the examination result if the applicant **[has also secured a passing score on the Test of English as a Foreign Language (TOEFL).]** **establishes English language proficiency by demonstrating one of the following:**

(1) The applicant's educational program was in English.

(2) The applicant's training was at an English-speaking facility.

(3) The applicant is certified by the ECFMG.

(4) The applicant has achieved a scaled score of at least 83 on the Test of English as a Foreign Language (TOEFL®) internet-based test (IBT), a 220 on the TOEFL® computer-based test (CBT), a 550 on the TOEFL® paper-based test (PBT) or an equivalent score on a successor examination of the TOEFL®. The Board will make available a list of Board-approved successor examinations on its web site.

(5) The applicant has achieved a score of 350 in each of the four subtests of the Occupational English Test (OET).

(6) The applicant has achieved a passing score on an English proficiency examination equivalent to the TOEFL® or OET, as determined by the Board. The Board will make available a list of equivalent Board-approved English language proficiency examinations on its web site.

* * * * *

(f) An applicant for a license by endorsement shall satisfy the requirements in § 16.12 (relating to general qualifications for licenses**, permits, 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).

* * * * *

§ 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**, permits, 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:

* * * * *

(c) An institutional license will not be issued for the purpose of authorizing a medical doctor to train in a graduate medical training program.

(d) [An institutional license may be granted to authorize a qualified medical doctor to teach and practice at more than one facility, but at no more than two affiliated facilities. If a licensee desires to practice at two facilities, a document of formal affiliation between the two facilities shall be submitted to the Board.] {Reserved}.

(e) An institutional license may not be renewed, but, if issued for a period of less than 3 years, may be extended by the Board for the remainder of the 3 years.

§ 17.4. Extraterritorial license.

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(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**, permits, 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).

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§ 17.5. Graduate license.

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

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(3) Satisfy the requirements in § 16.12 (relating to general qualifications for licenses**, permits, 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).

* * * * *

(h) For a graduate license to be renewed, the Board has to receive, prior to the expiration of the previously issued license, the required renewal fee—see § 16.13 (relating to **[licensure, certification, examination and registration]** fees)—and a completed renewal form. Renewal forms are provided to hospitals in this Commonwealth that offer graduate medical training programs.

§ 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**, permits, 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]** **any** of the following:

(1) The teaching and demonstration of advanced medical and surgical techniques **within this Commonwealth.**

(2) Participation in a medical or surgical procedure necessary for the well-being of a specified patient **within this Commonwealth.**

(3) The practice of medicine and surgery in a camp or resort for no more than 3 months.

(4) Attending to the medical and surgical needs of a person visiting this Commonwealth for **[a brief period of time]** **no more than 3 months.**

(5) The short-term replacement of a doctor of medicine employed by the Federal government in a National Health Service Corps Clinic, under Project U.S.A. arrangements.

(6) The practice of medicine and surgery within this Commonwealth in response to a need for medical care created by a declaration of disaster emergency issued by the Governor under 35 Pa. C.S. § 7301(c) (relating to general authority of Governor) or any other Federal, State or local disaster emergency for a duration determined by the Board, not to exceed the period of the applicable disaster emergency declaration.

(7) Engaging in any other purpose as deemed appropriate by the Board on a case-by-case basis.

(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.

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§ 17.7. Interim limited license.

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(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**, permits, 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).

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§ 17.8. Licenses, certificates, and registrations issued prior to January 1, 1986.

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(d) Limited licenses—permanent—are subject to biennial **[registration] renewal** requirements specified in § § 16.13 and 16.15 (relating to **[licensure, certification, examination and registration]** fees; and biennial **[registration; inactive status and unregistered status] renewal**).

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Subchapter C. GRADUATE MEDICAL TRAINEES AND HOSPITALS

§ 17.22. Graduate medical trainee registration.

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(c) Short-term trainees and physicians from out-of-State or out-of country institutions doing rotations through training facilities in this Commonwealth shall submit an application for a

graduate license and submit the fee in § 16.13 (relating to **[licensure, certification, examination and registration]** fees). The training institution shall accept full responsibility for the trainee.

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

Subchapter A. LICENSURE AND REGULATION OF MIDWIFE ACTIVITIES

§ 18.2. Licensure requirements.

The Board will grant a nurse-midwife license to an applicant who meets the following requirements. The applicant shall:

(1) Be licensed as a registered nurse in this Commonwealth.

(2) Satisfy the licensure requirements in § 16.12 (relating to general qualifications for licenses**, permits, 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).

*** * * * ***

(5) Submit an application for a nurse-midwife license accompanied by the required fee. For the fee amount, see § 16.13 (relating to **[licensure, certification, examination and registration]** fees).

§ 18.3. Biennial [registration] renewal requirements.

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

* * * * *

(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).

Subchapter B. LICENSURE AND PRACTICE OF ACUPUNCTURISTS AND PRACTITIONERS OF ORIENTAL MEDICINE

§ 18.13. Requirements for licensure as an acupuncturist.

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(b) The Board will license as an acupuncturist a medical doctor who satisfies the following requirements:

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(2) Submits an application to register as an acupuncturist accompanied by the required fee as provided under § 16.13 (relating to **[licensure, certification, examination and registration]** fees).

* * * * *

§ 18.14. Biennial [registration] renewal requirements.

(a) Acupuncturists and practitioners of Oriental medicine shall **[register]** **renew** biennially and submit the appropriate **[registration]** **renewal** fee to engage in the practice of acupuncture for the biennial period.

(b) Procedures for biennial **[registration]** **renewal** of acupuncturists and practitioners of Oriental medicine are outlined in § 16.15 (relating to biennial **[registration; inactive status and unregistered status]** **renewal).**

(c) The biennial **[registration]** **renewal** fee is set forth in § 16.13 (relating to [**licensure, certification, examination and registration]** fees).

(d) As a condition of biennial **[registration]** **renewal**, acupuncturists and practitioners of Oriental medicine shall complete 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).

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**, permits, 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).

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

(3) Has submitted a completed application together with the required fee**[,]** under § 16.13 (relating to **[licensure, certification, examination and registration]** fees).

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§ 18.143. Criteria for registration as a supervising physician.

(a) The Board will register a supervising physician applicant who:

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(2) Has filed a completed registration form accompanied by the written agreement (see § 18.142 (relating to written agreements)) and the required fee under § 16.13 (relating to **[licensure, certification, examination and registration]** fees). The registration requires detailed information regarding the physician's professional background and specialties, medical education, internship, residency, continuing education, membership in American Boards of medical specialty, hospital or staff privileges and other information the Board may require.

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

(a) A physician assistant shall **[register]** **renew** biennially according to the procedure in § 16.15 (relating to biennial **[registration; inactive status and unregistered status]** **renewal**).

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

* * * * *

§ 18.156. Monitoring and review of physician assistant utilization.

(a) Representatives of the Board will be authorized to conduct scheduled and unscheduled onsite inspections of the locations where the physician assistants are utilized during the supervising physician's office hours to review the following:

* * * * *

(5) Compliance with licensure and **[registration]** **renewal** requirements. See § § 18.141

and 18.145 (relating to criteria for licensure as a physician assistant; and biennial **[registration requirements;]** renewal of physician assistant license).

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§ 18.158. Prescribing and dispensing drugs, pharmaceutical aids and devices.

(a) *Prescribing, dispensing and administration of drugs*.

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(3) A physician assistant may prescribe a Schedule II controlled substance for initial therapy, up to a 72-hour dose. The physician assistant shall notify the supervising physician of the prescription as soon as possible, but in no event longer than 24 hours from the issuance of the prescription. A physician assistant may write a prescription for a Schedule II controlled substance **[for up to a 30-day supply if it was approved by the supervising physician for ongoing therapy. The prescription must clearly state on its face that it is for initial or ongoing therapy.]** **as follows:**

(i) A supply of up to 30 days, provided that the supervising physician has approved the prescription for ongoing therapy.

(ii) A supply of up to 90 days for the prescribing of medications delivered by intrathecal pain pumps, provided that the supervising physician has approved the prescription for ongoing therapy.

(iii) The prescription must clearly indicate on its face whether it is intended for initial or ongoing therapy.

(4) A physician assistant may only prescribe or dispense a drug for a patient who is under the care of the physician responsible for the supervision of the physician assistant and only in accordance with the supervising physician's instructions and written agreement.

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Subchapter E. PERFORMANCE OF RADIOLOGIC PROCEDURES BY AUXILIARY PERSONNEL

§ 18.203. Applications for examination.

(a) A person may apply to take one or more of the following examinations by securing an application from the Bureau of Professional and Occupational Affairs, and by submitting the application and the fee required under § 16.13 (relating to **[licensure, certification, examination and registration]** fees) to Health Boards, Bureau of Professional and Occupational Affairs, Post Office Box 2649, Harrisburg, Pennsylvania 17105-2649:

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Subchapter H. ATHLETIC TRAINERS

§ 18.504. Application for licensure.

(a) The applicant shall submit the following on forms supplied by the Board:

(1) A completed application and the fee set forth in § 16.13 (relating to **[licensure, certification, examination and registration]** fees).

* * * * *

Subchapter I. BEHAVIOR SPECIALISTS

§ 18.523. Application for licensure as behavior specialist.

(a) An applicant for licensure as a behavior specialist shall submit, on forms made available by the Board, a completed application, including all necessary supporting documents, for licensure as a behavior specialist and pay the fee in § 16.13(i) (relating to **[licensure, certification, examination and registration]** fees) for application for licensure as a behavior specialist.

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§ 18.525. Renewal of licensure as behavior specialist.

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(c) To retain licensure as a behavior specialist, the licensee shall renew the license in the manner prescribed by the Board and pay the required biennial renewal fee specified in § 16.13(i) (relating to **[licensure, certification, examination and registration]** fees) prior to the expiration of the current biennium.

* * * * *

§ 18.526. Inactive status of licensure as behavior specialist.

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(b) To reactivate an inactive license, the licensee shall apply on forms made available by the Board, answer all questions fully and pay the current renewal fee, if not previously paid, and the reactivation application fee specified in § 16.13(i) (relating to **[licensure, certification, examination and registration]** fees).

Subchapter J. PERFUSIONISTS

§ 18.603. Application for perfusionist license.

(a) An applicant for a license to practice as a perfusionist shall submit, or cause to be submitted, on forms made available by the Board, a completed application, including the necessary supporting documents, for a license to practice as a perfusionist and pay the fee in § 16.13(l) (relating to **[licensure, certification, examination and registration]** fees) for application for a perfusionist license.

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§ 18.604. Application for temporary graduate perfusionist license.

(a) An applicant for a temporary graduate perfusionist license shall submit, on forms made available by the Board, a completed application, including the necessary supporting documents, and pay the fee in § 16.13(l) (relating to **[licensure, certification, examination and registration]** fees) for an application for a temporary graduate perfusionist license.

* * * * *

§ 18.605. Application for temporary provisional perfusionist license.

(a) An applicant for a temporary provisional perfusionist license shall submit, on forms made available by the Board, a completed application, including the necessary supporting documents, and pay the fee in § 16.13(l) (relating to **[licensure, certification, examination and registration]** fees) for application for a temporary provisional perfusionist license.

* * * * *

§ 18.607. Biennial [registration] <u>renewal</u> of perfusionist license.

(a) The license of a perfusionist expires biennially on December 31 of each even-numbered year in accordance with § 16.15 (relating to biennial **[registration; inactive status and unregistered status] <u>renewal</u>**). A perfusionist may not practice after December 31 of an even-numbered year unless the perfusionist has completed the biennial **[registration] <u>renewal</u>** process and the **[Board has issued a] <u>license is</u>** renewed **[registration].**

(b) As a condition of biennial **[registration] <u>renewal</u>**, a perfusionist shall:

(1) Submit a completed application, including payment of the biennial **[registration] <u>renewal</u>** fee in § 16.13(l) (relating to **[licensure, certification, examination and registration]** fees), for application for biennial **[registration] <u>renewal</u>** of a perfusionist license.

* * * * *

(3) Disclose on the application disciplinary action pending before or taken by the appropriate health care licensing authority in another jurisdiction since the most recent application for biennial **[registration]** **renewal**, whether or not licensed to practice in that other jurisdiction.

(4) Disclose on the application pending criminal charges and a finding or verdict of guilt, admission of guilt, plea of nolo contendere, probation without verdict, disposition instead of trial or accelerated rehabilitative disposition in a criminal matter since the most recent application for biennial **[registration]** **renewal.**

(5) Verify on the application that the licensed perfusionist has complied with the continuing education requirements mandated under section 13.3(n) of the act (63 P. S. § 422.13c(n)) during the biennial period immediately preceding the period for which **[registration]** **renewal** is sought in accordance with § 18.610 (relating to continuing education for licensed perfusionists).

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§ 18.608. Inactive and expired status of perfusionist license; reactivation of inactive or expired license.

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(b) A perfusionist license will be classified as expired if the licensee fails to **[register]** **renew** the license by the expiration of the biennial **[registration]** **renewal** period on December 31 of each even-numbered year. **[The Board will provide written notice to a licensee who fails to make biennial registration by sending a notice to the licensee's last known address on file with the Board.]**

* * * * *

(d) To reactivate an inactive or expired license, the licensee shall apply on forms made available by the Board and fully answer the questions. The licensee shall:

* * * * *

(2) Pay the current biennial **[registration]** **renewal** fee and the reactivation application fee in § 16.13(l) (relating to **[licensure, certification, examination and registration]** fees).

* * * * *

(e) A licensee who has practiced with an inactive or expired license and who cannot make the verification required under subsection (d)(3) shall also pay the fees required under this subsection. Payment of a late fee does not preclude the Board from taking disciplinary action for practicing as a perfusionist without a currently **[registered]** **renewed** license.

(1) A licensee whose license was active at the end of the immediately preceding biennial **[registration]** **renewal** period and who practiced after the license became inactive or expired shall pay a late fee of $5 for each month or part of a month from the beginning of the current biennium until the date the reactivation application is filed.

(2) A licensee whose license has been inactive or expired since before the beginning of the current biennium shall pay the biennial **[registration]** **renewal** fee for each biennial **[registration]** **renewal** period during which the licensee practiced and shall pay a late fee of $5 for each month or part of a month from the first date the licensee practiced as a perfusionist in this Commonwealth after the license became inactive or expired until the date the reactivation application is filed.

§ 18.610. Continuing education for licensed perfusionists.

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

(1) As a condition for biennial **[registration]** **renewal**, a licensee shall complete at least 30 hours of continuing education applicable to the practice of perfusion, including at least 10 hours of category I continuing education, and at least 2 hours of approved training in child abuse recognition and reporting in accordance with § 16.108(b) (relating to child abuse recognition and reporting—mandatory training requirement). A licensee is not required to complete continuing education during the biennium in which the licensee is first licensed.

*** * * * ***

(3) A licensee may request a waiver of the continuing education credit hour requirements because of serious illness, military service or other demonstrated hardship by submitting a request for waiver with supporting documentation to the Board at least 90 days prior to the end of the biennial **[registration]** **renewal** period for which the waiver is sought. The Board may grant the waiver request in whole or in part and may extend the deadline by which the credit hour requirements shall be met.

(4) A licensee may be subject to disciplinary sanction as provided in section 41 of the act (63 P. S. § 422.41), including the suspension or revocation of the license, imposition of a civil penalty or other corrective measure as determined by the Board if the licensee either submits false information to the Board regarding completion of the continuing education credit hour requirements to complete biennial **[registration]** **renewal** or fails to complete the continuing education hour requirements and practices as a perfusionist after the end of the biennial period.

* * * * *

(c) *Proof of completion of continuing education.* A licensee shall retain proof of completion of continuing education for 5 years after completion of the continuing education or after the completion of the biennial **[registration]** **renewal** period for which the continuing education was required, whichever is later.

* * * * *

Subchapter K. GENETIC COUNSELORS

§ 18.703. Application for genetic counselor license.

(a) An applicant for a license to practice as a genetic counselor shall submit, on forms made available by the Board, a completed application for a license to practice as a genetic counselor, including the necessary supporting documents, and pay the application fee in § 16.13(m) (relating to **[licensure, certification, examination and registration]** fees).

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§ 18.704. Application for genetic counselor license by uncertified persons.

(a) An applicant for a license to practice as a genetic counselor who has never passed the ABGC or ABMG certification examination shall submit, on forms made available by the Board, a completed application for a license to practice as a genetic counselor, including the necessary supporting documents, and pay the application fee in § 16.13(m) (relating to **[licensure, certification, examination and registration]** fees).

* * * * *

§ 18.705. Application for temporary provisional genetic counselor license.

(a) An applicant for a temporary provisional genetic counselor license shall submit, on forms made available by the Board, a completed application, including the necessary supporting

documents, and pay the fee in § 16.13(m) (relating to **[licensure, certification, examination and registration]** fees) for an application for a temporary provisional genetic counselor license.

*** * * * ***

§ 18.706. Biennial [registration] renewal of genetic counselor license.

(a) The license of a genetic counselor will expire biennially on December 31 of each even-numbered year in accordance with § 16.15 (relating to biennial **[registration; inactive status and unregistered status] renewal**). A genetic counselor may not practice after December 31 of an even-numbered year unless the genetic counselor has completed the biennial renewal process and the Board has issued a renewed license.

(b) As a condition of biennial renewal, a genetic counselor shall:

(1) Submit a completed application, including payment of the biennial **[registration] renewal** fee in § 16.13(m) (relating to **[licensure, certification, examination and registration]** fees) for application for biennial **[registration] renewal** of genetic counselor license.

*** * * * ***

(3) Disclose on the application disciplinary action pending before or taken by the appropriate health care licensing authority in another jurisdiction since the most recent application for biennial **[registration] renewal,** whether or not licensed to practice in that other jurisdiction.

(4) Disclose on the application pending criminal charges and a finding or verdict of guilt, admission of guilt, plea of nolo contendere, probation without verdict, disposition instead of trial or accelerated rehabilitative disposition in any criminal matter since the most recent application for biennial **[registration] renewal**.

(5) Verify on the application that the genetic counselor has complied with the continuing education requirements mandated by section 13.4(j) of the act (63 P. S. § 422.13d(j)) during the biennial period immediately preceding the period for which **[registration]** **renewal** is sought in accordance with § 18.709 (relating to continuing education for genetic counselors).

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§ 18.707. Inactive status of genetic counselor license; reactivation of inactive license.

(a) A genetic counselor license will become inactive upon either of the following:

* * * * *

(2) The licensee fails to **[register]** **renew** the license by the expiration of the biennial **[registration]** **renewal** period, that is, by December 31 of each even-numbered year.

* * * * *

(c) To reactivate an inactive license, the licensee shall apply on forms made available by the Board. The licensee shall:

* * * * *

(2) Pay the current biennial **[registration]** **renewal** fee and the reactivation application fee specified in § 16.13(m) (relating to **[licensure, certification, examination and registration]** fees).

* * * * *

(e) A licensee who has practiced with an inactive license, and who cannot make the verification required under subsection (c)(3), shall also pay the late fees required under section 225 of the Bureau of Professional and Occupational Affairs Fee Act (63 P. S. § 1401-225) as more fully set

forth in this subsection. Payment of a late fee does not preclude the Board from taking disciplinary action for practicing as a genetic counselor without a currently **[registered]** **renewed** license.

(1) A licensee whose license was active at the end of the immediately preceding biennial **[registration]** **renewal** period and who practiced after the license became inactive shall pay a late fee of $5 for each month or part of a month from the beginning of the current biennium until the date the reactivation application is filed.

(2) A licensee whose license has been inactive since before the beginning of the current biennium shall pay the biennial **[registration]** **renewal** fee for each biennial **[registration]** **renewal** period during which the licensee practiced and shall pay a late fee of $5 for each month or part of a month from the first date the licensee practiced as a genetic counselor in this Commonwealth after the license became inactive until the date the reactivation application is filed.

§ 18.709. Continuing education for genetic counselors.

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

(1) As a condition for biennial **[registration]** **renewal**, a genetic counselor shall complete at least 30 hours of continuing education applicable to the practice of genetic counseling, including at least 2 hours of approved training in child abuse recognition and reporting in accordance with § 16.108(b) (relating to child abuse recognition and reporting—mandatory training requirement). Credit will not be given for a course in office management or practice building. A genetic counselor is not required to complete continuing education during the biennium in which the genetic counselor was first licensed if licensure occurred within 3 years of completion of the degree.

* * * * *

(3) A genetic counselor may request a waiver of the continuing education credit hour requirements because of serious illness, military service or other demonstrated hardship by submitting a request for waiver with the supporting documentation to the Board at least 90 days prior to the end of the biennial **[registration]** **renewal** period for which the waiver is sought. The Board may grant the waiver request in whole or in part and may extend the deadline by which the credit hour requirements shall be met.

(4) A genetic counselor may be subject to disciplinary sanction as provided in section 41 of the act (63 P. S. § 422.41), including the suspension or revocation of the license, imposition of a civil penalty or other corrective measure as determined by the Board, if the licensee either submits false information to the Board regarding completion of the continuing education credit hour requirements to complete biennial **[registration]** **renewal**, or fails to complete the continuing education hour requirements and practices as a genetic counselor after the end of the biennial period.

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Subchapter L. PROSTHETISTS, ORTHOTISTS, PEDORTHISTS, AND ORTHOTIC FITTERS

QUALIFICATIONS FOR LICENSURE AS A PROSTHETIST

§ 18.811. Graduate permit.

(a) Prior to providing direct patient care during a clinical residency, an individual shall submit an application, on forms made available by the Board, for a graduate permit that authorizes the individual to practice as a prosthetist resident. The Board may grant a graduate permit to an individual who submits a completed application including the necessary supporting documents,

pays the application fee in § 16.13(n) (relating to **[licensure, certification, examination and registration]** fees) and meets the qualifications in subsection (b).

(b) The Board may issue a graduate permit to practice as a prosthetist resident to an applicant who:

*** * * * ***

(2) Has earned a bachelor's degree, post-baccalaureate certificate or higher degree from a CAAHEP-accredited education program with a major in prosthetics or prosthetics/orthotics **or has successfully completed the didactic portion of a CAAHEP-accredited education program with a major in orthotics or prosthetics/orthotics**. An applicant shall demonstrate this requirement by having the CAAHEP-accredited educational institution submit, directly to the Board, verification of completion of a bachelor's degree, post-baccalaureate certificate or higher degree in prosthetics or prosthetics/orthotics **or certificate of completion**, along with an official copy of the applicant's transcript.

*** * * * ***

§ 18.813. Provisional prosthetist license.

(a) An individual shall submit an application, on forms made available by the Board, for a provisional license which will authorize the individual to provide direct patient care, under direct supervision as defined in § 18.812(a) (relating to clinical residency), as a provisionally-licensed prosthetist following completion of a clinical residency. The Board may grant a provisional license to an individual who submits a completed application including the necessary supporting documents, pays the application fee in § 16.13(n) (relating to **[licensure, certification, examination and registration]** fees) and meets the qualifications in subsection (b).

* * * * *

§ 18.814. Prosthetist license.

(a) An applicant for a license to practice as a prosthetist shall submit, on forms made available by the Board, a completed application for licensure, including the necessary supporting documents and pay the application fee in § 16.13(n) (relating to **[licensure, certification, examination and registration]** fees).

* * * * *

QUALIFICATIONS FOR LICENSURE AS AN ORTHOTIST

§ 18.821. Graduate permit.

(a) Prior to providing direct patient care during a clinical residency, an individual shall submit an application, on forms made available by the Board, for a graduate permit that authorizes the individual to practice as an orthotist resident. The Board may grant a graduate permit to an individual who submits a completed application including the necessary supporting documents, pays the application fee in § 16.13(o) (relating to **[licensure, certification, examination and registration]** fees) and meets the qualifications in subsection (b).

(b) The Board may issue a graduate permit to practice as an orthotist to an applicant who:

* * * * *

(2) Has earned a bachelor's degree, post-baccalaureate certificate or higher degree from a CAAHEP-accredited education program with a major in orthotics or prosthetics/orthotics **or has successfully completed the didactic portion of a CAAHEP-accredited education program with a major in orthotics or prosthetics/orthotics**. An applicant shall demonstrate this requirement by having the CAAHEP-accredited educational institution submit, directly to the Board, verification of completion of a bachelor's degree,

post-baccalaureate certificate or higher degree in orthotics or prosthetics/orthotics **or a certificate of completion**, along with an official copy of the applicant's transcript.

* * * * *

§ 18.823. Provisional orthotist license.

(a) Following completion of the clinical residency, an individual may submit an application, on forms made available by the Board, for a provisional license which will authorize the individual to provide direct patient care under direct supervision as defined in § 18.822(a) (relating to clinical residency). The Board may grant a provisional license to an individual who submits a completed application including the necessary supporting documents, pays the application fee in § 16.13(o) (relating to **[licensure, certification, examination and registration]** fees) and meets the qualifications in subsection (b).

* * * * *

§ 18.824. Orthotist license.

(a) An applicant for a license to practice as an orthotist shall submit, on forms made available by the Board, a completed application for licensure, including the necessary supporting documents, and pay the application fee in § 16.13(o) (relating to **[licensure, certification, examination and registration]** fees).

* * * * *

QUALIFICATIONS FOR LICENSURE AS A PEDORTHIST

§ 18.831. Temporary practice permit.

(a) After completion of an NCOPE-approved pedorthic education program and prior to providing pedorthic patient care in this Commonwealth, an individual shall submit an application for a temporary practice permit authorizing the individual to practice as a pedorthist trainee on forms

made available by the Board. The Board may grant a temporary practice permit to an applicant who submits a completed application including the necessary supporting documents, pays the application fee in § 16.13(p) (relating to **[licensure, certification, examination and registration]** fees) and meets the qualifications in subsection (b).

* * * * *

§ 18.833. Pedorthist license.

(a) An applicant for a license to practice as a pedorthist shall submit, on forms made available by the Board, a completed application for licensure, including the necessary supporting documents, and pay the application fee in § 16.13(p) (relating to **[licensure, certification, examination and registration]** fees).

* * * * *

QUALIFICATIONS FOR LICENSURE AS AN ORTHOTIC FITTER

§ 18.841. Temporary practice permit.

(a) Prior to providing orthotic fitting care, an individual shall obtain a temporary practice permit authorizing the individual to practice orthotic fitting as an orthotic fitter trainee. An individual shall submit an application for a temporary practice permit on forms made available by the Board. The Board may grant a temporary practice permit to an individual who submits a completed application including the necessary supporting documents, pays the application fee in § 16.13(q) (relating to **[licensure, certification, examination and registration]** fees) and meets the qualifications in subsection (b).

* * * * *

§ 18.843. Orthotic fitter license.

(a) An applicant for a license to practice as an orthotic fitter shall submit, on forms made available by the Board, a completed application for licensure, including the necessary supporting documents, and pay the application fee in § 16.13(q) (relating to **[licensure, certification, examination and registration]** fees).

* * * * *

BIENNIAL RENEWAL AND REACTIVATION

§ 18.861. Biennial renewal of license.

(a) The license of a prosthetist, orthotist, pedorthist or orthotic fitter will expire biennially on December 31 of each even-numbered year in accordance with § 16.15 (relating to biennial **[registration; inactive status and unregistered status]** **renewal**). A prosthetist, orthotist, pedorthist or orthotic fitter may not practice after December 31 of an even-numbered year unless the prosthetist, orthotist, pedorthist or orthotic fitter has completed the biennial renewal process and the Board has issued a current license.

(b) As a condition of biennial **[registration]** **renewal**, a prosthetist, orthotist, pedorthist or orthotic fitter shall:

(1) Submit a completed application, including payment of the biennial renewal fee in § 16.13 (relating to **[licensure, certification, examination and registration]** fees) for application for biennial renewal of prosthetist, orthotist, pedorthist or orthotic fitter license.

* * * * *

§ 18.863. Inactive and expired status of licenses; reactivation of inactive or expired license.

* * * * *

(d) To reactivate an inactive or expired license, the licensee shall apply on forms made available by the Board and fully answer the questions. The licensee shall:

* * * * *

(2) Pay the current biennial renewal fee and the reactivation fee in § 16.13 (relating to **[licensure, certification, examination and registration]** fees).

* * * * *

Subchapter M. REGISTRATION OF NATUROPATHIC DOCTORS

§ 18.903. Application for naturopathic doctor registration.

(a) An applicant for a registration to practice naturopathic medicine shall submit, on an application made available by the Board, a completed application for a registration, including the necessary supporting documents, including information required by § 16.16 (relating to reporting of disciplinary actions, criminal dispositions and other licenses, certificates or authorizations to practice) and pay the application fee in § 16.13 (relating to **[licensure, certification, examination and registration]** fees).

* * * * *

§ 18.904. Biennial [registration] <u>renewal</u> of naturopathic doctor.

(a) The registration of a naturopathic doctor will expire biennially on December 31 of each even-numbered year in accordance with § 16.15 (relating to biennial **[registration; inactive status and unregistered status]** <u>**renewal**</u>). A naturopathic doctor may not use the title of ‘‘naturopathic doctor,’’ ‘‘doctor of naturopathic medicine,’’ ‘‘registered naturopathic doctor’’ or any other term implying that the individual is currently registered as a naturopathic doctor unless the individual holds a current and unexpired registration.

(b) As a condition of biennial renewal, a naturopathic doctor shall:

(1) Submit a completed application, including payment of the biennial **[registration]** **renewal** fee in § 16.13 (relating to **[licensure, certification, examination and registration]** fees).

* * * * *

(3) Disclose on the application disciplinary action pending before, or taken by, the appropriate licensing, registration or certification authority in another jurisdiction since the most recent application for biennial **[registration]** **renewal**, whether or not authorized to practice or advertise in that other jurisdiction.

* * * * *

§ 18.905. Inactive status; reactivation of inactive or expired registration.

* * * * *

(b) To reactivate an inactive or expired registration, the registrant shall apply for reactivation by completing an application for reactivation on a form made available by the Board. The registrant shall:

(1) Pay the current biennial **[registration]** **renewal** fee specified in § 16.13 (relating to **[licensure, certification, examination and registration]** fees) and any applicable late fees required under section 225 of the Bureau of Professional and Occupational Affairs Fee Act (63 P.S. § 1401-225).

* * * * *

(4) Disclose on the application disciplinary action pending before or taken by the appropriate licensing, registration, or certification authority in another jurisdiction since the most recent application for biennial **[registration]** **renewal**, whether or not authorized to practice or advertise in that other jurisdiction.

* * * * *

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF STATE
BUREAU OF PROFESSIONAL AND OCCUPATIONAL AFFAIRS
STATE BOARD OF MEDICINE
Post Office Box 2649
Harrisburg, PA 17105-2649
1-833-367-2762

March 26, 2026

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-4945: General Revisions

Dear Chairman Bedwick:

Enclosed is a copy of a proposed rulemaking package of the State Board of Medicine pertaining to General Revisions.

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

Sincerely,

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

DMY/JAW/jpp
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
Miguel Ruiz, Assistant Deputy Secretary of Policy and Planning
Jason C. Giurintano, Deputy Chief Counsel, Department of State
Jacqueline A. Wolfgang, Senior Regulatory Counsel, Department of State
Dana M. Archer, Senior Counsel, State Board of Medicine
Ashley D. Keefer, Counsel, State Board of Medicine
State Board of Medicine

RECEIVED

Independent Regulatory
Review Commission

March 26, 2026

From: Smeltz, Jennifer
To: Porta, Jason
Subject: RE: DELIVERY NOTICE OF: REGULATION 16A-4945 (General Revisions)
Date: Thursday, March 26, 2026 9:52:12 AM
Attachments: image001.png
image002.png

No problem. Received.

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

From: Porta, Jason <jporta@pa.gov>
Sent: Thursday, March 26, 2026 8:20 AM
To: Smeltz, Jennifer <jmsmeltz@pasen.gov>
Subject: RE: DELIVERY NOTICE OF: REGULATION 16A-4945 (General Revisions)
Importance: High

Dear Ms. Smeltz:

It has been brought to my attention that I inadvertently failed to attach the package in question. As such, I am attaching it in this follow up. Please accept my apologies for the inconvenience.

Sincerely,

Jason Porta | Legal Assistant 2
Office of Chief Counsel | Department of State
Governor's Office of General Counsel
P.O. Box 69523 | Harrisburg, PA 17106-9523
Office Phone 717.783.7200 | Fax: 717.787.0251
jporta@pa.gov | www.dos.pa.gov
Preferred Pronouns: He/Him

RECEIVED

Independent Regulatory
Review Commission
March 26, 2026

From: Porta, Jason
Sent: Thursday, March 26, 2026 7:47 AM
To: Smeltz, Jennifer <jmsmeltz@pasen.gov>
Cc: Roland, Joel <joeroland@pa.gov>; Worthington, Amber <agontz@pa.gov>
Subject: RE: DELIVERY NOTICE OF: REGULATION 16A-4945 (General Revisions)
Importance: High

Please be advised that the State Board of Medicine is electronically delivering the below-identified proposed rulemaking today, Thursday, March 26, 2026.

- **16A-4945- General Revisions**
  The State Board of Medicine (board) proposes to update Chapters 16, 17, and 18 to reflect current practices and statutory requirements. The updates include: (1) defining the four possible license statuses (active, expired, inactive, and active-retired); (2) eliminating references to license "registration" in relation to biennial renewal; (3) incorporating continued competency requirements for applicants seeking initial licensure or reactivation after being out of clinical practice exceeding 4 years; (4) updating the regulations to conform with the act of April 19, 2022 (P.L. 57, No. 16) (Act 16) amendments to sections 29, 32 and 33 of the Medical Practice Act of 1985 (act) (63 P.S. §§ 422.29, 422.32, and 422.33) by reducing the graduate training requirement for graduates of unaccredited medical colleges from 3 years to 2, removing the limit on affiliated facilities for institutional license holders and allowing for the issuance of temporary licenses to physicians (MDs) during emergency declarations; (5) enabling educational institutions to verify the completion of the educational portion of a degree program for prosthetists and orthotists applying for graduate permits; (6) removing the 7-year time limit for completing the United States Medical Licensure Examination (USMLE); (7) updating the language regarding English language proficiency throughout the regulations for consistency; (8) creating an exception to the 30-day limitation on prescribing of Schedule II controlled substances for physician assistants (PAs) prescribing medicine delivered through intrathecal pain pumps; and (9) including mandatory continuing education requirements in pain management, identification of addiction or the practices of prescribing or dispensing of opioids for active-retired status licensees.

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

Thank you for your attention to this matter.

Jason Porta | Legal Assistant 2
Office of Chief Counsel | Department of State
Governor's Office of General Counsel
P.O. Box 69523 | Harrisburg, PA 17106-9523
Office Phone 717.783.7200 | Fax: 717.787.0251
jporta@pa.gov | www.dos.pa.gov
Preferred Pronouns: He/Him
PRIVILEGED AND CONFIDENTIAL COMMUNICATION

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Independent Regulatory
Review Commission

March 26, 2026

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Independent Regulatory Review Commission

March 26, 2026

From:	Bulletin
To:	Porta, Jason; Adeline E. Gaydosh
Cc:	Roland, Joel; Worthington, Amber; Alyssa M. Burns
Subject:	[External] RE: DELIVERY NOTICE OF: REGULATION 16A-4945 (General Revisions)
Date:	Thursday, March 26, 2026 8:52:46 AM
Attachments:	image001.png

Hi Jason,

Thank you for submitting this proposed rulemaking. We will be in touch regarding scheduling it for publication in the *Pennsylvania Bulletin*.

Have a great day!

Alyssa Burns | Legal Assistant
aburns@palrb.us | 717.783.1531
Legislative Reference Bureau
Pennsylvania Code & Bulletin Office
647 Main Capitol Building
Harrisburg, PA 17120

From: Porta, Jason <jporta@pa.gov>
Sent: Thursday, March 26, 2026 7:37 AM
To: Bulletin <bulletin@palrb.us>; Leah Brown <lbrown@palrb.us>; Adeline E. Gaydosh <agaydosh@palrb.us>
Cc: Roland, Joel <joeroland@pa.gov>; Worthington, Amber <agontz@pa.gov>
Subject: DELIVERY NOTICE OF: REGULATION 16A-4945 (General Revisions)
Importance: High

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2022 (P.L. 57, No. 16) (Act 16) amendments to sections 29, 32 and 33 of the Medical Practice Act of 1985 (act) (63 P.S. §§ 422.29, 422.32, and 422.33) by reducing the graduate training requirement for graduates of unaccredited medical colleges from 3 years to 2, removing the limit on affiliated facilities for institutional license holders and allowing for the issuance of temporary licenses to physicians (MDs) during emergency declarations; (5) enabling educational institutions to verify the completion of the educational portion of a degree program for prosthetists and orthotists applying for graduate permits; (6) removing the 7-year time limit for completing the United States Medical Licensure Examination (USMLE); (7) updating the language regarding English language proficiency throughout the regulations for consistency; (8) creating an exception to the 30-day limitation on prescribing of Schedule II controlled substances for physician assistants (PAs) prescribing medicine delivered through intrathecal pain pumps; and (9) including mandatory continuing education requirements in pain management, identification of addiction or the practices of prescribing or dispensing of opioids for active-retired status licensees.

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

Thank you for your attention to this matter.

Jason Porta | Legal Assistant 2
Office of Chief Counsel | Department of State
Governor's Office of General Counsel
P.O. Box 69523 | Harrisburg, PA 17106-9523
Office Phone 717.783.7200 | Fax: 717.787.0251
jporta@pa.gov | www.dos.pa.gov
Preferred Pronouns: He/Him

From: Nicole Sidle
To: Porta, Jason; Cindy Sauder
Cc: Worthington, Amber; Roland, Joel
Subject: RE: [EXTERNAL]: DELIVERY NOTICE OF: REGULATION 16A-4945 (General Revisions)
Date: Thursday, March 26, 2026 8:57:11 AM
Attachments: image001.png

Good Morning—
This has been received.

Thanks!

Nicole

From: Porta, Jason <jporta@pa.gov>
Sent: Thursday, March 26, 2026 7:37 AM
To: Nicole Sidle <Nsidle@pahousegop.com>; Cindy Sauder <Csauder@pahousegop.com>
Cc: Worthington, Amber <agontz@pa.gov>; Roland, Joel <joeroland@pa.gov>
Subject: [EXTERNAL]: DELIVERY NOTICE OF: REGULATION 16A-4945 (General Revisions)
Importance: High

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Thank you for your attention to this matter.

RECEIVED

Independent Regulatory
Review Commission

March 26, 2026

Jason Porta | Legal Assistant 2
Office of Chief Counsel | Department of State
Governor's Office of General Counsel
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jporta@pa.gov | www.dos.pa.gov
Preferred Pronouns: He/Him
PRIVILEGED AND CONFIDENTIAL COMMUNICATION

From:	Orchard, Kari L.
To:	Porta, Jason; Barton, Jamie; Brett, Joseph D.
Cc:	Roland, Joel; Worthington, Amber
Subject:	RE: DELIVERY NOTICE OF: REGULATION 16A-4945 (General Revisions)
Date:	Thursday, March 26, 2026 9:28:08 AM
Attachments:	image001.png

Good morning,
This is received.

Thanks!

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

From: Porta, Jason <jporta@pa.gov>
Sent: Thursday, March 26, 2026 7:37 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-4945 (General Revisions)
Importance: High

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Preferred Pronouns: He/Him
PRIVILEGED AND CONFIDENTIAL COMMUNICATION

RECEIVED

Independent Regulatory Review Commission

March 26, 2026

From: Monoski, Jesse
To: Porta, Jason; Dimm, Ian; Kelly, Joseph; Vazquez, Enid
Cc: Roland, Joel; Worthington, Amber
Subject: Re: DELIVERY NOTICE OF REGULATION 16A-4945 (General Revisions)
Date: Thursday, March 26, 2026 12:34:45 PM
Attachments: image001.png

Received.

-Jesse Monoski

Get Outlook for Android

From: Porta, Jason <jporta@pa.gov>
Sent: Thursday, March 26, 2026 7:36:42 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-4945 (General Revisions)

■ EXTERNAL EMAIL ■

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Thank you for your attention to this matter.

Jason Porta | Legal Assistant 2
Office of Chief Counsel | Department of State
Governor's Office of General Counsel
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