THE GENERAL ASSEMBLY OF PENNSYLVANIA

SENATE BILL No. 1158 Session of 1985

INTRODUCED BY BELL, OCTOBER 16, 1985

AS REPORTED FROM COMMITTEE ON PROFESSIONAL LICENSURE, HOUSE OF REPRESENTATIVES, AS AMENDED, DECEMBER 9, 1985

AN ACT

1 Relating to the right to practice medicine and surgery and the 2 right to practice medically related acts; reestablishing the 3 State Board of Medical Education and Licensure as the State 4 Board of Medicine and providing for its composition, powers 5 and duties; providing for the issuance of licenses and 6 certificates and the suspension and revocation of licenses 7 and certificates; providing penalties; and making repeals.

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21	The General Assembly of the Commonwealth of Pennsylvania	
22	hereby enacts as follows:	
23	Section 1. Short title.	
24	This act shall be known and may be cited as the Medical	
25	Practice Act of 1985.	
26	Section 2. Definitions.	
27	The following words and phrases when used in this act shall	
28	have the meanings given to them in this section unless the	
29	context clearly indicates otherwise:	
30	"Accredited medical college." An institution of higher	
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1 learning which has been fully accredited by the Association of 2 American Medical Colleges, its successors or assigns, or the 3 American Medical Association, either directly or through their 4 respective accrediting bodies, as an agency to provide courses 5 in the art and science of medicine and surgery and empowered to 6 grant Academic Degrees in Medicine.

7 "Affiliate." A member of a group of two or more medical 8 training facilities legally united by an agreement of 9 affiliation, approved by the board and formed to enhance the 10 potential of all participants in the provision of health care 11 and medical education.

12 "Applicant." An applicant for any license or certificate13 issued by the board.

14 "Board." The State Board of Medicine.

Board regulated practitioner." A medical doctor, midwife, physician assistant, drugless therapist, or an applicant for a license or certificate the board may issue.

18 "Clinical clerk." An undergraduate student in good standing 19 in an accredited medical college who is assigned to provide 20 medical services in a hospital by the medical college and the 21 hospital.

22 "Commissioner." The Commissioner of Professional and23 Occupational Affairs in the Department of State.

24 CONVICTION." A JUDGMENT OF GUILT, AN ADMISSION OF GUILT, OR25 A PLEA OF NOLO CONTENDERE.

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26 "Doctor of osteopathy or osteopathic doctor." An individual 27 licensed to practice osteopathic medicine and surgery by the 28 State Board of Osteopathic Medical Examiners.

29 "Graduate medical training." Training approved or recognized 30 by the board which is either:

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1 (1) accredited as graduate medical education by the 2 Accreditation Council for Graduate Medical Education or by 3 any other accrediting body recognized by the board for the 4 purpose of accrediting graduate medical education; or

5 (2) provided by a hospital accredited by the Joint 6 Commission on Accreditation of Hospitals, its successors or 7 assigns, and is acceptable to an American specialty board 8 towards the training it requires for the certification it 9 issues in a medical specialty or subspecialty.

10 "Healing arts." The science and skill of diagnosis and 11 treatment in any manner whatsoever of disease or any ailment of 12 the human body.

Health care practitioner." An individual, other than a physician assistant, who is authorized to practice some component of the healing arts by a license, permit, certificate or registration issued by a Commonwealth licensing agency or board.

18 "Hospital." An institution licensed or regulated as a 19 hospital by the Department of Health or the Department of Public 20 Welfare or a facility owned or operated by the Federal 21 Government and accredited by the Joint Commission on 22 Accreditation of Hospitals as a hospital.

23 "Medical doctor." An individual who has acquired one of the 24 following licenses to practice medicine and surgery issued by 25 the board:

26 (1) License without restriction.

27 (2) License with restriction INTERIM LIMITED LICENSE.
28 (3) Graduate license.

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29 (4) Institutional license.

30 (5) Temporary license.

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(6) Extraterritorial license.

2 "Medical service." Activity which lies within the scope of 3 the practice of medicine and surgery.

Medical training facility." A medical college, hospital or other institution which provides courses in the art and science of medicine and surgery and related subjects for the purpose of enabling a matriculant to qualify for a license or TO practice medicine and surgery, graduate medical training, midwife certificate or physician assistant certificate.

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10 "Medicine and surgery." The art and science of which the 11 objectives are the cure of diseases and the preservation of the 12 health of man, including the practice of the healing art with or 13 without drugs, except healing by spiritual means or prayer. 14 "Midwife or nurse-midwife." An individual who is licensed as

15 a midwife by the board.

16 "Physician." A medical doctor or doctor of osteopathy.

17 "Physician assistant." An individual who is certified as a 18 physician assistant by the board.

19 "Resident." A medical doctor who is participating in 20 graduate training.

21 "Technician." A person, other than a health care
22 practitioner or physician assistant, who through training,
23 education or experience has achieved expertise in the technical
24 details of a subject or occupation which is a component of the
25 healing art.

26 "Unaccredited medical college." An institution of higher
27 learning which provides courses in the art and science of
28 medicine and surgery and related subjects, is empowered to grant
29 professional degrees in medicine, is not accredited by the
30 Association of American Medical Colleges, its successors or
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assigns, or the American Medical Association, either directly or
 through their respective accrediting bodies, and is listed by
 the World Health Organization, its successors or assigns, or is
 otherwise recognized as a medical college by the country in
 which it is situated.

6 Section 3. State Board of Medicine.

Establishment.--The State Board of Medicine shall 7 (a) consist of the commissioner, the Secretary of Health, two 8 9 members appointed by the Governor who shall be persons 10 representing the public at large and seven members appointed by 11 the Governor, six of whom shall be medical doctors with unrestricted licenses to practice medicine and surgery in this 12 13 Commonwealth for five years immediately preceding their 14 appointment, and one who shall be a nurse midwife, physician 15 assistant or certified registered nurse practitioner licensed or 16 certified under the laws of this Commonwealth. ALL PROFESSIONAL 17 AND PUBLIC MEMBERS OF THE BOARD SHALL BE APPOINTED BY THE 18 GOVERNOR, WITH THE ADVICE AND CONSENT OF A MAJORITY OF THE 19 MEMBERS ELECTED TO THE SENATE.

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20 (b) Terms of office. -- The term of each professional and 21 public member of the board shall be four years or until his or 22 her successor has been appointed and qualified, but not longer 23 than six months beyond the four-year period. In the event that 24 any of said members shall die or resign or otherwise becomes <----25 BECOME disqualified during his or her term, a successor shall be <-----26 appointed in the same way and with the same qualifications and 27 shall hold office for the unexpired term. No member shall be 28 eligible for appointment to serve more than two consecutive 29 terms. THE GOVERNOR SHALL ASSURE THAT NURSE MIDWIVES, PHYSICIAN <----ASSISTANTS, AND CERTIFIED REGISTERED NURSE PRACTITIONERS ARE 30 - 7 -19850S1158B1682

APPOINTED TO FOUR-YEAR TERMS ON A ROTATING BASIS SO THAT OF
 EVERY THREE APPOINTMENTS TO A FOUR-YEAR TERM, ONE IS A NURSE
 MIDWIFE, ONE IS A PHYSICIAN ASSISTANT, AND ONE IS A CERTIFIED
 REGISTERED NURSE PRACTITIONER.

5 (c) Quorum.--A majority of the members of the board serving 6 in accordance with law shall constitute a quorum for purposes of 7 conducting the business of the board. Except for temporary and 8 automatic suspensions under section 40, a member may not be 9 counted as part of a quorum or vote on any issue unless he or 10 she is physically in attendance at the meeting.

11 (d) Chairman.--The board shall select annually a chairman 12 from among its professional members.

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(e) Compensation.--Each member of the board, except the commissioner and the Secretary of Health, shall receive \$60 per diem when actually attending to the work of the board. Members shall also receive the amount of reasonable traveling, hotel and other necessary expenses incurred in the performance of their duties in accordance with Commonwealth regulations.

(f) Sunset.--The board is subject to evaluation, review and
termination in the manner provided in the act of December 22,
1981 (P.L.508, No.142), known as the Sunset Act.

(g) Attendance at meetings.--A member of the board who fails to attend three consecutive meetings shall forfeit his or her seat unless the commissioner, upon written request from the member, finds that the member should be excused from a meeting because of illness or the death of a family member.

(h) Attendance at training seminars.--A public member who fails to attend two consecutive statutorily mandated training seminars in accordance with section 813(e) of the act of April 0, 1929 (P.L.177, No.175), known as The Administrative Code of 19850S1158B1682 - 8 - 1929, shall forfeit his or her seat unless the commissioner,
 upon written request from the public member, finds that the
 public member should be excused from a meeting because of
 illness or the death of a family member.

5 (i) Meetings.--The board shall meet at least once every two 6 months, and at such additional times as may be necessary to 7 conduct the business of the board.

8 (j) Executive secretary.--The board, with the approval of 9 the commissioner, shall appoint and fix the compensation of an 10 executive secretary who shall be responsible for the day-to-day 11 operation of the board and administration of board activities. 12 Section 4. Impaired professionals.

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(a) Appointment of Disciplinary Advisory Committee. The
board, with the approval of the commissioner, shall appoint a
Disciplinary Advisory Committee composed of three medical
doctors, not members of the board, who shall be compensated at
the same rate as members of the board and who shall receive the
amount of reasonable traveling, hotel and other necessary
expenses incurred in the performance of their duties in

20 accordance with Commonwealth regulations.

21 (b) Recommendations involving potential disciplinary

22 actions. The board may refer to the committee cases involving

23 potential disciplinary actions under this act. Upon such

24 referral, the committee shall review the case and make

25 recommendations to the board within such time as the board shall

26 designate; provided, that once the committee has accepted an

27 impaired professional in an approved treatment program in

28 accordance with this section, the committee may not thereafter

29 accept referral of a disciplinary case regarding that individual

30 from the board.

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1 (c) Liaison. The committee shall act as a liaison between the board and treatment programs, such as alcohol and drug 2 treatment programs licensed by the Department of Health, 3 4 psychological counseling and impaired professional support groups, which are approved by the board and which provide 5 services to licensees or certificate holders under this act. 6 7 (d) Review of corrective action by the board. The board may defer and ultimately dismiss any of the types of corrective 8 action set forth in this act for an impaired professional so 9 10 long as the professional is progressing satisfactorily in an 11 approved treatment program, provided that the provisions of this subsection shall not apply to a professional convicted of a 12 felonious act prohibited by the act of April 14, 1972 (P.L.233, 13 14 No.64), known as The Controlled Substance, Drug, Device and 15 Cosmetic Act, or the conviction of a felony relating to a controlled substance in a court of law of the United States or 16 17 any other state, territory or country. An approved program 18 provider shall, upon request, disclose to the Disciplinary 19 Advisory Committee all information in its possession regarding 20 an impaired professional in treatment. 21 (e) Voluntary suspension or limitation. An impaired 22 professional who enrolls in an approved treatment program shall, 23 if necessary, agree to a limitation of his or her ability to practice. Failure to do so disqualifies the professional from 24 25 the impaired professional program and shall activate an 26 immediate investigation and disciplinary proceeding by the 27 board. 28 (f) Failure to satisfactorily progress. If, in the opinion of the committee after consultation with the provider, an 29 30 impaired professional who is enrolled in an approved treatment

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has not progressed satisfactorily, the committee shall disclose 1 to the board all information in its possession regarding the 2 professional; and such disclosure shall constitute the basis for 3 4 instituting proceedings to suspend or revoke the license or certificate of said professional. 5 (g) Immunity. An approved program provider who makes a 6 7 disclosure pursuant to this subsection shall not be subject to civil liability for such disclosure or its consequences. 8 9 (h) Reports to the board. Any hospital or health care 10 facility, peer or colleague who knows or has evidence to suspect 11 a professional has an addictive disease, is diverting a controlled substance, or is mentally or physically incompetent 12 13 to carry out the duties of his or her license or certificate, 14 shall make, or cause to be made, a report to the board: Provided 15 that any person or facility who acts in a treatment capacity to an impaired professional in an approved treatment program is 16 17 exempt from the mandatory reporting requirements of this 18 subsection. Any person or facility who reports pursuant to this 19 section in good faith and without malice shall be immune from 20 any civil or criminal liability arising from such report. 21 Failure to provide such report within a reasonable time from 22 receipt of knowledge of impairment shall subject the person or 23 facility to a fine not to exceed \$1,000. The board shall levy this penalty only after affording the accused party the 24 25 opportunity for a hearing, as provided in Title 2 of the 26 Pennsylvania Consolidated Statutes (relating to administrative 27 law and procedure). 28 (A) CONSULTANTS. -- THE BOARD, WITH THE APPROVAL OF THE 29 COMMISSIONER, SHALL APPOINT AND FIX THE COMPENSATION OF A 30 PROFESSIONAL CONSULTANT WHO IS A LICENSEE OF THE BOARD, OR SUCH

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1 OTHER PROFESSIONAL AS THE BOARD MAY DETERMINE, WITH EDUCATION

2 AND EXPERIENCE IN THE IDENTIFICATION, TREATMENT AND

REHABILITATION OF PERSONS WITH PHYSICAL OR MENTAL IMPAIRMENTS.
SUCH CONSULTANT SHALL BE ACCOUNTABLE TO THE BOARD AND SHALL ACT
AS A LIAISON BETWEEN THE BOARD AND TREATMENT PROGRAMS, SUCH AS
ALCOHOL AND DRUG TREATMENT PROGRAMS LICENSED BY THE DEPARTMENT
OF HEALTH, PSYCHOLOGICAL COUNSELING AND IMPAIRED PROFESSIONAL
SUPPORT GROUPS, WHICH ARE APPROVED BY THE BOARD AND WHICH
PROVIDE SERVICES TO LICENSEES UNDER THIS ACT.

10 (B) ELIGIBILITY AND DISCLOSURE. -- THE BOARD MAY DEFER AND 11 ULTIMATELY DISMISS ANY OF THE TYPES OF CORRECTIVE ACTION SET 12 FORTH IN THIS ACT FOR AN IMPAIRED PROFESSIONAL SO LONG AS THE 13 PROFESSIONAL IS PROGRESSING SATISFACTORILY IN AN APPROVED 14 TREATMENT PROGRAM, PROVIDED THAT THE PROVISIONS OF THIS 15 SUBSECTION SHALL NOT APPLY TO A PROFESSIONAL CONVICTED OF A 16 FELONIOUS ACT PROHIBITED BY THE ACT OF APRIL 14, 1972 (P.L.233, 17 NO.64), KNOWN AS THE CONTROLLED SUBSTANCE, DRUG, DEVICE AND 18 COSMETIC ACT, OR CONVICTED OF A FELONY RELATING TO A CONTROLLED 19 SUBSTANCE IN A COURT OF LAW OF THE UNITED STATES OR ANY OTHER 20 STATE, TERRITORY OR COUNTRY. AN APPROVED PROGRAM PROVIDER SHALL, 21 UPON REQUEST, DISCLOSE TO THE CONSULTANT SUCH INFORMATION IN ITS 22 POSSESSION REGARDING AN IMPAIRED PROFESSIONAL IN TREATMENT WHICH 23 THE PROGRAM PROVIDER IS NOT PROHIBITED FROM DISCLOSING BY AN ACT 24 OF THIS COMMONWEALTH, ANOTHER STATE, OR THE UNITED STATES. SUCH 25 REQUIREMENT OF DISCLOSURE BY AN APPROVED PROGRAM PROVIDER SHALL 26 APPLY IN THE CASE OF IMPAIRED PROFESSIONALS WHO ENTER INTO AN 27 AGREEMENT IN ACCORDANCE WITH THIS SECTION, IMPAIRED 28 PROFESSIONALS WHO ARE THE SUBJECT OF A BOARD INVESTIGATION OR 29 DISCIPLINARY PROCEEDING, AND IMPAIRED PROFESSIONALS WHO 30 VOLUNTARILY ENTER A TREATMENT PROGRAM OTHER THAN UNDER THE 19850S1158B1682 - 12 -

PROVISIONS OF THIS SECTION BUT WHO FAIL TO COMPLETE THE PROGRAM
 SUCCESSFULLY OR TO ADHERE TO AN AFTERCARE PLAN DEVELOPED BY THE
 PROGRAM PROVIDER.

4 (C) AGREEMENT WITH BOARD. -- AN IMPAIRED PROFESSIONAL WHO 5 ENROLLS IN AN APPROVED TREATMENT PROGRAM SHALL ENTER INTO AN AGREEMENT WITH THE BOARD UNDER WHICH THE PROFESSIONAL'S LICENSE 6 7 SHALL BE SUSPENDED OR REVOKED BUT ENFORCEMENT OF THAT SUSPENSION 8 OR A REVOCATION MAY BE STAYED FOR THE LENGTH OF TIME THE 9 PROFESSIONAL REMAINS IN THE PROGRAM AND MAKES SATISFACTORY 10 PROGRESS, COMPLIES WITH THE TERMS OF THE AGREEMENT AND ADHERES 11 TO ANY LIMITATIONS ON HIS PRACTICE IMPOSED BY THE BOARD TO PROTECT THE PUBLIC. FAILURE TO ENTER INTO SUCH AN AGREEMENT 12 13 SHALL DISQUALIFY THE PROFESSIONAL FROM THE IMPAIRED PROFESSIONAL 14 PROGRAM AND SHALL ACTIVATE AN IMMEDIATE INVESTIGATION AND 15 DISCIPLINARY PROCEEDING BY THE BOARD.

16 (D) DISCIPLINARY ACTION.--IF, IN THE OPINION OF THE 17 CONSULTANT AFTER CONSULTATION WITH THE PROVIDER, AN IMPAIRED 18 PROFESSIONAL WHO IS ENROLLED IN AN APPROVED TREATMENT PROGRAM 19 HAS NOT PROGRESSED SATISFACTORILY, THE CONSULTANT SHALL DISCLOSE 20 TO THE BOARD ALL INFORMATION IN HIS POSSESSION REGARDING SAID 21 PROFESSIONAL, AND THE BOARD SHALL INSTITUTE PROCEEDINGS TO 22 DETERMINE IF THE STAY OF THE ENFORCEMENT OF THE SUSPENSION OR 23 REVOCATION OF THE IMPAIRED PROFESSIONAL'S LICENSE SHALL BE 24 VACATED.

(E) IMMUNITY.--AN APPROVED PROGRAM PROVIDER WHO MAKES A
DISCLOSURE PURSUANT TO THIS SECTION SHALL NOT BE SUBJECT TO
CIVIL LIABILITY FOR SUCH DISCLOSURE OR ITS CONSEQUENCES.
(F) REPORTS TO THE BOARD.--ANY HOSPITAL OR HEALTH CARE
FACILITY, PEER OR COLLEAGUE WHO HAS SUBSTANTIAL EVIDENCE THAT A

30 PROFESSIONAL HAS AN ACTIVE ADDICTIVE DISEASE FOR WHICH THE

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1 PROFESSIONAL IS NOT RECEIVING TREATMENT, IS DIVERTING A CONTROLLED SUBSTANCE OR IS MENTALLY OR PHYSICALLY INCOMPETENT TO 2 3 CARRY OUT THE DUTIES OF HIS OR HER LICENSE SHALL MAKE OR CAUSE 4 TO BE MADE A REPORT TO THE BOARD: PROVIDED, THAT ANY PERSON OR 5 FACILITY WHO ACTS IN A TREATMENT CAPACITY TO AN IMPAIRED PHYSICIAN IN AN APPROVED TREATMENT PROGRAM IS EXEMPT FROM THE 6 7 MANDATORY REPORTING REQUIREMENTS OF THIS SUBSECTION. ANY PERSON 8 OR FACILITY WHO REPORTS PURSUANT TO THIS SECTION IN GOOD FAITH 9 AND WITHOUT MALICE SHALL BE IMMUNE FROM ANY CIVIL OR CRIMINAL 10 LIABILITY ARISING FROM SUCH REPORT. FAILURE TO PROVIDE SUCH 11 REPORT WITHIN A REASONABLE TIME FROM RECEIPT OF KNOWLEDGE OF IMPAIRMENT SHALL SUBJECT THE PERSON OR FACILITY TO A FINE NOT TO 12 13 EXCEED \$1,000. THE BOARD SHALL LEVY THIS PENALTY ONLY AFTER 14 AFFORDING THE ACCUSED PARTY THE OPPORTUNITY FOR A HEARING, AS 15 PROVIDED IN TITLE 2 OF THE PENNSYLVANIA CONSOLIDATED STATUTES 16 (RELATING TO ADMINISTRATIVE LAW AND PROCEDURE).

17 Section 5. Consultants.

The board shall establish consultant panels or use individual, WITH THE APPROVAL OF THE COMMISSIONER, MAY USE consultants, as it deems appropriate, to assist it in carrying out its responsibilities. The board may not delegate any of its final decisionmaking responsibilities to a consultant or panel of consultants. <-----

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24 Section 6. Fees, fines and civil penalties.

(a) Setting of fees.--All fees required under this act shall
be fixed by the board by regulation and shall be subject to the
act of June 25, 1982 (P.L.633, No.181), known as the Regulatory
Review Act. If the revenues raised by fees, fines and civil
penalties imposed under this act are not sufficient to meet
expenditures over a two-year period, the board shall increase
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those fees by regulation so that the projected revenues will
 meet or exceed projected expenditures.

Inadequate fees.--If the Bureau of Professional and 3 (b) 4 Occupational Affairs determines that the fees established by the 5 board under subsection (a) are inadequate to meet the minimum enforcement efforts required by this act, then the bureau after 6 7 consultation with the board and subject to the Regulatory Review Act, shall increase the fees by regulation in an amount that 8 9 adequate revenues are raised to meet the required enforcement 10 effort.

11 (c) Disposition.--All fees, fines and civil penalties imposed in accordance with this act and collected in accordance 12 13 with section 907(a) of the act of October 15, 1975 (P.L.390, 14 No.111), known as the Health Care Services Malpractice Act, 15 along with any interest generated thereby, shall be for the 16 exclusive use by OF the board in carrying out the provisions of 17 this act, and shall be annually appropriated for that purpose. 18 (d) Charging of fees. -- The board may charge a reasonable fee, as set by the board by regulation, for all examinations, 19 20 registrations, certificates, licensures or applications 21 permitted by this act or the regulations thereunder.

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22 Section 7. Reports of the board.

(a) Reports to Department of State.--The board shall submit
annually to the Department of State an estimate of the financial
requirements of the board for its administrative, investigative,
legal and miscellaneous expenses.

(b) Reports to House and Senate Appropriations Committees.-The board shall submit annually to the House and Senate
Appropriations Committees, 15 days after the Governor has
submitted his budget to the General Assembly, a copy of the
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budget request for the upcoming fiscal year which the board
 previously submitted to the department.

3 (c) Reports to other House and Senate committees. -- The board 4 shall submit annually a report to the Professional Licensure 5 Committee of the House of Representatives and to the Consumer Protection and Professional Licensure Committee of the Senate 6 7 CONTAINING a description of the types of complaints received, status of cases, board action which has been taken and the 8 length of time from the initial complaint to final board 9 10 resolution. The report shall also include a statement of the 11 numbers and types of licenses granted and a statement on 12 physician assistant use in this Commonwealth, including 13 geographic location and practice settings.

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14 Section 8. Regulatory powers of the board.

The board, in the exercise of its duties under this act, shall have the power to adopt such regulations as are reasonably necessary to carry out the purposes of this act. Regulations shall be adopted in conformity with the provisions of the act of July 31, 1968 (P.L.769, No.240), referred to as the Commonwealth Documents Law, and the act of June 25, 1982 (P.L.633, No.181), known as the Regulatory Review Act.

22 Section 9. Procedure, oaths and subpoenas.

(a) All actions of the board.--All actions of the board
shall be taken subject to the right of notice, hearing and
adjudication, and the right of appeal therefrom, in accordance
with the provisions in Title 2 of the Pennsylvania Consolidated
Statutes (relating to administrative law and procedure).

(b) Disciplinary proceedings.--All disciplinary proceedings conducted by hearing examiners shall be conducted in accordance with sections 901 through 905 of the act of October 15, 1975 19850S1158B1682 - 16 - (P.L.390, No.111), known as the Health Care Services Malpractice
 Act.

3 Subpoena power.--The board shall have the authority to (C) 4 issue subpoenas, upon application of an attorney responsible for 5 representing the Commonwealth in disciplinary matters before the board, for the purpose of investigating alleged violations of 6 7 the disciplinary provisions administered by the board. The board shall have the power to subpoena witnesses, to administer oaths, 8 9 to examine witnesses or AND to take testimony or compel the <----10 production of books, records, papers and documents as it may 11 deem necessary or proper in and pertinent to any proceeding, 12 investigation or hearing held by it. Medical records may not be 13 subpoenaed without consent of the patient or without order of a 14 court of competent jurisdiction on a showing that the records 15 are reasonably necessary for the conduct of the investigation. 16 The court may impose such limitations on the scope of the 17 subpoena as are necessary to prevent unnecessary intrusion in <-----18 INTO patient confidential information. The board is authorized <-----19 to apply to Commonwealth Court to enforce its subpoenas. 20 (D) REPORTS TO THE BOARD. -- AN ATTORNEY RESPONSIBLE FOR <____

21 REPRESENTING THE COMMONWEALTH IN DISCIPLINARY MATTERS BEFORE THE 22 BOARD SHALL NOTIFY THE BOARD IMMEDIATELY UPON RECEIVING 23 NOTIFICATION OF AN ALLEGED VIOLATION OF THIS ACT. THE BOARD 24 SHALL MAINTAIN CURRENT RECORDS OF ALL REPORTS OF ALLEGED 25 VIOLATIONS AND PERIODICALLY REVIEW THE RECORDS FOR THE PURPOSE 26 OF DETERMINING THAT EACH ALLEGED VIOLATION HAS BEEN RESOLVED IN 27 A TIMELY MANNER.

28 Section 10. Unauthorized practice of medicine and surgery.
29 No person other than a medical doctor shall engage in any of
30 the following conduct except as authorized or exempted in this
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1 act:

(1) Practice medicine and surgery. 2 3 (2) Purport to practice medicine and surgery. 4 (3) Hold forth as authorized to practice medicine and 5 surgery through use of a title, including, but not 6 necessarily limited to, medical doctor, doctor of medicine, 7 doctor of medicine and surgery, doctor of a designated 8 disease, physician, physician of a designated disease, or any 9 abbreviation for the foregoing. (4) Otherwise hold forth as authorized to practice 10 11 medicine and surgery. 12 Section 11. Clinical clerks. 13 (a) Authorized services.--A clinical clerk may perform the 14 following services in a hospital to which the clerk is assigned, 15 provided the services are performed within the restrictions contained in or authorized by this section: 16 17 (1) Make notes on a patient's chart. 18 (2) Conduct a physical examination. 19 Perform a medical procedure or laboratory test. (3) 20 (b) Regulations.--A clinical clerk shall not perform a 21 medical service unless the performance of such by the clinical clerk under the circumstances is consistent with THE REGULATIONS 22 23 PROMULGATED BY THE BOARD AND the standards of acceptable medical practice embraced by the medical doctor community in this 24 25 Commonwealth. The board shall promulgate regulations which 26 define the medical services those standards permit a clinical 27 clerk to perform and the circumstances under which those 28 standards permit a clinical clerk to perform a medical service.

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29 (c) Supervision.--A clinical clerk shall not perform a 30 medical service without the direct and immediate supervision of 19850S1158B1682 - 18 - 1 the medical doctor members of the medical staff or residents at 2 the hospital in which the service is performed. The board shall 3 promulgate regulations which define the supervision required by 4 those standards.

5 (d) Drugs.--A clinical clerk shall not prescribe or dispense6 drugs.

7 (e) Notes on patients' charts.--Notes made on a patient's
8 chart by a clinical clerk become official only when
9 countersigned by a medical doctor member of the hospital's
10 medical staff or resident beyond a first-year level of graduate
11 medical education at the hospital.

(f) Other licenses or certificates.--Nothing in this section or the regulations authorized by this section shall be construed to prohibit a clinical clerk who is licensed or certified to practice a profession by a Commonwealth agency or board from practicing within the scope of that license or certificate or as otherwise authorized by law.

18 Section 12. Midwifery.

(a) Previous licensure.--A midwife who has been licensed
previously by the board may continue to practice midwifery in
accordance with regulations promulgated by the board.

(b) Use of title.--A midwife may use the title midwife,nurse-midwife or an appropriate abbreviation of those titles.

(c) Other licenses or certificates.--Nothing in this section or the regulations authorized by this section shall be construed to prohibit a midwife who is licensed or certified to practice another profession by a Commonwealth agency or board from practicing within the scope of that license or certificate or as otherwise authorized by law.

30 Section 13. Physician assistants.

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(a) Authorized services.--A physician assistant may perform
a medical service delegated by an approved physician and as
approved by the appropriate board. An approved physician is a
physician identified in the writing required by subsection (e).
(b) Use of title.--A physician assistant may use the title
physician assistant or an appropriate abbreviation for that
title, such as "P.A.-C."

8 (c) Regulations.--The board shall promulgate regulations 9 which define the services and circumstances under which a 10 physician assistant may perform a medical service.

(d) Supervision.--A physician assistant shall not perform a medical service without the supervision and personal direction of an approved physician. The board shall promulgate regulations which define the supervision and personal direction required by those standards.

16 (e) Written agreement.--A physician assistant shall not 17 provide a medical service without a written agreement with one 18 or more physicians which provides for all of the following:

19 (1) Identifies and is signed by each physician the20 physician assistant will be assisting.

(2) Describes the manner in which the physicianassistant will be assisting each named physician.

(3) Describes the nature and degree of supervision and
 direction each named physician will provide the physician
 assistant.

26 (4) Designates one of the named physicians as having the
 27 primary responsibility for supervising and directing the
 28 physician assistant.

29 (5) Has been approved by the board as satisfying the 30 foregoing and as consistent with the restrictions contained 19850S1158B1682 - 20 - 1 in or authorized by this section.

2 A physician assistant shall not assist a physician in a manner 3 not described in the agreement or without the nature and degree 4 of supervision and direction described in the agreement. The 5 physician designated as having primary responsibility for the 6 physician assistant shall not have primary responsibility for 7 more than two physician assistants.

8 (f) Drugs.--A physician assistant shall not independently 9 prescribe or dispense drugs. The board and the State Board of <---10 Pharmacy shall jointly promulgate regulations which permit a <---11 physician assistant to prescribe and dispense drugs at the 12 direction of a physician. THE BOARD SHALL REQUEST THE COMMENTS <----13 AND RECOMMENDATIONS OF THE STATE BOARD OF PHARMACY.

(g) Supervision.--A physician assistant may be employed by a medical care facility under the supervision and direction of an approved physician or group of such physicians, provided one of those physicians is designated as having the primary responsibility for supervising and directing the physician assistant and provided that a physician assistant shall not be responsible to more than three physicians.

(h) Reimbursement.--For reimbursement purposes a physician
assistant shall be an employee subject to the normal employeremployee reimbursement procedures.

(i) Eye services.--No medical services may be performed by a 24 25 physician assistant under this act which include the measurement 26 of the range or powers of human vision or the determination of 27 the refractive status of the human eye. This subsection does not prohibit the performance of routine vision screenings or the 28 29 performance of refractive screenings in the physician's office. 30 (j) Chiropractic practice.--Nothing in this act shall be 19850S1158B1682 - 21 -

1 construed to allow physician assistants to practice

2 chiropractic.

3 (k) Other licenses or certificates.--Nothing in this section 4 or the regulations authorized by this section shall be construed 5 to prohibit a physician assistant who is licensed or certified 6 to practice another profession by a Commonwealth agency or board 7 from practicing within the scope of that license or certificate 8 or as otherwise authorized by law.

9 Section 14. Drugless therapist.

10 (a) Previous licensure.--A drugless therapist who has been 11 licensed previously by the board may continue to provide 12 drugless therapy in accordance with the regulations promulgated 13 by the board.

14 (b) Drugs.--A drugless therapist shall not prescribe or15 dispense drugs.

16 (c) Other licenses or certificates.--Nothing in this section 17 or the regulations authorized by this section shall be construed 18 to prohibit a drugless therapist who is licensed or certified to 19 practice another profession by a Commonwealth agency or board 20 from practicing within the scope of that license or certificate 21 or as otherwise authorized by law.

22 Section 15. Certified registered nurse practitioner.

(a) General rule.--A certified registered nurse practitioner
shall act in accordance with regulations authorized by this
section.

(b) Regulations.--The board and the State Board of Nurse Examiners shall jointly promulgate regulations authorizing a certified registered nurse practitioner to perform acts of medical diagnoses and prescription of medical, therapeutic, diagnostic or corrective measures.

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1 (c) Other licenses or certificates.--Nothing in this section 2 or the regulations authorized by this section shall be construed 3 to prohibit a certified registered nurse practitioner who is 4 licensed or certified to practice another profession by a 5 Commonwealth agency or board from practicing within the scope of 6 that license or certificate as otherwise authorized by law. 7 Section 16. Consultation.

8 A person authorized to practice medicine or surgery or 9 osteopathy without restriction by any other state may, upon 10 request by a medical doctor, provide consultation to the medical 11 doctor regarding the treatment of a patient under the care of 12 the medical doctor.

13 Section 17. Delegation of duties to health care practitioner or 14 technician.

18 (1) The performance of the service was delegated by a <--
 19 medical doctor.

(2) (1) The delegation is consistent with the standards
 of acceptable medical practice embraced by the medical doctor
 community in this Commonwealth.

23 (3) (2) The delegation is not prohibited by regulations <-
 24 promulgated by the board.

(4) (3) The delegation is not prohibited by statutes or <--
 regulations relating to other licensed health care
 practitioners.

(b) Regulations.--The board may promulgate regulations which
 establish criteria pursuant to which a medical doctor may
 delegate the performance of medical services, preclude a medical
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doctor from delegating the performance of certain types of
 medical services, or otherwise limit the ability of a medical
 doctor to delegate medical services.

4 (c) Responsibility.--Nothing in this section shall be <----construed to limit the A MEDICAL DOCTOR SHALL BE RESPONSIBLE FOR 5 <-----THE MEDICAL SERVICES DELEGATED TO THE HEALTH CARE PRACTITIONER 6 7 OR TECHNICIAN IN ACCORDANCE WITH SUBSECTIONS (A) AND (B). A medical doctor's responsibility for the medical service 8 delegated to the health care practitioner or technician IS NOT 9 <____ LIMITED BY ANY PROVISIONS OF THIS SECTION. 10

11 Section 18. Federal medical personnel.

12 Nothing in this act shall be construed to prohibit a medical 13 doctor in the medical service of the armed forces of the United 14 States, the United States Public Health Service or the Veterans' 15 Administration, or a Federal employee, from discharging official 16 duties.

17 Section 19. Osteopathic act.

(a) General rule.--Nothing in this act shall be construed to
prohibit a doctor of osteopathy from practicing osteopathic
medicine and surgery.

(b) Specific authorization.--Nothing in this act shall be construed to prohibit a person authorized to practice osteopathic medicine and surgery by the act of October 5, 1978 (P.L.1109, No.261), known as the Osteopathic Medical Practice Act, to practice as authorized by that act.

26 Section 20. Other health care practitioners.

27 Nothing in this act shall be construed to prohibit a health 28 care practitioner from practicing that profession within the 29 scope of the health care practitioner's license or certificate 30 or as otherwise authorized by the law, including using the title 19850S1158B1682 - 24 -

authorized by the practitioner's licensing act. 1 Section 21. Acts outside nonmedical doctor license or 2 3 certificate. 4 (a) Medical doctor involvement. -- In the event the law, 5 including this act, conditions a person's authorization to perform one or more medical services upon medical doctor 6 7 involvement, and the person performs a covered service without the required involvement, the person shall be deemed to have 8 9 acted outside the scope of the person's license or certificate. 10 (b) Included involvements. -- The medical doctor involvement 11 referred to in subsection (a) shall include, but shall not necessarily be limited to, any of the following: 12 13 (1) An order. 14 (2) Direction or supervision. 15 (3) Presence. 16 (4) Immediate availability. 17 (5) Referral. 18 (6) Consultation. 19 (C) LIMITATION ON PROVIDING SERVICES. -- NOTHING HEREIN SHALL 20 BE CONSTRUED AS AUTHORIZING A HEALTH CARE PRACTITIONER OR TECHNICIAN TO PERFORM ANY MEDICAL SERVICE WHICH IS NOT WITHIN 21 22 THE SCOPE OF THAT PERSON'S PRACTICE, AS DEFINED BY THE 23 PRACTITIONER'S LICENSING ACT UNDER WHICH THAT PERSON IS 24 LICENSED, CERTIFICATED OR REGISTERED. 25 Section 22. Licenses and certificates; general qualification. 26 (a) Types of licenses and certificates.--The board may grant 27 the following licenses and certificates: 28 (1) License without restriction. 29 (2) License with restriction. INTERIM LIMITED LICENSE. (3) Graduate license. 30

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- (4) Institutional license.
- 2 (5) Temporary license.
- 3 (6) Extraterritorial license.
- 4 (7) Midwife license.
- 5

(8) Physician assistant certificate.

(b) Qualifications.--The board shall not issue a license or 6 certificate to an applicant unless the applicant establishes 7 8 with evidence, verified by an affidavit or affirmation of the applicant, that the applicant is of legal age, is of good moral 9 character and is not addicted to the intemperate use of alcohol 10 or the habitual use of narcotics or other habit-forming drugs, 11 and that the applicant has completed the educational 12 13 requirements prescribed by the board, and otherwise satisfies the qualifications for the license or certificate contained in 14 15 or authorized by this act. The board shall not issue a license 16 or certificate to an applicant who has been convicted of a felony under the act of April 14, 1972 (P.L.233, No.64), known 17 18 as The Controlled Substance, Drug, Device and Cosmetic Act, or of an offense under the laws of another jurisdiction which if 19 20 committed in this Commonwealth would be a felony under The Controlled Substance, Drug, Device and Cosmetic Act, unless: 21

(1) at least ten years have elapsed from the date ofconviction;

(2) the applicant satisfactorily demonstrates to the
board that he has made significant progress in personal
rehabilitation since the conviction such that licensure of
the applicant should not be expected to create a substantial
risk of harm to the health and safety of his patients or the
public or a substantial risk of further criminal violations;
and

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(3) the applicant otherwise satisfies the qualifications
 contained in or authorized by this act.

3 As used in this section the term "convicted" shall include a 4 judgment, and admission of guilt or a plea of nolo contendere. 5 (c) Refusal.--The board may refuse to issue a license or 6 certificate to an applicant based upon a ground for such action 7 contained in section 41.

8 (d) Limitation.--The board shall not refuse to issue a license or certificate to an applicant unless the applicant has 9 10 been afforded the procedural protections required by this act. 11 (e) Action on application. The application, upon filing by the applicant of the evidence required under subsection (b) and 12 13 the expiration of a period of 90 days, shall be deemed to meet 14 the requirements of this act and become effective, the license 15 or certificate shall be deemed issued, and the board shall take 16 no action against the applicant for practicing without a license 17 or certificate, unless within that period the application has 18 been disapproved by the board or proceedings have been initiated 19 against the applicant under this act.

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20 Section 23. Standards for medical training facilities.

(a) General rule.--The educational qualifications for acceptance as a matriculant in a medical college or other medical training facility incorporated within this Commonwealth and the curricula and training to be offered by such medical colleges or other medical training facility shall meet the requirements set by the board and any accrediting body which may be recognized by the board.

(b) Duties of the board.--It shall be the duty of the board,
in its discretion, periodically to ascertain the character of
the instruction and the facilities possessed by each of the
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medical colleges and other medical training facilities offering 1 or desiring to offer medical training in accordance with the 2 3 requirements of this act. In shall further be the duty of the 4 board, by inspection and otherwise, to ascertain the facilities 5 and qualifications of medical colleges and other medical training facilities outside this Commonwealth, whose graduates 6 or trainees desire to obtain licensure, graduate medical 7 training or certification in this Commonwealth, provided further 8 that the board shall have the authority to refuse to license 9 10 graduates of any such medical institutions, colleges or 11 hospitals which in its judgment do not meet similar standards for medical training and facilities as are required of medical 12 13 institutions in this Commonwealth. In enforcing this provision, 14 the board shall give due notice to any medical institution, 15 college or hospital upon which it has rendered a decision that 16 its training and facilities do not meet the standards required 17 by the board.

18 (c) Refusal of recognition.--In the event that the board 19 determines that a medical training facility has failed to 20 provide adequate facilities, curricula or training, the board 21 shall not recognize the education or degrees obtained from the 22 medical training facility during the period of inadequacy. 23 Section 24. Examinations.

24 (a) General rule. -- The board may require an applicant to 25 take and pass an examination to the satisfaction of the board. 26 (b) Proficiency in English language. -- In addition to any 27 other examination required by this act or by regulation of the 28 board, applicants for a license or certificate, whose principal 29 language is other than English, may also be required to demonstrate, by examination, proficiency in the English language 30 19850S1158B1682 - 28 -

1 to any agency considered competent by the board.

2 (c) Authority to call in medical consultants. For the 3 purpose of conducting all examinations, the board shall have the 4 privilege of calling to its aid medical consultants who shall be 5 compensated for their services at a reasonable rate in an amount 6 as determined, from time to time, by the board in addition to 7 all incurred expenses, in accordance with Commonwealth <----

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8 regulations.

9 (C) THIRD-PARTY TESTING.--ALL WRITTEN, ORAL AND PRACTICAL 10 EXAMINATIONS SHALL BE PREPARED AND ADMINISTERED BY A QUALIFIED 11 AND APPROVED PROFESSIONAL TESTING ORGANIZATION IN THE MANNER 12 PRESCRIBED FOR WRITTEN EXAMINATIONS BY THE PROVISIONS OF SECTION 13 812.1 OF THE ACT OF APRIL 9, 1929 (P.L.177, NO.175), KNOWN AS 14 THE ADMINISTRATIVE CODE OF 1929.

15 (d) Examining agency.--When the board accepts an examination 16 given by an examining agency, the board may establish the 17 criteria for passing, or may accept the criteria for passing, 18 established by the examining agency. If the examination is 19 offered in parts, the board may establish, by regulation, a time 20 period in which the entire examination must be successfully 21 completed. The board may establish, by regulation, a maximum 22 number of examination attempts it will recognize for the purpose 23 of receiving a passing score on an examination recognized but 24 not given by the board.

Section 25. Licenses and certificates; biennial registration.
(a) Issuance of licenses and certificates.--All applicants
who have complied with the requirements of the board, and who
shall have passed a final examination, and who have otherwise
complied with the provisions of this act, shall receive from the
commissioner, or whoever exercises equivalent authority acting
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1 for the board, a license or certificate entitling them to the 2 right to practice in this Commonwealth. Each such license or 3 certificate shall be duly recorded in the office of the board, 4 in a record to be properly kept for that purpose which shall be 5 open to public inspection and a certified copy of said record 6 shall be received as evidence in all courts in this Commonwealth 7 in the trial of any case.

8 (b) Renewals.--It shall be the duty of all persons now or 9 hereafter licensed or certified to be registered with the board 10 and, thereafter, to register in like manner at such intervals 11 and by such methods as the board shall determine by regulations, 12 but in no case shall such renewal period be longer than two 13 years. The form and method of such registration shall be 14 determined by the board.

15 (c) Fees.--Each person so registering with the board shall pay, for each biennial registration, a reasonable fee which, if 16 17 any, shall accompany the application for such registration. 18 Evidence of registration.--Upon receiving a proper (d) application for such registration accompanied by the fee, if 19 20 any, above provided for, the board shall issue a certificate of 21 registration to the applicant. Said certificate together with 22 its renewals shall be good and sufficient evidence of registration under the provisions of this act. 23

24 Section 26. Certification of license or certificate.

The status of a license or certificate issued by the board shall be certified by the board to other jurisdictions or persons upon formal application and payment of a reasonable fee. Section 27. Reciprocity or endorsement.

29 Reciprocity or endorsement may be established at the 30 discretion of the board. As used in this section, the term 19850S1158B1682 - 30 -

"reciprocity" means the act of the board and a licensing 1 authority in another jurisdiction, each recognizing that the 2 3 requirements for a license or certificate in this Commonwealth 4 and in the other jurisdiction are equivalent, issuing a license 5 or certificate to an applicant who possesses a similar license or certificate in the other jurisdiction. As used in this 6 section, the term "endorsement" means the issuance of a license 7 or certificate by the board to an applicant who does not meet 8 standard requirements, if the applicant has achieved cumulative 9 10 qualifications which are accepted by the board as being 11 equivalent to the standard requirements for the license or 12 certificate.

13 Section 28. License to practice medicine and surgery.

An individual is not qualified for a license to practice medicine and surgery unless the individual has received an academic degree in medicine and surgery from a medical college and the individual satisfies the other qualifications for the license contained in or authorized by this act.

19 Section 29. License without restriction.

(a) General rule.--A license without restriction empowers
the licensee to practice medicine and surgery without any
restriction or limitation.

23 (b) Graduates of accredited medical colleges. -- No license 24 without restriction may be issued to a graduate of an accredited 25 medical college unless the applicant has completed successfully 26 as a resident two years of approved graduate medical training. 27 (c) Graduates of unaccredited medical colleges. -- No license without restriction may be issued to a graduate of an 28 29 unaccredited medical college unless the applicant has completed 30 successfully as a resident three years of approved graduate 19850S1158B1682 - 31 -

medical training, educational requirements prescribed by the
 board and certification by the Educational Council for Foreign
 Medical Graduates, or its successors.

4 (d) Examinations.--The board shall hold at least two 5 examinations for applicants for a license without restriction each year. Special examinations may be designated by the board. 6 7 The examinations shall be held at such times and places as designated by the board. In case of failure at any such 8 9 examination, the applicant shall have, after the expiration of 10 six months and within two years, the privilege of a second 11 examination by the board. In case of failure in a second examination, or after the expiration of two years, the applicant 12 13 must thereafter successfully complete, as a resident, one year 14 of graduate medical training approved by the board, apply de 15 novo, and qualify under the conditions in existence at the time of the application. 16

17 Section 30. License with restriction.

(a) General rule. A license with restriction empowers the licensee to practice medicine and surgery with such restrictions or limitations as may be established by the board, including restrictions in the scope of permitted practice, a requirement that the applicant take one or more refresher educational courses or mandated submission of medical care, counseling or treatment. <-----

25 (b) Prerequisite. No license with restriction may by issued 26 unless the applicant has otherwise been issued, or is qualified 27 to be issued, a license without restriction in accordance with 28 this act. 29 (c) Disciplinary proceedings or voluntary request. The

30 board may issue a license with restriction only upon completion 19850S1158B1682 - 32 - 1 of disciplinary proceedings in accordance with this act or upon

<____

2 a voluntary request of the applicant.

3 SECTION 30. INTERIM LIMITED LICENSE.

4 (A) GENERAL RULE.--AN INTERIM LIMITED LICENSE EMPOWERS THE 5 LICENSEE TO PROVIDE MEDICAL SERVICE OTHER THAN AT THE TRAINING 6 LOCATION OF THE LICENSEE'S APPROVED GRADUATE TRAINING PROGRAM 7 FOR A PERIOD OF UP TO 12 CONSECUTIVE MONTHS.

8 (B) REQUIREMENTS.--NO INTERIM LIMITED LICENSE MAY BE ISSUED 9 UNLESS THE APPLICANT IS A GRADUATE OF AN ACCREDITED MEDICAL 10 COLLEGE AND HOLDS A VALID GRADUATE LICENSE, HAS SUCCESSFULLY 11 COMPLETED ONE FULL YEAR OF APPROVED GRADUATE TRAINING, HAS 12 RECEIVED THE WRITTEN APPROVAL OF THE DIRECTOR OF THE GRADUATE 13 TRAINING PROGRAM, AND IS IN COMPLIANCE WITH APPLICABLE 14 REGULATIONS OF THE BOARD.

15 (C) EXTENSIONS.--THE BOARD, UPON APPLICATION WHEN SUCH 16 ACTION IS WARRANTED, MAY EXTEND THE VALIDITY OF AN INTERIM 17 LIMITED LICENSE FOR A PERIOD OF UP TO 12 ADDITIONAL CONSECUTIVE 18 MONTHS, BUT IN NO EVENT SHALL THE EXTENSION BE FOR A GREATER 19 PERIOD OF TIME.

20 Section 31. Graduate license.

(a) General rule.--A graduate license empowers the licensee to participate for a period of up to 12 consecutive months in graduate medical training within the complex of the hospital to which the licensee is assigned and any satellite facility or other training location utilized in the graduate training program.

(b) Requirements.--No graduate license may be issued unless the applicant is a graduate of an accredited medical college or an unaccredited medical college and has received a medical degree. A graduate license may be issued to an applicant who 19850S1158B1682 - 33 - holds the equivalent of a license without restriction granted by
 another state or territory of the United States or the Dominion
 of Canada.

4 (c) Extensions; waivers. -- The board may extend the validity 5 of a graduate license upon application when such action is warranted. In the event a graduate license holder is issued a 6 license without restriction and wishes to continue graduate 7 medical training, the graduate license holder shall complete and 8 9 keep current a form satisfactory to the board containing 10 information desired by the board on the ABOUT SAID graduate medical training program. A graduate of an unaccredited medical 11 college, who does not possess all of the qualifications for the 12 13 issuance of a graduate license but desires to train in a hospital within this Commonwealth in an area of advanced medical 14 15 training, may have the unmet qualifications waived by the board 16 if the board determines that the applicant possesses the 17 technical skills and educational background to participate in 18 such training and that its issuance is beneficial to the health, safety and welfare of the general public of this Commonwealth. 19 20 Section 32. Institutional license.

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(a) General rule.--An institutional license empowers the licensee to teach or practice medicine and surgery in one of the medical colleges, affiliates or hospitals within this Commonwealth.

25 (b) Requirements.--No institutional license may be issued 26 unless the applicant:

(1) is a graduate of an unaccredited medical college who
has attained through professional growth and teaching
experience the status of teacher; or

30 (2) is not otherwise licensed to practice medicine and 19850S1158B1682 - 34 - surgery in this Commonwealth but has achieved outstanding medical skills in a particular area of medicine and surgery and wishes to practice, demonstrate or teach with those outstanding medical skills.

5 (c) Determinations by the board.--The board shall issue an institutional license valid for no more than three years, as the 6 board shall determine and only when it determines that its 7 issuance is beneficial to the health, safety and welfare of the 8 9 general public of this Commonwealth. A person granted an 10 institutional license who subsequently desires to obtain a 11 license without restriction shall be required to meet all of the requirements of such license as set forth in this act. 12 13 Section 33. Temporary license.

14 (a) General rule.--A temporary license empowers the licensee 15 to:

16 (1) teach medicine and surgery or participate in a 17 medical procedure necessary for the well-being of a specified 18 patient within this Commonwealth; or

19 (2) practice medicine and surgery at a camp or resort20 for no more than three months.

(b) Requirements.--No temporary license may be issued unless the applicant holds the equivalent of a license without restriction granted by another state, territory or country.

(c) Additional conditions.--The board may impose any appropriate limitation in scope, duration or site of practice on the temporary license. Temporary licensees shall be deemed health care providers who conduct 50% or less of their health care business or practice within this Commonwealth for the purposes of the act of October 15, 1975 (P.L.390, No.111), known as the Health Care Services Malpractice Act.

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1 Section 34. Extraterritorial license.

2 (a) General rule.--An extraterritorial license empowers the 3 licensee residing in or maintaining the office of practice in 4 any adjoining state near the boundary line between such state 5 and this Commonwealth, whose medical practice extends into this 6 Commonwealth, to practice medicine and surgery with or without 7 restriction in this Commonwealth on such patients.

8 (b) Requirements.--No extraterritorial license may be issued 9 unless the applicant holds the equivalent of a license without 10 restriction granted by a state adjoining this Commonwealth.

11 (c) Additional conditions.--An extraterritorial license may 12 be granted by the board so long as the board is provided with:

13 (1) An application for the license, which shall include14 information on malpractice insurance coverage compliance.

15 (2) A certification by the authorized licensing body of
16 such state of the current license in the state of residence
17 and primary practice.

18 The exercise of the discretion of the board in granting such a license will depend primarily upon the needs of patients in this 19 20 Commonwealth, the availability of medical care in the specific 21 area involved and whether the adjoining state of licensure 22 reciprocates by extending similar privileges to medical doctors 23 who reside and have their office of practice in this Commonwealth. Such a license will be automatically revoked if 24 25 such medical doctor relocates the office of practice or 26 residence. A medical doctor granted such a license has the duty 27 to inform the board of any changes in practice which may in any way affect the maintenance of the license. 28

29 Section 35. Nurse-midwife license.

30 (a) General rule.--A nurse-midwife license empowers the 19850S1158B1682 - 36 - 1 licensee to practice midwifery in this Commonwealth as provided 2 in this act. The board shall formulate and issue such rules and 3 regulations, from time to time, as may be necessary for the 4 examination, licensing and proper conduct of the practice of 5 midwifery.

6 (b) Requirements.--No nurse-midwife license will be issued 7 unless the applicant is a registered nurse licensed in this 8 Commonwealth. An applicant for a midwife license must have 9 completed an academic and clinical program of study in midwifery 10 which has been approved by the board or an accrediting body 11 recognized by the board.

12 Section 36. Physician assistant certificate.

(a) General rule.--A physician assistant certificate
empowers the holder to assist a medical doctor in the provision
of medical care and services under the supervision and direction
of that medical doctor as provided in this act.

17 (b) Requirements. -- No physician assistant certificate may be 18 issued to the applicant unless the requirements set forth by this act and such rules and regulations issued by the board are 19 20 met, including requirements for the physician assistant 21 certificate of training and educational programs which shall be 22 formulated by the board in accordance with such national 23 criteria as are established by national organizations or 24 societies as the board may accept.

25 (c) Criteria.--The board shall grant physician assistant 26 certificates to applicants who have fulfilled the following 27 criteria:

(1) Satisfactory performance on the proficiency
examination to the extent that a proficiency examination
exists.

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(2) Satisfactory completion of a certified program for
 the training and education of physician assistants.

3 (d) Biennial renewal.--A physician assistant certificate4 shall be subject to biennial renewal by the board.

5 (e) Description of manner of assistance.--The application 6 shall include a written request from the applicant's supervising 7 medical doctor who shall file with the board a description of 8 the manner in which the physician assistant will assist the 9 supervising medical doctor, which description shall be subject 10 to the approval of the board.

11 Section 37. Reporting of multiple licensure.

17 disciplinary action taken in other states must SHALL be reported <-----18 to the board on the biennial registration application OR WITHIN <----90 DAYS OF FINAL DISPOSITION, WHICHEVER IS SOONER. Multiple 19 20 licensure will SHALL be noted BY THE BOARD on the medical <____ doctor's record and such state, territory, POSSESSION or country 21 <-----22 will SHALL be notified BY THE BOARD of any disciplinary actions <-----23 taken against said medical doctor in this Commonwealth.

24 Section 38. Injunctions against unlawful practice.

25 It shall be unlawful for any person to practice, or attempt 26 to offer to practice, medicine and surgery, as defined in this 27 act OR OTHER AREAS OF PRACTICE REQUIRING A LICENSE, CERTIFICATE <----28 OR REGISTRATION FROM THE BOARD, without having at the time of so 29 doing a valid, unexpired, unrevoked and unsuspended license, <-----30 CERTIFICATE OR REGISTRATION issued under this act. The unlawful 19850S1158B1682 - 38 -

practice of medicine and surgery OR OTHER AREAS OF PRACTICE 1 <-REQUIRING A LICENSE, CERTIFICATE OR REGISTRATION FROM THE BOARD 2 3 as defined in this act may be enjoined by the courts on petition 4 of the board or by the commissioner. In any such proceeding it <----5 shall not be necessary to show that any person is individually injured by the actions complained of. If it is determined the 6 7 respondent has engaged in the unlawful practice of medicine and surgery, OR OTHER AREAS OF PRACTICE REQUIRING A LICENSE, 8 <-9 CERTIFICATE OR REGISTRATION FROM THE BOARD, the court shall 10 enjoin him from so practicing unless and until he has been duly 11 licensed, CERTIFICATED OR REGISTERED. Procedure in such cases <---shall be the same as in any other injunction suit. The remedy by 12 13 injunction hereby given is in addition to any other civil or 14 criminal prosecution and punishment.

15 Section 39. Penalties.

16 (a) General rule.--Any person, or the responsible officer or 17 employee of any corporation or partnership, institution or 18 association, violating WHO VIOLATES any provisions of this act, <----or any rule or regulation of the board commits of a misdemeanor 19 <----20 of the third degree and shall, upon conviction, be sentenced to 21 pay a fine of not more than \$2,000 or to imprisonment for not 22 more than six months, or both, for the first violation. On the 23 second and each subsequent conviction, he or she shall be 24 sentenced to pay a fine of not less than \$5,000 nor more than 25 \$20,000 or to imprisonment for not less than six months nor more 26 than one year, or both.

(b) Civil penalties.--In addition to any other civil remedy or criminal penalty provided for in this act, the board, by a vote of the majority of the maximum number of the authorized membership of the board as provided by law, or by a vote of the 19850S1158B1682 - 39 -

majority of the duly qualified and confirmed membership or a 1 minimum of four FIVE members, whichever is greater, may levy a 2 <-----3 civil penalty of up to \$1,000 on any current licensee who 4 violates any provision of this act or on any person who 5 practices medicine or other areas of practice regulated by <-----REQUIRING A LICENSE, CERTIFICATE OR REGISTRATION FROM the board 6 <----without being properly licensed or, certificated OR REGISTERED 7 <----8 to do so under this act. The board shall levy this penalty only after affording the accused party the opportunity for a hearing, 9 10 as provided in Title 2 of the Pennsylvania Consolidated Statutes 11 (relating to administrative law and procedure). The board shall, <----within six months after the effective date of this act, adopt 12 13 guidelines setting forth the amounts and circumstances for which 14 a fine may be imposed. No fines may be imposed in accordance with this subsection until the board has adopted the required 15 16 quidelines. Nothing in this subsection shall be construed to 17 give the board authority to impose a civil penalty upon any 18 person licensed by another licensing board when acting within 19 the scope of practice of that profession.

20 Section 40. Temporary and automatic suspensions.

21 Temporary suspensions. -- A license or certificate issued (a) 22 under this act may be temporarily suspended under circumstances 23 as determined by the board to be an immediate and clear danger to the public health and safety. The board shall issue an order 24 25 to that effect without a hearing, but upon due notice, to the 26 licensee or certificate holder concerned at his or her last 27 known address, which shall include a written statement of all 28 allegations against the licensee or certificate holder. The provisions of section 9 shall not apply to temporary suspension. 29 30 The board shall thereupon commence formal action to suspend, 19850S1158B1682 - 40 -

revoke and OR restrict the license or certificate of the person 1 <-2 concerned as otherwise provided for in this act. All actions 3 shall be taken promptly and without delay. Within 30 days 4 following the issuance of an order temporarily suspending a 5 license, the board shall conduct or cause to be conducted, a 6 preliminary hearing to determine that there is a prima facie 7 case supporting the suspension. The licensee or certificate holder whose license or certificate has been temporarily 8 9 suspended may be present at the preliminary hearing and may be 10 represented by council COUNSEL, cross-examine witnesses, inspect <-----11 physical evidence, call witnesses, offer evidence and testimony and make a record of the proceedings. If it is determined that 12 13 there is not a prima facie case, the suspended license shall be 14 immediately restored. The temporary suspension shall remain in 15 effect until vacated by the board, but in no event longer than 16 180 days.

(b) Automatic suspensions. -- A license or certificate issued 17 18 under this act shall automatically be suspended upon the legal commitment to an institution of a licensee or certificate holder 19 20 because of mental incompetency from any cause upon filing with 21 the board a certified copy of such commitment, conviction of a 22 felony under the act of April 14, 1972 (P.L.233, No.64), known 23 as The Controlled Substance, Drug, Device and Cosmetic Act, or 24 conviction of an offense under the laws of another jurisdiction, 25 which if committed in this Commonwealth, would be a felony under 26 The Controlled Substance, Drug, Device and Cosmetic Act. As used 27 in this section the term "conviction" shall include a judgment, an admission of guilt or a plea of nolo contendere. Automatic 28 29 suspension under this subsection shall not be stayed pending any 30 appeal of a conviction. Restoration of such license or 19850S1158B1682 - 41 -

certificate shall be made as hereinafter provided in the case of
 revocation or suspension of such license or certificate.
 Section 41. Reasons for refusal, revocation, suspension or
 other corrective actions against a licensee or
 certificate holder.

9 (1) Failing to demonstrate the qualifications or 10 standards for a license, certification or registration 11 contained in this act, or regulations of the board.

12 (2) Making misleading, deceptive, untrue or fraudulent 13 representations in the practice of the profession or 14 practicing fraud or deceit, either alone or as a conspirator 15 in obtaining a license, certification or registration, or in 16 obtaining admission to a medical college.

17 (3) Being convicted of a felony, a misdemeanor relating 18 to a health profession, or receiving probation without 19 verdict, disposition in lieu of trial or an accelerated 20 rehabilitative disposition in the disposition of felony 21 charges, in the courts of this Commonwealth, a Federal court 22 or a court of any other state, territory or country.

(4) Having a license or other authorization to practice
the profession revoked or suspended or having other
disciplinary action taken, or an application for a license or
other authorization refused, revoked or suspended by a proper
licensing authority of another state, territory, POSSESSION
or country, or a branch of the Federal Government.

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29 (5) Being unable to practice the profession with 30 reasonable skill and safety to patients by reason of illness, 19850S1158B1682 - 42 -

1 addiction to drugs or alcohol, having been convicted of a 2 felonious act prohibited by the act of April 14, 1972 3 (P.L.233, No.64), known as The Controlled Substance, Drug, 4 Device and Cosmetic Act, or convicted of a felony relating to 5 a controlled substance in a court of law of the United States or any other state, territory, POSSESSION or country, or if 6 he or she is or shall become mentally incompetent. An 7 8 applicant's statement on the application declaring the 9 absence of a conviction shall be deemed satisfactory evidence of the absence of a conviction unless the board has some 10 11 evidence to the contrary. In enforcing this paragraph, the 12 board shall, upon probable cause, have authority to compel a 13 practitioner to submit to a mental or physical examination by physicians A PHYSICIAN OR A PSYCHOLOGIST approved by the 14 15 board. Failure of a practitioner to submit to such examination when directed by the board, unless such failure 16 17 is due to circumstances beyond his or her control, shall 18 constitute an admission of the allegations against him or 19 her, consequent upon which a default and final order may be 20 entered without the taking of testimony or presentation of evidence. A practitioner affected under this paragraph shall 21 22 at reasonable intervals be afforded an opportunity to 23 demonstrate that he or she can resume a competent practice of 24 his or her profession with reasonable skill and safety to 25 patients.

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26 (6) Violating a lawful regulation promulgated by the
27 board or violating a lawful order of the board previously
28 entered by the board in a disciplinary proceeding.

29 (7) Knowingly maintaining a professional connection or 30 association with any person who is in violation of this act 19850S1158B1682 - 43 - or regulations of the board or knowingly aiding, assisting,
 procuring or advising any unlicensed person to practice a
 profession contrary to this act, or regulations of the board.

4 (8) Being guilty of immoral or unprofessional conduct.
5 Unprofessional conduct shall include departure from or
6 failing to conform to an ethical or quality standard of the
7 profession. IN PROCEEDINGS BASED ON THIS PARAGRAPH, ACTUAL
8 INJURY TO A PATIENT NEED NOT BE ESTABLISHED.

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9 (i) The ethical standards of a profession are those 10 ethical tenets which are embraced by the professional 11 community in this Commonwealth.

(ii) A practitioner departs from, or fails to 12 conform to, a quality standard of the profession when the 13 14 practitioner provides a medical service at a level 15 beneath the accepted standard of care. The board may 16 promulgate regulations which define the accepted standard 17 of care. In the event the board has not promulgated an 18 applicable regulation, the accepted standard of care for 19 a practitioner is that which would be normally exercised 20 by the average professional of the same kind in this 21 Commonwealth under the circumstances, including locality 22 and whether the practitioner is or purports to be a 23 specialist in the area.

24(9) Acting is IN such manner as to present an immediate<--</th>25and clear danger to publish PUBLIC health or safety.<--</td>

26 (10) Acting outside the scope of a license or27 certificate.

28 (11) MAKING A FALSE OR DECEPTIVE BIENNIAL REGISTRATION <-
 29 WITH THE BOARD.

30 Section 42. Types of corrective action.

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1 (a) Authorized actions. -- When the board is empowered to take 2 disciplinary or corrective action against a BOARD REGULATED <----3 practitioner under the provisions of this act or pursuant to 4 other statutory authority, the board may: 5 (1) Deny the application for a license, certificate or any other privilege granted by the board. 6 7 Administer a public reprimand with or without (2) probation. 8 (3) Administer a private reprimand with or without 9 <--10 probation. 11 (4) (3) Revoke, suspend, limit or otherwise restrict a 12 license or certificate. 13 (5) (4) Require the professional BOARD REGULATED <-----14 PRACTITIONER to submit to the care, counseling or treatment 15 of a physician or other health care professional A <----16 PSYCHOLOGIST designated by the board. 17 (6) (5) Require the professional BOARD REGULATED <-----18 PRACTITIONER to take refresher educational courses. 19 (7) Suspend (6) STAY enforcement of any suspension, <----20 other than that imposed in accordance with section 41, or <-----21 revocation and place a practitioner PROFESSIONAL on probation <-----22 with the right to vacate the probationary order from FOR <----23 noncompliance. 24 (8) (7) Impose a monetary penalty in accordance with <____ 25 this act. 26 (b) Failure to comply with conditions.--Failure of a 27 professional BOARD REGULATED PRACTITIONER to comply with <conditions set forth by the board shall be grounds for 28 reconsideration of the matter and institution of formal charges 29 against the licensee or certificate holder. 30 - 45 -19850S1158B1682

Section 43. Reinstatement of license, certificate or
 registration.

3 (a) In general.--Unless ordered to do so by Commonwealth 4 Court or on appeal therefrom, the board shall not reinstate the 5 license, certificate or registration of a person to practice medicine OR SURGERY OR OTHER AREAS OF PRACTICE REQUIRING A 6 7 LICENSE, CERTIFICATE OR REGISTRATION FROM THE BOARD pursuant to 8 this act which has been revoked. Except as provided in 9 subsection (b), any person whose license, certificate or 10 registration has been revoked may apply for reinstatement, after 11 a period of at least five years, but must meet all of the licensing qualifications of this act for the license applied 12 13 for, to include the examination requirement, if he or she 14 desires to practice at any time after such revocation.

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15 (b) Reinstatement after felony conviction. -- Any person whose 16 license, certificate or registration has been suspended or 17 revoked because of a felony conviction under the act of April 18 14, 1972 (P.L.233, No.64), known as The Controlled Substance, Drug, Device and Cosmetic Act, or similar law of another 19 20 jurisdiction, may apply for reinstatement after a period of at 21 least ten years has elapsed from the date of conviction. The 22 board may reinstate the license if the board is satisfied that 23 the person has made significant progress in personal rehabilitation since the conviction such that his reinstatement 24 25 should not be expected to create a substantial risk of harm to 26 the health and safety of his patients or the public or a substantial risk of further criminal violations and if the 27 person meets all other licensing qualifications of this act 28 29 INCLUDING THE EXAMINATION REQUIREMENT.

30 Section 44. Surrender of suspended or revoked license, 19850S1158B1682 - 46 - 1

CERTIFICATE OR REGISTRATION.

The board shall require a person whose license, certificate
or registration has been suspended or revoked to return THE
LICENSE, CERTIFICATE OR REGISTRATION, in such manner as the
board directs, the license, certificate or registration. A
person who fails to do so commits a misdemeanor of the third
degree.

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8 SECTION 45. RADIOLOGIC PROCEDURES; EDUCATION AND TRAINING
 9 REQUIRED.

(A) SUPERVISION. -- ON AND AFTER JANUARY 1, 1987, NO AUXILIARY 10 11 PERSONNEL SHALL PERFORM RADIOLOGIC PROCEDURES ON THE PREMISES OF A MEDICAL DOCTOR UNLESS SUCH PERSON IS UNDER THE DIRECT 12 13 SUPERVISION OF A MEDICAL DENTIST WHO IS ON THE PREMISES AT THE TIME THE X-RAY IS TAKEN AND UNLESS SUCH PERSON HAS PASSED AN 14 15 EXAMINATION APPROVED BY THE BOARD AND ADMINISTERED IN ACCORDANCE 16 WITH SECTION 812.1 OF THE ACT OF APRIL 9, 1929 (P.L.177, 17 NO.175), KNOWN AS THE ADMINISTRATIVE CODE OF 1929.

(B) EXCLUSION.--THE BOARD SHALL, BY REGULATION, PROVIDE FOR
THE EXCLUSION OF AUXILIARY PERSONNEL FROM PERFORMING RADIOLOGIC
PROCEDURES IF THE CONTINUED PERFORMANCE OF RADIOLOGIC PROCEDURES
BY THE AUXILIARY PERSONNEL IS DETERMINED BY THE BOARD TO POSE A
THREAT TO THE HEALTH, SAFETY OR WELFARE OF THE PUBLIC.

(C) PENALTY.--IT SHALL BE UNLAWFUL UNDER THIS ACT TO
KNOWINGLY PERMIT RADIOLOGIC PROCEDURES TO BE PERFORMED IN
VIOLATION OF THIS SECTION OR IN VIOLATION OF THE REGULATIONS
PROMULGATED ON ORDERS ISSUED IN ACCORDANCE WITH THIS SECTION.
(D) EDUCATION AND TESTING.--NO AUXILIARY PERSONNEL WHO HAS

28 OR OBTAINS A LICENSE, CERTIFICATE OR REGISTRATION ISSUED BY, OR 29 ON BEHALF OF, A BOARD WITHIN THE BUREAU OF PROFESSIONAL AND 30 OCCUPATIONAL AFFAIRS SHALL BE REQUIRED TO UNDERGO ANY ADDITIONAL 19850S1158B1682 - 47 - EDUCATION OR TESTING PURSUANT TO THIS SECTION IF RADIOLOGIC
 PROCEDURES WERE INCLUDED IN THE EDUCATION OR THE EXAMINATION
 WHICH HE OR SHE WAS REQUIRED TO COMPLETE SUCCESSFULLY IN ORDER
 TO BE ELIGIBLE FOR SUCH LICENSE, CERTIFICATE OR REGISTRATION.
 Section 45 46. Reestablishment.

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6 This act, with respect to the State Board of Medical 7 Education and Licensure, shall constitute the legislation 8 required to reestablish an agency pursuant to the act of 9 December 22, 1981 (P.L.508, No.142), known as the Sunset Act. 10 Section 46 47. Severability.

11 The provisions of this act are severable. If any provision of 12 this act or its application to any person or circumstance is 13 held invalid, the invalidity shall not affect other provisions 14 or applications of this act which can be given effect without 15 the invalid provision or application.

16 Section 47 48. Repeals.

17 (a) Specific repeals.--Section 412 of the act of April 9,
18 1929 (P.L.177, No.175), know as The Administrative Code of 1929,
19 is repealed.

20 The act of July 20, 1974 (P.L.551, No.190), known as the 21 Medical Practice Act of 1974, is repealed.

(b) General repeal.--All other acts and parts of acts are
repealed insofar as they are inconsistent with this act.
Section 48 49. Applicability of act.

(a) General rule.--The provisions of this act shall not apply either directly or indirectly, by intent or purpose, to affect the practice of:

(1) Chiropractic, as authorized by the act of August 10,
1951 (P.L.1182, No.264), known as the Chiropractic
Registration Act of 1951.

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1 (2) Dentistry, as authorized by the act of May 1, 1933 2 (P.L.216, No.76), known as The Dental Law. 3 (3) Optometry, as authorized by the act of June 6, 1980 4 (P.L.197, No.57), known as the Optometric Practice and 5 Licensure Act. (4) Osteopathy, as authorized by the act of October 5, 6 7 1978 (P.L.1109, No.261), known as the Osteopathic Medical 8 Practice Act. 9 Pharmacy, as authorized by the acts of April 14, (5) 1972 (P.L.233, No.64), known as The Controlled Substance, 10 11 Drug, Device and Cosmetic Act, and September 27, 1961 12 (P.L.1700, No.699), known as the Pharmacy Act. 13 (6) Physical Therapy, as authorized by the act of October 10, 1975 (P.L.383, No.110), known as the Physical 14 15 Therapy Practice Act. (7) Podiatry, as authorized by the act of March 2, 1956 16 17 (P.L.1206, No.375), known as the Podiatry Act of 1956. 18 (8) Professional Nursing, as authorized by the act of May 22, 1951 (P.L.317, No.69), known as The Professional 19 20 Nursing Law. (9) Psychologists, as authorized by the act of March 23, 21 1972 (P.L.136, No.52), referred to as the Psychologists 22 23 License Act. Exemption. -- This act shall not be construed so as to 24 (b) give the Board of Medicine any jurisdiction over any of the 25 26 schools or colleges of the methods exempted in this section. 27 (c) No application to practice of hypnosis. -- The provisions 28 of this act shall not apply either directly or indirectly, by intent or purpose, to the practice of hypnosis. 29 Section 49 50. Existing board. 30 - 49 -19850S1158B1682

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1 The presently confirmed members of the State Board of Medical 2 Education and Licensure constituted under section 412 of the act 3 of April 9, 1929 (P.L.177, No.175), known as The Administrative 4 Code of 1929, as of December 31, 1985, shall continue to serve 5 as board members until their present terms of office expire and <----PROVIDED THAT ANY PRESENT BOARD MEMBER WHOSE TERM HAS EXPIRED ON 6 <-----7 OR BEFORE THE EFFECTIVE DATE OF THIS ACT SHALL SERVE UNTIL a 8 successor has been appointed and qualified, but no longer than six months after the effective date of this act. 9

10 Section 50 51. Existing rules and regulations. <-----11 Each rule and regulation of the board in effect on December 31, 1985, not inconsistent with this act, shall remain in effect 12 13 after such date until repealed or amended by the board PROVIDED <----THAT THE BOARD SHALL IMMEDIATELY INITIATE THE REPEAL OR 14 15 AMENDMENT OF ANY RULE OR REGULATION WHICH IS INCONSISTENT WITH 16 THE PROVISIONS OF THIS ACT. Each fee of the board in effect on December 31, 1985, and not inconsistent with this act, shall 17 18 remain in effect after such date until repealed or amended by <----the board or the commissioner IN ACCORDANCE WITH THE PROVISIONS 19 <-----20 OF THIS ACT.

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21 Section 51 52. Existing licenses, certificates and 22 registrations.

23 Any person who holds a valid license, certificate or 24 registration issued by the State Board of Medical Education and 25 Licensure under the act of July 20, 1974 (P.L.551, No.190), 26 known as the Medical Practice Act of 1974, relating to the practice of medicine, prior to the effective date of this act 27 28 shall, on and after the effective date hereof, be deemed 29 licensed, certificated or registered by the State Board of 30 Medicine as provided for in this act.

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- 1 Section 52 53. Effective date.
- 2 This act shall take effect January 1, 1986.
- 3 THIS ACT SHALL TAKE EFFECT AS FOLLOWS:
- 4 (1) SECTION 29(B) AND (C) SHALL TAKE EFFECT JULY 1,
- 5 1987.
- 6 (2) THE REMAINDER OF THIS ACT SHALL TAKE EFFECT JANUARY
 7 1, 1986, OR IMMEDIATELY, WHICHEVER IS LATER.

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