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Child Abuse Reporting

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This is general legal information and is not intended as legal advice. The law can change and is subject to differing interpretations. Physicians should consult their attorney if they need legal guidance on a specific situation. Nothing in this information should be construed as defining a standard of care.

Physicians have a mandatory obligation to report suspected child abuse under Pennsylvania's Child Protective Services Law (CPSL).[1] This PAMED *Quick Consult* summarizes physician's mandatory reporting obligation and related responsibilities, including changes enacted in 2013, 2014 and 2016 to address concerns with the adequacy of protections for abused children in Pennsylvania. Key changes in the law impacting physicians include:

- The new definition of child abuse is more specific and has been expanded.
- Physicians must report suspected child abuse identified in certain circumstances outside their professional capacity.
- Physicians no longer can fulfill their reporting obligation simply by making a report to their supervisor or other designated person in their workplace.
- The penalties for failing to make a mandatory report are increased.
- Physicians have a mandatory child abuse recognition and reporting training requirement as a condition of licensure.

- Human trafficking, including sex trafficking and labor trafficking, is considered child abuse and persons who commit human trafficking are perpetrators under the CPSL (added 10-28-2016).

Child Welfare System[2]

The principal goals of the public child welfare system are to assure the safety, permanency, and well-being of children. This includes assuring that children are protected from abuse and neglect.

Pennsylvania's public child welfare system is county-administered and state-supervised. Each county Children and Youth Agency (CYA) is responsible for delivering services to prevent and address child abuse and neglect. The state Department of Human Services (DHS), formally known as the Department of Public Welfare (DPW), oversees the child welfare system and provides technical assistance through the Office of Children Youth and Families.

Child welfare services are provided in Pennsylvania in two types of situations:

- **Child protective services** – These services are provided in child abuse cases, that is when the abuse constitutes child abuse as defined in the law. Services may include counseling, classes to strengthen parenting skills, self-help groups, emergency medical services, and placement outside the home as a last resort.
- **General protective services** – Essentially the same services are available to protect children in certain other situations that do not rise to the level of child abuse. Examples include inadequate shelter, hygiene concerns, inappropriate discipline, inadequate supervision, truancy, and other issues that threaten a child's opportunity for healthy growth and development.

Definition of Child Abuse

Generally speaking, the following types of conduct (action or failure to act), when intentional, knowing, or reckless, constitutes child abuse if the victim is a child (any person under 18):[3]

- Causing or creating a reasonable likelihood of bodily injury or death
- Causing or substantially contributing to serious mental injury
- Causing or increasing a likelihood of sexual abuse or exploitation
- Committing any of a list of specified acts
- Causing serious physical neglect, including failure to provide essential medical care
- Engaging in Munchausen by proxy behavior
- Engaging in severe forms of trafficking in persons or sex trafficking (i.e., human trafficking)[4].

Of note, the new law lowers the threshold for physical abuse. The old definition set the threshold as *serious* physical injury, which meant causing *severe* pain or *significantly* impairing the child's physical functioning. The new definition lowers the threshold to bodily injury. Bodily injury is defined as causing *substantial* pain or *any* impairment in physical condition. Also, the new definition identifies culpable conduct that is per se child abuse; that is, intentionally, knowingly, or recklessly engaging in this conduct in and of itself – constitutes child abuse, regardless of whether an injury results. Examples include kicking, biting, throwing, burning, stabbing, or cutting a child in a manner that endangers the child and forcefully shaking or slapping an infant.

The law classifies certain persons as "perpetrators." Generally, perpetrators are limited to the following individuals:[5]

- parents, spouses and paramours of a parent (present or former);
- persons responsible for the child's welfare (14 or older for actions; 18 or older for failure to act);
- residents of the same household (14 or older for actions; 18 or older for failure to act);
- certain close adult relatives (only actions);
- individuals having direct contact with children as an employee of child care services, a school, or through a program, activity, or service (14 or older; actions only); and
- individuals 18 years of age or older who engages a child in severe forms of trafficking in persons or sex trafficking.

Child abuse by other persons – for example, a stranger the child encounters in a park – is reportable. Physicians should report suspected child abuse, when required, regardless of whether the person who is responsible for the abuse meets the definition of perpetrator.

Mandated Reporters

All of the following persons are now mandated reporters if they are an adult (18 or older):[6]

- Physician or other person who is licensed or certified to practice any health-related field by the Department of State
- Medical examiner, coroner, or funeral director
- Employee of a health care facility or provider licensed by the Department of Health who is engaged in the admission, examination, care, or treatment of individuals
- School employee
- Employee of a childcare service who has direct contact with children in the course of employment
- Clergyman, priest, rabbi, minister, Christian Science practitioner, religious healer, or spiritual leader of any regularly established church or other religious organization
- Individual paid or unpaid, who, on the basis of the individual's role as an integral part of a regularly scheduled program, activity, or service, is a person responsible for the child's welfare or has direct contact with children
- Employee of a social services agency who has direct contact with children in the course of employment
- Peace officer or law enforcement official
- Emergency medical services provider certified by the Department of Health
- Employee of a public library who has direct contact with children in the course of employment.
- Individual who provides a program, activity, or service to an agency, institution, organization, or other entity, including a school or regularly established religious organization, that is responsible for the care, supervision, guidance, or control of children and has direct contact with children
- Individual supervised or managed by a person listed above who has direct contact with children in the course of employment.
- Foster parent
- Attorney affiliated with an agency, institution, organization, or other entity, including a school or regularly established religious organization, that is responsible for the care, supervision,

guidance, or control of children

- Adult who is responsible for the welfare of a child with an intellectual disability or chronic psychiatric disability and provides services in a DHS supervised or licensed family living home, community home for individuals with intellectual disabilities, or host home for children

Of note, mandated reporters are no longer limited to persons who, in the course of their work — that is employment, occupation, or practice of a profession — come into contact with children. All physicians with a Pennsylvania license are mandated reporters, regardless of how frequently they come into contact with children as patients. This includes even specialists that have few child patients, retired physicians with an active-retired license, and residents and fellows with a graduate license. Physician practices should keep in mind that unlicensed office staff also are mandated reporters if they have routine interaction with children in the course of their employment. For example, medical assistants as well as the front desk staff may qualify as mandated reporters.

Reporting Requirement

Physicians and other mandated reporters are now required to make a child abuse report if they have reasonable cause to suspect child abuse under any of the following circumstances:[7]

- **Contact with child** – The mandated reporter comes in contact with the child in the course of the reporter's employment, occupation, or practice of a profession or through a regularly scheduled activity, program, or service
- **Responsibility for child** – The mandated reporter is directly responsible for the care, supervision, guidance, or training of the child, or is affiliated with an agency, institution, organization, school, regularly established church or religious organization, or other entity that is directly responsible for the care, supervision, guidance, or training of the child
- **Notice of identified victim** – A person makes a specific disclosure to the mandated reporter that an identifiable child is the victim of child abuse
- **Confession by abuser** – An individual 14 years of age or older makes a specific disclosure to the mandated reporter that the individual has committed child abuse

This is an expansion from prior law. Of note, physicians are required to make a child abuse report in certain circumstances, even though they learn of the suspected abuse outside of work and regardless of whether the child is a patient of the physician or the facility or practice where the physician works. For example, if a physician obtains a reasonable suspicion that a child has been abused from information told to the physician at a social gathering after work, the physician must make a report. Also, physicians must report when they have a reasonable suspicion that a person who is 14 or older, including a patient, committed child abuse if the person specifically disclosed the abuse to the physician. As discussed below, the reporting mandate over-rides patient confidentiality obligations.

The reporting requirement applies even if the mandated reporter does not know the identity of the abuser.[8] For example, if a physician reasonably suspects that a child is the victim of sexual abuse, a report is required even if the physician cannot identify who committed the abuse.

The CPSL also provides for permissive child abuse reports. Any person who has reasonable cause to suspect that a child is the victim of child abuse is encouraged to report.[9]

Basis for Reasonable Suspicion

Pennsylvania's Child Welfare Resource Center, operated by the University of Pittsburgh, recommends that mandated reporters (and those considering a permissive report) evaluate the following:[10]

- **Circumstances** – What do you know about the facts of the incident or pattern of events? Consider who, what, how, and when.
- **Observations** – Are any indicators of abuse or "red flags" present? Consider the behavior and demeanor of both the child and the adult. Think about whether there are other behaviors or observations important to notice.
- **Familiarity** – Consider the knowledge you have about the individuals, the family situation, relevant history or similar prior incidents.
- **Feelings** – Think about your feelings and personal biases and consider how they influence your conclusions and actions.

Mandated reporters, including physicians, are not expected to be experts in child abuse; their role is not to validate suspected abuse before reporting. The trigger for reporting is "reasonable cause to suspect" child abuse. This requires more than a gut feeling or guess based upon intuition rather than known facts. At the same time, a reasonable suspicion does not require a high degree of medical certainty or even a belief that the child's injuries more likely than not resulted from child abuse. David Turkewitz, MD, an expert in child abuse who provides recognition and reporting training to physicians advises: "If, when reviewing the history, physical examination, and the results of any laboratory and imaging tests, you conclude that abuse reasonably fits in the differential diagnosis, then you must report."

Although the law's definition of child abuse includes a number of exclusions, physicians should not consider the exclusions when determining whether to report. These are exclusions to the *definition* of child abuse, not the *obligation to report* suspected child abuse. For example, a parent's failure to consent to essential medical care may, depending on the circumstances, rise to the level of child abuse. The definition of child abuse includes an exclusion for when parents are acting pursuant to bona fide religious beliefs. However, the county CYA makes the determination as to whether the exclusion applies. In other words, physicians should not consider a parent's religious beliefs when determining whether a report of suspected child abuse is required for failure to provide essential medical care.

Signs and Symptoms of Abuse

The American Academy of Pediatrics recommends that physicians should consider abuse in *any* child from *any* family in these situations:[11]

- Multiple injuries to multiple organ systems
- Denial of trauma in child with significant injury
- History inconsistent with injury
- History incompatible with child's development
- History that changes over time
- Unexpected and unexplained delay in seeking treatment

Dr. Turkewitz cautions that physicians "will never reach a reasonable suspicion threshold if they have preconceived notions that child abuse is rare or doesn't occur unless there are risk factors such as poverty." He emphasizes that "reporting suspected child abuse is a critical protection for children, as the consequence of missed child abuse typically is further abuse and sometimes even death of the child." PAMED's *Quick Consult on Signs and Symptoms of Child Abuse* further outlines signs and symptoms of child

abuse. PAMED also has a child abuse recognition and reporting training program that includes case studies to aid understanding of when there is reasonable cause to suspect child abuse. These resources and more are available at www.pamedsoc.org/childabuselaws.

Additionally, DHS has provided the following victim identification or warning signs, and at-risk populations related to human trafficking:

Warning Signs for Human Trafficking	At-Risk Populations for Human Trafficking
• A youth that has been verified to be under 18 and is in any way involved in the commercial sex industry, or has a record or prior arrest for prostitution or related charges. • A youth that has an explicitly sexual online profile. • Excessive frequenting of internet chat rooms or classified sites. • Depiction of elements of sexual exploitation in drawing, poetry, or other modes of creative expression. • Frequent or multiple sexually transmitted diseases or pregnancies. • Lying about or not being aware of their true age. • Having no knowledge of personal data, such as but not limited to: age, name, and/or date of birth. • Having no identification. • Wearing sexually provocative clothing; • Wearing new clothes of any style, getting hair and/or nails done with no financial means. • Secrecy about whereabouts. • Having late nights or unusual hours. • Having a tattoo that he or she is reluctant to explain. • Being in a controlling or dominating relationship. • Not having control of own finances. • Exhibiting hyper-vigilance or paranoid behaviors. • Expressing interest in, or in, relationships with adults or much older men or women.	• Youth in the foster care system • Youth who identify has LGBTQ • Youth who are homeless or runaway • Youth with disabilities • Youth with mental health or substance abuse disorders • Youth with a history of sexual abuse • Youth with a history of being involved in the welfare system • Youth who identify as native or aboriginal • Youth with family dysfunction

Procedures for Making Report

Mandated reporters must follow these procedures when making a child abuse report:

- **Immediate report** – An immediate report must be made to the DHS either orally by telephone or via the electronic Child Welfare Portal.[12]
  - **Oral telephone report** – The procedures for oral reports are unchanged. Oral child abuse reports must be made via ChildLine at (800) 932-0313, a statewide toll-free number that is staffed 24 hours a day, seven days a week.
  - **Electronic report** – Physicians and other mandated reporters also may now make their immediate report through DHS's new electronic Child Welfare Portal.[13]

- **Follow-up written report within 48 hours** – If the immediate report is made orally (versus electronically), a written report must be submitted within 48 hours to DHS or the county CYA assigned to the case on DHS's written report form.[14]

The new law requires a mandated reporter to personally make the report; language allowing compliance by "causing the report to be made" was eliminated.[15] The new law also eliminated the option that allowed staff of an institution, school, facility, or agency to hand-off the reporting responsibility by informing the head person or that person's designee for making reports. These mandated reporters must personally make an immediate report to DHS and then (after their report to DHS) immediately report to the head person or that person's designee for cooperating with the CYA investigation.[16] As in the past, the CPSL does not require more than one report from an institution, school, facility or agency.[17]

Content of Written Report

Mandated written reports of suspected child abuse, including electronic reports, must include the following information, to the extent available:[18]

- Identification of child, child's parents, any other person responsible for child's welfare, and suspected perpetrator, including:
  - Name
  - Social security number, gender, and birthdate
  - Address, county, and telephone number
- Names and relationships of other persons in child's family household
- Location and date of suspected abuse
- Description of child's injuries and condition and why reporter suspects abuse, including evidence of prior abuse to child, sibling, or suspected perpetrator
- Actions taken by reporter, CYA, law enforcement, school officials, and others, including:
  - Medical examination, photographs, medical tests and X-rays
  - Hospital admission
  - Emergency custody
  - Notification to coroner and law enforcement
- Child risk factors, including:
  - Physical, mental, or behavioral factors
  - Need for immediate medical attention
  - Level of pain
  - Fearful, suicidal, or withdrawn appearance
- Family risk factors, including:
  - Characteristics of caregiver/suspected perpetrator
  - Extent of suspected perpetrator's access to child
  - Substance abuse in household
  - History of violence or severe emotional problems
  - Environmental (health and safety) condition of home
  - Risk from CYA involvement

  - Weapons in home
- Name, address, telephone number of reporter

Required Related Reports

Depending on the circumstances, a mandated reporter of suspected child abuse may need to make one or more related reports in addition to making a child abuse report to DHS:

- **Internal report** – Persons who must make a child abuse report in their capacity as member of the staff of a medical or other public or private institution, school, facility, or agency, also must notify the head of the institution, school, facility, or agency or other designated agent, such as their supervisor, immediately after making their mandated oral or electronic report to DHS. Once notified, the head or other designated agent is responsible for facilitating the cooperation of the institution, school, facility, or agency with the investigation of the report.[19]
- **Coroner report** – A mandated reporter who has reasonable cause to suspect that a child died as a result of child abuse must report that suspicion to the county coroner or medical examiner.[20]
- **Law enforcement** – The Crimes Code requires physicians to immediately report to law enforcement when a patient dies or sustains serious bodily injury when a patient has been injured by a deadly weapon or a criminal act.21 This would include criminal assaults that result in death or serious bodily injury.[22] Serious bodily injury means an injury that creates a substantial risk of death or causes serious permanent disfigurement or protracted loss or impairment of function of any bodily member or organ.[23] Reports to law enforcement also should be made in the case of sexual abuse crimes, including statutory rape.

Photographs and Tests

If physicians suspect child abuse, they may take or order photographs of the child and clinically indicated radiological examinations and other medical tests for the child. Medical summaries or reports of the photographs, X-rays, and medical tests must be sent to the county agency at the time the written report is sent or, if the written report is made electronically, within 48 hours or as soon thereafter as possible. The county CYA may review and obtain upon request the originals or duplicates of the photographs and X- rays. In addition, law enforcement now has access to medical summaries or reports of photographs, X- rays, and medical tests when they are investigating suspected child abuse.[24] PAMED's *Quick Consult on Signs and Symptoms of Child Abuse* includes AAP recommendations on the Initial Evaluation of Suspected Physical Abuse. It and other resources can be found at www.pamedsoc.org/childabuselaws.

Investigation of Reports

Upon receipt of a child abuse report, DHS must immediately forward the report to the appropriate county CYA.[25] If the person suspected of committing the abuse is a defined perpetrator, the CYA must investigate the report and take appropriate and timely action to ensure the child's safety and well-being.[26] If the report does not involve a defined perpetrator but warrants investigation because it involves criminal conduct, the CYA must refer the matter to law enforcement.[27] In addition, DHS must refer reports involving both a defined perpetrator and criminal conduct to law enforcement for a joint investigation.[28] When a CYA finds substantial evidence of child abuse, the report is classified as "indicated." A report alternatively will be classified as "founded" in certain circumstances, such as when a court rules there was child abuse. A report that is neither indicated nor founded is classified as "unfounded."[29]

Obligation to Cooperate

Physicians and other certified health professionals, regardless of whether they made a child abuse report, are required to share information about a child, whose medical health is negatively affected, with a county CYA that is conducting a child abuse investigation, is assessing the child for general protective services, or has accepted the child's family for services, including:[30]

- Relevant medical information regarding the child's prior and current health
- Information from a subsequent examination
- Information regarding treatment of the child
- Relevant medical information about another child in the household that may contribute to the assessment, investigation, or provision of services to the child or other children in the household

The law further provides that parental consent is not required for the physician to provide this information.[31]

Right-to-know

The changes to the CPSL added new rights-to-know for mandated reporters and medical practitioners:

Mandated reporter – A mandated reporter who makes a report of suspected child abuse now has the right to receive information about the final status of the report – that is whether the report is indicated, founded, or unfounded – and about services that the county CYA provides or arranges to protect the child. Upon request, DHS must provide this information to the mandated reporter within three business days of the department's receipt of the results of the investigation.[32]

Certified medical practitioners – A child's primary care physician, as well as other certified medical practitioners who are providing medical care to the child, also now have the right to receive information to ensure the proper medical care of the child, regardless of whether they made a report of suspected child abuse. Upon request, the county CYA must provide:[33]

- The final status of any assessment of general protective services or investigation of child abuse, if the report of child abuse is indicated or founded
- Information on an unfounded report of child abuse if the certified medical practitioner made the report as a mandated reporter
- If accepted for services, any service provided, arranged for or to be provided by the county CYA
- The identity of other certified medical practitioners providing medical care to the child to allow for sharing of medical records and coordination of care between medical practitioners

In circumstances where the medical health of a child is negatively affected, the county CYA now must affirmatively communicate, regardless of a request, the first three categories of information to the certified medical practitioner who is the child's primary care provider, if known.[34]

Patient Confidentiality

Physicians and other mandated reporters cannot justify failing to make a mandated child abuse report based upon patient confidentiality requirements. The CPSL provides that the child abuse reporting obligation overrides state privileges that protect the confidentiality of privileged communications, with limited exceptions not applicable to physicians and other health care professionals (confidential

communications to the clergy and attorneys).[35] The HIPAA privacy rule also provides an exception to the patient authorization requirement for mandated child abuse reports.[36] The confidentiality requirements in the physician licensing regulations likewise permit compliance with mandatory reporting requirements.[37] For more information on the HIPAA rules, go to www.pamedsoc.org/HIPAA.

In addition, several laws and regulations governing confidentiality of super-protected information permit compliance with child abuse reporting requirements, as follows:

- **Mental health** – The regulations implementing the Mental Health Procedures Act (MHPA) confidentiality requirement provide that the CPSL reporting requirements prevail whenever there is a conflict between the two laws.[38]
- **Drug and alcohol treatment** – The regulations governing the confidentiality requirement applicable to federally-assisted drug and alcohol treatment programs allow disclosure to make mandated child abuse and neglect reports.[39] However, patient authorization or a court order still is required to provide access to the original alcohol- or drug-abuse patient records maintained by the program, including their disclosure and use for civil or criminal proceedings that may arise out of the report of suspected child abuse and neglect.

Protections for Reporting

Physicians and others who make a child abuse report – including voluntary reporters – are accorded several protections under the law:

- **Protection of identity** – DHS and the county are prohibited from identifying a person who made a child abuse report or who cooperated in a subsequent investigation, except to law enforcement and the district attorney's office. Law enforcement officials are required to treat all reporting sources as confidential informants. The requirement to protect the identity of a person who reports or cooperates also applies to an institution, school, facility or agency when their staff notify them of a report or cooperate with the investigation.[40]
- **Liability protection** – The CPSL provides that any person who, in good faith, makes a child abuse report, cooperates with a child abuse investigation, testifies in a proceeding arising out alleged child abuse, or takes other actions authorized under the law, such as photographs, X-rays, and medical tests to document suspected child abuse, is immune from criminal and civil liability under state law. It further provides that mandated reporters are presumed to be acting in good faith.[41] The physician licensing regulations extend this immunity to disciplinary action.[42]
- **Protection from retaliation** – Physicians and other mandated reporters are protected from retaliatory employment actions.[43] They may obtain damages and other appropriate relief in a lawsuit if they are fired or are discriminated against with respect to compensation, hire, tenure, terms, conditions, or privileges of employment as a result of making a mandated child abuse report, as long as the report was made in good faith. This protection also now extends to voluntary reporters. In light of the protection against retaliatory employment action, physician practices should be careful not to discriminate against office staff who make a child abuse report.

Penalties for Failing to Report

Physicians and other mandated reporters who willfully fail to make a required report of suspected child abuse face severe criminal penalties, including fines and incarceration:[44]

Violation	Potential Penalty[45]
Initial offense No aggravating factors	Up to $5,000 fine and two years imprisonment
Failure continues while knowing or having reasonable cause to believe child is actively being subjected to child abuse, but abuse does not rise to first-degree felony or higher	Up to $15,000 fine and seven years imprisonment
Have direct knowledge of the suspected child abuse and abuse constitutes a first-degree felony or higher	Up to $25,000 fine and ten years imprisonment
Second and subsequent offenses	Up to $15,000 fine and seven years imprisonment

Act 88 of 2019 updated the CPSL to clarify and increase penalties for failure to report child abuse. Mandated reporters who willfully fail to report child abuse are now subject to felony offenses in the second or third degree. The degree of the offense is dependent upon the severity of the unreported child abuse as well as history of previous failure to report offenses.

Training Requirements

Physicians have new child abuse training requirements.[46] Effective Jan. 1, 2015, professional licensing boards must require child abuse recognition and reporting training as a condition of licensure for mandated reporters. Physicians applying for a new license are required to complete three hours of training through a state-approved course. Physicians applying for a renewal license are required to complete two hours of training through a state-approved course, per licensure cycle. The two hours of required training is counted toward the 100 hours of the total continuing education required for biennial license renewal.

PAMED offers state-approved training for Pennsylvania physicians at www.pamedsoc.org/cme.

Additional Resources

Department of Human Services, Keep Kids Safe PA website
American Academy of Pediatrics, Evaluation of Suspected Child Physical Abuse, Pediatrics, June 2007
U.S. Health and Human Services, National Center on Substance Abuse and Child Welfare Pennsylvania Academy of Pediatrics, Suspected Child Abuse and Neglect (SCAN) Training

[1] 23 Pa.C.S. § 6301 *et seq*.
[2] 55 Pa. Code §§ 3490.1 *et seq; See also* Testimony of Beverly Mackereth, Acting Secretary of Department of Public Welfare, *Overview of Pennsylvania's Child Welfare System*, Joint Hearing of the Senate Aging and Youth and the Senate Public Health and Welfare Committees (April 9, 2013). Retrieved Dec, 16, 2014 from www.dpw.state.pa.us/cs/groups/webcontent/documents/presentation/p_033429.pdf.
[3] 23 Pa.C.S. § 6303(b.1); See also related definitions at § 6303(a).
[4] Added after the passage of Act 115 of 2016 on October 28, 2016.
[5] 23 Pa.C.S § 6303(a).

[6] *Id.* at 6311(a).
[7] *Id.* at 6311(b)(1).
[8] *Id.* at 6311(b)(3).
[9] *Id.* at 6312.
[10] Pennsylvania Child Resource Center, *Recognizing and Reporting Child Abuse, Mandated and Permissive Reporting in Pennsylvania.* Retrieved Dec. 16, 2104 from www.reportabusepa.pitt.edu.
[11] American Academy of Pediatrics, *Just a Cheat Sheet for the Initial Evaluation of Suspected Child Physical Abuse.* (Bright yellow laminated copies of this cheat sheet are available at no cost through the SCAN program, www.pascan.org.)
[12] 23 Pa.C.S. § 6313(a)(1).
[13] *Id.* at 6305.
[14] *Id.* at 6313(a)(2).
[15] *Id.* at 6311(b).
[16] *Id.* at 6311(c).
[17] *Id.*
[18] *Id.* at 6313(b).
[19] *Id.* at 6311(c).
[20] *Id.* at 6317.
[21] 18 Pa.C.S. § 5106.
[22] *Id.* at 2702.
[23] *Id.* at 2301.
[24] 23 Pa.C.S. § 6314.
[25] *Id.* at 6334(b).
[26] *Id.* at 6368
[27] *Id.* at 6368(j).
[28] *Id.* §§ 6334(c); 6365(c).
[29] *Id.* at 6303.
[30] *Id.* at 6340.1(a).
[31] *Id.* at 6340.1(b).
[32] *Id.* at 6368(h).
[30] *Id.* at 6340.1(c).
[34] *Id.* at 6340.1(d).
[35] *Id.* at 6311.1.
[36] 45 C.F.R. § 164.512(b)(1)(ii).
[37] 49 Pa. Code §§ 16.61(a)(1), 16.106 (medical doctors), 25.213(c)(4), 25.415 (osteopathic physicians).
[38] 55 Pa. Code §5100.38.
[39] 42 C.F.R. § 2.12(c)(6).
[40] 23 Pa.C.S. § 6340(c).
[41] *Id.* at 6318.
[42] 49 Pa. Code §§ 16.105 (medical doctors), 25.414 (osteopathic physicians).
[43] 23 Pa.C.S. § 6320.
[44] 23 Pa.C.S. § 6319.
[45] 18 Pa.C.S. §§ 1101 (fines), 1103 (imprisonment for felonies), 1104 (imprisonment for misdemeanors).
[46] *Id.* at 6383.