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THE GENERAL ASSEMBLY OF PENNSYLVANIA

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**SENATE BILL**

**No. 1158** Session of  
1985

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INTRODUCED BY BELL, OCTOBER 16, 1985

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AS AMENDED ON THIRD CONSIDERATION, HOUSE OF REPRESENTATIVES,  
DECEMBER 11, 1985

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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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19 registrations.
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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

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~~ BY ANY ACCREDITING BODY RECOGNIZED <—  
5 BY THE BOARD, as an agency to provide courses in the art and  
6 science of medicine and surgery and empowered to grant Academic  
7 Degrees in Medicine. ANY ACCREDITING BODIES RECOGNIZED BY THE <—  
8 BOARD ON THE EFFECTIVE DATE OF THIS ACT SHALL CONTINUE TO SERVE  
9 IN THAT CAPACITY UNLESS AND UNTIL THE BOARD RECOGNIZES A  
10 SUCCESSOR.

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

16 "Applicant." An applicant for any license or certificate  
17 issued by the board.

18 "Board." The State Board of Medicine.

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

22 "Clinical clerk." An undergraduate student in good standing  
23 in an accredited medical college who is assigned to provide  
24 medical services in a hospital by the medical college and the  
25 hospital.

26 "Commissioner." The Commissioner of Professional and  
27 Occupational Affairs in the Department of State.

28 "CONVICTION." A JUDGMENT OF GUILT, AN ADMISSION OF GUILT, OR <—  
29 A PLEA OF NOLO CONTENDERE.

30 "Doctor of osteopathy or osteopathic doctor." An individual

1 licensed to practice osteopathic medicine and surgery by the  
2 State Board of Osteopathic Medical Examiners.

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

5 (1) accredited as graduate medical education by ~~the~~ <—  
6 ~~Accreditation Council for Graduate Medical Education or by~~  
7 ~~any other~~ ANY accrediting body recognized by the board for <—  
8 the purpose of accrediting graduate medical education. ANY <—  
9 ACCREDITING BODIES RECOGNIZED BY THE BOARD ON THE EFFECTIVE  
10 DATE OF THIS ACT SHALL CONTINUE TO SERVE IN THAT CAPACITY  
11 UNLESS AND UNTIL THE BOARD RECOGNIZES A SUCCESSOR; or

12 (2) provided by a hospital accredited by ~~the Joint~~ <—  
13 ~~Commission on Accreditation of Hospitals, its successors or~~  
14 ~~assigns,~~ ANY ACCREDITING BODY RECOGNIZED BY THE BOARD and is <—  
15 acceptable to an American specialty board towards the  
16 training it requires for the certification it issues in a  
17 medical specialty or subspecialty. ANY ACCREDITING BODIES <—  
18 RECOGNIZED BY THE BOARD ON THE EFFECTIVE DATE OF THIS ACT  
19 SHALL CONTINUE TO SERVE IN THAT CAPACITY UNLESS AND UNTIL THE  
20 BOARD RECOGNIZES A SUCCESSOR.

21 "Healing arts." The science and skill of diagnosis and  
22 treatment in any manner whatsoever of disease or any ailment of  
23 the human body.

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

29 "Hospital." An institution licensed or regulated as a  
30 hospital by the Department of Health or the Department of Public

1 Welfare or a facility owned or operated by the Federal  
2 Government and accredited by the Joint Commission on  
3 Accreditation of Hospitals as a hospital.

4 "Medical doctor." An individual who has acquired one of the  
5 following licenses to practice medicine and surgery issued by  
6 the board:

- 7 (1) License without restriction.
- 8 (2) ~~License with restriction~~ INTERIM LIMITED LICENSE. ←
- 9 (3) Graduate license.
- 10 (4) Institutional license.
- 11 (5) Temporary license.
- 12 (6) Extraterritorial license.

13 "Medical service." Activity which lies within the scope of  
14 the practice of medicine and surgery.

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

21 "Medicine and surgery." The art and science of which the  
22 objectives are the cure of diseases and the preservation of the  
23 health of man, including the practice of the healing art with or  
24 without drugs, except healing by spiritual means or prayer.

25 "Midwife or nurse-midwife." An individual who is licensed as  
26 a midwife by the board.

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

28 "Physician assistant." An individual who is certified as a  
29 physician assistant by the board.

30 "Resident." A medical doctor who is participating in

1 graduate training.

2 "Technician." A person, other than a health care  
3 practitioner or physician assistant, who through training,  
4 education or experience has achieved expertise in the technical  
5 details of a subject or occupation which is a component of the  
6 healing art.

7 "Unaccredited medical college." An institution of higher  
8 learning which provides courses in the art and science of  
9 medicine and surgery and related subjects, is empowered to grant  
10 professional degrees in medicine, is not accredited by the <—  
11 ~~Association of American Medical Colleges, its successors or~~  
12 ~~assigns, or the American Medical Association, either directly or~~  
13 ~~through their respective accrediting bodies,~~ ANY ACCREDITING <—  
14 BODY RECOGNIZED BY THE BOARD and is listed by the World Health  
15 Organization, its successors or assigns, or is otherwise  
16 recognized as a medical college by the country in which it is  
17 situated. ANY ACCREDITING BODIES RECOGNIZED BY THE BOARD ON THE <—  
18 EFFECTIVE DATE OF THIS ACT SHALL CONTINUE TO SERVE IN THAT  
19 CAPACITY UNLESS AND UNTIL THE BOARD RECOGNIZES A SUCCESSOR.

20 Section 3. State Board of Medicine.

21 (a) Establishment.--The State Board of Medicine shall  
22 consist of the commissioner, the Secretary of Health, two  
23 members appointed by the Governor who shall be persons  
24 representing the public at large and seven members appointed by  
25 the Governor, six of whom shall be medical doctors with  
26 unrestricted licenses to practice medicine and surgery in this  
27 Commonwealth for five years immediately preceding their  
28 appointment, and one who shall be a nurse midwife, physician  
29 assistant or certified registered nurse practitioner licensed or  
30 certified under the laws of this Commonwealth. ALL PROFESSIONAL <—

1 AND PUBLIC MEMBERS OF THE BOARD SHALL BE APPOINTED BY THE  
2 GOVERNOR, WITH THE ADVICE AND CONSENT OF A MAJORITY OF THE  
3 MEMBERS ELECTED TO THE SENATE.

4 (b) Terms of office.--The term of each professional and  
5 public member of the board shall be four years or until his or  
6 her successor has been appointed and qualified, but not longer  
7 than six months beyond the four-year period. In the event that  
8 any of said members shall die or resign or otherwise ~~becomes~~ <—  
9 BECOME disqualified during his or her term, a successor shall be <—  
10 appointed in the same way and with the same qualifications and  
11 shall hold office for the unexpired term. No member shall be  
12 eligible for appointment to serve more than two consecutive  
13 terms. THE GOVERNOR SHALL ASSURE THAT NURSE MIDWIVES, PHYSICIAN <—  
14 ASSISTANTS, AND CERTIFIED REGISTERED NURSE PRACTITIONERS ARE  
15 APPOINTED TO FOUR-YEAR TERMS ON A ROTATING BASIS SO THAT OF  
16 EVERY THREE APPOINTMENTS TO A FOUR-YEAR TERM, ONE IS A NURSE  
17 MIDWIFE, ONE IS A PHYSICIAN ASSISTANT, AND ONE IS A CERTIFIED  
18 REGISTERED NURSE PRACTITIONER.

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

25 (d) Chairman.--The board shall select annually a chairman  
26 from among its ~~professional~~ members. <—

27 (e) Compensation.--Each member of the board, except the  
28 commissioner and the Secretary of Health, shall receive \$60 per  
29 diem when actually attending to the work of the board. Members  
30 shall also receive the amount of reasonable traveling, hotel and



1 other necessary expenses incurred in the performance of their  
2 duties in accordance with Commonwealth regulations.

3 (f) Sunset.--The board is subject to evaluation, review and  
4 termination in the manner provided in the act of December 22,  
5 1981 (P.L.508, No.142), known as the Sunset Act.

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

11 (h) Attendance at training seminars.--A public member who  
12 fails to attend two consecutive statutorily mandated training  
13 seminars in accordance with section 813(e) of the act of April  
14 9, 1929 (P.L.177, No.175), known as The Administrative Code of  
15 1929, shall forfeit his or her seat unless the commissioner,  
16 upon written request from the public member, finds that the  
17 public member should be excused from a meeting because of  
18 illness or the death of a family member.

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

22 (j) Executive secretary.--The board, with the approval of  
23 the commissioner, shall appoint and fix the compensation of an  
24 executive secretary who shall be responsible for the day-to-day  
25 operation of the board and administration of board activities.

26 Section 4. Impaired professionals.

27 ~~(a) Appointment of Disciplinary Advisory Committee. The~~ <—  
28 ~~board, with the approval of the commissioner, shall appoint a~~  
29 ~~Disciplinary Advisory Committee composed of three medical~~  
30 ~~doctors, not members of the board, who shall be compensated at~~

1 ~~the same rate as members of the board and who shall receive the~~  
2 ~~amount of reasonable traveling, hotel and other necessary~~  
3 ~~expenses incurred in the performance of their duties in~~  
4 ~~accordance with Commonwealth regulations.~~

5 ~~(b) Recommendations involving potential disciplinary~~  
6 ~~actions. The board may refer to the committee cases involving~~  
7 ~~potential disciplinary actions under this act. Upon such~~  
8 ~~referral, the committee shall review the case and make~~  
9 ~~recommendations to the board within such time as the board shall~~  
10 ~~designate; provided, that once the committee has accepted an~~  
11 ~~impaired professional in an approved treatment program in~~  
12 ~~accordance with this section, the committee may not thereafter~~  
13 ~~accept referral of a disciplinary case regarding that individual~~  
14 ~~from the board.~~

15 ~~(c) Liaison. The committee shall act as a liaison between~~  
16 ~~the board and treatment programs, such as alcohol and drug~~  
17 ~~treatment programs licensed by the Department of Health,~~  
18 ~~psychological counseling and impaired professional support~~  
19 ~~groups, which are approved by the board and which provide~~  
20 ~~services to licensees or certificate holders under this act.~~

21 ~~(d) Review of corrective action by the board. The board may~~  
22 ~~defer and ultimately dismiss any of the types of corrective~~  
23 ~~action set forth in this act for an impaired professional so~~  
24 ~~long as the professional is progressing satisfactorily in an~~  
25 ~~approved treatment program, provided that the provisions of this~~  
26 ~~subsection shall not apply to a professional convicted of a~~  
27 ~~felonious act prohibited by the act of April 14, 1972 (P.L.233,~~  
28 ~~No.64), known as The Controlled Substance, Drug, Device and~~  
29 ~~Cosmetic Act, or the conviction of a felony relating to a~~  
30 ~~controlled substance in a court of law of the United States or~~

1 ~~any other state, territory or country. An approved program~~  
2 ~~provider shall, upon request, disclose to the Disciplinary~~  
3 ~~Advisory Committee all information in its possession regarding~~  
4 ~~an impaired professional in treatment.~~

5 ~~(c) Voluntary suspension or limitation. An impaired~~  
6 ~~professional who enrolls in an approved treatment program shall,~~  
7 ~~if necessary, agree to a limitation of his or her ability to~~  
8 ~~practice. Failure to do so disqualifies the professional from~~  
9 ~~the impaired professional program and shall activate an~~  
10 ~~immediate investigation and disciplinary proceeding by the~~  
11 ~~board.~~

12 ~~(f) Failure to satisfactorily progress. If, in the opinion~~  
13 ~~of the committee after consultation with the provider, an~~  
14 ~~impaired professional who is enrolled in an approved treatment~~  
15 ~~has not progressed satisfactorily, the committee shall disclose~~  
16 ~~to the board all information in its possession regarding the~~  
17 ~~professional; and such disclosure shall constitute the basis for~~  
18 ~~instituting proceedings to suspend or revoke the license or~~  
19 ~~certificate of said professional.~~

20 ~~(g) Immunity. An approved program provider who makes a~~  
21 ~~disclosure pursuant to this subsection shall not be subject to~~  
22 ~~civil liability for such disclosure or its consequences.~~

23 ~~(h) Reports to the board. Any hospital or health care~~  
24 ~~facility, peer or colleague who knows or has evidence to suspect~~  
25 ~~a professional has an addictive disease, is diverting a~~  
26 ~~controlled substance, or is mentally or physically incompetent~~  
27 ~~to carry out the duties of his or her license or certificate,~~  
28 ~~shall make, or cause to be made, a report to the board: Provided~~  
29 ~~that any person or facility who acts in a treatment capacity to~~  
30 ~~an impaired professional in an approved treatment program is~~

1 ~~exempt from the mandatory reporting requirements of this~~  
2 ~~subsection. Any person or facility who reports pursuant to this~~  
3 ~~section in good faith and without malice shall be immune from~~  
4 ~~any civil or criminal liability arising from such report.~~  
5 ~~Failure to provide such report within a reasonable time from~~  
6 ~~receipt of knowledge of impairment shall subject the person or~~  
7 ~~facility to a fine not to exceed \$1,000. The board shall levy~~  
8 ~~this penalty only after affording the accused party the~~  
9 ~~opportunity for a hearing, as provided in Title 2 of the~~  
10 ~~Pennsylvania Consolidated Statutes (relating to administrative~~  
11 ~~law and procedure).~~

12 (A) CONSULTANTS.--THE BOARD, WITH THE APPROVAL OF THE ←  
13 COMMISSIONER, SHALL APPOINT AND FIX THE COMPENSATION OF A  
14 PROFESSIONAL CONSULTANT WHO IS A LICENSEE OF THE BOARD, OR SUCH  
15 OTHER PROFESSIONAL AS THE BOARD MAY DETERMINE, WITH EDUCATION  
16 AND EXPERIENCE IN THE IDENTIFICATION, TREATMENT AND  
17 REHABILITATION OF PERSONS WITH PHYSICAL OR MENTAL IMPAIRMENTS.  
18 SUCH CONSULTANT SHALL BE ACCOUNTABLE TO THE BOARD AND SHALL ACT  
19 AS A LIAISON BETWEEN THE BOARD AND TREATMENT PROGRAMS, SUCH AS  
20 ALCOHOL AND DRUG TREATMENT PROGRAMS LICENSED BY THE DEPARTMENT  
21 OF HEALTH, PSYCHOLOGICAL COUNSELING AND IMPAIRED PROFESSIONAL  
22 SUPPORT GROUPS, WHICH ARE APPROVED BY THE BOARD AND WHICH  
23 PROVIDE SERVICES TO LICENSEES UNDER THIS ACT.

24 (B) ELIGIBILITY AND DISCLOSURE.--THE BOARD MAY DEFER AND  
25 ULTIMATELY DISMISS ANY OF THE TYPES OF CORRECTIVE ACTION SET  
26 FORTH IN THIS ACT FOR AN IMPAIRED PROFESSIONAL SO LONG AS THE  
27 PROFESSIONAL IS PROGRESSING SATISFACTORILY IN AN APPROVED  
28 TREATMENT PROGRAM, PROVIDED THAT THE PROVISIONS OF THIS  
29 SUBSECTION SHALL NOT APPLY TO A PROFESSIONAL CONVICTED OF A  
30 FELONIOUS ACT PROHIBITED BY THE ACT OF APRIL 14, 1972 (P.L.233,

1 NO.64), KNOWN AS THE CONTROLLED SUBSTANCE, DRUG, DEVICE AND  
2 COSMETIC ACT, OR CONVICTED OF A FELONY RELATING TO A CONTROLLED  
3 SUBSTANCE IN A COURT OF LAW OF THE UNITED STATES OR ANY OTHER  
4 STATE, TERRITORY OR COUNTRY. AN APPROVED PROGRAM PROVIDER SHALL,  
5 UPON REQUEST, DISCLOSE TO THE CONSULTANT SUCH INFORMATION IN ITS  
6 POSSESSION REGARDING AN IMPAIRED PROFESSIONAL IN TREATMENT WHICH  
7 THE PROGRAM PROVIDER IS NOT PROHIBITED FROM DISCLOSING BY AN ACT  
8 OF THIS COMMONWEALTH, ANOTHER STATE, OR THE UNITED STATES. SUCH  
9 REQUIREMENT OF DISCLOSURE BY AN APPROVED PROGRAM PROVIDER SHALL  
10 APPLY IN THE CASE OF IMPAIRED PROFESSIONALS WHO ENTER INTO AN  
11 AGREEMENT IN ACCORDANCE WITH THIS SECTION, IMPAIRED  
12 PROFESSIONALS WHO ARE THE SUBJECT OF A BOARD INVESTIGATION OR  
13 DISCIPLINARY PROCEEDING, AND IMPAIRED PROFESSIONALS WHO  
14 VOLUNTARILY ENTER A TREATMENT PROGRAM OTHER THAN UNDER THE  
15 PROVISIONS OF THIS SECTION BUT WHO FAIL TO COMPLETE THE PROGRAM  
16 SUCCESSFULLY OR TO ADHERE TO AN AFTERCARE PLAN DEVELOPED BY THE  
17 PROGRAM PROVIDER.

18 (C) AGREEMENT WITH BOARD.--AN IMPAIRED PROFESSIONAL WHO  
19 ENROLLS IN AN APPROVED TREATMENT PROGRAM SHALL ENTER INTO AN  
20 AGREEMENT WITH THE BOARD UNDER WHICH THE PROFESSIONAL'S LICENSE  
21 SHALL BE SUSPENDED OR REVOKED BUT ENFORCEMENT OF THAT SUSPENSION  
22 OR A REVOCATION MAY BE STAYED FOR THE LENGTH OF TIME THE  
23 PROFESSIONAL REMAINS IN THE PROGRAM AND MAKES SATISFACTORY  
24 PROGRESS, COMPLIES WITH THE TERMS OF THE AGREEMENT AND ADHERES  
25 TO ANY LIMITATIONS ON HIS PRACTICE IMPOSED BY THE BOARD TO  
26 PROTECT THE PUBLIC. FAILURE TO ENTER INTO SUCH AN AGREEMENT  
27 SHALL DISQUALIFY THE PROFESSIONAL FROM THE IMPAIRED PROFESSIONAL  
28 PROGRAM AND SHALL ACTIVATE AN IMMEDIATE INVESTIGATION AND  
29 DISCIPLINARY PROCEEDING BY THE BOARD.

30 (D) DISCIPLINARY ACTION.--IF, IN THE OPINION OF THE

1 CONSULTANT AFTER CONSULTATION WITH THE PROVIDER, AN IMPAIRED  
2 PROFESSIONAL WHO IS ENROLLED IN AN APPROVED TREATMENT PROGRAM  
3 HAS NOT PROGRESSED SATISFACTORILY, THE CONSULTANT SHALL DISCLOSE  
4 TO THE BOARD ALL INFORMATION IN HIS POSSESSION REGARDING SAID  
5 PROFESSIONAL, AND THE BOARD SHALL INSTITUTE PROCEEDINGS TO  
6 DETERMINE IF THE STAY OF THE ENFORCEMENT OF THE SUSPENSION OR  
7 REVOCATION OF THE IMPAIRED PROFESSIONAL'S LICENSE SHALL BE  
8 VACATED.

9 (E) IMMUNITY.--AN APPROVED PROGRAM PROVIDER WHO MAKES A  
10 DISCLOSURE PURSUANT TO THIS SECTION SHALL NOT BE SUBJECT TO  
11 CIVIL LIABILITY FOR SUCH DISCLOSURE OR ITS CONSEQUENCES.

12 (F) REPORTS TO THE BOARD.--ANY HOSPITAL OR HEALTH CARE  
13 FACILITY, PEER OR COLLEAGUE WHO HAS SUBSTANTIAL EVIDENCE THAT A  
14 PROFESSIONAL HAS AN ACTIVE ADDICTIVE DISEASE FOR WHICH THE  
15 PROFESSIONAL IS NOT RECEIVING TREATMENT, IS DIVERTING A  
16 CONTROLLED SUBSTANCE OR IS MENTALLY OR PHYSICALLY INCOMPETENT TO  
17 CARRY OUT THE DUTIES OF HIS OR HER LICENSE SHALL MAKE OR CAUSE  
18 TO BE MADE A REPORT TO THE BOARD: PROVIDED, THAT ANY PERSON OR  
19 FACILITY WHO ACTS IN A TREATMENT CAPACITY TO AN IMPAIRED  
20 PHYSICIAN IN AN APPROVED TREATMENT PROGRAM IS EXEMPT FROM THE  
21 MANDATORY REPORTING REQUIREMENTS OF THIS SUBSECTION. ANY PERSON  
22 OR FACILITY WHO REPORTS PURSUANT TO THIS SECTION IN GOOD FAITH  
23 AND WITHOUT MALICE SHALL BE IMMUNE FROM ANY CIVIL OR CRIMINAL  
24 LIABILITY ARISING FROM SUCH REPORT. FAILURE TO PROVIDE SUCH  
25 REPORT WITHIN A REASONABLE TIME FROM RECEIPT OF KNOWLEDGE OF  
26 IMPAIRMENT SHALL SUBJECT THE PERSON OR FACILITY TO A FINE NOT TO  
27 EXCEED \$1,000. THE BOARD SHALL LEVY THIS PENALTY ONLY AFTER  
28 AFFORDING THE ACCUSED PARTY THE OPPORTUNITY FOR A HEARING, AS  
29 PROVIDED IN TITLE 2 OF THE PENNSYLVANIA CONSOLIDATED STATUTES  
30 (RELATING TO ADMINISTRATIVE LAW AND PROCEDURE).

1 Section 5. Consultants.

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

8 Section 6. Fees, fines and civil penalties.

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

17 (b) Inadequate fees.--If the Bureau of Professional and  
18 Occupational Affairs determines that the fees established by the  
19 board under subsection (a) are inadequate to meet the minimum  
20 enforcement efforts required by this act, then the bureau after  
21 consultation with the board and subject to the Regulatory Review  
22 Act, shall increase the fees by regulation in an amount that  
23 adequate revenues are raised to meet the required enforcement  
24 effort.

25 (c) Disposition.--All fees, fines and civil penalties  
26 imposed in accordance with this act and collected in accordance  
27 with section 907(a) of the act of October 15, 1975 (P.L.390,  
28 No.111), known as the Health Care Services Malpractice Act,  
29 ~~along with any interest generated thereby~~, shall be for the <—  
30 exclusive use ~~by~~ OF the board in carrying out the provisions of <—

1 this act, and shall be annually appropriated for that purpose.

2 (d) Charging of fees.--The board may charge a reasonable  
3 fee, as set by the board by regulation, for all examinations,  
4 registrations, certificates, licensures or applications  
5 permitted by this act or the regulations thereunder.

6 Section 7. Reports of the board.

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

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

17 (c) Reports to other House and Senate committees.--The board  
18 shall submit annually a report to the Professional Licensure  
19 Committee of the House of Representatives and to the Consumer  
20 Protection and Professional Licensure Committee of the Senate  
21 CONTAINING a description of the types of complaints received, ←  
22 status of cases, board action which has been taken and the  
23 length of time from the initial complaint to final board  
24 resolution. The report shall also include a statement of the  
25 numbers and types of licenses granted and a statement on  
26 physician assistant use in this Commonwealth, including  
27 geographic location and practice settings.

28 Section 8. Regulatory powers of the board.

29 The board, in the exercise of its duties under this act,  
30 shall have the power to adopt such regulations as are reasonably



1 necessary to carry out the purposes of this act. Regulations  
2 shall be adopted in conformity with the provisions of the act of  
3 July 31, 1968 (P.L.769, No.240), referred to as the Commonwealth  
4 Documents Law, and the act of June 25, 1982 (P.L.633, No.181),  
5 known as the Regulatory Review Act.

6 Section 9. Procedure, oaths and subpoenas.

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

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

17 (c) Subpoena power.--The board shall have the authority to  
18 issue subpoenas, upon application of an attorney responsible for  
19 representing the Commonwealth in disciplinary matters before the  
20 board, for the purpose of investigating alleged violations of  
21 the disciplinary provisions administered by the board. The board  
22 shall have the power to subpoena witnesses, to administer oaths,  
23 to examine witnesses ~~or~~ AND to take testimony or compel the <—  
24 production of books, records, papers and documents as it may  
25 deem necessary or proper in and pertinent to any proceeding,  
26 investigation or hearing held by it. Medical records may not be  
27 subpoenaed without consent of the patient or without order of a  
28 court of competent jurisdiction on a showing that the records  
29 are reasonably necessary for the conduct of the investigation.  
30 The court may impose such limitations on the scope of the

1 subpoena as are necessary to prevent unnecessary intrusion in     <—  
2 INTO patient confidential information. The board is authorized     <—  
3 to apply to Commonwealth Court to enforce its subpoenas.

4       (D) REPORTS TO THE BOARD.--AN ATTORNEY RESPONSIBLE FOR     <—  
5 REPRESENTING THE COMMONWEALTH IN DISCIPLINARY MATTERS BEFORE THE  
6 BOARD SHALL NOTIFY THE BOARD IMMEDIATELY UPON RECEIVING  
7 NOTIFICATION OF AN ALLEGED VIOLATION OF THIS ACT. THE BOARD  
8 SHALL MAINTAIN CURRENT RECORDS OF ALL REPORTS OF ALLEGED  
9 VIOLATIONS AND PERIODICALLY REVIEW THE RECORDS FOR THE PURPOSE  
10 OF DETERMINING THAT EACH ALLEGED VIOLATION HAS BEEN RESOLVED IN  
11 A TIMELY MANNER.

12 Section 10. Unauthorized practice of medicine and surgery.

13       No person other than a medical doctor shall engage in any of  
14 the following conduct except as authorized or exempted in this  
15 act:

- 16           (1) Practice medicine and surgery.
- 17           (2) Purport to practice medicine and surgery.
- 18           (3) Hold forth as authorized to practice medicine and  
19 surgery through use of a title, including, but not  
20 necessarily limited to, medical doctor, doctor of medicine,  
21 doctor of medicine and surgery, doctor of a designated  
22 disease, physician, physician of a designated disease, or any  
23 abbreviation for the foregoing.
- 24           (4) Otherwise hold forth as authorized to practice  
25 medicine and surgery.

26 Section 11. Clinical clerks.

27       (a) Authorized services.--A clinical clerk may perform the  
28 following services in a hospital to which the clerk is assigned,  
29 provided the services are performed within the restrictions  
30 contained in or authorized by this section:

- 1 (1) Make notes on a patient's chart.
- 2 (2) Conduct a physical examination.
- 3 (3) Perform a medical procedure or laboratory test.

4 (b) Regulations.--A clinical clerk shall not perform a  
5 medical service unless the performance of such by the clinical  
6 clerk under the circumstances is consistent with THE REGULATIONS ←  
7 PROMULGATED BY THE BOARD AND the standards of acceptable medical  
8 practice embraced by the medical doctor community in this  
9 Commonwealth. The board shall promulgate regulations which  
10 define the medical services those standards permit a clinical  
11 clerk to perform and the circumstances under which those  
12 standards permit a clinical clerk to perform a medical service.

13 (c) Supervision.--A clinical clerk shall not perform a  
14 medical service without the direct and immediate supervision of  
15 the medical doctor members of the medical staff or residents at  
16 the hospital in which the service is performed. The board shall  
17 promulgate regulations which define the supervision required by  
18 those standards.

19 (d) Drugs.--A clinical clerk shall not prescribe or dispense  
20 drugs.

21 (e) Notes on patients' charts.--Notes made on a patient's  
22 chart by a clinical clerk become official only when  
23 countersigned by a medical doctor member of the hospital's  
24 medical staff or resident beyond a first-year level of graduate  
25 medical education at the hospital.

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

1 otherwise authorized by law.

2 Section 12. Midwifery.

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

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

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

14 Section 13. Physician assistants.

15 (a) Authorized services.--A physician assistant may perform  
16 a medical service delegated by an approved physician and as  
17 approved by the appropriate board. An approved physician is a  
18 physician identified in the ~~writing~~ WRITTEN AGREEMENT required <—  
19 by subsection (e).

20 (b) Use of title.--A physician assistant may use the title  
21 physician assistant or an appropriate abbreviation for that  
22 title, such as "P.A.-C."

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

26 (d) Supervision.--A physician assistant shall not perform a  
27 medical service without the supervision and personal direction  
28 of an approved physician. The board shall promulgate regulations  
29 which define the supervision and personal direction required by  
30 ~~those standards.~~ THE STANDARDS OF ACCEPTABLE MEDICAL PRACTICE <—

1 EMBRACED BY THE MEDICAL DOCTOR COMMUNITY IN THIS COMMONWEALTH.

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

5 (1) Identifies and is signed by each physician the  
6 physician assistant will be assisting.

7 (2) Describes the manner in which the physician  
8 assistant will be assisting each named physician.

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

12 (4) Designates one of the named physicians as having the  
13 primary responsibility for supervising and directing the  
14 physician assistant.

15 (5) Has been approved by the board as satisfying the  
16 foregoing and as consistent with the restrictions contained  
17 in or authorized by this section.

18 A physician assistant shall not assist a physician in a manner  
19 not described in the agreement or without the nature and degree  
20 of supervision and direction described in the agreement. The  
21 physician designated as having primary responsibility for the  
22 physician assistant shall not have primary responsibility for  
23 more than two physician assistants.

24 (f) Drugs.--A physician assistant shall not independently  
25 prescribe or dispense drugs. The board ~~and the State Board of~~ <—  
26 ~~Pharmacy~~ shall ~~jointly~~ promulgate regulations which permit a <—  
27 physician assistant to prescribe and dispense drugs at the  
28 direction of a physician. THE BOARD SHALL REQUEST THE COMMENTS <—  
29 AND RECOMMENDATIONS OF THE STATE BOARD OF PHARMACY.

30 (g) Supervision.--A physician assistant may be employed by a

1 medical care facility under the supervision and direction of an  
2 approved physician or group of such physicians, provided one of  
3 those physicians is designated as having the primary  
4 responsibility for supervising and directing the physician  
5 assistant and provided that a physician assistant shall not be  
6 responsible to more than three physicians.

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

10 (i) Eye services.--No medical services may be performed by a  
11 physician assistant under this act which include the measurement  
12 of the range or powers of human vision or the determination of  
13 the refractive status of the human eye. This subsection does not  
14 prohibit the performance of routine vision screenings or the  
15 performance of refractive screenings in the physician's office.

16 (j) Chiropractic practice.--Nothing in this act shall be  
17 construed to allow physician assistants to practice  
18 chiropractic.

19 (k) Other licenses or certificates.--Nothing in this section  
20 or the regulations authorized by this section shall be construed  
21 to prohibit a physician assistant who is licensed or certified  
22 to practice another profession by a Commonwealth agency or board  
23 from practicing within the scope of that license or certificate  
24 or as otherwise authorized by law.

25 Section 14. Drugless therapist.

26 (a) Previous licensure.--A drugless therapist who has been  
27 licensed previously by the board may continue to provide  
28 drugless therapy in accordance with the regulations promulgated  
29 by the board.

30 (b) Drugs.--A drugless therapist shall not prescribe or

1 dispense drugs.

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

8 Section 15. Certified registered nurse practitioner.

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

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

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

23 Section 16. Consultation.

24 A person authorized to practice medicine or surgery or  
25 osteopathy without restriction by any other state may, upon  
26 request by a medical doctor, provide consultation to the medical  
27 doctor regarding the treatment of a patient under the care of  
28 the medical doctor.

29 Section 17. Delegation of duties to health care practitioner or  
30 technician.

1 (a) General rule.--A MEDICAL DOCTOR MAY DELEGATE TO A health <—  
2 care practitioner or technician ~~may perform~~ THE PERFORMANCE OF a <—  
3 medical service if:

4 ~~(1) The performance of the service was delegated by a <—~~  
5 ~~medical doctor.~~

6 ~~(2)~~ (1) The delegation is consistent with the standards  
7 of acceptable medical practice embraced by the medical doctor  
8 community in this Commonwealth.

9 ~~(3)~~ (2) The delegation is not prohibited by regulations <—  
10 promulgated by the board.

11 ~~(4)~~ (3) The delegation is not prohibited by statutes or <—  
12 regulations relating to other licensed health care  
13 practitioners.

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

20 (c) Responsibility.--~~Nothing in this section shall be <—~~  
21 ~~construed to limit the~~ A MEDICAL DOCTOR SHALL BE RESPONSIBLE FOR <—  
22 THE MEDICAL SERVICES DELEGATED TO THE HEALTH CARE PRACTITIONER  
23 OR TECHNICIAN IN ACCORDANCE WITH SUBSECTIONS (A) AND (B). A  
24 medical doctor's responsibility for the medical service  
25 delegated to the health care practitioner or technician IS NOT <—  
26 LIMITED BY ANY PROVISIONS OF THIS SECTION.

27 Section 18. Federal medical personnel.

28 Nothing in this act shall be construed to prohibit a medical  
29 doctor in the medical service of the armed forces of the United  
30 States, the United States Public Health Service or the Veterans'



1 Administration, or a Federal employee, from discharging official  
2 duties.

3 Section 19. Osteopathic act.

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

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

12 Section 20. Other health care practitioners.

13 Nothing in this act shall be construed to prohibit a health  
14 care practitioner from practicing that profession within the  
15 scope of the health care practitioner's license or certificate  
16 or as otherwise authorized by the law, including using the title  
17 authorized by the practitioner's licensing act.

18 Section 21. Acts outside nonmedical doctor license or  
19 certificate.

20 (a) Medical doctor involvement.--In the event the law,  
21 including this act, conditions a person's authorization to  
22 perform one or more medical services upon medical doctor  
23 involvement, and the person performs a covered service without  
24 the required involvement, the person shall be deemed to have  
25 acted outside the scope of the person's license or certificate.

26 (b) Included involvements.--The medical doctor involvement  
27 referred to in subsection (a) shall include, but shall not  
28 necessarily be limited to, any of the following:

29 (1) An order.

30 (2) Direction or supervision.

- 1 (3) Presence.
- 2 (4) Immediate availability.
- 3 (5) Referral.
- 4 (6) Consultation.

5 (C) LIMITATION ON PROVIDING SERVICES.--NOTHING HEREIN SHALL <—  
6 BE CONSTRUED AS AUTHORIZING A HEALTH CARE PRACTITIONER OR  
7 TECHNICIAN TO PERFORM ANY MEDICAL SERVICE WHICH IS NOT WITHIN  
8 THE SCOPE OF THAT PERSON'S PRACTICE, AS DEFINED BY THE  
9 PRACTITIONER'S LICENSING ACT UNDER WHICH THAT PERSON IS  
10 LICENSED, CERTIFICATED OR REGISTERED.

11 Section 22. Licenses and certificates; general qualification.

12 (a) Types of licenses and certificates.--The board may grant  
13 the following licenses and certificates:

- 14 (1) License without restriction.
- 15 (2) ~~License with restriction.~~ INTERIM LIMITED LICENSE. <—
- 16 (3) Graduate license.
- 17 (4) Institutional license.
- 18 (5) Temporary license.
- 19 (6) Extraterritorial license.
- 20 (7) Midwife license.
- 21 (8) Physician assistant certificate.

22 (b) Qualifications.--The board shall not issue a license or  
23 certificate to an applicant unless the applicant establishes  
24 with evidence, verified by an affidavit or affirmation of the  
25 applicant, that the applicant is of legal age, is of good moral  
26 character and is not addicted to the intemperate use of alcohol  
27 or the habitual use of narcotics or other habit-forming drugs,  
28 and that the applicant has completed the educational  
29 requirements prescribed by the board, and otherwise satisfies  
30 the qualifications for the license or certificate contained in

1 or authorized by this act. The board shall not issue a license  
2 or certificate to an applicant who has been convicted of a  
3 felony under the act of April 14, 1972 (P.L.233, No.64), known  
4 as The Controlled Substance, Drug, Device and Cosmetic Act, or  
5 of an offense under the laws of another jurisdiction which if  
6 committed in this Commonwealth would be a felony under The  
7 Controlled Substance, Drug, Device and Cosmetic Act, unless:

8 (1) at least ten years have elapsed from the date of  
9 conviction;

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

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

19 As used in this section the term "convicted" shall include a  
20 judgment, ~~and~~ AN admission of guilt or a plea of nolo  
21 contendere. ←

22 (c) Refusal.--The board may refuse to issue a license or  
23 certificate to an applicant based upon a ground for such action  
24 contained in section 41.

25 (d) Limitation.--The board shall not refuse to issue a  
26 license or certificate to an applicant unless the applicant has  
27 been afforded the procedural protections required by this act.

28 ~~(e) Action on application. The application, upon filing by~~ ←  
29 ~~the applicant of the evidence required under subsection (b) and~~  
30 ~~the expiration of a period of 90 days, shall be deemed to meet~~

1 ~~the requirements of this act and become effective, the license~~  
2 ~~or certificate shall be deemed issued, and the board shall take~~  
3 ~~no action against the applicant for practicing without a license~~  
4 ~~or certificate, unless within that period the application has~~  
5 ~~been disapproved by the board or proceedings have been initiated~~  
6 ~~against the applicant under this act.~~

7 Section 23. Standards for medical training facilities.

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

15 (b) Duties of the board.--It shall be the duty of the board,  
16 in its discretion, periodically to ascertain the character of  
17 the instruction and the facilities possessed by each of the  
18 medical colleges and other medical training facilities offering  
19 or desiring to offer medical training in accordance with the  
20 requirements of this act. ~~In~~ IT shall further be the duty of the <—  
21 board, by inspection and/OR otherwise, to ascertain the <—  
22 facilities and qualifications of medical colleges and other  
23 medical training facilities outside this Commonwealth, whose  
24 graduates or trainees desire to obtain licensure, graduate  
25 medical training or certification in this Commonwealth, provided  
26 further that the board shall have the authority to refuse to  
27 license graduates of any such medical institutions, colleges or  
28 hospitals which in its judgment do not meet similar standards  
29 for medical training and facilities as are required of medical  
30 institutions in this Commonwealth. In enforcing this provision,

1 the board shall give due notice to any medical institution,  
2 college or hospital upon which it has rendered a decision that  
3 its training and facilities do not meet the standards required  
4 by the board.

5 (c) Refusal of recognition.--In the event that the board  
6 determines that a medical training facility has failed to  
7 provide adequate facilities, curricula or training, the board  
8 shall not recognize the education or degrees obtained from the  
9 medical training facility during the period of inadequacy.

10 Section 24. Examinations.

11 (a) General rule.--The board may require an applicant to  
12 take and pass an examination to the satisfaction of the board.

13 (b) Proficiency in English language.--In addition to any  
14 other examination required by this act or by regulation of the  
15 board, applicants for a license or certificate, whose principal  
16 language is other than English, may also be required to  
17 demonstrate, by examination, proficiency in the English language  
18 to any agency considered competent by the board.

19 ~~(c) Authority to call in medical consultants. For the~~ <—  
20 ~~purpose of conducting all examinations, the board shall have the~~  
21 ~~privilege of calling to its aid medical consultants who shall be~~  
22 ~~compensated for their services at a reasonable rate in an amount~~  
23 ~~as determined, from time to time, by the board in addition to~~  
24 ~~all incurred expenses, in accordance with Commonwealth~~  
25 ~~regulations.~~

26 (C) THIRD-PARTY TESTING.--ALL WRITTEN, ORAL AND PRACTICAL <—  
27 EXAMINATIONS SHALL BE PREPARED AND ADMINISTERED BY A QUALIFIED  
28 AND APPROVED PROFESSIONAL TESTING ORGANIZATION IN THE MANNER  
29 PRESCRIBED FOR WRITTEN EXAMINATIONS BY THE PROVISIONS OF SECTION  
30 812.1 OF THE ACT OF APRIL 9, 1929 (P.L.177, NO.175), KNOWN AS

1 THE ADMINISTRATIVE CODE OF 1929.

2 (d) Examining agency.--When the board accepts an examination  
3 given by an examining agency, the board may establish the  
4 criteria for passing, or may accept the criteria for passing,  
5 established by the examining agency. If the examination is  
6 offered in parts, the board may establish, by regulation, a time  
7 period in which the entire examination must be successfully  
8 completed. The board may establish, by regulation, a maximum  
9 number of examination attempts it will recognize for the purpose  
10 of receiving a passing score on an examination recognized but  
11 not given by the board.

12 Section 25. Licenses and certificates; biennial registration.

13 (a) Issuance of licenses and certificates.--All applicants  
14 who have complied with the requirements of the board, and who  
15 ~~shall~~ have passed a final examination, and who have otherwise ←  
16 complied with the provisions of this act, shall receive from the  
17 commissioner, or whoever exercises equivalent authority acting  
18 for the board, a license or certificate entitling them to the  
19 right to practice in this Commonwealth. Each such license or  
20 certificate shall be duly recorded in the office of the board,  
21 in a record to be properly kept for that purpose which shall be  
22 open to public inspection and a certified copy of said record  
23 shall be received as evidence in all courts in this Commonwealth  
24 in the trial of any case.

25 (b) Renewals.--It shall be the duty of all persons now or  
26 hereafter licensed or certified to be registered with the board  
27 and, thereafter, to register in like manner at such intervals  
28 and by such methods as the board shall determine by regulations,  
29 but in no case shall such renewal period be longer than two  
30 years. The form and method of such registration shall be

1 determined by the board.

2 (c) Fees.--Each person so registering with the board shall  
3 pay, for each biennial registration, a reasonable fee which, if  
4 any, shall accompany the application for such registration.

5 (d) Evidence of registration.--Upon receiving a proper  
6 application for such registration accompanied by the fee, if  
7 any, above provided for, the board shall issue a certificate of  
8 registration to the applicant. Said certificate together with  
9 its renewals shall be good and sufficient evidence of  
10 registration under the provisions of this act.

11 Section 26. Certification of license or certificate.

12 The status of a license or certificate issued by the board  
13 shall be certified by the board to other jurisdictions or  
14 persons upon formal application and payment of a reasonable fee.

15 Section 27. Reciprocity or endorsement.

16 Reciprocity or endorsement may be established at the  
17 discretion of the board. As used in this section, the term  
18 "reciprocity" means the act of the board and a licensing  
19 authority in another jurisdiction, each recognizing that the  
20 requirements for a license or certificate in this Commonwealth  
21 and in the other jurisdiction are equivalent, issuing a license  
22 or certificate to an applicant who possesses a similar license  
23 or certificate in the other jurisdiction. As used in this  
24 section, the term "endorsement" means the issuance of a license  
25 or certificate by the board to an applicant who does not meet  
26 standard requirements, if the applicant has achieved cumulative  
27 qualifications which are accepted by the board as being  
28 equivalent to the standard requirements for the license or  
29 certificate.

30 Section 28. License to practice medicine and surgery.

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

6 Section 29. License without restriction.

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

10 (b) Graduates of accredited medical colleges.--No license  
11 without restriction may be issued to a graduate of an accredited  
12 medical college unless the applicant has completed successfully  
13 as a resident two years of approved graduate medical training.

14 (c) Graduates of unaccredited medical colleges.--No license  
15 without restriction may be issued to a graduate of an  
16 unaccredited medical college unless the applicant has completed  
17 successfully as a resident three years of approved graduate  
18 medical training, educational requirements prescribed by the  
19 board and certification by the Educational Council for Foreign  
20 Medical Graduates, or its successors.

21 (d) Examinations.--The board shall hold at least two  
22 examinations for applicants for a license without restriction  
23 each year. Special examinations may be designated by the board.  
24 The examinations shall be held at such times and places as  
25 designated by the board. In case of failure at any such  
26 examination, the applicant shall have, after the expiration of  
27 six months and within two years, the privilege of a second  
28 examination by the board. In case of failure in a second  
29 examination, or after the expiration of two years, the applicant  
30 must thereafter successfully complete, as a resident, one year



1 of graduate medical training approved by the board, apply de  
2 novo, and qualify under the conditions in existence at the time  
3 of the application.

4 ~~Section 30. License with restriction.~~ <—

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

12 ~~(b) Prerequisite. No license with restriction may be issued~~  
13 ~~unless the applicant has otherwise been issued, or is qualified~~  
14 ~~to be issued, a license without restriction in accordance with~~  
15 ~~this act.~~

16 ~~(c) Disciplinary proceedings or voluntary request. The~~  
17 ~~board may issue a license with restriction only upon completion~~  
18 ~~of disciplinary proceedings in accordance with this act or upon~~  
19 ~~a voluntary request of the applicant.~~

20 SECTION 30. INTERIM LIMITED LICENSE. <—

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

25 (B) REQUIREMENTS.--NO INTERIM LIMITED LICENSE MAY BE ISSUED  
26 UNLESS THE APPLICANT IS A GRADUATE OF AN ACCREDITED MEDICAL  
27 COLLEGE AND HOLDS A VALID GRADUATE LICENSE, HAS SUCCESSFULLY  
28 COMPLETED ONE FULL YEAR OF APPROVED GRADUATE TRAINING, HAS  
29 RECEIVED THE WRITTEN APPROVAL OF THE DIRECTOR OF THE GRADUATE  
30 TRAINING PROGRAM, AND IS IN COMPLIANCE WITH APPLICABLE

1 REGULATIONS OF THE BOARD.

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

7 Section 31. Graduate license.

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

14 (b) Requirements.--No graduate license may be issued unless  
15 the applicant is a graduate of an accredited medical college or  
16 an unaccredited medical college and has received a medical  
17 degree. A graduate license may be issued to an applicant who  
18 holds the equivalent of a license without restriction granted by  
19 another state ~~or~~, territory OR POSSESSION of the United States ←  
20 or the Dominion of Canada.

21 (c) Extensions; waivers.--The board may extend the validity  
22 of a graduate license upon application when such action is  
23 warranted. In the event a graduate license holder is issued a  
24 license without restriction and wishes to continue graduate  
25 medical training, the graduate license holder shall complete and  
26 keep current a form satisfactory to the board containing  
27 information desired by the board ~~on the~~ ABOUT SAID graduate ←  
28 medical training program. A graduate of an unaccredited medical  
29 college, who does not possess all of the qualifications for the  
30 issuance of a graduate license but desires to train in a

1 hospital within this Commonwealth in an area of advanced medical  
2 training, may have the unmet qualifications waived by the board  
3 if the board determines that the applicant possesses the  
4 technical skills and educational background to participate in  
5 such training and that its issuance is beneficial to the health,  
6 safety and welfare of the general public of this Commonwealth.

7 Section 32. Institutional license.

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

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

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

17 (2) is not otherwise licensed to practice medicine and  
18 surgery in this Commonwealth but has achieved outstanding  
19 medical skills in a particular area of medicine and surgery  
20 and wishes to practice, demonstrate or teach with those  
21 outstanding medical skills.

22 (c) Determinations by the board.--The board shall issue an  
23 institutional license valid for no more than three years, as the  
24 board shall determine and only when it determines that its  
25 issuance is beneficial to the health, safety and welfare of the  
26 general public of this Commonwealth. A person granted an  
27 institutional license who subsequently desires to obtain a  
28 license without restriction shall be required to meet all of the  
29 requirements of such license as set forth in this act.

30 Section 33. Temporary license.

1 (a) General rule.--A temporary license empowers the licensee  
2 to:

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

6 (2) practice medicine and surgery at a camp or resort  
7 for no more than three months.

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

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

19 Section 34. Extraterritorial license.

20 (a) General rule.--An extraterritorial license empowers the  
21 licensee residing in or maintaining the office of practice in  
22 any adjoining state near the boundary line between such state  
23 and this Commonwealth, whose medical practice extends into this  
24 Commonwealth, to practice medicine and surgery with or without  
25 restriction in this Commonwealth on such patients.

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

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

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

3 (2) A certification by the authorized licensing body of  
4 such state of the current license in the state of residence  
5 and primary practice.

6 The exercise of the discretion of the board in granting such a  
7 license will depend primarily upon the needs of patients in this  
8 Commonwealth, the availability of medical care in the specific  
9 area involved and whether the adjoining state of licensure  
10 reciprocates by extending similar privileges to medical doctors  
11 who reside and have their office of practice in this  
12 Commonwealth. Such a license will be automatically revoked if  
13 such medical doctor relocates the office of practice or  
14 residence. A medical doctor granted such a license has the duty  
15 to inform the board of any changes in practice which may in any  
16 way affect the maintenance of the license.

17 Section 35. Nurse-midwife license.

18 (a) General rule.--A nurse-midwife license empowers the  
19 licensee to practice midwifery in this Commonwealth as provided  
20 in this act. The board shall formulate and issue such rules and  
21 regulations, from time to time, as may be necessary for the  
22 examination, licensing and proper conduct of the practice of  
23 midwifery.

24 (b) Requirements.--No nurse-midwife license will be issued  
25 unless the applicant is a registered nurse licensed in this  
26 Commonwealth. An applicant for a midwife license must have  
27 completed an academic and clinical program of study in midwifery  
28 which has been approved by the board or an accrediting body  
29 recognized by the board.

30 Section 36. Physician assistant certificate.

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

5 (b) Requirements.--No physician assistant certificate may be  
6 issued to the applicant unless the requirements set forth by  
7 this act and such rules and regulations issued by the board are  
8 met, including requirements for the physician assistant  
9 certificate of training and educational programs which shall be  
10 formulated by the board in accordance with such national  
11 criteria as are established by national organizations or  
12 societies as the board may accept.

13 (c) Criteria.--The board shall grant physician assistant  
14 certificates to applicants who have fulfilled the following  
15 criteria:

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

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

21 (d) Biennial renewal.--A physician assistant certificate  
22 shall be subject to biennial renewal by the board.

23 (e) Description of manner of assistance.--The application  
24 shall include a written request from the applicant's supervising  
25 medical doctor who shall file with the board a description of  
26 the manner in which the physician assistant will assist the  
27 supervising medical doctor, which description shall be subject  
28 to the approval of the board.

29 Section 37. Reporting of multiple licensure.

30 Any licensed medical doctor in this Commonwealth who is also

1 licensed to practice medicine and surgery in any other state,  
2 territory, POSSESSION or country AND ANY OTHER BOARD REGULATED <—  
3 PRACTITIONER WHO IS LICENSED OR CERTIFICATED TO PRACTICE shall  
4 report this information to the board ON THE BIENNIAL <—  
5 REGISTRATION APPLICATION. ~~on the biennial registration~~ <—  
6 ~~application or within 90 days of final disposition, whichever is~~  
7 ~~sooner.~~ Any disciplinary action taken in ~~other states must~~ SUCH <—  
8 OTHER JURISDICTION SHALL be reported to the board on the  
9 biennial registration application OR WITHIN 90 DAYS OF FINAL <—  
10 DISPOSITION, WHICHEVER IS SOONER. Multiple licensure ~~will~~ SHALL <—  
11 be noted BY THE BOARD on the ~~medical doctor's~~ BOARD REGULATED <—  
12 PRACTITIONER'S record and such state, territory, POSSESSION or <—  
13 country ~~will~~ SHALL be notified BY THE BOARD of any disciplinary <—  
14 actions taken against said ~~medical doctor~~ BOARD REGULATED <—  
15 PRACTITIONER in this Commonwealth.

16 Section 38. Injunctions against unlawful practice.

17 It shall be unlawful for any person to practice, or attempt  
18 to offer to practice, medicine and surgery, ~~as defined in this~~ <—  
19 ~~act~~ OR OTHER AREAS OF PRACTICE REQUIRING A LICENSE, CERTIFICATE <—  
20 OR REGISTRATION FROM THE BOARD, AS SUCH PRACTICE IS DEFINED IN <—  
21 THIS ACT, without having at the time of so doing a valid,  
22 unexpired, unrevoked and unsuspended license, CERTIFICATE OR <—  
23 REGISTRATION issued under this act. The unlawful practice of  
24 medicine and surgery OR OTHER AREAS OF PRACTICE REQUIRING A <—  
25 LICENSE, CERTIFICATE OR REGISTRATION FROM THE BOARD as SUCH <—  
26 PRACTICE IS defined in this act may be enjoined by the courts on  
27 petition of the board or ~~by~~ the commissioner. In any such <—  
28 proceeding it shall not be necessary to show that any person is  
29 individually injured by the actions complained of. If it is  
30 determined the respondent has engaged in the unlawful practice

1 of medicine and surgery, OR OTHER AREAS OF PRACTICE REQUIRING A <—  
2 LICENSE, CERTIFICATE OR REGISTRATION FROM THE BOARD, the court  
3 shall enjoin him from so practicing unless and until he has been  
4 duly licensed, CERTIFICATED OR REGISTERED. Procedure in such <—  
5 cases shall be the same as in any other injunction suit. The  
6 remedy by injunction hereby given is in addition to any other  
7 civil or criminal prosecution and punishment.

8 Section 39. Penalties.

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

20 (b) Civil penalties.--In addition to any other civil remedy  
21 or criminal penalty provided for in this act, the board, by a  
22 vote of the majority of the maximum number of the authorized  
23 membership of the board as provided by law, or by a vote of the  
24 majority of the duly qualified and confirmed membership or a  
25 minimum of ~~four~~ FIVE members, whichever is greater, may levy a <—  
26 civil penalty of up to \$1,000 on any current licensee who  
27 violates any provision of this act or on any person who  
28 practices medicine AND SURGERY or other areas of practice <—  
29 ~~regulated by~~ REQUIRING A LICENSE, CERTIFICATE OR REGISTRATION <—  
30 FROM the board without being properly licensed ~~or~~, certificated <—



1 OR REGISTERED to do so under this act. The board shall levy this <—  
2 penalty only after affording the accused party the opportunity  
3 for a hearing, as provided in Title 2 of the Pennsylvania  
4 Consolidated Statutes (relating to administrative law and  
5 procedure). ~~The board shall, within six months after the <—~~  
6 ~~effective date of this act, adopt guidelines setting forth the~~  
7 ~~amounts and circumstances for which a fine may be imposed. No~~  
8 ~~finer may be imposed in accordance with this subsection until~~  
9 ~~the board has adopted the required guidelines. Nothing in this~~  
10 ~~subsection shall be construed to give the board authority to~~  
11 ~~impose a civil penalty upon any person licensed by another~~  
12 ~~licensing board when acting within the scope of practice of that~~  
13 ~~profession.~~

14 Section 40. Temporary and automatic suspensions.

15 (a) Temporary suspensions.--A license or certificate issued  
16 under this act may be temporarily suspended under circumstances  
17 as determined by the board to be an immediate and clear danger  
18 to the public health and safety. The board shall issue an order  
19 to that effect without a hearing, but upon due notice, to the  
20 licensee or certificate holder concerned at his or her last  
21 known address, which shall include a written statement of all  
22 allegations against the licensee or certificate holder. The  
23 provisions of section 9 shall not apply to temporary suspension.  
24 The board shall thereupon commence formal action to suspend,  
25 revoke ~~and~~ OR restrict the license or certificate of the person <—  
26 concerned as otherwise provided for in this act. All actions  
27 shall be taken promptly and without delay. Within 30 days  
28 following the issuance of an order temporarily suspending a  
29 license, the board shall conduct or cause to be conducted, a  
30 preliminary hearing to determine that there is a prima facie

1 case supporting the suspension. The licensee or certificate  
2 holder whose license or certificate has been temporarily  
3 suspended may be present at the preliminary hearing and may be  
4 represented by ~~council~~ COUNSEL, cross-examine witnesses, inspect ←  
5 physical evidence, call witnesses, offer evidence and testimony  
6 and make a record of the proceedings. If it is determined that  
7 there is not a prima facie case, the suspended license shall be  
8 immediately restored. The temporary suspension shall remain in  
9 effect until vacated by the board, but in no event longer than  
10 180 days.

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

27 Section 41. Reasons for refusal, revocation, suspension or  
28 other corrective actions against a licensee or  
29 certificate holder.

30 The board shall have authority to impose disciplinary or

1 corrective measures on a BOARD REGULATED practitioner for any or <—  
2 all of the following reasons:

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

6 (2) Making misleading, deceptive, untrue or fraudulent  
7 representations in the practice of the profession or  
8 practicing fraud or deceit, either alone or as a conspirator  
9 in obtaining a license, certification or registration, or in  
10 obtaining admission to a medical college.

11 (3) Being convicted of a felony, a misdemeanor relating  
12 to a health profession, or receiving probation without  
13 verdict, disposition in lieu of trial or an accelerated  
14 rehabilitative disposition in the disposition of felony  
15 charges, in the courts of this Commonwealth, a Federal court  
16 or a court of any other state, territory or country.

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

23 (5) Being unable to practice the profession with  
24 reasonable skill and safety to patients by reason of illness,  
25 addiction to drugs or alcohol, having been convicted of a  
26 felonious act prohibited by the act of April 14, 1972  
27 (P.L.233, No.64), known as The Controlled Substance, Drug,  
28 Device and Cosmetic Act, or convicted of a felony relating to  
29 a controlled substance in a court of law of the United States  
30 or any other state, territory, POSSESSION or country, or if <—

1 he or she is or shall become mentally incompetent. An  
2 applicant's statement on the application declaring the  
3 absence of a conviction shall be deemed satisfactory evidence  
4 of the absence of a conviction unless the board has some  
5 evidence to the contrary. In enforcing this paragraph, the  
6 board shall, upon probable cause, have authority to compel a  
7 practitioner to submit to a mental or physical examination by  
8 ~~physicians~~ A PHYSICIAN OR A PSYCHOLOGIST approved by the ←  
9 board. Failure of a practitioner to submit to such  
10 examination when directed by the board, unless such failure  
11 is due to circumstances beyond his or her control, shall  
12 constitute an admission of the allegations against him or  
13 her, consequent upon which a default and final order may be  
14 entered without the taking of testimony or presentation of  
15 evidence. A practitioner affected under this paragraph shall  
16 at reasonable intervals be afforded an opportunity to  
17 demonstrate that he or she can resume a competent practice of  
18 his or her profession with reasonable skill and safety to  
19 patients.

20 (6) Violating a lawful regulation promulgated by the  
21 board or violating a lawful order of the board previously  
22 entered by the board in a disciplinary proceeding.

23 (7) Knowingly maintaining a professional connection or  
24 association with any person who is in violation of this act  
25 or regulations of the board or knowingly aiding, assisting,  
26 procuring or advising any unlicensed person to practice a  
27 profession contrary to this act, or regulations of the board.

28 (8) Being guilty of immoral or unprofessional conduct.  
29 Unprofessional conduct shall include departure from or  
30 failing to conform to an ethical or quality standard of the

1 profession. IN PROCEEDINGS BASED ON THIS PARAGRAPH, ACTUAL <—  
2 INJURY TO A PATIENT NEED NOT BE ESTABLISHED.

3 (i) The ethical standards of a profession are those  
4 ethical tenets which are embraced by the professional  
5 community in this Commonwealth.

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

18 (9) Acting ~~is~~ IN such manner as to present an immediate <—  
19 and clear danger to ~~publish~~ PUBLIC health or safety. <—

20 (10) Acting outside the scope of a license or  
21 certificate.

22 (11) MAKING A FALSE OR DECEPTIVE BIENNIAL REGISTRATION <—  
23 WITH THE BOARD.

24 Section 42. Types of corrective action.

25 (a) Authorized actions.--When the board is empowered to take  
26 disciplinary or corrective action against a BOARD REGULATED <—  
27 practitioner under the provisions of this act or pursuant to  
28 other statutory authority, the board may:

29 (1) Deny the application for a license, certificate or  
30 any other privilege granted by the board.

1 (2) Administer a public reprimand with or without  
2 probation.

3 ~~(3) Administer a private reprimand with or without~~ <—  
4 ~~probation.~~

5 ~~(4)~~ (3) Revoke, suspend, limit or otherwise restrict a  
6 license or certificate.

7 ~~(5)~~ (4) Require the ~~professional~~ BOARD REGULATED <—  
8 PRACTITIONER to submit to the care, counseling or treatment  
9 of a physician or ~~other health care professional~~ A <—  
10 PSYCHOLOGIST designated by the board.

11 ~~(6)~~ (5) Require the ~~professional~~ BOARD REGULATED <—  
12 PRACTITIONER to take refresher educational courses.

13 ~~(7) Suspend~~ (6) STAY enforcement of any suspension, <—  
14 other than that imposed in accordance with section 41, ~~or~~ <—  
15 ~~revocation~~ and place a ~~practitioner~~ PROFESSIONAL BOARD <—  
16 REGULATED PRACTITIONER on probation with the right to vacate  
17 the probationary order ~~from~~ FOR noncompliance. <—

18 ~~(8)~~ (7) Impose a monetary penalty in accordance with <—  
19 this act.

20 (b) Failure to comply with conditions.--Failure of a  
21 ~~professional~~ BOARD REGULATED PRACTITIONER to comply with <—  
22 conditions set forth by the board shall be grounds for  
23 reconsideration of the matter and institution of formal charges  
24 against the ~~licensee or certificate holder~~ BOARD REGULATED <—  
25 PRACTITIONER.

26 Section 43. Reinstatement of license, certificate or  
27 registration.

28 (a) In general.--Unless ordered to do so by Commonwealth  
29 Court or on appeal therefrom, the board shall not reinstate the  
30 license, certificate or registration of a person to practice

1 medicine ~~OR~~ AND SURGERY OR OTHER AREAS OF PRACTICE REQUIRING A ←  
2 LICENSE, CERTIFICATE OR REGISTRATION FROM THE BOARD pursuant to  
3 this act which has been revoked. Except as provided in  
4 subsection (b), any person whose license, certificate or  
5 registration has been revoked may apply for reinstatement, after  
6 a period of at least five years, but must meet all of the  
7 licensing qualifications of this act for the license applied  
8 for, to include the examination requirement, if he or she  
9 desires to practice at any time after such revocation.

10 (b) Reinstatement after felony conviction.--Any person whose  
11 license, certificate or registration has been suspended or  
12 revoked because of a felony conviction under the act of April  
13 14, 1972 (P.L.233, No.64), known as The Controlled Substance,  
14 Drug, Device and Cosmetic Act, or similar law of another  
15 jurisdiction, may apply for reinstatement after a period of at  
16 least ten years has elapsed from the date of conviction. The  
17 board may reinstate the license if the board is satisfied that  
18 the person has made significant progress in personal  
19 rehabilitation since the conviction such that his reinstatement  
20 should not be expected to create a substantial risk of harm to  
21 the health and safety of his patients or the public or a  
22 substantial risk of further criminal violations and if the  
23 person meets all other licensing qualifications of this act  
24 INCLUDING THE EXAMINATION REQUIREMENT. ←

25 Section 44. Surrender of suspended or revoked license, ←  
26 CERTIFICATE OR REGISTRATION.

27 The board shall require a person whose license, certificate  
28 or registration has been suspended or revoked to return THE ←  
29 LICENSE, CERTIFICATE OR REGISTRATION, in such manner as the  
30 board directs, ~~the license, certificate or registration.~~ A ←

1 person who fails to do so commits a misdemeanor of the third  
2 degree.

3 SECTION 45. RADIOLOGIC PROCEDURES; EDUCATION AND TRAINING <—  
4 REQUIRED.

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

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

18 (C) PENALTY.--IT SHALL BE UNLAWFUL UNDER THIS ACT TO  
19 KNOWINGLY PERMIT RADIOLOGIC PROCEDURES TO BE PERFORMED IN  
20 VIOLATION OF THIS SECTION OR IN VIOLATION OF THE REGULATIONS  
21 PROMULGATED ~~ON~~ OR ORDERS ISSUED IN ACCORDANCE WITH THIS SECTION. <—

22 (D) EDUCATION AND TESTING.--NO AUXILIARY PERSONNEL WHO HAS  
23 OR OBTAINS A LICENSE, CERTIFICATE OR REGISTRATION ISSUED BY, OR  
24 ON BEHALF OF, A BOARD WITHIN THE BUREAU OF PROFESSIONAL AND  
25 OCCUPATIONAL AFFAIRS SHALL BE REQUIRED TO UNDERGO ANY ADDITIONAL  
26 EDUCATION OR TESTING PURSUANT TO THIS SECTION IF RADIOLOGIC  
27 PROCEDURES WERE INCLUDED IN THE EDUCATION OR THE EXAMINATION  
28 WHICH HE OR SHE WAS REQUIRED TO COMPLETE SUCCESSFULLY IN ORDER  
29 TO BE ELIGIBLE FOR SUCH LICENSE, CERTIFICATE OR REGISTRATION.

30 Section 45 46. Reestablishment. <—



1 This act, with respect to the State Board of Medical  
2 Education and Licensure, shall constitute the legislation  
3 required to reestablish an agency pursuant to the act of  
4 December 22, 1981 (P.L.508, No.142), known as the Sunset Act.  
5 Section ~~46~~ 47. Severability. <—

6 The provisions of this act are severable. If any provision of  
7 this act or its application to any person or circumstance is  
8 held invalid, the invalidity shall not affect other provisions  
9 or applications of this act which can be given effect without  
10 the invalid provision or application.

11 Section ~~47~~ 48. Repeals. <—

12 (a) Specific repeals.--Section 412 of the act of April 9,  
13 1929 (P.L.177, No.175), know as The Administrative Code of 1929,  
14 is repealed.

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

17 (b) General repeal.--All other acts and parts of acts are  
18 repealed insofar as they are inconsistent with this act.

19 Section ~~48~~ 49. Applicability of act. <—

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

23 (1) Chiropractic, as authorized by the act of August 10,  
24 1951 (P.L.1182, No.264), known as the Chiropractic  
25 Registration Act of 1951.

26 (2) Dentistry, as authorized by the act of May 1, 1933  
27 (P.L.216, No.76), known as The Dental Law.

28 (3) Optometry, as authorized by the act of June 6, 1980  
29 (P.L.197, No.57), known as the Optometric Practice and  
30 Licensure Act.

1 (4) Osteopathy, as authorized by the act of October 5,  
2 1978 (P.L.1109, No.261), known as the Osteopathic Medical  
3 Practice Act.

4 (5) Pharmacy, as authorized by the acts of April 14,  
5 1972 (P.L.233, No.64), known as The Controlled Substance,  
6 Drug, Device and Cosmetic Act, and September 27, 1961  
7 (P.L.1700, No.699), known as the Pharmacy Act.

8 (6) Physical Therapy, as authorized by the act of  
9 October 10, 1975 (P.L.383, No.110), known as the Physical  
10 Therapy Practice Act.

11 (7) Podiatry, as authorized by the act of March 2, 1956  
12 (P.L.1206, No.375), known as the Podiatry Act of 1956.

13 (8) Professional Nursing, as authorized by the act of  
14 May 22, 1951 (P.L.317, No.69), known as The Professional  
15 Nursing Law.

16 (9) Psychologists, as authorized by the act of March 23,  
17 1972 (P.L.136, No.52), referred to as the Psychologists  
18 License Act.

19 (b) Exemption.--This act shall not be construed so as to  
20 give the Board of Medicine any jurisdiction over any of the  
21 schools or colleges of the methods exempted in this section.

22 (c) No application to practice of hypnosis.--The provisions  
23 of this act shall not apply either directly or indirectly, by  
24 intent or purpose, to the practice of hypnosis.

25 Section ~~49~~ 50. Existing board. <—

26 The presently confirmed members of the State Board of Medical  
27 Education and Licensure constituted under section 412 of the act  
28 of April 9, 1929 (P.L.177, No.175), known as The Administrative  
29 Code of 1929, as of December 31, 1985, shall continue to serve  
30 as board members until their present terms of office expire ~~and~~ <—

1 PROVIDED THAT ANY PRESENT BOARD MEMBER WHOSE TERM HAS EXPIRED ON <—  
2 OR BEFORE THE EFFECTIVE DATE OF THIS ACT SHALL SERVE UNTIL a  
3 successor has been appointed and qualified, but no longer than  
4 six months after the effective date of this act.

5 Section ~~50~~ 51. Existing rules and regulations. <—

6 Each rule and regulation of the board in effect on December  
7 31, 1985, not inconsistent with this act, shall remain in effect  
8 after such date until repealed or amended by the board PROVIDED <—  
9 THAT THE BOARD SHALL IMMEDIATELY INITIATE THE REPEAL OR  
10 AMENDMENT OF ANY RULE OR REGULATION WHICH IS INCONSISTENT WITH  
11 THE PROVISIONS OF THIS ACT. Each fee of the board in effect on  
12 December 31, 1985, and not inconsistent with this act, shall  
13 remain in effect after such date until repealed or amended by <—  
14 ~~the board or the commissioner~~ IN ACCORDANCE WITH THE PROVISIONS <—  
15 OF THIS ACT.

16 Section ~~51~~ 52. Existing licenses, certificates and <—  
17 registrations.

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

26 Section ~~52~~ 53. Effective date. <—

27 ~~This act shall take effect January 1, 1986.~~ <—

28 THIS ACT SHALL TAKE EFFECT AS FOLLOWS: <—

29 ~~(1) SECTION 29(B) AND (C) SHALL TAKE EFFECT JULY 1,~~ <—  
30 ~~1987.~~

1           (1) FOR THE PURPOSES OF DETERMINING IF APPLICANTS HAVE       <—  
2           SATISFACTORILY COMPLETED THE APPROVED GRADUATE MEDICAL  
3           TRAINING REQUIRED FOR ELIGIBILITY TO RECEIVE A LICENSE  
4           WITHOUT RESTRICTION, APPLICANTS WHO ARE PARTICIPATING IN A  
5           RESIDENCY PROGRAM ON OR BEFORE JUNE 30, 1987, SHALL BE  
6           SUBJECT TO THE PROVISIONS OF THE ACT OF JULY 20, 1974  
7           (P.L.551, NO.190), KNOWN AS THE MEDICAL PRACTICE ACT OF 1974.

8           (2) ~~THE REMAINDER OF THIS~~ THIS ACT SHALL TAKE EFFECT       <—  
9           JANUARY 1, 1986, OR IMMEDIATELY, WHICHEVER IS LATER.