



**HOUSE HEALTH COMMITTEE**

**VOTING MEETING**

Wednesday, April 9th, 2025

9:45am

60 East Wing

Harrisburg, PA

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**1. Call to Order**

**2. Attendance**

**HB69 PN57 – (Cutler)** An Act amending the act of May 13, 2008 (P.L.139, No.14), known as the Cancer Drug Repository Program Act, further providing for title and short title of act, for definitions, for establishment, for restocking and dispensing of cancer drugs, for storage, distribution and fees and for immunity; providing for annual report and for list of approved participating pharmacies; further providing for regulations; and imposing duties on the State Board of Pharmacy.

**Amendment A00299 – (Frankel)** Limits temporary regulations to three years and clarifies liability protections.

**HB65 PN28 – (Howard)** An Act amending Title 23 (Domestic Relations) of the Pennsylvania Consolidated Statutes, in support of the indigent, further providing for relatives' liability and procedure; and making an editorial change.

**HB79 PN30 – (Venkat)** An Act establishing the Medical Debt Relief Program; establishing requirements for hospital-based financial assistance; and imposing duties on the Department of Health.

**Amendment A00328 – (Frankel)** removes the medical debt relief program and establishes transparency and clarity around conditions for hospital charity care programs.

**HB1104 PN1225 – (Krueger)** An Act amending Title 42 (Judiciary and Judicial Procedure) of the Pennsylvania Consolidated Statutes, in rules of evidence, further providing for subpoena of records.

**HR46 PN411 – (Markosek)** A Resolution recognizing the week of May 9 through 15, 2025, as "National Stuttering Awareness Week" in Pennsylvania.

**HR49 PN430 – (Diamond)** A Resolution designating October 13, 2025, as "Metastatic Breast Cancer Awareness Day" in Pennsylvania.

**HR70 PN560 – (Jones, T.)** A Resolution designating June 23, 2025, as "Widows' and Widowers' Day" in Pennsylvania.

**HR74 PN576 – (Diamond)** A Resolution recognizing the month of November 2025 as "National Epilepsy Awareness Month" in Pennsylvania

**HR101 PN855 – (Rapp)** A Resolution recognizing the week of May 11 through 17, 2025, as "National Hospital Week" in Pennsylvania.

**HR116 PN954 – (Ortitay)** A Resolution designating May 14, 2025, as "Apraxia Awareness Day" in Pennsylvania.

**HR137 PN1067 – (Malagari)** A Resolution recognizing May 17, 2025, as "World Neurofibromatosis Awareness Day" in Pennsylvania.

**HR144 PN1124 – (Venkat)** A Resolution recognizing April 14 through 20, 2025, as "National Osteopathic Medicine Week" in Pennsylvania.

**HR155 PN1184 – (Malagari)** A Resolution recognizing the week of April 20 through 26, 2025, as "National Infertility Awareness Week" in Pennsylvania

**HR156 PN1185 – (Hanbidge)** A Resolution designating the month of May 2025 as "Melanoma Awareness Month" in Pennsylvania.

**HR158 PN1187 – (Hanbidge)** A Resolution designating the month of May 2025 as "Preeclampsia Awareness Month" in Pennsylvania.

**HR159 PN1215 – (Cutler)** A Resolution designating the month of May 2025 as "Amyotrophic Lateral Sclerosis Awareness Month" in Pennsylvania.

**HR163 PN1219 – (Hanbidge)** A Resolution recognizing June 14, 2025, as "World Blood Donor Day" in Pennsylvania.

**HR164 PN1220 – (Gaydos)** A Resolution recognizing the month of April 2025 as "Parkinson's Disease Awareness Month" in Pennsylvania.

**HR168 PN1229 – (Labs)** A Resolution recognizing the month of April 2025 as "World HIE Awareness Month" in Pennsylvania.

**HR174 PN1246 – (Struzzi)** A Resolution recognizing the month of July 2025 as "Juvenile Arthritis Awareness Month" in Pennsylvania.

**HR182 PN1280 – (Malagari)** A Resolution recognizing the month of June 2025 as "Scleroderma Awareness Month" and June 29, 2025, as "World Scleroderma Day" in Pennsylvania.

**HR67 PN545 – (Cepeda-Freytiz)** A Resolution recognizing the month of May 2025 as "Mental Health Awareness Month" in Pennsylvania.

**HR151 PN1181 – (Parker)** A Resolution recognizing the month of May 2025 as "Menstrual Health Awareness Month" in Pennsylvania.

3. Any other business that may come before the committee.

4. Adjournment

# HOUSE OF REPRESENTATIVES

## DEMOCRATIC COMMITTEE BILL ANALYSIS

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<b>Bill No:</b>	HB0069 PN0057	<b>Prepared By:</b>	Dylan Lindberg
<b>Committee:</b>	Health		(717) 705-1875,6240
<b>Sponsor:</b>	Cutler, Bryan	<b>Executive Director:</b>	Erika Fricke
<b>Date:</b>	3/14/2025		

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### A. Brief Concept

Establishes the Prescription Drug Repository Program.

### C. Analysis of the Bill

House Bill 69 amends Act 14 of 2008 to replace the Pennsylvania Cancer Drug Repository Program with the Pennsylvania Prescription Drug Repository Program.

#### State Board of Pharmacy Duties

##### *Program*

The Pennsylvania Prescription Drug Repository Program would allow unused prescription drugs to be returned to participating pharmacies and then redispensed to residents who meet income criteria. Prescriptions under this program cannot be resold to the consumers, but the pharmacies can charge a handling fee in an amount determined by the board. Income eligibility to receive redispensed prescriptions is determined by DHS in consultation with the board.

The board determines which prescriptions the program will accept and not accept, informed consent procedures, provisions for recalls, and procedures to minimize theft and diversion.

Individuals, health care facilities, hospitals, health clinics, drug manufacturers, and drug wholesalers are allowed to donate unused prescriptions through the program. It is voluntary and pharmacies must be approved by the board to participate. Medication dispensed under Medical Assistance is also eligible for donation.

A pharmacy may redispense a prescription if:

- the prescription is unused;
- it is in the original, unopened packaging;
- the expiration date is no sooner than 6 months or longer;
- the prescription is not adulterated or misbranded;
- the prescription is not a controlled substance.

The board must list on its website each approved participating pharmacy, including its address and phone number, and update it within 30 days of any changes.

Both the person or entity donating the medication and the pharmacist receiving it are required to record the quantity, name, and strength of the drug.

##### *Report*

The board is required to annually report the following:

- the name and address of each participating pharmacy by county;
- number of pharmacies participating in the program by county;
- number of pharmacies that have withdrawn from the program;
- number of pharmacies that the board has refused to approve, revoked, or has suspended participation;

- recommendations for improvements or changes to the law.

The report is issued to the chairs of the Senate Health and Human Services Committee, House Health Committee, Senate Consumer Protection and Professional Licensure Committee, and the House Professional Licensure Committee.

The prescription drugs may be distributed to another participating physician's office, pharmacy, hospital, or health clinic for dispensing by a pharmacist.

### *Regulations*

The board must promulgate temporary regulations within 8 months of enactment, which will expire two years after adoption. Permanent regulations must be promulgated before the expiration of temporary regs.

Regulations governing the Cancer Drug Repository Program continue until temporary regulations are promulgated.

### Pharmacy Duties

To participate in the program, a pharmacy must:

- be approved by the board;
- comply with all federal and state laws regarding storage, distribution, and dispensing;
- inspect all prescription drugs prior to dispensing to determine if they are adulterated or misbranded;
- Dispense only pursuant to a prescription by a prescribing practitioner.

### Immunity

A participant in this program who exercises in good faith is immune from civil or criminal liability and professional disciplinary action.

### **Effective Date:**

60 days.

## **G. Relevant Existing Laws**

Act 14 of 2008 established the Cancer Drug Repository Program, which allows a pharmacy, health care facility, drug manufacturer or wholesale drug distributor to donate unused drugs to pharmacies who can redispense them.

House Bill 69 is largely consistent with Act 14 but with a couple of key changes. First, it expands the program to include all types of prescription drugs instead of cancer-specific (excluding controlled substances). Second, it allows individuals to donate their unused drugs, whereas Act 14 limits donations to those in a closed drug delivery system. Lastly, it adds reporting requirements of the program by the board.

The Controlled Substances Act limits who can handle or transfer controlled substances and for what purposes.

Title 49, Chapter 27 of Pa Code provides for the storage, distribution and dispensing of drugs.

Drug Supply Chain Security Act (DSCSA) requires electronic tracing of drugs throughout the supply chain.

## **E. Prior Session (Previous Bill Numbers & House/Senate Votes)**

HB2363 Passed the House Health Committee unanimously.

This document is a summary of proposed legislation and is prepared only as general information for use by the Democratic Members and Staff of the Pennsylvania House of Representatives. The document does not represent the legislative intent of the Pennsylvania House of Representatives and may not be utilized as such.

THE GENERAL ASSEMBLY OF PENNSYLVANIA

HOUSE BILL

No. 69 Session of 2025

INTRODUCED BY CUTLER, VENKAT, JAMES, NEILSON, RAPP, KAUFFMAN,  
CIRESI, MENTZER, GUENST, KUZMA AND PICKETT, JANUARY 14, 2025

REFERRED TO COMMITTEE ON HEALTH, JANUARY 14, 2025

AN ACT

1 Amending the act of May 13, 2008 (P.L.139, No.14), entitled "An  
2 act establishing the Cancer Drug Repository Program for  
3 accepting donated cancer drugs and dispensing cancer drugs;  
4 and providing for the powers and duties of the State Board of  
5 Pharmacy," further providing for title and short title of  
6 act, for definitions, for establishment, for restocking and  
7 dispensing of cancer drugs, for storage, distribution and  
8 fees and for immunity; providing for annual report and for  
9 list of approved participating pharmacies; further providing  
10 for regulations; and imposing duties on the State Board of  
11 Pharmacy.

12 The General Assembly of the Commonwealth of Pennsylvania  
13 hereby enacts as follows:

14 Section 1. The title and sections 1, 2, 3, 4, 5(a) and (b)  
15 and 6 of the act of May 14, 2008 (P.L.139, No.14), known as the  
16 Cancer Drug Repository Program Act, are amended to read:

AN ACT

18 Establishing the [Cancer] Prescription Drug Repository Program  
19 for accepting donated [cancer] prescription drugs and  
20 dispensing [cancer] prescription drugs; and providing for the  
21 powers and duties of the State Board of Pharmacy.

22 Section 1. Short title.

1 This act shall be known and may be cited as the [Cancer]  
2 Prescription Drug Repository Program Act.

3 Section 2. Definitions.

4 The following words and phrases when used in this act shall  
5 have the meanings given to them in this section unless the  
6 context clearly indicates otherwise:

7 "Adulterated." As specified under section 7 of the act of  
8 April 14, 1972 (P.L.233, No.64), known as The Controlled  
9 Substance, Drug, Device and Cosmetic Act.

10 "Approved participating pharmacy." A pharmacy approved by  
11 the State Board of Pharmacy for the purpose of dispensing unused  
12 [cancer] prescription drugs to participating entities and to  
13 patients who are indigent.

14 "Board." The State Board of Pharmacy of the Commonwealth.

15 "Cancer drug." A prescription drug used to treat any of the  
16 following:

17 (1) Cancer or its side effects.

18 (2) The side effects of a prescription drug used to  
19 treat cancer or its side effects.

20 ["Closed drug delivery system." A system in which the actual  
21 control of a unit dose medication is maintained by a health care  
22 facility, health clinic, hospital, pharmacy or physician's  
23 office rather than an individual patient.]

24 "Controlled substance." As defined in section 2 of The  
25 Controlled Substance, Drug, Device and Cosmetic Act.

26 "Health care facility." [A for-profit or nonprofit entity  
27 providing clinically related health services, including those  
28 operated by the Commonwealth or its political subdivisions and  
29 including a general or special hospital, including psychiatric  
30 hospitals, rehabilitation hospitals, ambulatory surgical

1 facilities, long-term care nursing facilities, a hospice, a  
2 cancer treatment center using radiation therapy on an ambulatory  
3 basis and an inpatient drug and alcohol treatment facility.] As  
4 defined in section 802.1 of the act of July 19, 1979 (P.L.130,  
5 No.48), known as the Health Care Facilities Act.

6 "Health clinic." A for-profit or nonprofit clinic providing  
7 health services.

8 "Hospital." An entity licensed as a hospital under the [act  
9 of July 19, 1979 (P.L.130, No.48), known as the] Health Care  
10 Facilities Act.

11 "Manufacturer." As defined in section 2 of The Controlled  
12 Substance, Drug, Device and Cosmetic Act.

13 "Misbranded." As specified under section 8 of The Controlled  
14 Substance, Drug, Device and Cosmetic Act.

15 "Pharmacist." A pharmacist licensed by the Commonwealth.

16 "Pharmacy." A pharmacy licensed by the Commonwealth.

17 "Physician's office." The office of a person licensed to  
18 practice medicine and surgery or osteopathic medicine and  
19 surgery.

20 "Prescribing practitioner." A health care practitioner  
21 licensed under the laws of this Commonwealth who is authorized  
22 to prescribe [cancer] prescription drugs.

23 "Prescription drug." A drug requiring a prescription in this  
24 Commonwealth. The term includes cancer drugs. The term does not  
25 include a controlled substance.

26 "Program." The [Cancer] Prescription Drug Repository Program  
27 established in section 3.

28 ["Unit dose system." A system wherein all individually  
29 sealed unit doses are physically connected as a unit.]

30 "Wholesale distributor of prescription drugs." As defined in



1 section 3 of the act of December 14, 1992 (P.L.1116, No.145),  
2 known as the Wholesale Prescription Drug Distributors License  
3 Act.

4 Section 3. Establishment.

5 The board shall establish a [Cancer] Prescription Drug  
6 Repository Program consistent with public health and safety  
7 standards through which unused [cancer] prescription drugs may  
8 be redispensed to [cancer] patients by pharmacies approved by  
9 the board for the purpose of dispensing unused [cancer]  
10 prescription drugs to residents who are indigent. The board  
11 shall develop and promulgate rules and regulations to establish  
12 procedures necessary to implement the program. Participation in  
13 the program shall be voluntary.

14 Section 4. Restocking and dispensing of [cancer] prescription  
15 drugs.

16 An [entity that is part of a closed drug delivery system]  
17 individual, health care facility, hospital, health clinic,  
18 manufacturer or wholesale distributor of prescription drugs may  
19 return or donate to an approved participating pharmacy an unused  
20 [cancer] prescription drug under the following conditions:

21 (1) [If the cancer] The prescription drug is in its  
22 original unopened, sealed and tamper-evident [unit dose]  
23 packaging. A [cancer] prescription drug packaged in single-  
24 unit doses may be accepted and dispensed if the outside  
25 packaging is opened but the single-unit-dose packaging is  
26 unopened.

27 (2) The [cancer] prescription drug may not be accepted  
28 or dispensed by the approved participating pharmacy if the  
29 [cancer] prescription drug bears an expiration date that is  
30 earlier than six months after the date the [cancer]

1 prescription drug was restocked or the [cancer] prescription  
2 drug is adulterated or misbranded.

3 [(3) Except as provided in this subsection, an unused  
4 cancer drug dispensed under a State medical assistance  
5 program may be accepted and dispensed by the approved  
6 participating pharmacy.]

7 [(4) In the case of controlled substances, as it is  
8 allowed by Federal law.]

9 (5) Subject to this act and except as otherwise  
10 prohibited by Federal or State law, an unused prescription  
11 drug dispensed under a State medical assistance program may  
12 be accepted and dispensed by an approved participating  
13 pharmacy.

14 Section 5. Storage, distribution and fees.

15 (a) General rule.--An approved participating pharmacy that  
16 accepts donated [cancer] prescription drugs under the [Cancer]  
17 Prescription Drug Repository Program shall comply with all  
18 applicable provisions of Federal and State law [relating to],  
19 including the storage, distribution and dispensing of [cancer]  
20 prescription drugs and shall inspect all [cancer] prescription  
21 drugs prior to dispensing to determine if they are adulterated  
22 or misbranded. The [cancer] prescription drugs shall only be  
23 dispensed by a pharmacist according to State law pursuant to a  
24 prescription issued by a prescribing practitioner. The [cancer]  
25 prescription drugs may be distributed to another participating  
26 physician's office, pharmacy, hospital or health clinic for  
27 dispensing by a pharmacist as allowed by Federal or State law.

28 (b) Handling fee.--An approved participating pharmacy may  
29 charge a handling fee for distributing or dispensing [cancer]  
30 prescription drugs under the program. The fee shall be

1 established in regulations promulgated by the board. [Cancer]  
2 Prescription drugs donated under the program shall not be  
3 resold.

4 \* \* \*

5 Section 6. Immunity.

6 Any person or entity, acting in good faith, who exercises  
7 reasonable care in donating, accepting, distributing, dispensing  
8 or manufacturing [cancer] prescription drugs donated and  
9 utilized under the program shall be immune from civil or  
10 criminal liability or professional disciplinary action for any  
11 injury, death or loss to a person or property relating to  
12 activities under the program. Immunity granted under this  
13 section is solely applicable to the donation, acceptance,  
14 distribution, dispensing or manufacture of the actual  
15 medications donated to the program and is explicitly not a  
16 general waiver of liability.

17 Section 2. The act is amended by adding sections to read:

18 Section 6.1. Annual report.

19 (a) Report.--The board shall report annually by December 31  
20 of each year on the progress in implementing and administering  
21 this act and submit the report to all of the following:

22 (1) The chairperson and minority chairperson of the  
23 Health and Human Services Committee of the Senate.

24 (2) The chairperson and minority chairperson of the  
25 Health Committee of the House of Representatives.

26 (3) The chairperson and minority chairperson of the  
27 Consumer Protection and Professional Licensure Committee of  
28 the Senate.

29 (4) The chairperson and minority chairperson of the  
30 Professional Licensure Committee of the House of

1 Representatives.

2 (b) Contents.--A report under subsection (a) shall include  
3 all of the following information:

4 (1) The name and address of each approved participating  
5 pharmacy in the program.

6 (2) The number of approved participating pharmacies in  
7 the program by county.

8 (3) The number of approved participating pharmacies that  
9 have withdrawn from the program.

10 (4) The number of pharmacies that the board has refused  
11 to approve, has revoked or has suspended from participating  
12 in the program.

13 (5) Recommendations to the General Assembly for  
14 improvements or changes to the program as the board deems  
15 necessary.

16 Section 6.2. List of approved participating pharmacies.

17 The board shall post on the board's publicly accessible  
18 Internet website a list of each approved participating pharmacy,  
19 including the address and telephone number of each approved  
20 participating pharmacy. The board shall update the list under  
21 this section within 30 days of a change in the list and note the  
22 change from the previous list on the board's publicly accessible  
23 Internet website.

24 Section 3. Section 7 of the act is amended to read:

25 Section 7. Regulations.

26 [The board shall promulgate regulations to carry out the  
27 purposes of this act within 90 days of the effective date of  
28 this section. The regulations shall include:]

29 (a) Authority.--In order to facilitate the prompt  
30 implementation of this act, the board shall promulgate temporary

1 regulations that shall expire no later than two years following  
2 the publication of the temporary regulations. The board may  
3 promulgate temporary regulations not subject to:

4 (1) Section 612 of the act of April 9, 1929 (P.L.177,  
5 No.175), known as The Administrative Code of 1929.

6 (2) Sections 201, 202, 203, 204 and 205 of the act of  
7 July 31, 1968 (P.L.769, No.240), referred to as the  
8 Commonwealth Documents Law.

9 (3) Sections 204(b) and 301(10) of the act of October  
10 15, 1980 (P.L.950, No.164), known as the Commonwealth  
11 Attorneys Act.

12 (4) The act of June 25, 1982 (P.L.633, No.181), known as  
13 the Regulatory Review Act.

14 (b) Expiration.--The board's authority to adopt temporary  
15 regulations under subsection (a) shall expire two years after  
16 the effective date of this subsection. Regulations adopted after  
17 this period shall be promulgated as provided by law before the  
18 expiration of the temporary regulations under subsection (a).

19 (c) Contents.--The regulations shall include:

20 (1) Income eligibility criteria and other standards and  
21 procedures for individuals participating in the program,  
22 determined by the Department of [Public Welfare] Human  
23 Services in conjunction with the board.

24 (2) Eligibility criteria and other standards and  
25 procedures for entities participating in the program that  
26 restock and distribute or dispense donated [cancer]  
27 prescription drugs.

28 (3) Necessary forms for administration of the program,  
29 including forms for use by entities permitted to accept,  
30 distribute or dispense cancer drugs under the program.

1           (4) The maximum handling fee that may be charged by  
2 entities permitted to restock and distribute or dispense  
3 donated [cancer] prescription drugs.

4           (5) Categories of [cancer] prescription drugs that the  
5 program will accept for dispensing and categories of [cancer]  
6 prescription drugs that the program will not accept for  
7 dispensing and the reason that the [cancer] prescription  
8 drugs will not be accepted.

9           (6) Informed consent provision for patients  
10 participating in the program indicating that the [cancer]  
11 prescription drug has been restocked and redistributed.

12           (7) Provisions for recalls of the drug if necessary.

13           (8) Procedures for entities participating in the program  
14 to minimize theft and diversion.

15       Section 4. 49 Pa. Code §§ 27.501-27.506 shall remain in full  
16 force and effect until the publication of the temporary  
17 regulations under section 7(a) of this act.

18       Section 5. This act shall take effect in 60 days.

**LEGISLATIVE REFERENCE BUREAU**

AMENDMENTS TO HOUSE BILL NO. 69

Sponsor: *Frankel - 23*

Printer's No. 57

1 Amend Bill, page 6, line 12, by inserting a bracket before  
2 "Immunity"

3 Amend Bill, page 6, line 16, by inserting after "liability."

4 ] The immunity provided under this section shall not extend  
5 to the donation, acceptance, distribution, dispensing or  
6 manufacture of the prescription drugs donated to the program if  
7 any of the following apply:  
8 (1) Damages result from the gross negligence,  
9 recklessness or intentional misconduct of the donor.  
10 (2) The donor has, or should have, actual or  
11 constructive knowledge that the prescription drugs are  
12 tainted, contaminated or harmful to the health or well-being  
13 of patients participating in the program.

14 Amend Bill, page 8, line 1, by striking out "two" and  
15 inserting  
16 three

THE GENERAL ASSEMBLY OF PENNSYLVANIA

HOUSE BILL

No. 65 Session of 2025

INTRODUCED BY HOWARD, PROBST, VENKAT, PROKOPIAK, HILL-EVANS,  
GIRAL, PIELLI, HADDOCK, McNEILL, SANCHEZ, GUENST, HOHENSTEIN,  
OTTEN AND FRIEL, JANUARY 10, 2025

REFERRED TO COMMITTEE ON HEALTH, JANUARY 10, 2025

AN ACT

1 Amending Title 23 (Domestic Relations) of the Pennsylvania  
2 Consolidated Statutes, in support of the indigent, further  
3 providing for relatives' liability and procedure; and making  
4 an editorial change.

5 The General Assembly of the Commonwealth of Pennsylvania  
6 hereby enacts as follows:

7 Section 1. Sections 4602 and 4603(a) and (b) of Title 23 of  
8 the Pennsylvania Consolidated Statutes are amended to read:

9 § 4602. Definitions.

10 The following words and phrases when used in this chapter  
11 shall have the meanings given to them in this section unless the  
12 context clearly indicates otherwise:

13 "Court." A court of common pleas and the Philadelphia  
14 Municipal Court.

15 "Department." The Department of [Public Welfare] Human  
16 Services of the Commonwealth.

17 § 4603. Relatives' liability; procedure.

18 (a) Liability.--



1           (1) [~~Except as set forth in paragraph (2), all~~] All of  
2 the following individuals have the responsibility to care for  
3 and maintain or financially assist an indigent person,  
4 regardless of whether the indigent person is a public charge:

5           (i) The spouse of the indigent person.

6           (ii) A child of the indigent person.

7           (iii) A parent of the indigent person.

8           (2) Paragraph (1) [~~does not apply in any of~~] shall only  
9 apply in the following cases:

10           [~~(i) If an individual does not have sufficient~~  
11 ~~financial ability to support the indigent person.~~

12           ~~(ii) A child shall not be liable for the support of~~  
13 ~~a parent who abandoned the child and persisted in the~~  
14 ~~abandonment for a period of ten years during the child's~~  
15 ~~minority.]~~

16           (i.1) In the case of an indigent individual who has  
17 applied for or is receiving medical assistance for long-  
18 term services and supports, including nursing facility  
19 and home and community-based services, when an individual  
20 under paragraph (1) has received or transferred any of  
21 the following owned by an indigent individual or spouse  
22 of an indigent individual for less than fair market value  
23 within five years of the date the indigent individual  
24 applies for or receives long-term services and supports:

25           (A) An asset.

26           (B) A resource, as defined in 55 Pa. Code §  
27 178.2 (relating to definitions).

28           (C) Income.

29           (D) Real or personal property.

30           (i.2) In the case of an indigent individual who has

1       applied for or is receiving medical assistance for long-  
2       term services and supports, including nursing facility  
3       and home and community-based services, when an individual  
4       under paragraph (1) does not cooperate with the  
5       department, a nursing facility, a provider or other  
6       person in the medical assistance eligibility process for  
7       an indigent individual.

8       (3) Paragraph (1) does not apply to an individual who  
9       has received or transferred an asset, resource, income or  
10       real property or personal property under 42 U.S.C. § 1396p(c)  
11       (2)(C) (relating to liens, adjustments and recoveries, and  
12       transfers of assets) or 55 Pa. Code § 178.104(e)(3) (relating  
13       to disposition of assets and fair consideration provisions  
14       for transfers on or after July 30, 1994).

15       (b) Amount.--

16               (1) Except as set forth in paragraph (2), the amount of  
17       liability shall be set by the court in the judicial district  
18       in which the indigent person resides.

19               (2) For medical assistance for [the aged other than  
20       public nursing home care,] long-term services and supports,  
21       including nursing home facility and home and community-based  
22       services, as provided in section 401 of the act of June 13,  
23       1967 (P.L.31, No.21), known as the [Public Welfare] Human  
24       Services Code, the following apply:

25                       (i) Except as set forth in subparagraph (ii), the  
26       amount of liability shall, during any 12-month period, be  
27       the lesser of:

28                               (A) six times the excess of the liable  
29       individual's average monthly income over the amount  
30       required for the reasonable support of the liable

1 individual and other persons dependent upon the  
2 liable individual; or

3 (B) the cost of the medical assistance for [the  
4 aged.] long-term services and supports, including  
5 nursing home facility and home and community-based  
6 services.

7 (ii) The department may, by reasonable regulations,  
8 adjust the liability under subparagraph (i), including  
9 complete elimination of the liability, at a cost to the  
10 Commonwealth not exceeding those funds certified by the  
11 Secretary of the Budget as available for this purpose.

12 \* \* \*

13 Section 2. This act shall take effect immediately.

# HOUSE OF REPRESENTATIVES

## DEMOCRATIC COMMITTEE BILL ANALYSIS

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<b>Bill No:</b>	HB0079 PN0030	<b>Prepared By:</b>	Erika Fricke
<b>Committee:</b>	Health		(412) 422-1774
<b>Sponsor:</b>	Venkat, Arvind	<b>Executive Director:</b>	Erika Fricke
<b>Date:</b>	1/17/2025		

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### **A. Brief Concept**

Creates the "Medical Debt Relief Program" to relieve patients of medical debt by purchasing it from providers and debt collectors. Establishes uniformity in hospital financial assistance applications for charity care, but does not require standardized eligibility. Requires reporting on the debt relief program.

### **B. Committee Votes**

N/A

Last cycle passed committee 18-3

### **C. Analysis of the Bill**

The legislation tackles the crisis of medical debt by relieving patients of burdensome medical debt and making it easier to connect patients with existing charity care programs for which they are eligible.

#### Medical Debt Relief Program

House Bill 79 creates the Medical Debt Relief Program, requiring the Department of Health to enter into a contract with a third-party organization to purchase medical debt from commercial debt collectors and health care entities, including: hospitals, professional health care practices, ambulatory surgical facilities, birth centers, nursing homes, and Emergency Medical Services organizations.

The legislation defines "bad debt expense" as payment that is assessed to be uncollectable.

For debt collection agencies or health care entities interested in selling debt, the contractor must review the bad debts that the health care provider believes will never be paid, and identify debtors who meet specific criteria for debt relief. Eligible patients are those whose income is under 400 percent of the federal poverty level, or whose medical debt is a large portion of their income (five percent.)

The contractor can purchase the debt that has been identified as bad debt from the health care provider. The health care contractor, in selecting which debts to purchase, must attempt equitable distribution across geographic areas, but also based on identifying characteristics of race, religion, age, sex, national origin and disability.

The contractor cannot pursue the debtors for any of the debt purchased. The debt relief is not taxable at the state or federal levels.

Each year, the contractor must submit a report to the Governor, leaders of the House and Senate, and Chairs of the Senate Health and Human Services Committee and House Health Committee including the following information:

- the amount of debt purchased;
- the number of people who benefited from debt relief under the program;
- the identifying characteristics and location of the people receiving debt relief, including income as a percentage of federal poverty level

- the number of providers from who debt was purchased, and information about the providers; and
- the characteristics of the people who are conducting the purchasing of medical debt.

### Financial Assistance Uniformity and Transparency

The Department of Health must consult with key stakeholders to create a uniform application for patients applying for charity care. They must also create a template to summarize charity care programs. Hospitals will use the template to explore eligibility based on:

- percent of federal poverty and also the income levels based on family size;
- The limits on assets that people can have;
- Income eligibility for public health coverage options; and
- Information on how to apply for assistance and get help applying if needed.

The form will not only use standardized income guideline measures, but also be easily readable, and accessible to non-English speakers and the visually impaired. It should be posted on-line. Patients must receive the form on intake and discharge, and when receiving their hospital bills.

The Department of Human Services must investigate connecting the universal charity care form directly with public health care programs such as Medicaid and CHIP, to support patients' enrollment in health care and hospital receipt of funds.

Within six months of the effective date of the bill, Hospitals are required to use the same accounting mechanisms as the department of human services when calculating income for charity care programs, although no requirements related to who should be eligible for charity care are included.

Patients can use a variety of forms to prove eligibility for charity care, including paychecks, governmental forms, letters from employers or rent receipts, or self-attestation, though hospitals are not required to accept all methods of proof.

Hospitals can use participation in public programs like food assistance or WIC to provide automatic eligibility for charity care, but are not required to.

Patients who apply for charity care cannot be required to pay until the status of their application is decided.

### **Effective Date:**

Immediately.

## **D. Third Party Feedback**

### SUPPORT last cycle

PACEP (Pennsylvania College of Emergency Physicians)  
 Pennsylvania Osteopathic Medical Association  
 PA Chapter of the American Academy of Pediatrics  
 American College of Physicians - PA Chapter  
 Action Wellness  
 Advocates Against Hunger  
 Allegheny Valley Association of Churches  
 Ceiba  
 Center for Advocacy for the Rights and Interests of Elders (CARIE)  
 City/County Task Force on Disabilities  
 Committee to Protect Health Care  
 Community Check-Up Center  
 Community Legal Services of Philadelphia  
 Foundation for Health Equity  
 Health Federation of Philadelphia  
 Health, Education, and Legal Assistance Project: A Medical-Legal Partnership  
 Just Harvest

Juvenile Law Center  
KenCrest  
Maternity Care Coalition  
Metropolitan Area Neighborhood Nutrition Alliance  
Narberth Community Food Bank  
PA Breast Cancer Coalition  
PA Chapter, American Academy of Pediatrics  
Partnership for Better Health  
Pennsylvania Health Access Network  
Pennsylvania Health Law Project  
Pennsylvania Partnerships for Children  
Project HOME  
Rehabilitation & Community Providers Association (RCPA)  
Siloam Wellness  
The Arc of Centre County  
United Spinal Pittsburgh  
Women's Resource Center

#### OPPOSE

None received.

#### NEUTRAL

PHCA (Pennsylvania Health Care Association)

HAP

PA Provider Coalition

#### **E. Prior Session** (Previous Bill Numbers & House/Senate Votes).

HB78

#### **F. Key Points**

Currently, health care providers that have unpaid debt can either write them off as bad debt, or sell them to commercial debt collectors at a fraction of the cost of the debt. The commercial debt collectors will then pursue the debt.

Estimates are that one in three Americans has medical debt. That debt can impact someone's credit, and also limit their ability to seek or obtain health care. A study at Kaiser found that individuals with medical debt are less likely to pursue health care services, and that once debt is relieved they pursue health care again, for the first quarter following debt relief.

RIP Medical Debt discharges debt for patients, reviewing hospital and health system books to identify people who are likely unable to pay, and then notifies them their debt has been discharged.

According to RIP Medical Debt, approximately 60 percent of patients whose debt is relieved would be eligible for charity care at time of debt purchase.

#### **G. Relevant Existing Laws**

No existing laws provide for medical debt relief.

Medical debt collection in Pennsylvania must adhere to the same laws as those governing other debt collection including the federal Fair Debt Collections Practices Act and the Fair Credit Extension Uniformity Act.

#### **H. Messaging**

**protecting patients from medical debt**

Many hospitals are required to offer, or simply do offer, charity care programs to financially support patients who wouldn't be able to pay for their care. Many of the low-income patients who end up with medical debt might qualify for these programs up front, but don't know about them. This bill will help patients get the information they need to apply for charity care upfront.

This document is a summary of proposed legislation and is prepared only as general information for use by the Democratic Members and Staff of the Pennsylvania House of Representatives. The document does not represent the legislative intent of the Pennsylvania House of Representatives and may not be utilized as such.

THE GENERAL ASSEMBLY OF PENNSYLVANIA

HOUSE BILL

No. 79 Session of 2025

INTRODUCED BY VENKAT, DAVIDSON, KHAN, KOSIEROWSKI, KUZMA, RIGBY, TWARDZIK, GUENST, PROBST, ABNEY, D. MILLER, GIRAL, HANBIDGE, CIRESI, SANCHEZ, HOWARD, FIEDLER, HADDOCK, POWELL, BOROWSKI, HILL-EVANS, FREEMAN, KENYATTA, DONAHUE, FRANKEL, FLEMING, FRIEL, MALAGARI, SHUSTERMAN, PIELLI, PASHINSKI, CEPEDA-FREYTIZ, BOYD, SIEGEL, O'MARA AND OTTEN, JANUARY 10, 2025

REFERRED TO COMMITTEE ON HEALTH, JANUARY 10, 2025

AN ACT

1 Establishing the Medical Debt Relief Program; establishing  
2 requirements for hospital-based financial assistance; and  
3 imposing duties on the Department of Health.

4 The General Assembly of the Commonwealth of Pennsylvania  
5 hereby enacts as follows:

6 Section 1. Short title.

7 This act shall be known and may be cited as the Medical Debt  
8 Relief Act.

9 Section 2. Definitions.

10 The following words and phrases when used in this act shall  
11 have the meanings given to them in this section unless the  
12 context clearly indicates otherwise:

13 "Bad debt expense." The cost of care for which a health care  
14 provider expected payment from the patient or a third-party  
15 payor, but which the health care provider or commercial debt  
16 collection agency subsequently determines to be uncollectible.



1 "Department." The Department of Health of the Commonwealth.

2 "Eligible patient." An individual who meets all of the  
3 following requirements:

4 (1) Is a resident of this Commonwealth.

5 (2) Can demonstrate an inability to pay the cost of  
6 medical care even after the application of payments for  
7 third-party health coverage.

8 (3) Provides financial information and documentation  
9 showing that their income and assets make them eligible for  
10 hospital-based financial assistance under the policies of the  
11 hospital and of this act.

12 "Eligible resident." An individual eligible for relief who  
13 meets all of the following conditions:

14 (1) Is a resident of this Commonwealth.

15 (2) Has a household income at or below 400% of the  
16 Federal poverty guidelines or has medical debt equal to 5% or  
17 more of the individual's household income.

18 "Health care provider." Either of the following:

19 (1) A health care provider, as defined in section 1201  
20 of the act of May 17, 1921 (P.L.682, No.284), known as The  
21 Insurance Company Law of 1921.

22 (2) An emergency medical services agency, as defined in  
23 35 Pa.C.S. § 8103 (relating to definitions).

24 "Hospital-based financial assistance." Financial assistance  
25 provided by hospitals to patients that includes charity care or  
26 discounted care where the cost of care ordinarily charged by a  
27 hospital is provided free of charge or at a reduced rate or a  
28 hospital relieves an eligible patient's medical bill in part or  
29 in full based on eligibility criteria.

30 "Medical debt." An obligation to pay money arising from the

1 receipt of health care services.

2 "Medical debt relief." The discharge of a patient's medical  
3 debt.

4 "Medical debt relief coordinator." A person, company,  
5 partnership or other entity that is able to discharge medical  
6 debt of an eligible resident in a manner that does not result in  
7 a taxable event for the eligible resident.

8 "Primary language." A language that is the preferred  
9 language for communication during at least 5% of the annual  
10 patient visits by patients who do not have the proficiency in  
11 English necessary to speak, read and write about health care-  
12 related matters.

13 "Program." The Medical Debt Relief Program established under  
14 section 3.

15 "Public health coverage option." A program administered by  
16 the Department of Human Services, including Medical Assistance  
17 and the Children's Health Insurance Program, and by the  
18 Pennsylvania Health Insurance Exchange Authority.

19 Section 3. Medical Debt Relief Program.

20 (a) Establishment and purpose.--The Medical Debt Relief  
21 Program is established within the department for the purpose of  
22 discharging medical debt of eligible residents by contracting  
23 with a medical debt relief coordinator as described in  
24 subsection (c).

25 (b) Use of money.--Money appropriated to the department for  
26 the program shall be used exclusively for the program, including  
27 contracting with a medical debt relief coordinator and providing  
28 money to be used by the medical debt relief coordinator to  
29 discharge medical debt of eligible residents. Money used in  
30 contracting with a medical debt relief coordinator may also be

1 used for the payment of services provided by the medical debt  
2 relief coordinator to discharge medical debt of eligible  
3 residents based on a budget approved by the department.

4 (c) Contracts.--

5 (1) The department is authorized to and shall enter into  
6 a contract with a medical debt relief coordinator to purchase  
7 and discharge medical debt owed by an eligible resident with  
8 money allocated for the program.

9 (2) The department shall implement a competitive bidding  
10 process to determine which medical debt relief coordinator to  
11 use, unless the department determines that only a single  
12 medical debt relief coordinator has the capacity and  
13 willingness to carry out the duties specified in this act.

14 (3) In contracting with the department, a medical debt  
15 relief coordinator shall adhere to the following:

16 (i) The medical debt relief coordinator shall review  
17 the medical debt accounts of each commercial debt  
18 collection agency or health care provider willing to sell  
19 medical debt accounts in this Commonwealth.

20 (ii) The medical debt relief coordinator may elect  
21 to buy the dischargeable medical debt from the commercial  
22 debt collection agency or health care provider that  
23 identifies the accounts described in subparagraph (i) as  
24 a bad debt expense.

25 (iii) After the purchase and discharge of medical  
26 debt from a commercial debt collection agency or health  
27 care provider, the medical debt relief coordinator shall  
28 notify all eligible residents whose medical debt has been  
29 discharged under the program, in a manner approved by the  
30 department, that they no longer have specified medical

1 debt owed to the relevant health care provider or  
2 commercial debt collection agency.

3 (iv) A medical debt relief coordinator shall make a  
4 best effort to ensure parity and equity in the purchasing  
5 and discharging of medical debt to ensure that all  
6 eligible residents have an equal opportunity of receiving  
7 medical debt relief regardless of their geographical  
8 location or identities and characteristics as identified  
9 in section 2 of the act of October 27, 1955 (P.L.744,  
10 No.222), known as the Pennsylvania Human Relations Act.

11 (v) A medical debt relief coordinator shall report  
12 to the department the summary statistics regarding  
13 eligible residents whose medical debt has been  
14 discharged.

15 (vi) A medical debt relief coordinator may not  
16 attempt to seek payment from an eligible resident for  
17 medical debt purchased by the medical debt relief  
18 coordinator.

19 (4) A medical debt relief coordinator shall continue to  
20 fulfill its contractual obligations to the department until  
21 all money contracted to the medical debt relief coordinator  
22 is exhausted, regardless of whether money allocated to the  
23 program has been exhausted.

24 (d) Breach of contract.--If a medical debt relief  
25 coordinator attempts to seek payment from an eligible resident  
26 for medical debt purchased by the medical debt relief  
27 coordinator or fails to carry out the responsibilities described  
28 in its contract with the department, the medical debt relief  
29 coordinator shall be considered in breach of contract and the  
30 contract provisions that apply in the case of a breach of

1 contract shall apply.

2 Section 4. Reporting on program.

3 (a) Requirement.--Beginning one year after the effective  
4 date of this section and annually thereafter for as long as  
5 medical debt relief coordinators are fulfilling their  
6 contractual obligations under this act, the department shall  
7 submit an annual report regarding the program in accordance with  
8 this section.

9 (b) Contents.--Each report under this section shall contain  
10 the following information for the annual period covered by the  
11 report:

12 (1) The amount of medical debt purchased and discharged  
13 under the program.

14 (2) The number of eligible residents who received  
15 medical debt relief under the program.

16 (3) The characteristics of the eligible residents as  
17 described in section 3(c)(3)(iv).

18 (4) The number and characteristics of health care  
19 providers from whom medical debt was purchased and  
20 discharged.

21 (5) The number of eligible residents whose income was  
22 calculated at 100%, 150% or 200% of the Federal poverty  
23 level.

24 (6) The number of and characteristics of medical debt  
25 relief coordinators contracted with for the purposes of  
26 purchasing and discharging medical debt.

27 (c) Submittal.--Each report under this section shall be  
28 submitted to the following:

29 (1) The Governor.

30 (2) The President pro tempore of the Senate.

1 (3) The Speaker of the House of Representatives.

2 (4) The Majority Leader and Minority Leader of the  
3 Senate.

4 (5) The Majority Leader and Minority Leader of the House  
5 of Representatives.

6 (6) The chairperson and minority chairperson of the  
7 Health and Human Services Committee of the Senate.

8 (7) The chairperson and minority chairperson of the  
9 Health Committee of the House of Representatives.

10 Section 5. Hospital-based financial assistance forms and  
11 policies.

12 (a) Forms.--The department shall develop the following forms  
13 and make them available to hospitals and the general public:

14 (1) A uniform application for financial assistance that  
15 shall be used in every hospital in this Commonwealth to  
16 determine if an individual is an eligible patient.

17 (2) A uniform one-page template all hospitals shall use  
18 to summarize eligibility information for financial  
19 assistance. At a minimum, the summary shall include:

20 (i) Income eligibility guidelines for hospital-based  
21 financial assistance expressed as both a percent of the  
22 Federal Poverty Income Guidelines and a dollar amount  
23 based on common household sizes.

24 (ii) Information about the limits on amounts and  
25 type of assets.

26 (iii) Information on income eligibility guidelines  
27 for a public health coverage option expressed as both a  
28 percent of the Federal Poverty Income Guidelines and a  
29 dollar amount based on common household sizes and how to  
30 apply for those coverage options.

1           (iv) Contact information for how to apply for  
2           hospital-based financial assistance and how to get help  
3           applying for hospital-based financial assistance.

4           (3) A brief uniform statement of the availability of  
5           hospital-based financial assistance and of the application  
6           for hospital-based financial assistance to be stated  
7           prominently on hospital materials.

8           (b) Development of form.--The department shall include input  
9           from hospitals and the general public in developing the forms  
10          described in subsection (a)(1).

11          (c) Accessibility of forms.--Each form outlined in  
12          subsection (a) shall be:

13           (1) Written in plain language at a sixth grade reading  
14           level.

15           (2) Translated by the department into all primary  
16           languages identified by a hospital.

17           (3) Made accessible by the hospital to individuals with  
18           visual impairments upon request.

19           (4) Posted by hospitals online in a publicly accessible  
20           format. A full copy of the hospital's financial assistance  
21           policies shall also be published along with the summary in  
22           subsection (a)(2).

23          (d) Disclosure to patients.--

24           (1) A hospital shall provide the form discussed in  
25           subsection (a)(2) to all patients upon intake and discharge.  
26           Additionally, a hospital shall place the uniform statement  
27           provided for in subsection (a)(3) on all bills, billing  
28           statements, good faith estimates, admittance forms and  
29           discharge paperwork.

30           (2) A hospital shall provide a full copy of its

1 financial assistance policies upon request.

2 (3) A hospital shall provide assistance understanding  
3 and completing a financial assistance application upon  
4 request.

5 (e) Alignment with public health coverage options.--

6 (1) Hospitals shall use the income counting rules and  
7 household composition rules consistent with 42 CFR 435.603  
8 (relating to application of modified adjusted gross income  
9 (MAGI)) and shall adjust their policies according to rules  
10 within 180 days after the effective date of this paragraph.

11 (2) The Department of Human Services shall explore a  
12 process for connecting the uniform application for financial  
13 assistance with the department's electronic eligibility  
14 system in order to evaluate an applicant's eligibility for a  
15 public health coverage option.

16 (3) A patient seeking financial assistance may provide  
17 the following financial information and documentation in  
18 support of their application:

19 (i) paychecks or pay stubs;

20 (ii) unemployment documentation;

21 (iii) Social Security income;

22 (iv) rent receipts;

23 (v) a letter from the patient's employer attesting  
24 to the patient's gross income;

25 (vi) copies of recent tax returns; or

26 (vii) if none of the aforementioned information and  
27 documentation are available, a written self-attestation  
28 of the patient's income.

29 (4) Hospitals may provide hospital-based financial  
30 assistance to any patient who is already enrolled in the



1 Supplemental Nutrition Assistance Program (SNAP), Special  
2 Supplemental Nutrition Program for Women, Infants and  
3 Children (WIC) or Low-Income Home Energy Assistance Program  
4 (LIHEAP), based on presumptive eligibility through use of  
5 electronic verification data.

6 (5) Upon submission of a completed application form, the  
7 patient is not liable for any bills until the hospital has  
8 rendered a decision on the application.

9 Section 6. Tax applicability.

10 The amount of interest and principal balance of medical debt  
11 discharged under the program shall not be included in the  
12 classes of income identified in section 303 of the act of March  
13 4, 1971 (P.L.6, No.2), known as the Tax Reform Code of 1971.

14 Section 7. Effective date.

15 This act shall take effect immediately.

**LEGISLATIVE REFERENCE BUREAU**

AMENDMENTS TO HOUSE BILL NO. 79

Sponsor: *Frankel-23*

Printer's No. 30

1 Amend Bill, page 1, lines 1 through 3, by striking out all of  
2 said lines and inserting

3 Establishing requirements for hospital-based financial  
4 assistance; providing for hospital-based financial assistance  
5 forms, for information about hospital-based financial  
6 assistance programs and for reporting of hospital-based  
7 financial assistance policies; and imposing duties on the  
8 Department of Health.

9 Amend Bill, page 1, lines 7 and 8, by striking out "Medical  
10 Debt Relief" and inserting

11 Hospital-Based Financial Assistance

12 Amend Bill, page 1, lines 13 through 16, by striking out all  
13 of said lines

14 Amend Bill, page 2, lines 12 through 23, by striking out all  
15 of said lines and inserting

16 "Hospital." A nonprofit or private hospital in this  
17 Commonwealth.

18 Amend Bill, page 2, line 30; pages 3 through 9, lines 1  
19 through 30; page 10, lines 1 through 15; by striking out all of  
20 said lines on said pages and inserting

21 Section 3. Hospital-based financial assistance forms.

22 (a) Forms.--The department shall develop the following forms  
23 and make them available to hospitals and the general public:

24 (1) A uniform application for financial assistance that  
25 shall be used in every hospital in this Commonwealth to  
26 determine if an individual is an eligible patient.

27 (2) A uniform one-page template all hospitals shall use  
28 to summarize each hospital's eligibility information for  
29 hospital-based financial assistance.

1           (3) A brief uniform statement of the availability of  
2       hospital-based financial assistance and of the application  
3       for hospital-based financial assistance.

4       (b) Development of form.--The department shall include input  
5       from hospitals and the general public in developing the forms  
6       described in subsection (a)(1), (2) and (3).

7       (c) Time frame.--The department shall develop the forms  
8       within 180 days of the effective date of this subsection.

9       Section 4. Information about hospital-based financial  
10       assistance programs.

11       (a) Accessibility of forms.--Each form outlined in section  
12       3(a) shall be posted by hospitals online in a publicly  
13       accessible format. A full copy of the hospital's financial  
14       assistance policies shall also be published along with the  
15       summary in section 3(a)(2).

16       (b) Disclosure to patients.--A hospital shall provide the  
17       form discussed in section 3(a)(2) to all patients upon intake  
18       and discharge. Additionally, a hospital shall place the uniform  
19       statement provided for in section 3(a)(3) on all bills, billing  
20       statements, good faith estimates, admittance forms and discharge  
21       paperwork.

22       (c) Liability for bills.--Upon submission of a completed  
23       application for hospital-based financial assistance, the patient  
24       shall not be liable for any bills until the hospital has  
25       rendered a decision on the application.

26       Section 5. Reporting of hospital-based financial assistance  
27       policies.

28       All hospitals that have a hospital-based financial assistance  
29       policy shall provide a full copy of the hospital's financial  
30       assistance policies and the summary specified in section 3(a)(2)  
31       to the department for placement on the department's publicly  
32       accessible Internet website.

33       Section 6. Applicability.

34       This act shall apply to each hospital with a hospital-based  
35       financial assistance policy.

36       Section 7. Effective date.

37       This act shall take effect as follows:

38           (1) Sections 4 and 5 shall take effect in 270 days.

39           (2) The remainder of this act shall take effect  
40       immediately.

# HOUSE OF REPRESENTATIVES

## DEMOCRATIC COMMITTEE BILL ANALYSIS

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<b>Bill No:</b>	HB1104 PN1125	<b>Prepared By:</b>	Erika Fricke
<b>Committee:</b>	Health		(412) 422-1774
<b>Sponsor:</b>	Krueger, Leanne	<b>Executive Director:</b>	Erika Fricke
<b>Date:</b>	4/8/2025		

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### **A. Brief Concept**

Caps medical record fees

### **B. Committee Votes**

N/A

### **C. Analysis of the Bill**

HB1104 limits the total amount paid for medical records sent electronically to \$200 total.

#### **Effective Date:**

60 days

### **D. Third Party Feedback**

N/A

### **E. Prior Session** (Previous Bill Numbers & House/Senate Votes).

HB2198 passed the house last cycle on a vote of 137 to 65.

### **F. Key Points**

N/A

### **G. Relevant Existing Laws**

Title 42, Section 6152 makes it clear that facilities can be paid for medical records that are subpoenaed

Fees are set as follows:

\$20.62 for searching for and retrieving the records, \$1.39 per page for the first 20 pages, \$1.03 per page for pages 21 through 60 and 34¢ per page for pages 61 or more. This applies to both paper and electronic copies.

### **H. Messaging**

N/A

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THE GENERAL ASSEMBLY OF PENNSYLVANIA

HOUSE BILL

No. 1104 Session of  
2025

INTRODUCED BY KRUEGER, BRENNAN, HOWARD, GIRAL, PIELLI, HANBIDGE,  
KAZEEM, MAYES, HILL-EVANS, SANCHEZ, MADDEN, DONAHUE,  
KENYATTA, FREEMAN, CIRESI, CERRATO, MALAGARI, STEELE AND  
SCHLOSSBERG, APRIL 3, 2025

REFERRED TO COMMITTEE ON HEALTH, APRIL 3, 2025

AN ACT

1 Amending Title 42 (Judiciary and Judicial Procedure) of the  
2 Pennsylvania Consolidated Statutes, in rules of evidence,  
3 further providing for subpoena of records.

4 The General Assembly of the Commonwealth of Pennsylvania  
5 hereby enacts as follows:

6 Section 1. Section 6152(a)(2)(i) of Title 42 of the  
7 Pennsylvania Consolidated Statutes is amended to read:

8 § 6152. Subpoena of records.

9 (a) Election.--

10 \* \* \*

11 (2) (i) Except as provided in subparagraph (ii), the  
12 health care provider or facility or a designated agent  
13 shall be entitled to receive payment of the amounts under  
14 this subsection before producing the charts or records  
15 pursuant to a subpoena. The payment shall be \$20.62 for  
16 searching for and retrieving the records, \$1.39 per page  
17 for the first 20 pages, \$1.03 per page for pages 21

1 through 60 and 34¢ per page for pages 61 and thereafter  
2 for paper copies or reproductions on electronic media  
3 whether the records are stored on paper or in electronic  
4 format; \$2.04 per page for copies from microfilm; plus  
5 the actual cost of postage, shipping or delivery. No  
6 other charges for the retrieval, copying and shipping or  
7 delivery of medical records other than those set forth in  
8 this paragraph shall be permitted without prior approval  
9 of the party requesting the copying of the medical  
10 records. The amounts which may be charged shall be  
11 adjusted annually beginning on January 1, 2013, by the  
12 Secretary of Health of the Commonwealth based on the most  
13 recent changes in the consumer price index reported  
14 annually by the Bureau of Labor Statistics of the United  
15 States Department of Labor. If copies are requested in an  
16 electronic format, the total payment under this  
17 subparagraph may not exceed \$200.

18 \* \* \*

19 Section 2. This act shall take effect in 60 days.

# HOUSE OF REPRESENTATIVES

## DEMOCRATIC COMMITTEE BILL ANALYSIS

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<b>Bill No:</b>	HR0046 PN0411	<b>Prepared By:</b>	Elsa Woodarek (717) 705-1875
<b>Committee:</b>	Health	<b>Executive Director:</b>	Erika Fricke
<b>Sponsor:</b>	Markosek, Brandon		
<b>Date:</b>	3/10/2025		

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### A. Brief Concept

Recognizes the week of May 9th - 15th, 2025 as "National Stuttering Awareness Week."

### C. Analysis of the Bill

The National Stuttering Association celebrates "National Stuttering Awareness Week" annually the second week of May as a way to educate, empower, and build a sense of belonging for people who stutter, reaching thousands of people. Stuttering is a speech disorder in which sounds, syllables or words are repeated and may be accompanied by rapid blinking, lip tremors, speech blocks and interjections, making it difficult to communicate. Also referred to as stammering or disfluent speech, stuttering is a genetically influenced condition that can develop in duration or appear suddenly, with symptoms varying over time. The most common form of stuttering, developmental stuttering, occurs early during speech and language learning, but strokes or head or brain injuries may result in neurogenic stuttering. Approximately 1% of the adult population stutters, in every nation and language, equating to about 3 million Americans and 130,000 Pennsylvanians.

#### **Effective Date:**

N/A.

### G. Relevant Existing Laws

N/A.

### E. Prior Session (Previous Bill Numbers & House/Senate Votes)

#### 2023-24 Legislative Session

- [HR 366, PN 2998](#) (Markosek)
  - Recognizes the week of May 9th-15th, 2024 as "National Stuttering Awareness Week."
  - Adopted on 6/12/24 (200-1).

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THE GENERAL ASSEMBLY OF PENNSYLVANIA

# HOUSE RESOLUTION

No. 46

Session of  
2025

INTRODUCED BY MARKOSEK, FREEMAN, HARKINS, HILL-EVANS, GREINER,  
HOHENSTEIN, KENYATTA, PIELLI, KHAN, REICHARD, McNEILL,  
VENKAT, POWELL, GIRAL, MAYES, NEILSON, CERRATO, CEPEDA-  
FREYTIZ, SANCHEZ, D. MILLER, PARKER, SCHLOSSBERG, DALEY,  
HADDOCK, DONAHUE, STEELE, O'MARA AND DEASY, JANUARY 31, 2025

REFERRED TO COMMITTEE ON HEALTH, JANUARY 31, 2025

## A RESOLUTION

1 Recognizing the week of May 9 through 15, 2025, as "National  
2 Stuttering Awareness Week" in Pennsylvania.

3 WHEREAS, The National Stuttering Association celebrates  
4 "National Stuttering Awareness Week" annually the second week of  
5 May to reach the thousands of people who stutter, and as a  
6 result feel alone and isolated, and spread knowledge about  
7 stuttering; and

8 WHEREAS, Stuttering is a speech disorder in which sounds,  
9 syllables or words are repeated and may be accompanied by rapid  
10 blinking, lip tremors, speech blocks and interjections, making  
11 it difficult to communicate; and

12 WHEREAS, Stuttering, also referred to as stammering or  
13 disfluent speech, is a genetically influenced condition that can  
14 develop in duration or appear suddenly, with symptoms varying  
15 over time; and

16 WHEREAS, The most common form of stuttering, developmental

1   stuttering, occurs early during speech and language learning,  
2   but strokes or head or brain injuries may result in neurogenic  
3   stuttering; and

4       WHEREAS, There are many harmful and incorrect myths about the  
5   causes of stuttering, including that it is the result of  
6   shyness, nervousness, self-consciousness, lower intelligence,  
7   less capability, emotional trauma or bad parenting; and

8       WHEREAS, Approximately 1% of the adult population stutters,  
9   in every nation and language, equating to about 3 million  
10   Americans and 130,000 Pennsylvanians; and

11       WHEREAS, Adult males are approximately four times more likely  
12   to stutter than adult females, and male children are two times  
13   more likely to stutter than female children; and

14       WHEREAS, Usually beginning between the ages of two to five  
15   years, approximately 5% of children go through a period of  
16   stuttering; and

17       WHEREAS, Eighty percent of children who stutter stop by  
18   school age; and

19       WHEREAS, For people who stutter, the lost control of their  
20   speech mechanism is not the biggest priority, but it may have an  
21   impact on their quality of life and interpersonal relationships;  
22   and

23       WHEREAS, Children who stutter are at a higher risk of  
24   bullying, which may lead to avoiding speaking or altering their  
25   communication style, causing further psychological distress or  
26   unnecessary tension; and

27       WHEREAS, Individuals who stutter may be referred to speech-  
28   language pathologists to help bolster confidence and  
29   communication by focusing speech therapy on a place of  
30   destigmatization; and

1       WHEREAS, It is also important that school personnel be  
2       trained in working with students who stutter, and students who  
3       stutter should be given the tools to express their feelings and  
4       experiences; therefore be it

5       RESOLVED, That the House of Representatives recognize the  
6       week of May 9 through 15, 2025, as "National Stuttering  
7       Awareness Week" in Pennsylvania.

# HOUSE OF REPRESENTATIVES

## DEMOCRATIC COMMITTEE BILL ANALYSIS

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<b>Bill No:</b>	HR0049 PN0430	<b>Prepared By:</b>	Elsa Woodarek (717) 705-1875
<b>Committee:</b>	Health	<b>Executive Director:</b>	Erika Fricke
<b>Sponsor:</b>	Diamond, Russell		
<b>Date:</b>	3/13/2025		

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### A. Brief Concept

Designates October 13th, 2025, as "Metastatic Breast Cancer Awareness Day."

### C. Analysis of the Bill

Metastatic breast cancer occurs when breast cancer spreads to other parts of the body, including the bones, lungs, liver and brain has an average life expectancy of 24-36 months. Regardless of early detection, approximately 30% of stage 0 to III breast cancers will return as stage IV. An estimated 42,250 Americans will die from breast cancer in 2025, equal to approximately 115 individuals per day, with 98% due to metastatic breast cancer.

In the United States, less than 5% of breast cancer research dollars are used for patients that already have metastasized breast cancer. The national organization, METAvivor Research and Support, aims to increase that figure to 30% by funding critical stage IV metastatic breast cancer research and educating the public about metastatic breast cancer. On October 13 of every year, there is a global "LightUpMBC campaign to illuminate 115 landmarks in the metastatic colors of teal, pink and green throughout the world, which brings awareness to the disease and honors the daily number of 115 lives lost to metastatic breast cancer. The day will culminate in a virtual broadcast, #LightUpMBC Live, to commemorate landmarks lighting around the country, share inspiring stories by the metastatic breast cancer community and raise research funds.

### Effective Date:

N/A.

### G. Relevant Existing Laws

N/A.

### E. Prior Session (Previous Bill Numbers & House/Senate Votes).

#### 2023-24 Legislative Session

- [HR 164, PN 1754](#) (Diamond)
  - Designating October 13, 2023, as "Metastatic Breast Cancer Awareness Day."
  - Adopted 10/3/2023 (202-1).
- [SR 175, PN 1128](#) (Gebhard)
  - Designating October 13, 2023, as "Metastatic Breast Cancer Awareness Day."
  - Not reported out of committee.

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THE GENERAL ASSEMBLY OF PENNSYLVANIA

# HOUSE RESOLUTION

No. 49 Session of  
2025

INTRODUCED BY DIAMOND, COOPER, VENKAT, CONKLIN, NEILSON,  
MARCELL, REICHARD, ZIMMERMAN AND GILLEN, FEBRUARY 3, 2025

REFERRED TO COMMITTEE ON HEALTH, FEBRUARY 3, 2025

## A RESOLUTION

1 Designating October 13, 2025, as "Metastatic Breast Cancer  
2 Awareness Day" in Pennsylvania.

3 WHEREAS, Breast cancer is the most common type of cancer  
4 among women in the world, and second leading cause of cancer  
5 death among women in the United States; and

6 WHEREAS, More than one in eight women and one in 833 men in  
7 the United States will be diagnosed with breast cancer in their  
8 lifetimes; and

9 WHEREAS, In 2025, an estimated 310,720 Americans will be  
10 diagnosed with new cases of invasive breast cancer; and

11 WHEREAS, Metastatic breast cancer occurs when breast cancer  
12 spreads to other parts of the body, including the bones, lungs,  
13 liver and brain and has an average life expectancy of 24 to 36  
14 months; and

15 WHEREAS, Regardless of early detection, approximately 30% of  
16 stage 0 to III breast cancers will return as stage IV; and

17 WHEREAS, An estimated 42,250 Americans will die from breast  
18 cancer in 2025, equal to approximately 115 individuals per day,

1 with 98% due to metastatic breast cancer; and

2 WHEREAS, The national organization, METAvivor Research and  
3 Support, funds critical stage IV metastatic breast cancer  
4 research, educates the public about metastatic breast cancer and  
5 lack of funding for stage IV treatment; and

6 WHEREAS, METAvivor Research and Support aims to dramatically  
7 increase the current percentage of United States breast cancer  
8 research dollars from under 5% to 30% for the already  
9 metastasized patient; and

10 WHEREAS, The national hashtags for this initiative on social  
11 media fall under #METAvivor and #LightUpMBC; and

12 WHEREAS, On October 13 of every year, there is a global  
13 #LightUpMBC campaign to illuminate 115 landmarks in the  
14 metastatic colors of teal, pink and green throughout the world,  
15 which brings awareness to the disease and honors the daily  
16 number of 115 lives lost to metastatic breast cancer; and

17 WHEREAS, The day will culminate in a virtual broadcast,  
18 #LightUpMBC Live, to commemorate landmarks lighting around the  
19 country, share inspiring stories by the metastatic breast cancer  
20 community and raise research funds; and

21 WHEREAS, The pink ribbon is well-known for representing the  
22 fight against early stage breast cancer and is not inclusive of  
23 stage IV; therefore be it

24 RESOLVED, That the House of Representatives designate  
25 October 13, 2025, as "Metastatic Breast Cancer Awareness Day";  
26 and be it further

27 RESOLVED, That the House of Representatives recognize the  
28 METAvivor #LightUpMBC national campaign.

# HOUSE OF REPRESENTATIVES

## DEMOCRATIC COMMITTEE BILL ANALYSIS

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<b>Bill No:</b>	HR0070 PN0560	<b>Prepared By:</b>	Elsa Woodarek (717) 705-1875
<b>Committee:</b>	Health	<b>Executive Director:</b>	Erika Fricke
<b>Sponsor:</b>	Jones, Thomas		
<b>Date:</b>	3/27/2025		

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### A. Brief Concept

House Resolution 70 designates June 23, 2025, as "Widows' and Widowers' Day."

### C. Analysis of the Bill

The American Community Survey estimated that in 2023, 6.3% of the Commonwealth's population, or approximately 687,684 individuals were widowed, which can be one of the most difficult things a person experiences. An important teaching for several of the world's religions is caring for widows and widowers, which can include encouraging them to talk to a qualified counselor, maintain their self-care and reach out to family and friends. Both the Federal Government and the Commonwealth have taken steps toward caring for widows and widowers, including survivor benefits through the Social Security program and the Property Tax/Rent Rebate Program, respectively. Additionally, June 23 is recognized globally as "International Widows' Day."

#### **Effective Date:**

N/A.

### G. Relevant Existing Laws

N/A.

### E. Prior Session (Previous Bill Numbers & House/Senate Votes)

#### 2023-24 Legislative Session

- [HR 480, PN 3346](#) (T. Jones)
  - Designating June 23, 2024, as "Widows' and Widowers' Day."
  - Adopted 7/2/2024 (200-1).

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THE GENERAL ASSEMBLY OF PENNSYLVANIA

# HOUSE RESOLUTION

No. 70 Session of  
2025

INTRODUCED BY T. JONES, MARCELL, CERRATO, KAZEEM, ROWE,  
ZIMMERMAN, GREEN AND DALEY, FEBRUARY 11, 2025

REFERRED TO COMMITTEE ON HEALTH, FEBRUARY 11, 2025

## A RESOLUTION

1 Designating June 23, 2025, as "Widows' and Widowers' Day" in  
2 Pennsylvania.

3 WHEREAS, The American Community Survey, an annual  
4 demographics survey conducted by the United States Census  
5 Bureau, estimates that in 2023, the most recent year data is  
6 available, 6.3% of this Commonwealth's population, or  
7 approximately 687,684 individuals, were widowed; and

8 WHEREAS, Losing a spouse can be one of the most difficult  
9 things a person experiences; and

10 WHEREAS, Caring for widows and widowers is an important  
11 teaching for several of the world's religions; and

12 WHEREAS, Caring for widows and widowers can include  
13 encouraging them to talk to a qualified counselor, maintain  
14 their self-care and reach out to family and friends; and

15 WHEREAS, The Federal Government has taken steps toward caring  
16 for widows and widowers, including survivor benefits through the  
17 Social Security program; and

18 WHEREAS, The Commonwealth has taken steps toward caring for



1 widows and widowers, including the Property Tax/Rent Rebate  
2 Program; and

3 WHEREAS, June 23 is recognized globally as "International  
4 Widows' Day"; therefore be it

5 RESOLVED, That the House of Representatives designate June  
6 23, 2025, as "Widows' and Widowers' Day" in Pennsylvania; and be  
7 it further

8 RESOLVED, That the House of Representatives express its  
9 condolences to the widows and widowers of this Commonwealth; and  
10 be it further

11 RESOLVED, That the House of Representatives encourage the  
12 widows and widowers of this Commonwealth to seek support as they  
13 heal from their losses, including seeking support, counseling  
14 and comfort offered by family and friends.

# HOUSE OF REPRESENTATIVES

## DEMOCRATIC COMMITTEE BILL ANALYSIS

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<b>Bill No:</b>	HR0074 PN0586	<b>Prepared By:</b>	Elsa Woodarek (717) 705-1875
<b>Committee:</b>	Health	<b>Executive Director:</b>	Erika Fricke
<b>Sponsor:</b>	Diamond, Russell		
<b>Date:</b>	3/27/2025		

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### **A. Brief Concept**

House Resolution 74 recognizes November 2025 as "National Epilepsy Awareness Month."

### **C. Analysis of the Bill**

Epilepsy, a neurological disorder characterized by recurring seizures, affects 3.4 million Americans of all ages and is the fourth most common neurological disorder in the United States. Approximately 1 in 26 people will develop epilepsy in their lifetime and approximately 150,000 new cases of epilepsy are diagnosed each year, most often in young children and senior citizens.

The Epilepsy Association of Western and Central Pennsylvania and the Epilepsy Foundation of Eastern Pennsylvania have been serving the needs of Pennsylvanians who live with epilepsy and seizures since 1972 and leads the fight to stop seizures, find a cure and overcome the challenges created by epilepsy.

### **Effective Date:**

N/A.

### **G. Relevant Existing Laws**

N/A.

### **E. Prior Session** (Previous Bill Numbers & House/Senate Votes)

#### 2023-24 Legislative Session

- [HR 479, PN 3345](#) (Hogan)
  - Recognizes November 2024 as "National Epilepsy Awareness Month."
  - Did not receive a vote on the floor.

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THE GENERAL ASSEMBLY OF PENNSYLVANIA

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# HOUSE RESOLUTION

No. 74 Session of  
2025

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INTRODUCED BY DIAMOND, VITALI, M. MACKENZIE, OLSOMMER, NEILSON,  
VENKAT, DALEY, REICHARD AND HOGAN, FEBRUARY 12, 2025

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REFERRED TO COMMITTEE ON HEALTH, FEBRUARY 12, 2025

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A RESOLUTION

1 Recognizing the month of November 2025 as "National Epilepsy  
2 Awareness Month" in Pennsylvania.

3 WHEREAS, Epilepsy is a neurological condition sometimes  
4 referred to as a seizure disorder and is characterized by  
5 recurring seizures; and

6 WHEREAS, A seizure is usually defined as a sudden alteration  
7 of behavior due to a temporary change in electrical functioning  
8 of the brain; and

9 WHEREAS, Normally, the brain continuously generates tiny  
10 electrical impulses in an orderly pattern and these impulses  
11 travel along neurons and throughout the whole body via chemical  
12 messengers called neurotransmitters; and

13 WHEREAS, In epilepsy, the brain's electrical rhythms have a  
14 tendency to become imbalanced, resulting in recurrent seizures;  
15 and

16 WHEREAS, In patients with seizures, the normal electrical  
17 pattern is disrupted by sudden and synchronized bursts of  
18 electrical energy that may briefly affect their consciousness,

1 movements or sensations; and

2 WHEREAS, As the fourth most common neurological disorder in  
3 the United States, following migraine, stroke and Alzheimer's  
4 disease, epilepsy affects 3.4 million Americans of all ages; and

5 WHEREAS, Approximately 150,000 new cases of epilepsy are  
6 diagnosed each year, most often in young children and senior  
7 citizens; and

8 WHEREAS, One in 26 people will develop epilepsy in his or her  
9 lifetime; and

10 WHEREAS, Up to 50,000 Americans die each year from seizures  
11 and related causes, including sudden unexplained death in  
12 epilepsy; and

13 WHEREAS, The Epilepsy Association of Western and Central  
14 Pennsylvania and the Epilepsy Foundation of Eastern Pennsylvania  
15 lead the fight to stop seizures, find a cure and overcome the  
16 challenges created by epilepsy; and

17 WHEREAS, The Epilepsy Association of Western and Central  
18 Pennsylvania and the Epilepsy Foundation of Eastern Pennsylvania  
19 are dedicated to ensuring that all people with seizures and  
20 epilepsy are able to participate in all of life's experiences;  
21 and

22 WHEREAS, The Epilepsy Association of Western and Central  
23 Pennsylvania and the Epilepsy Foundation of Eastern Pennsylvania  
24 have been serving the needs of Pennsylvanians who live with  
25 seizures since 1972; and

26 WHEREAS, Misinformation and misperceptions regarding epilepsy  
27 have a long history and are still prevalent throughout society  
28 today; and

29 WHEREAS, Epilepsy education and awareness programs seek to  
30 combat stigma in the hope of improving the quality of life for

1 people with epilepsy; therefore be it

2       RESOLVED, That the House of Representatives recognize the  
3 month of November 2025 as "National Epilepsy Awareness Month" in  
4 Pennsylvania.

# HOUSE OF REPRESENTATIVES

## DEMOCRATIC COMMITTEE BILL ANALYSIS

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<b>Bill No:</b>	HR0101 PN0855	<b>Prepared By:</b>	Patrick O'Rourke (717) 787-4296,6711
<b>Committee:</b>	Health	<b>Executive Director:</b>	Erika Fricke
<b>Sponsor:</b>	Rapp, Kathy		
<b>Date:</b>	4/3/2025		

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### **A. Brief Concept**

Recognizes the week of May 11 through 17, 2025, as "National Hospital Week."

### **C. Analysis of the Bill**

In recognizing National Hospital Week, HR 101 references that hospitals have managed a multitude of public health threats. In 2023, Commonwealth hospitals spent \$10 billion in uncompensated care, provided 1.5 million instances of inpatient treatment, over 5.5 million instances of emergency department care, and obstetric units delivered more than 120,000 babies. Commonwealth hospitals operate 56 trauma centers, 123 teaching hospitals, and 29 "Magnet" destinations as designated by the American Nurses Credentialing Center. Hospitals represent the largest employer in 22 counties and are among the top 10 employers in 35 more counties, responsible for more than 273,000 direct jobs and 353,000 indirect jobs. Hospitals and affiliated medical schools bring in \$1.9 billion in Federal research grants and generate approximately \$186.5 billion in economic activity the Pennsylvania economy, accounting for approximately 19% its GDP.

#### **Effective Date:**

N/A.

### **G. Relevant Existing Laws**

N/A.

### **E. Prior Session** (Previous Bill Numbers & House/Senate Votes)

#### 2023-24 Legislative Session

- [HR 99, PN 1119](#) (Schemel)
  - A Resolution recognizing the week of May 7 through 13, 2023, as "National Hospital Week."
  - Adopted 6/5/2023 (202-1).
- [HR 292, PN 2537](#) (Rapp)
  - A Resolution recognizing the week of May 12 through 18, 2024, as "National Hospital Week."
  - Adopted 5/7/2024 (200-1).

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THE GENERAL ASSEMBLY OF PENNSYLVANIA

# HOUSE RESOLUTION

No. 101 Session of  
2025

INTRODUCED BY RAPP, FRANKEL, VENKAT, KHAN, BONNER, ZIMMERMAN,  
HADDOCK, KAUFFMAN, PICKETT, VITALI, HOHENSTEIN, CIRESI,  
FREEMAN, WEBSTER, GREEN AND GILLEN, MARCH 6, 2025

REFERRED TO COMMITTEE ON HEALTH, MARCH 6, 2025

## A RESOLUTION

1 Recognizing the week of May 11 through 17, 2025, as "National  
2 Hospital Week" in Pennsylvania.

3 WHEREAS, The hardworking professionals of this Commonwealth's  
4 hospitals and health systems ensure that every resident of this  
5 Commonwealth can receive high-quality health care 24 hours a  
6 day, seven days a week, 365 days a year; and

7 WHEREAS, Throughout the many waves and ever-changing  
8 circumstances of the pandemic, opioid emergency and behavioral  
9 health crisis, and despite the physical and emotional toll on  
10 themselves and their families, this Commonwealth's hospital and  
11 health system professionals never wavered in caring for our  
12 communities; and

13 WHEREAS, This Commonwealth's hospitals provided nearly \$10  
14 billion in uncompensated care to members of our communities in  
15 fiscal year 2023; and

16 WHEREAS, This Commonwealth's hospitals work to keep our  
17 families whole and strong via, among other services, 56 trauma

1 centers that save the lives of tens of thousands of  
2 Pennsylvanians each year and obstetric units that delivered more  
3 than 120,000 babies in fiscal year 2023; and

4 WHEREAS, This Commonwealth's hospitals provided 1.5 million  
5 instances of inpatient treatment and more than 5.5 million  
6 instances of emergency department care in fiscal year 2023; and

7 WHEREAS, This Commonwealth takes pride in its 123 teaching  
8 hospitals that are investing in the next generation of  
9 lifesaving health care practitioners and 29 hospitals that are  
10 recognized with the prestigious "Magnet" designation by the  
11 American Nurses Credentialing Center; and

12 WHEREAS, Hospitals are the largest employer in 22 counties in  
13 this Commonwealth and among the top 10 employers in 35  
14 additional counties in this Commonwealth; and

15 WHEREAS, Hospitals and health systems are responsible for one  
16 in nine jobs across this Commonwealth, including more than  
17 273,000 of our families, friends and neighbors who are directly  
18 employed, and more than 353,000 individuals who are supported by  
19 the hospital-generated industry; and

20 WHEREAS, Hospitals and their affiliated medical schools bring  
21 nearly \$1.9 billion in Federal health care research grants into  
22 this Commonwealth and generate approximately \$186.5 billion in  
23 other economic activity for our State and local economies,  
24 accounting for approximately 19% of this Commonwealth's gross  
25 domestic product; and

26 WHEREAS, "National Hospital Week" celebrates hospitals and  
27 the individuals who support the health of their communities with  
28 dedication and compassion; and

29 WHEREAS, The observance of "National Hospital Week" is a  
30 reminder that hospitals are the foundations of the communities



1 that built them, serving individuals from all walks of life;  
2 therefore be it

3 RESOLVED, That the House of Representatives recognize the  
4 week of May 11 through 17, 2025, as "National Hospital Week" in  
5 Pennsylvania; and be it further

6 RESOLVED, That the House of Representatives thank frontline  
7 health care workers and hospital employees for their dedicated  
8 service to the residents of this Commonwealth; and be it further

9 RESOLVED, That the House of Representatives urge residents of  
10 this Commonwealth to show appreciation to health care workers  
11 and hospital employees for their devotion and compassion even in  
12 the most difficult of circumstances; and be it further

13 RESOLVED, That the House of Representatives urge its members  
14 to visit hospitals in their communities to learn about the  
15 innovative quality care and services that are improving the  
16 health and well-being of residents of this Commonwealth.

# HOUSE OF REPRESENTATIVES

## DEMOCRATIC COMMITTEE BILL ANALYSIS

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<b>Bill No:</b>	HR0116 PN0954	<b>Prepared By:</b>	Patrick O'Rourke (717) 787-4296,6711
<b>Committee:</b>	Health	<b>Executive Director:</b>	Erika Fricke
<b>Sponsor:</b>	Ortitay, Jason		
<b>Date:</b>	4/3/2025		

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### **A. Brief Concept**

Designates May 14, 2025, as "Apraxia Awareness Day."

### **C. Analysis of the Bill**

Childhood apraxia of speech (CAS) is a motor speech disorder that causes children to have problems making speech sounds because the brain has difficulty planning the motor and muscle movements needed for speech. It affects approximately 1 in 1,000 children and its cause is not well understood. Children with CAS do not follow typical patterns for speech development, those with a mild or moderate form struggle with syllables and words, while more severe cases struggle to make sounds.

Research indicates that children with CAS benefit from early, appropriate, and intensive speech therapy for many years. Without such interventions children risk diminished communications skills and are at high risk for secondary impacts that diminish future independence and employment opportunities. Treatment can include speech therapy, sign language, and augmentative communication systems.

### **Effective Date:**

N/A.

### **G. Relevant Existing Laws**

N/A.

### **E. Prior Session (Previous Bill Numbers & House/Senate Votes)**

N/A.

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THE GENERAL ASSEMBLY OF PENNSYLVANIA

# HOUSE RESOLUTION

No. 116 Session of  
2025

INTRODUCED BY ORTITAY, VENKAT, REICHARD, D. MILLER, KHAN,  
FREEMAN, GALLAGHER, ROWE, COOPER AND BRIGGS, MARCH 13, 2025

REFERRED TO COMMITTEE ON HEALTH, MARCH 13, 2025

## A RESOLUTION

1 Designating May 14, 2025, as "Apraxia Awareness Day" in  
2 Pennsylvania.

3 WHEREAS, Childhood apraxia of speech (CAS) is a motor speech  
4 disorder that causes children to have problems making speech  
5 sounds because the brain has difficulty planning the motor and  
6 muscle movements needed for speech; and

7 WHEREAS, CAS affects approximately 1 in 1,000 children; and

8 WHEREAS, The cause of CAS is not well understood in most  
9 cases; and

10 WHEREAS, Children with CAS do not follow typical patterns of  
11 developing sounds and speech; and

12 WHEREAS, Children with a moderate or milder form of CAS  
13 struggle with syllables and words; and

14 WHEREAS, When CAS is most severe, children struggle to make  
15 sounds; and

16 WHEREAS, While the act of learning to speak comes  
17 effortlessly to most children, those with CAS require early,  
18 appropriate, and intensive speech therapy, often for many years

1 to learn to speak; and

2 WHEREAS, Without appropriate speech therapy intervention,  
3 children with apraxia have diminished communication skills, and  
4 they are also placed at high risk for secondary impacts in  
5 reading, writing, spelling and other school-related skills; and

6 WHEREAS, These primary and secondary impacts diminish future  
7 independence and employment opportunities and challenge children  
8 with apraxia's ability to become productive, contributing  
9 citizens if not resolved or improved; and

10 WHEREAS, Treatment includes speech therapy and can include  
11 sign language and an augmentative communication system; and

12 WHEREAS, Research shows that children with CAS have more  
13 success when they receive frequent and intensive treatment; and

14 WHEREAS, Public awareness about CAS in this Commonwealth is  
15 essential for families of children with this neurological  
16 disorder and the professionals who support them to achieve the  
17 services needed for those children learning to use their own  
18 voices; and

19 WHEREAS, Our highest respect goes out to these children, as  
20 well as their families, for their effort, determination and  
21 resilience; therefore be it

22 RESOLVED, That the House of Representatives designate May 14,  
23 2025, as "Apraxia Awareness Day" in Pennsylvania; and be it  
24 further

25 RESOLVED, That the House of Representatives encourage all  
26 residents to work within their communities to increase awareness  
27 and understanding of childhood apraxia of speech.

# HOUSE OF REPRESENTATIVES

## DEMOCRATIC COMMITTEE BILL ANALYSIS

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<b>Bill No:</b>	HR0137 PN1067	<b>Prepared By:</b>	Patrick O'Rourke (717) 787-4296,6711
<b>Committee:</b>	Health	<b>Executive Director:</b>	Erika Fricke
<b>Sponsor:</b>	Malagari, Steve		
<b>Date:</b>	4/3/2025		

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### **A. Brief Concept**

Recognizes May 17, 2025, as "World Neurofibromatosis Awareness Day."

### **C. Analysis of the Bill**

Neurofibromatosis is a condition that causes tumors to grow on nerves throughout the body and can affect development of the brain, cardiovascular system, bones and skin. Around 4 million individuals around the world live with neurofibromatosis and about 1 in every 2,000 births is diagnosed with the condition, impacting all populations equally regardless of race, ethnicity or gender. The condition can lead to blindness, deafness, bone abnormalities, disfigurement, learning disabilities, disabling pain and cancer. Neurofibromatosis can occur due to mutations during conception or from genetics. There is no known cure.

There are three different types of neurofibromatosis: neurofibromatosis type 1, neurofibromatosis type 2 and schwannomatosis. Neurofibromatosis type 1 occurs in approximately 1 in 2,500 births, and includes brown spots on the skin, bumps known as Lisch nodules on the iris of the eye, and freckles on the groin or armpits. Neurofibromatosis type 2 occurs in 1 in 60,000 births, and is typically characterized by tumors that grow on the nerves of the inner ear. Schwannomatosis is a rarer form of neurofibromatosis for which symptoms typically appear between ages 25 and 30, and often forms on the spinal or cranial nerves and leads to symptoms like chronic pain or loss of muscle.

Treatment can include regular doctor visits for mild cases while severe cases can require removal through radiation or surgery. The Children's Tumor Foundation leads research efforts aimed at finding effective treatments and advancements in patient care.

### **Effective Date:**

N/A.

### **G. Relevant Existing Laws**

N/A.

### **E. Prior Session** (Previous Bill Numbers & House/Senate Votes)

#### 2023-24 Legislative Session

- [HR 433, PN 3099](#) (Malagari)
  - A Resolution recognizing May 17, 2024, as "World Neurofibromatosis Awareness Day."
  - Adopted 6/27/2024 (201-1).

THE GENERAL ASSEMBLY OF PENNSYLVANIA

# HOUSE RESOLUTION

No. 137 Session of  
2025

INTRODUCED BY MALAGARI, HILL-EVANS, FREEMAN, VENKAT, GIRAL,  
KHAN, HADDOCK, SANCHEZ, CONKLIN, D. WILLIAMS, GREEN AND  
CURRY, MARCH 19, 2025

REFERRED TO COMMITTEE ON HEALTH, MARCH 19, 2025

## A RESOLUTION

1 Recognizing May 17, 2025, as "World Neurofibromatosis Awareness  
2 Day" in Pennsylvania.

3 WHEREAS, The Children's Tumor Foundation annually observes  
4 May 17 as "World Neurofibromatosis Awareness Day" to educate the  
5 public about this rare genetic condition; and

6 WHEREAS, The global community recognizes the importance of  
7 raising awareness about neurofibromatosis, its impact on  
8 individuals and families and the need for continued research and  
9 support; and

10 WHEREAS, Although more than 4 million people around the world  
11 are living with neurofibromatosis and 1 in every 2,000 births is  
12 diagnosed with neurofibromatosis, it is still relatively unknown  
13 to the public; and

14 WHEREAS, Neurofibromatosis affects all populations equally,  
15 regardless of race, ethnicity or gender; and

16 WHEREAS, Neurofibromatosis causes tumors to grow on nerves  
17 throughout the body and also can affect development of the

1 brain, cardiovascular system, bones and skin; and

2 WHEREAS, The disorder can lead to blindness, deafness, bone  
3 abnormalities, disfigurement, learning disabilities, disabling  
4 pain and cancer; and

5 WHEREAS, There are three different types of  
6 neurofibromatosis: neurofibromatosis type 1, neurofibromatosis  
7 type 2 and schwannomatosis; and

8 WHEREAS, Signs of neurofibromatosis type 1 include light  
9 brown spots on the skin, known as café au lait spots, bumps  
10 known as Lisch nodules on the iris of the eye and freckles on  
11 the groin or armpits; and

12 WHEREAS, Neurofibromatosis type 1 is one of the country's  
13 most common genetic disorders occurring in approximately 1 in  
14 2,500 births; and

15 WHEREAS, Neurofibromatosis type 2 is far less common,  
16 occurring in 1 in 60,000 people, and is typically characterized  
17 by tumors that grow on the nerves of the inner ear; and

18 WHEREAS, Schwannomatosis is a rarer form of neurofibromatosis  
19 for which symptoms typically appear between ages 25 and 30; and

20 WHEREAS, Schwannomatosis often forms on the spinal or cranial  
21 nerves and leads to symptoms like chronic pain or loss of  
22 muscle; and

23 WHEREAS, Instances of neurofibromatosis occur due to  
24 mutations that either occur during conception or are passed down  
25 genetically through the parents; and

26 WHEREAS, Family history, physical exams and genetic tests are  
27 currently used to diagnose neurofibromatosis in patients; and

28 WHEREAS, While there is currently no cure available, there  
29 are multiple forms of treatment for patients dealing with  
30 neurofibromatosis; and

1       WHEREAS, Mild instances of neurofibromatosis often do not  
2       require significant treatment outside of regular doctor visits  
3       and observation; and

4       WHEREAS, More severe cases may require removal through  
5       radiation or surgery done by a nerve tumor specialist or a team  
6       of various surgeons; and

7       WHEREAS, There are currently no medications that have been  
8       approved to treat neurofibromatosis, though researchers are  
9       investigating various methods and therapies; and

10      WHEREAS, The Children's Tumor Foundation leads efforts to  
11      promote and financially sponsor world-class medical research  
12      aimed at finding effective treatments and, ultimately, a cure  
13      for neurofibromatosis; and

14      WHEREAS, The Children's Tumor Foundation is connecting the  
15      unconnected, leading the way through innovative and inventive  
16      approaches to scientific advancement and improved patient care,  
17      revamping systems to accelerate the path from discovery to  
18      treatment; and

19      WHEREAS, The Children's Tumor Foundation provides patient and  
20      family support through its information resources, youth programs  
21      and community activities; and

22      WHEREAS, Much remains to be done in raising public awareness  
23      of neurofibromatosis to help promote early diagnosis, proper  
24      management and treatment, prevention of complications and  
25      support for research; therefore be it

26      RESOLVED, That the House of Representatives recognize May 17,  
27      2025, as "World Neurofibromatosis Awareness Day" in  
28      Pennsylvania.



# HOUSE OF REPRESENTATIVES

## DEMOCRATIC COMMITTEE BILL ANALYSIS

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<b>Bill No:</b>	HR0144 PN1124	<b>Prepared By:</b>	Patrick O'Rourke (717) 787-4296,6711
<b>Committee:</b>	Health	<b>Executive Director:</b>	Erika Fricke
<b>Sponsor:</b>	Venkat, Arvind		
<b>Date:</b>	4/4/2025		

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### **A. Brief Concept**

Recognizes April 14-20, 2025 as "National Osteopathic Medicine Week."

### **C. Analysis of the Bill**

Osteopathic physicians (DOs) practice in every medical field and specialty, combining medical expertise with a whole person approach to care. There are more than 197,398 DOs and DO medical students in the United States, with 10,078 DOs located in Pennsylvania (ranking 3rd in the country for number of practicing DOs). DOs account for more than 11% of all physicians in the U.S., and more than 25% of U.S. medical students practice osteopathic medicine. The Commonwealth is home to more than three colleges of osteopathic medicine: the Philadelphia College of Osteopathic Medicine, Lake Erie College of Osteopathic Medicine and Duquesne University College of Osteopathic Medicine.

More than half of all DOs practice in the primary care specialties of family medicine, internal medicine, and pediatrics. DOs also hold prominent positions in medicine, including as physician to the President of the United States, Olympic athletes, and overseeing the NASA medical team.

#### **Effective Date:**

N/A.

### **G. Relevant Existing Laws**

N/A.

### **E. Prior Session** (Previous Bill Numbers & House/Senate Votes)

#### 2023-24 Legislative Session

- [HR 369, PN 2861](#) (Venkat)
  - A Resolution recognizing the week of April 15 through 21, 2024, as "National Osteopathic Medicine Week."
  - Adopted 4/17/2024 (199-1).

This document is a summary of proposed legislation and is prepared only as general information for use by the Democratic Members and Staff of the Pennsylvania House of Representatives. The document does not represent the legislative intent of the Pennsylvania House of Representatives and may not be utilized as such.

THE GENERAL ASSEMBLY OF PENNSYLVANIA

# HOUSE RESOLUTION

No. 144 Session of  
2025

INTRODUCED BY VENKAT, GREINER, GIRAL, MERSKI, GAYDOS, K.HARRIS,  
HILL-EVANS, VITALI, HOHENSTEIN, HOWARD, SANCHEZ, CAUSER,  
NEILSON, KAZEEM, CEPEDA-FREYTIZ, RIVERA, MALAGARI, SCOTT AND  
HADDOCK, MARCH 24, 2025

REFERRED TO COMMITTEE ON HEALTH, MARCH 24, 2025

## A RESOLUTION

1 Recognizing April 14 through 20, 2025, as "National Osteopathic  
2 Medicine Week" in Pennsylvania.

3 WHEREAS, More than 197,398 osteopathic physicians (DOs) and  
4 osteopathic medical students bring their distinctive approach to  
5 providing health care for millions of patients across the United  
6 States; and

7 WHEREAS, Pennsylvania's 10,078 osteopathic physicians are  
8 dedicated to improving the health of their communities through  
9 patient-centered care focused on treating the body, mind and  
10 spirit; and

11 WHEREAS, Osteopathic physicians practice in every medical  
12 field and specialty, combining medical expertise with a whole  
13 person approach centered on listening to and partnering with  
14 their patients; and

15 WHEREAS, DOs account for more than 11% of all physicians in  
16 the United States, and more than 25% of all United States  
17 medical students have chosen to practice osteopathic medicine;

1 and

2 WHEREAS, Pennsylvania is a national leader in practicing DOs,  
3 ranking third out of all 50 states; and

4 WHEREAS, Pennsylvania is home to three Colleges of  
5 Osteopathic Medicine, the Philadelphia College of Osteopathic  
6 Medicine, Lake Erie College of Osteopathic Medicine and Duquesne  
7 University College of Osteopathic Medicine; and

8 WHEREAS, More than half of the nation's DOs practice in the  
9 primary care specialties of family medicine, internal medicine  
10 and pediatrics; and

11 WHEREAS, 62% of DOs are under 45 years of age; and

12 WHEREAS, DOs have made tremendous contributions to the  
13 American health care system since osteopathic medicine was  
14 founded by Andrew Taylor Still, MD, DO, more than 130 years ago;  
15 and

16 WHEREAS, DOs hold some of the most prominent positions in  
17 medicine today, including serving as physician to the President  
18 of the United States and many Olympic-level and professional  
19 athletes, and overseeing care for the NASA medical team; and

20 WHEREAS, DOs are trained to consider the health of the whole  
21 person and use their hands to help diagnose and treat their  
22 patients; therefore be it

23 RESOLVED, That the House of Representatives recognize April  
24 14 through 20, 2025, as "National Osteopathic Medicine Week" in  
25 Pennsylvania; and be it further

26 RESOLVED, That the House of Representatives urge all  
27 Pennsylvanians to support this observance by helping to educate  
28 members of the public about osteopathic physicians and  
29 osteopathic medicine.

# HOUSE OF REPRESENTATIVES

## DEMOCRATIC COMMITTEE BILL ANALYSIS

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<b>Bill No:</b>	HR0155 PN1184	<b>Prepared By:</b>	Patrick O'Rourke (717) 787-4296,6711
<b>Committee:</b>	Health	<b>Executive Director:</b>	Erika Fricke
<b>Sponsor:</b>	Malagari, Steve		
<b>Date:</b>	4/7/2025		

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### **A. Brief Concept**

Recognizes the week of April 20-26, 2025 as "National Infertility Awareness Week."

### **C. Analysis of the Bill**

Defined as the inability to conceive after one year or longer of trying to have a child, infertility impacts about 1 in 8 couples in the U.S, affecting individuals of all ages, genders, and races. Male infertility is a factor in approximately 50% of all cases; in the U.S., 9% of men and 11% of women have experienced infertility. Infertility can cause stigma, psychological and emotional distress, financial difficulties, and a loss of self-confidence and self-esteem.

Common fertility treatments include in vitro fertilization (IVF) and intrauterine insemination (IUI). The process of IVF involves collecting eggs from ovaries and fertilized by sperm in a lab with the average cost approximately ranging from \$12,000-\$14,000. The process of IUI entails collecting and inserting sperm directly into the uterus with the average cost ranging from \$300-\$1000. As of 2022, 54% of U.S. employers offered insurance coverage for IVF. As of 2024, 21 states have laws related to fertility coverage (Pennsylvania is not included in that number).

#### **Effective Date:**

N/A.

### **G. Relevant Existing Laws**

N/A.

### **E. Prior Session** (Previous Bill Numbers & House/Senate Votes)

#### **2023-24 Legislative Session**

- [HR 395, PN 2937](#) (Malagari)
  - A Resolution recognizing the week of April 21 through 27, 2024, as "National Infertility Awareness Week."
  - Adopted 4/30/2024 (198-2).

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THE GENERAL ASSEMBLY OF PENNSYLVANIA

# HOUSE RESOLUTION

No. 155 Session of 2025

INTRODUCED BY MALAGARI, KRUEGER, O'MARA, HANBIDGE, MADDEN, KHAN, KENYATTA, SANCHEZ, WAXMAN, McNEILL, HILL-EVANS, HOHENSTEIN, GIRAL, OTTEN, NEILSON, MAYES, CERRATO, CEPEDA-FREYTIZ, RIVERA AND GREEN, MARCH 31, 2025

REFERRED TO COMMITTEE ON HEALTH, MARCH 31, 2025

## A RESOLUTION

1 Recognizing the week of April 20 through 26, 2025, as "National  
2 Infertility Awareness Week" in Pennsylvania.

3 WHEREAS, According to the Centers for Disease Control and  
4 Prevention, one in eight couples suffer from infertility in the  
5 United States; and

6 WHEREAS, Infertility is defined as the inability to conceive  
7 after one year or longer of trying to have a child; and

8 WHEREAS, Infertility affects individuals of all ages, genders  
9 and races; and

10 WHEREAS, Both women and men are affected by infertility, with  
11 male infertility being a factor in approximately 50% of all  
12 infertility cases; and

13 WHEREAS, In the United States, 9% of men and 11% of women  
14 have experienced fertility issues; and

15 WHEREAS, Stigma is considered one of the burdens of  
16 infertility; and

17 WHEREAS, Infertility can cause psychological distress,

1 emotional stress and financial difficulties for couples, who can  
2 experience feelings of anger, guilt, sadness, depression,  
3 anxiety and a loss of self-confidence and self-esteem; and

4 WHEREAS, The most common types of fertility treatment are in  
5 vitro fertilization (IVF) and intrauterine insemination (IUI);  
6 and

7 WHEREAS, IVF is the process of taking eggs from ovaries and  
8 fertilizing them by sperm in a lab, with the result of an embryo  
9 that can be implanted into a uterus; and

10 WHEREAS, The average cost of IVF in the United States is  
11 currently \$12,000 to \$14,000 for one cycle; and

12 WHEREAS, IUI is the process of collecting healthy sperm and  
13 inserting the sperm directly into the uterus when an individual  
14 is ovulating; and

15 WHEREAS, The average cost of IUI in the United States is \$300  
16 to \$1,000; and

17 WHEREAS, In 2022, 54% of the largest employers in the United  
18 States offered insurance coverage for IVF treatment; and

19 WHEREAS, As of September 2024, there are 21 states that have  
20 fertility insurance coverage laws, but this Commonwealth is not  
21 one of those states; and

22 WHEREAS, Raising awareness for the community of infertility  
23 can remove barriers to care; and

24 WHEREAS, Educating others on infertility can remove the  
25 stigma and increase empathy and sympathy towards those facing  
26 infertility problems; and

27 WHEREAS, Infertility awareness is a vital part of normalizing  
28 the conversation about difficulties with fertility; and

29 WHEREAS, The Commonwealth joins RESOLVE: The National  
30 Infertility Association and dedicated volunteers, health care

1 professionals and members of the infertility and family-building  
2 community by participating in this awareness; therefore be it  
3       RESOLVED, That the House of Representatives recognize the  
4 week of April 20 through 26, 2025, as "National Infertility  
5 Awareness Week" in Pennsylvania.

# HOUSE OF REPRESENTATIVES

## DEMOCRATIC COMMITTEE BILL ANALYSIS

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<b>Bill No:</b>	HR0156 PN1185	<b>Prepared By:</b>	Elsa Woodarek (717) 705-1875
<b>Committee:</b>	Health	<b>Executive Director:</b>	Erika Fricke
<b>Sponsor:</b>	Hanbidge, Liz		
<b>Date:</b>	4/1/2025		

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### **A. Brief Concept**

Designating the month of May 2025 as "Melanoma Awareness Month."

### **C. Analysis of the Bill**

According to the American Cancer Society, approximately 104,960 cases of melanoma are expected to be diagnosed and approximately 8,430 are expected to die from the condition in the United States in 2025.

Melanoma is most frequently caused by overexposure to ultraviolet light, typically from the sun or tanning beds, though the exact cause of the disease has not been determined. Melanoma is formed in the melanocytes, the cells of the skin that create melanin and provide the skin's color. The most frequent symptoms of melanoma are atypical moles, including those that are abnormally shaped or have changes in color or size, and abnormal looking growths on the skin, known as melanomas. These melanomas typically form in areas with frequent sun exposure such as the arms, legs or back, though sometimes they can appear in different areas like in the eye, under fingernails or underneath an individual's skin. Individuals with fair skin are at higher risk of being diagnosed with melanoma.

Melanoma can be diagnosed through a physical examination or by removing a piece of tissue and conducting a biopsy on the affected area. Later stage melanoma can appear thicker and may spread to different parts of the body such as lymph nodes, making melanoma more survivable if it is caught earlier. Some cases of melanoma can be treated through one-time surgery to remove the cancer, though if the melanoma has spread to other areas it may require further treatments like radiation, immunotherapy and chemotherapy. The survival rates of melanoma vary greatly depending on the degree of the cancer's spread, ranging from 99% for localized cases, to 35% for cases that have spread throughout the body. Accordingly, it is important for individuals to regularly be checked for cases of skin cancer and take preventative measures, such as wearing sunscreen and protective clothing.

Each year, May is observed as "Melanoma and Skin Cancer Awareness Month" by groups like the American Academy of Dermatology, which serves as an opportunity to raise awareness of the dangers of skin cancers like melanoma and the measures that can be taken to prevent them. This form of increased awareness helps provide funding for research and educational campaigns to help combat the disease and inform the public about its effects.

### **Effective Date:**

N/A.

### **G. Relevant Existing Laws**

N/A.

### **E. Prior Session** (Previous Bill Numbers & House/Senate Votes)



N/A.

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THE GENERAL ASSEMBLY OF PENNSYLVANIA

# HOUSE RESOLUTION

No. 156 Session of  
2025

INTRODUCED BY HANBIDGE, HOWARD, HADDOCK, PROBST, McNEILL,  
T. DAVIS, VENKAT, MAYES, SANCHEZ, KHAN, HILL-EVANS, MADDEN,  
D. WILLIAMS, BELLMON, NEILSON, HOHENSTEIN, OTTEN, O'MARA,  
DEASY, CERRATO, CEPEDA-FREYTIZ, RIVERA, STEELE AND K.HARRIS,  
MARCH 31, 2025

REFERRED TO COMMITTEE ON HEALTH, MARCH 31, 2025

## A RESOLUTION

1 Designating the month of May 2025 as "Melanoma Awareness Month"  
2 in Pennsylvania.

3 WHEREAS, Each year, May is observed as "Melanoma and Skin  
4 Cancer Awareness Month" by groups like the American Academy of  
5 Dermatology; and

6 WHEREAS, This month serves to bring attention to skin cancer  
7 as the most common form of cancer in the United States; and

8 WHEREAS, Each day, approximately 9,500 people in the United  
9 States are diagnosed with skin cancer; and

10 WHEREAS, Cases of skin cancer can be broken down into three  
11 categories: basal cell carcinoma, squamous cell carcinoma and  
12 melanoma; and

13 WHEREAS, Basal cell carcinoma and squamous cell carcinoma are  
14 the most common forms of skin cancer, but melanoma is the most  
15 dangerous form of the disease; and

16 WHEREAS, According to the American Cancer Society,

1 approximately 104,960 cases of melanoma are expected to be  
2 diagnosed in the United States in 2025 and approximately 8,430  
3 are expected to die from the condition this year in the United  
4 States; and

5 WHEREAS, Melanoma is most frequently caused by overexposure  
6 to ultraviolet light, typically from the sun or tanning beds,  
7 though the exact cause of the disease has not been determined;  
8 and

9 WHEREAS, Melanoma is formed in the melanocytes, the cells of  
10 the skin that create melanin and provide the skin's color; and

11 WHEREAS, The most frequent symptoms of melanoma are atypical  
12 moles, including those that are abnormally shaped or have  
13 changes in color or size, and abnormal looking growths on the  
14 skin, known as melanomas; and

15 WHEREAS, These melanomas typically form in areas with  
16 frequent sun exposure such as the arms, legs or back, though  
17 sometimes they can appear in different areas like in the eye,  
18 under fingernails or underneath an individual's skin; and

19 WHEREAS, Individuals with fair skin are at higher risk of  
20 being diagnosed with melanoma, with one in 33 white people  
21 expected to be diagnosed in their lifetimes; and

22 WHEREAS, Melanoma can be diagnosed through a physical  
23 examination or by removing a piece of tissue and conducting a  
24 biopsy on the affected area; and

25 WHEREAS, Later stage melanoma can appear thicker and may  
26 spread to different parts of the body such as lymph nodes,  
27 making melanoma more survivable if it is caught earlier; and

28 WHEREAS, Some cases of melanoma can be treated through one-  
29 time surgery to remove the cancer, though if the melanoma has  
30 spread to other areas it may require further treatments like

1 radiation, immunotherapy and chemotherapy; and

2 WHEREAS, The survival rates of melanoma vary greatly  
3 depending on the degree of the cancer's spread; and

4 WHEREAS, For cases in which the cancer has not spread to any  
5 other parts of the body, known as localized cases, the survival  
6 rate is currently in excess of 99%; and

7 WHEREAS, Conversely, cases in which the cancer has spread to  
8 local areas of the body, known as regional cases, have a  
9 survival rate of 75%, while cases with greater spread, known as  
10 distant cases, have a survival rate of 35%; and

11 WHEREAS, Accordingly, it is important for individuals to  
12 regularly be checked for cases of skin cancer; and

13 WHEREAS, To prevent melanoma and other skin cancers, it is  
14 important to take precautions when exposed to direct sunlight  
15 such as wearing sunscreen and protective clothing; and

16 WHEREAS, The American Academy of Dermatology uses "Skin  
17 Cancer Awareness Month" as an opportunity to raise awareness of  
18 the dangers of skin cancers like melanoma and the measures that  
19 can be taken to prevent them; and

20 WHEREAS, Further, increased awareness helps provide funding  
21 for research and educational campaigns to help combat the  
22 disease and inform the public about its effects; therefore be it

23 RESOLVED, That the House of Representatives designate the  
24 month of May 2025 as "Melanoma Awareness Month" in Pennsylvania.

# HOUSE OF REPRESENTATIVES

## DEMOCRATIC COMMITTEE BILL ANALYSIS

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<b>Bill No:</b>	HR0158 PN1187	<b>Prepared By:</b>	Elsa Woodarek (717) 705-1875
<b>Committee:</b>	Health	<b>Executive Director:</b>	Erika Fricke
<b>Sponsor:</b>	Hanbidge, Liz		
<b>Date:</b>	4/1/2025		

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### A. Brief Concept

Designates the month of May 2025 as "Preeclampsia Awareness Month."

### C. Analysis of the Bill

Preeclampsia is a dangerous complication of pregnancy that is associated with a rapid rise in blood pressure that can lead to a variety of negative health outcomes, including seizures, strokes and organ failure, among other conditions. Preeclampsia generally occurs after the 20th week of pregnancy, but in rare cases, the condition can develop after the mother gives birth, which demands immediate treatment. In the most severe cases, preeclampsia can lead to the death of the mother or the infant, in addition to premature birth, which also presents significant, long-term health risks for the mother and the child.

Preeclampsia is estimated to occur in 2% to 8% of all pregnancies and is one of the leading causes of death due to pregnancy. A pregnant individual is at a higher risk of preeclampsia if the individual is undergoing a first pregnancy, is over 40 years of age, has experienced a large interval since her last pregnancy, has had preeclampsia during a previous pregnancy or has a history of hypertension, chronic kidney disease or diabetes, among other conditions. HELLP syndrome, a variant of preeclampsia named for its characteristics of hemolysis, elevated liver enzymes and low platelet count, causes conditions that are life-threatening to both the mother and infant and may present lifelong health complications for the mother.

Public education and prenatal education on signs and symptoms of preeclampsia, HELLP syndrome and eclampsia can help those who are pregnant recognize these threatening conditions and seek appropriate medical care. The Preeclampsia Foundation works to raise public awareness in keeping with the goal of minimizing maternal and infant illness and death due to preeclampsia.

#### **Effective Date:**

N/A.

### G. Relevant Existing Laws

N/A.

### E. Prior Session (Previous Bill Numbers & House/Senate Votes)

#### 2023-24 Legislative Session

- [HR 448, PN 3135](#) (Hanbidge)
  - Designates the month of May 2024 as "Preeclampsia Awareness Month."
  - Not reported out of committee.

This document is a summary of proposed legislation and is prepared only as general information for use by the Democratic Members and Staff of the Pennsylvania House of Representatives. The document does not represent the legislative intent of the Pennsylvania House of Representatives and may not be utilized as such.

THE GENERAL ASSEMBLY OF PENNSYLVANIA

# HOUSE RESOLUTION

No. 158 Session of 2025

INTRODUCED BY HANBIDGE, FREEMAN, KHAN, VENKAT, MCNEILL, HILL-  
EVANS, SANCHEZ, GIRAL, MADDEN, WAXMAN, MAYES, CEPHAS,  
CERRATO, CEPEDA-FREYTIZ, HOWARD, D. WILLIAMS, HOHENSTEIN,  
STEELE, O'MARA, SHUSTERMAN AND GREEN, MARCH 31, 2025

REFERRED TO COMMITTEE ON HEALTH, MARCH 31, 2025

## A RESOLUTION

1 Designating the month of May 2025 as "Preeclampsia Awareness  
2 Month" in Pennsylvania.

3 WHEREAS, Preeclampsia is a dangerous complication of  
4 pregnancy that is associated with a rapid rise in blood pressure  
5 that can lead to a variety of negative health outcomes,  
6 including seizures, strokes and organ failure, among other  
7 conditions; and

8 WHEREAS, Preeclampsia generally occurs after the 20th week of  
9 pregnancy, but in rare cases, the condition can develop after  
10 the mother gives birth, which demands immediate treatment; and

11 WHEREAS, In the most severe cases, preeclampsia can lead to  
12 the death of the mother or the infant, in addition to premature  
13 birth, which also presents significant, long-term health risks  
14 for the mother and child; and

15 WHEREAS, Preeclampsia is estimated to occur in 2% to 8% of  
16 all pregnancies and is one of the leading causes of death due to  
17 pregnancy; and

1 WHEREAS, A pregnant individual is at a higher risk of  
2 preeclampsia if the individual is undergoing a first pregnancy,  
3 is over 40 years of age, has experienced a large interval since  
4 her last pregnancy, has had preeclampsia during a previous  
5 pregnancy or has a history of hypertension, chronic kidney  
6 disease or diabetes, among other conditions; and

7 WHEREAS, HELLP syndrome is a variant of preeclampsia named  
8 for its characteristics of hemolysis, elevated liver enzymes and  
9 low platelet count; and

10 WHEREAS, The conditions of HELLP syndrome may develop without  
11 any prior symptoms, are life-threatening to both the mother and  
12 infant and may present lifelong health complications for the  
13 mother; and

14 WHEREAS, If not properly recognized and managed, preeclampsia  
15 can progress to eclampsia, which can cause pregnancy-related  
16 seizures or comas, although eclampsia can develop without any  
17 observed symptoms of preeclampsia; and

18 WHEREAS, Public education on signs and symptoms of  
19 preeclampsia, HELLP syndrome and eclampsia can help those who  
20 are pregnant recognize these threatening conditions and seek  
21 appropriate medical care; and

22 WHEREAS, Prenatal education should incorporate recognition of  
23 symptoms, including spikes in maternal blood pressure, sudden  
24 swelling of face and hands, severe upper abdominal pain, blurred  
25 vision, persistent headaches and breathlessness; and

26 WHEREAS, Many residents of this Commonwealth have joined with  
27 the Preeclampsia Foundation to raise public awareness in keeping  
28 with the goal of minimizing maternal and infant illness and  
29 death due to preeclampsia; and

30 WHEREAS, The House of Representatives supports the



1 Preeclampsia Foundation in its efforts to provide support and  
2 improve health care practices for individuals impacted by  
3 preeclampsia and related hypertensive disorders of pregnancy;  
4 therefore be it

5       RESOLVED, That the House of Representatives designate the  
6 month of May 2025 as "Preeclampsia Awareness Month" in  
7 Pennsylvania.

# HOUSE OF REPRESENTATIVES

## DEMOCRATIC COMMITTEE BILL ANALYSIS

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<b>Bill No:</b>	HR0159 PN1215	<b>Prepared By:</b>	Patrick O'Rourke (717) 787-4296,6711
<b>Committee:</b>	Health	<b>Executive Director:</b>	Erika Fricke
<b>Sponsor:</b>	Cutler, Bryan		
<b>Date:</b>	4/7/2025		

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### A. Brief Concept

Recognizes May 2025 as "Amyotrophic Lateral Sclerosis Awareness Month."

### C. Analysis of the Bill

Amyotrophic lateral sclerosis (ALS) is a fatal neurodegenerative disease characterized by degeneration of cell bodies of the lower motor neurons in the gray matter of the anterior horn of the spinal cord. The initial symptom of ALS is weakness of the skeletal muscles. As the condition progresses, ALS patients experience difficulty swallowing, talking, and breathing. Eventually, muscle atrophy sets in rendering patients quadriplegic. ALS does not impact mental capacity, rendering patients alert despite loss of motor functions and continued deterioration. ALS has no known cause or cure.

ALS occurs in adulthood, most commonly between the age 40-70, with an average of 55 at time of diagnosis, and is 20% more common amongst men than women. Approximately 5,000 new ALS patients are diagnosed annually. On average, patients diagnosed with ALS only survive two to five years from the time of diagnosis.

#### **Effective Date:**

N/A.

### G. Relevant Existing Laws

N/A.

### E. Prior Session (Previous Bill Numbers & House/Senate Votes)

#### 2023-24 Legislative Session

- [HR 419, PN 3049](#) (Cutler)
  - A Resolution designating the month of May 2024 as "Amyotrophic Lateral Sclerosis Awareness Month."
  - Adopted 6/3/2024 (201-1).

This document is a summary of proposed legislation and is prepared only as general information for use by the Democratic Members and Staff of the Pennsylvania House of Representatives. The document does not represent the legislative intent of the Pennsylvania House of Representatives and may not be utilized as such.

THE GENERAL ASSEMBLY OF PENNSYLVANIA

# HOUSE RESOLUTION

No. 159 Session of  
2025

INTRODUCED BY CUTLER, MULLINS, HANBIDGE, FREEMAN, FEE, REICHARD,  
MALAGARI, VITALI, GIRAL, KHAN, PICKETT, SANCHEZ, VENKAT,  
MCNEILL, STAATS, DIAMOND, SCHMITT, GAYDOS, GUENST, DONAHUE,  
KAUFFMAN, HADDOCK, HEFFLEY, NEILSON, MOUL, MERSKI,  
D. WILLIAMS, RAPP, DEASY AND MENTZER, APRIL 1, 2025

REFERRED TO COMMITTEE ON HEALTH, APRIL 1, 2025

## A RESOLUTION

1 Designating the month of May 2025 as "Amyotrophic Lateral  
2 Sclerosis Awareness Month" in Pennsylvania.

3 WHEREAS, Amyotrophic lateral sclerosis (ALS) is better known  
4 as Lou Gehrig's disease; and

5 WHEREAS, ALS is a fatal neurodegenerative disease  
6 characterized by degeneration of cell bodies of the lower motor  
7 neurons in the gray matter of the anterior horn of the spinal  
8 cord; and

9 WHEREAS, The initial symptom of ALS is weakness of the  
10 skeletal muscles, especially those of the extremities; and

11 WHEREAS, As ALS progresses, the ALS patient experiences  
12 difficulty in swallowing, talking and breathing; and

13 WHEREAS, ALS eventually causes muscles to atrophy, and the  
14 ALS patient becomes a functional quadriplegic; and

15 WHEREAS, ALS does not affect the ALS patient's mental  
16 capacity, leaving the patient alert and aware of the patient's

1 loss of motor functions and the inevitable outcome of continued  
2 deterioration and death; and

3 WHEREAS, ALS occurs in adulthood, most commonly between 40  
4 and 70 years of age, with an average age of 55 at the time of  
5 diagnosis; and

6 WHEREAS, ALS is 20% more common among men than women; and

7 WHEREAS, Approximately 5,000 new ALS patients are diagnosed  
8 annually; and

9 WHEREAS, On average, patients diagnosed with ALS only survive  
10 two to five years from the time of diagnosis; and

11 WHEREAS, ALS has no known cause, prevention or cure; and

12 WHEREAS, "Amyotrophic Lateral Sclerosis Awareness Month"  
13 increases public awareness of ALS patients' circumstances,  
14 acknowledges the terrible impact this disease has on ALS  
15 patients and their families and recognizes the research being  
16 done to eradicate this horrible disease; therefore be it

17 RESOLVED, That the House of Representatives designate the  
18 month of May 2025 as "Amyotrophic Lateral Sclerosis Awareness  
19 Month" in Pennsylvania.

# HOUSE OF REPRESENTATIVES

## DEMOCRATIC COMMITTEE BILL ANALYSIS

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<b>Bill No:</b>	HR0163 PN1219	<b>Prepared By:</b>	Patrick O'Rourke (717) 787-4296,6711
<b>Committee:</b>	Health	<b>Executive Director:</b>	Erika Fricke
<b>Sponsor:</b>	Hanbidge, Liz		
<b>Date:</b>	4/7/2025		

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### **A. Brief Concept**

Recognizes June 14, 2025, as "World Blood Donor Day."

### **C. Analysis of the Bill**

A blood donor is any individual who is in good health, at least 16 years of age, weighs a minimum of 110 pounds and elects to donate blood. Donations can be made once every 56 days and as many as six times a year by a donor. Pennsylvania has five major blood donation centers: the American Red Cross Greater Pennsylvania Region, Central Pennsylvania Blood Bank, Community Blood Bank of Northwest PA and Western NY, Miller-Keystone Blood Center and Vitalant Blood Center.

According to the American Cancer Society, over 2 million individuals have been diagnosed with cancer in the United States and many of these individuals will need blood transfusions over the course of cancer treatment. O type blood is the most sought after blood type as 45% of individuals across the United States have O type blood, with Latino and African Americans at 57% and 51% having O blood type respectively.

#### **Effective Date:**

N/A.

### **G. Relevant Existing Laws**

N/A.

### **E. Prior Session** (Previous Bill Numbers & House/Senate Votes)

#### 2023-24 Legislative Session

- [HR 477, PN 3307](#) (Hanbidge)
  - A Resolution recognizing June 14, 2024, as "World Blood Donor Day."
  - Referred to House Health on 6/11/2024.

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THE GENERAL ASSEMBLY OF PENNSYLVANIA

# HOUSE RESOLUTION

No. 163 Session of 2025

INTRODUCED BY HANBIDGE, MADDEN, VENKAT, WAXMAN, McANDREW, GIRAL, FREEMAN, HADDOCK, MERSKI, ISAACSON, T. DAVIS, MAYES, HILL-EVANS, CEPEDA-FREYTIZ, KHAN, KENYATTA, HOWARD, SANCHEZ, CERRATO, RIVERA, SCHLOSSBERG, O'MARA AND CONKLIN, APRIL 1, 2025

REFERRED TO COMMITTEE ON HEALTH, APRIL 1, 2025

A RESOLUTION

1 Recognizing June 14, 2025, as "World Blood Donor Day" in  
2 Pennsylvania.

3 WHEREAS, A blood donor is any individual who is in good  
4 health, at least 16 years of age, weighs a minimum of 110 pounds  
5 and elects to donate blood; and

6 WHEREAS, Blood donation can be made once every 56 days and as  
7 many as six times a year by a blood donor; and

8 WHEREAS, This Commonwealth has five major blood donation  
9 centers, including the American Red Cross Greater Pennsylvania  
10 Region, Central Pennsylvania Blood Bank, Community Blood Bank of  
11 Northwest PA and Western NY, Miller-Keystone Blood Center and  
12 Vitalant Blood Center; and

13 WHEREAS, Every two seconds there is someone in the United  
14 States in need of blood or platelets; and

15 WHEREAS, The only way to improve the supply of blood and  
16 platelets is through volunteer blood and platelet donors; and

1 WHEREAS, According to the American Cancer Society, more than  
2 2 million individuals are estimated to have been diagnosed with  
3 cancer in the United States in 2024, and many of these  
4 individuals will need blood transfusions over the course of  
5 cancer treatment; and

6 WHEREAS, O type blood is the blood type most in demand among  
7 hospitals; and

8 WHEREAS, Approximately 45% of individuals across the United  
9 States have O type blood; and

10 WHEREAS, Percentages of O type blood are higher for Latino  
11 and African Americans at 57% and 51% respectively; and

12 WHEREAS, According to the American Red Cross, only 3% of  
13 people of eligible age donate blood each year; and

14 WHEREAS, The World Health Organization recognizes June 14  
15 each year as "World Blood Donor Day" to increase awareness about  
16 the need for blood donation; and

17 WHEREAS, It is vitally important for all Pennsylvanians to be  
18 aware of the need for more blood donors across this  
19 Commonwealth; therefore be it

20 RESOLVED, That the House of Representatives recognize June  
21 14, 2025, as "World Blood Donor Day" in Pennsylvania.

# HOUSE OF REPRESENTATIVES

## DEMOCRATIC COMMITTEE BILL ANALYSIS

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<b>Bill No:</b>	HR0164 PN1220	<b>Prepared By:</b>	Elsa Woodarek (717) 705-1875
<b>Committee:</b>	Health	<b>Executive Director:</b>	Erika Fricke
<b>Sponsor:</b>	Gaydos, Valerie		
<b>Date:</b>	4/7/2025		

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### A. Brief Concept

Recognizing the month of April 2025 as "Parkinson's Awareness Month."

### C. Analysis of the Bill

Parkinson's disease is the second most common progressive neurodegenerative disorder after Alzheimer's disease. Parkinson's disease is estimated to affect approximately 1 million people in the United States and the prevalence will rise to 1.2 million by 2030. Life expectancy is reduced for all onset ages, with disease progression leading to severe disability and possible confinement to a wheelchair or bed prior to death. The symptoms of Parkinson's disease vary from person to person and can include asymmetric tremors, slowness of movement and rigidity, difficulty with balance, swallowing, chewing and speaking, cognitive impairment and dementia, mood disorders and a variety of other nonmotor symptoms. While research suggests the cause of Parkinson's disease is a combination of genetic and environmental factors, the exact cause and progression of the disease is still unknown. There is no objective test or biomarker for Parkinson's disease, and there is no cure or drug to slow or halt the progression of the disease. It is estimated that the economic burden of Parkinson's disease is \$52 billion annually to patients and family members, including direct and indirect costs, treatment, Social Security payments and lost income.

The National Parkinson's Foundation and the Michael J. Fox Foundation for Parkinson's Research, along with many volunteers, researchers, caregivers and medical professionals, are working to improve the quality of life of individuals living with Parkinson's disease and their families and to further promote Parkinson's disease awareness, education, knowledge, treatment and research. Further efforts in research, testing and education are crucial in order to advance toward improved early detection methods, the discovery of more effective treatments to stop the progression of Parkinson's disease and, ultimately, to find a cure for this devastating disease.

### **Effective Date:**

N/A.

### G. Relevant Existing Laws

N/A.

### E. Prior Session (Previous Bill Numbers & House/Senate Votes)

#### 2023-24 Legislative Session

- [HR 432, PN 3098](#) (Gaydos)
  - Recognizing the month of April 2024 as "Parkinson's Disease Awareness Month."
  - Did not receive a vote on the floor.



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THE GENERAL ASSEMBLY OF PENNSYLVANIA

# HOUSE RESOLUTION

No. 164 Session of  
2025

INTRODUCED BY GAYDOS, WAXMAN, REICHARD, PUGH, VENKAT, McNEILL,  
NEILSON, GUZMAN, STEELE, ZIMMERMAN, RIVERA AND CONKLIN,  
APRIL 1, 2025

REFERRED TO COMMITTEE ON HEALTH, APRIL 1, 2025

## A RESOLUTION

1 Recognizing the month of April 2025 as "Parkinson's Disease  
2 Awareness Month" in Pennsylvania.

3 WHEREAS, Parkinson's disease is the second most common  
4 progressive neurodegenerative disorder after Alzheimer's  
5 disease; and

6 WHEREAS, Parkinson's disease is estimated to affect  
7 approximately 1 million people in the United States and the  
8 prevalence will rise to 1.2 million by 2030; and

9 WHEREAS, According to the Centers for Disease Control and  
10 Prevention, Parkinson's disease is the 14th leading cause of  
11 death in the United States; and

12 WHEREAS, Life expectancy is reduced for all onset ages, with  
13 disease progression leading to severe disability and possible  
14 confinement to a wheelchair or bed prior to death; and

15 WHEREAS, The symptoms of Parkinson's disease vary from person  
16 to person and can include asymmetric tremors, slowness of  
17 movement and rigidity, difficulty with balance, swallowing,

chewing and speaking, cognitive impairment and dementia, mood disorders and a variety of other nonmotor symptoms; and

WHEREAS, It is estimated that the economic burden of Parkinson's disease is \$52 billion annually to patients and family members, including direct and indirect costs, treatment, Social Security payments and lost income; and

WHEREAS, While research suggests the cause of Parkinson's disease is a combination of genetic and environmental factors, the exact cause and progression of the disease is still unknown; and

WHEREAS, There is no objective test or biomarker for Parkinson's disease, and there is no cure or drug to slow or halt the progression of the disease; and

WHEREAS, The National Parkinson's Foundation and the Michael J. Fox Foundation for Parkinson's Research, along with many volunteers, researchers, caregivers and medical professionals, are working to improve the quality of life of individuals living with Parkinson's disease and their families and to further promote Parkinson's disease awareness, education, knowledge, treatment and research; and

WHEREAS, Further efforts in research, testing and education are crucial in order to advance toward improved early detection methods, the discovery of more effective treatments to stop the progression of Parkinson's disease and, ultimately, to find a cure for this devastating disease; therefore be it

RESOLVED, That the House of Representatives recognize the month of April 2025 as "Parkinson's Disease Awareness Month" in Pennsylvania; and be it further

RESOLVED, That the House of Representatives urge all residents to support the search for a cure and assist those

1 individuals and families who deal with this debilitating  
2 disease.

# HOUSE OF REPRESENTATIVES

## DEMOCRATIC COMMITTEE BILL ANALYSIS

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<b>Bill No:</b>	HR0168 PN1229	<b>Prepared By:</b>	Elsa Woodarek (717) 705-1875
<b>Committee:</b>	Health	<b>Executive Director:</b>	Erika Fricke
<b>Sponsor:</b>	Labs, Shelby		
<b>Date:</b>	4/7/2025		

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### **A. Brief Concept**

Recognizing the month of April 2025 as "World HIE Awareness Month."

### **C. Analysis of the Bill**

Hypoxic-ischemic encephalopathy (HIE) impacts 2 to 3 out of every 1,000 live births, highlighting the importance of awareness among all residents of this Commonwealth.

HIE occurs when the brain is deprived of oxygen due to various causes, including placental insufficiency, uterine rupture, umbilical cord knots, cord compression, low maternal blood pressure, delivery trauma, aneurysm rupture and near Sudden Infant Death Syndrome events. While 75% to 80% of infants born with HIE survive, of those survivors, 50% to 70% experience seizures and 30% to 40% develop developmental disabilities such as cerebral palsy, epilepsy, vision or hearing loss, feeding difficulties and cognitive or speech delays. The extent of each child's injury is unique, determined by factors such as the severity of oxygen deprivation and the specific areas of the brain affected.

*Hope for HIE* supports and connects families affected by HIE by fostering a sense of community and providing personalized assistance. Thousands of families worldwide face the challenges posed by HIE, yet only a small fraction receive the psychosocial support needed to navigate the condition's complexities. "World HIE Awareness Month" serves as a vital platform to educate the public, connect families and inspire hope for those facing the challenges of an HIE diagnosis.

### **Effective Date:**

N/A.

### **G. Relevant Existing Laws**

N/A.

### **E. Prior Session (Previous Bill Numbers & House/Senate Votes)**

#### 2021-22 Legislative Session

- [SR 62, PN 546](#) (Santarsiero)
  - Recognizing the month of April 2021 as "World HIE Awareness Month."
  - Not reported from committee.

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THE GENERAL ASSEMBLY OF PENNSYLVANIA

# HOUSE RESOLUTION

No. 168 Session of  
2025

INTRODUCED BY LABS, VENKAT, K.HARRIS AND GILLEN, APRIL 3, 2025

REFERRED TO COMMITTEE ON HEALTH, APRIL 3, 2025

## A RESOLUTION

1 Recognizing the month of April 2025 as "World HIE Awareness  
2 Month" in Pennsylvania.

3 WHEREAS, Hypoxic-ischemic encephalopathy (HIE) impacts 2 to 3  
4 out of every 1,000 live births, highlighting the importance of  
5 awareness among all residents of this Commonwealth; and

6 WHEREAS, Thousands of families worldwide face the challenges  
7 posed by HIE, yet only a small fraction receive the psychosocial  
8 support needed to navigate the condition's complexities; and

9 WHEREAS, HIE occurs when the brain is deprived of oxygen due  
10 to various causes, including placental insufficiency, uterine  
11 rupture, umbilical cord knots, cord compression, low maternal  
12 blood pressure, delivery trauma, aneurysm rupture and near  
13 Sudden Infant Death Syndrome events; and

14 WHEREAS, While 75% to 80% of infants born with HIE survive,  
15 of those survivors, 50% to 70% experience seizures and 30% to  
16 40% develop developmental disabilities such as cerebral palsy,  
17 epilepsy, vision or hearing loss, feeding difficulties and  
18 cognitive or speech delays; and

1       WHEREAS, The extent of each child's injury is unique,  
2       determined by factors such as the severity of oxygen deprivation  
3       and the specific areas of the brain affected; and

4       WHEREAS, Hope for HIE, a dedicated organization, supports and  
5       connects families affected by HIE by providing resources,  
6       information, guidance and personalized assistance; and

7       WHEREAS, Hope for HIE fosters a sense of community, offering  
8       families impacted by HIE access to shared experiences and much-  
9       needed support; and

10       WHEREAS, "World HIE Awareness Month" serves as a vital  
11       platform to educate the public, connect families and inspire  
12       hope for those facing the challenges of an HIE diagnosis;  
13       therefore be it

14       RESOLVED, That the House of Representatives recognize the  
15       month of April 2025 as "World HIE Awareness Month" in  
16       Pennsylvania, emphasizing the importance of awareness, support  
17       and education in addressing HIE and its impact on families.

# HOUSE OF REPRESENTATIVES

## DEMOCRATIC COMMITTEE BILL ANALYSIS

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<b>Bill No:</b>	HR0174 PN1246	<b>Prepared By:</b>	Elsa Woodarek (717) 705-1875
<b>Committee:</b>	Health	<b>Executive Director:</b>	Erika Fricke
<b>Sponsor:</b>	Struzzi, James		
<b>Date:</b>	4/7/2025		

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### **A. Brief Concept**

Recognizing the month of July 2025 as "Juvenile Arthritis Awareness Month."

### **C. Analysis of the Bill**

Nearly 300,000 children in the United States have some form of arthritis. Juvenile arthritis is an umbrella term that refers to pediatric rheumatic diseases that can develop in children 16 years of age or younger. The most common type of arthritis in children 16 years of age or younger is juvenile idiopathic arthritis (JIA), of which there are six subtypes, systemic JIA, oligoarticular JIA, polyarticular JIA, juvenile psoriatic arthritis, enthesitis-related JIA and undifferentiated arthritis. There is no evidence as to what causes JIA, however, current research indicates that there is a genetic predisposition, and a trigger, such as a virus, can initiate JIA in a child.

Typical symptoms of arthritis include limping, stiffness when awakening, reluctance to use an arm or leg, reduced activity level, persistent fever, joint swelling and difficulty with fine motor skills. Most children with arthritis can expect to live normal lives and some even have their arthritis go into remission. There is a small number of specialists who treat JIA, and the Children's Hospital of Philadelphia is a leader in the field. The overall treatment goal for a child who has JIA is to control the symptoms, prevent joint damage and maintain function. Treatments for JIA include medications, including steroids, disease-modifying drugs and biologics, along with physical and occupational therapy. Children with JIA may be eligible for assistance through services provided by State agencies and be eligible for accommodations at school.

### **Effective Date:**

N/A.

### **G. Relevant Existing Laws**

N/A.

### **E. Prior Session** (Previous Bill Numbers & House/Senate Votes)

#### 2023-24 Legislative Session

- [HR 33, PN 273](#) (Struzzi)
  - Recognizing the month of July 2023 as "Juvenile Arthritis Awareness Month."
  - Adopted 6/14/2023 (202-1).

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THE GENERAL ASSEMBLY OF PENNSYLVANIA

# HOUSE RESOLUTION

No. 174 Session of  
2025

INTRODUCED BY STRUZZI, CONKLIN, FREEMAN, HOHENSTEIN, KHAN,  
MCNEILL, NEILSON, REICHARD, VENKAT AND ZIMMERMAN,  
APRIL 3, 2025

REFERRED TO COMMITTEE ON HEALTH, APRIL 3, 2025

## A RESOLUTION

1 Recognizing the month of July 2025 as "Juvenile Arthritis  
2 Awareness Month" in Pennsylvania.

3 WHEREAS, Juvenile arthritis is an umbrella term that refers  
4 to pediatric rheumatic diseases that can develop in children 16  
5 years of age or younger; and

6 WHEREAS, Juvenile idiopathic arthritis (JIA) is an  
7 autoinflammatory disease of an unknown origin and the most  
8 common type of arthritis in children; and

9 WHEREAS, An autoinflammatory disease causes the immune system  
10 to become overactive even when there is no infection or illness  
11 to fight or mistakenly attack healthy cells and tissues; and

12 WHEREAS, There is no evidence as to what causes JIA and no  
13 evidence has been found that foods, toxins, allergies or lack of  
14 vitamins play a role in developing the disease; and

15 WHEREAS, Current research indicates that there is a genetic  
16 predisposition to JIA; and

17 WHEREAS, Researchers believe that a trigger, such as a virus,

1 can initiate JIA in a child who has the genetic tendency; and

2 WHEREAS, Systemic JIA, oligoarticular JIA, polyarticular JIA,  
3 juvenile psoriatic arthritis, enthesitis-related JIA and  
4 undifferentiated arthritis are the six subtypes of JIA; and

5 WHEREAS, Nearly 300,000 children in the United States have  
6 some form of arthritis; and

7 WHEREAS, Typical symptoms of arthritis include limping,  
8 stiffness when awakening, reluctance to use an arm or leg,  
9 reduced activity level, persistent fever, joint swelling and  
10 difficulty with fine motor skills; and

11 WHEREAS, Most children with arthritis can expect to live  
12 normal lives and some even have their arthritis go into  
13 remission; and

14 WHEREAS, There is a small number of specialists who treat  
15 JIA, and the Children's Hospital of Philadelphia is a leader in  
16 the field; and

17 WHEREAS, According to the American College of Rheumatology,  
18 the best care for a child who has JIA is provided by a pediatric  
19 rheumatology team that has extensive experience and can diagnose  
20 and manage their complex needs; and

21 WHEREAS, A pediatric rheumatology team may consist of a  
22 pediatric rheumatologist, a physical therapist, an occupational  
23 therapist, a social worker and a nurse specialist who coordinate  
24 care with other health professionals and school and community  
25 officials; and

26 WHEREAS, The overall treatment goal for a child who has JIA  
27 is to control the symptoms, prevent joint damage and maintain  
28 function; and

29 WHEREAS, Medications, including steroids, disease-modifying  
30 drugs and biologics, along with physical and occupational

1 therapy, are used to treat JIA; and

2 WHEREAS, Parents and caregivers of children who have JIA  
3 should be familiar with 29 U.S.C. Ch. 16, which may provide for  
4 special accommodations at school; and

5 WHEREAS, Children who have JIA may be eligible for assistance  
6 through services provided by State agencies; therefore be it

7 RESOLVED, That the House of Representatives recognize the  
8 month of July 2025 as "Juvenile Arthritis Awareness Month" in  
9 Pennsylvania.

# HOUSE OF REPRESENTATIVES

## DEMOCRATIC COMMITTEE BILL ANALYSIS

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<b>Bill No:</b>	HR0182 PN1280	<b>Prepared By:</b>	Elsa Woodarek (717) 705-1875
<b>Committee:</b>	Health	<b>Executive Director:</b>	Erika Fricke
<b>Sponsor:</b>	Malagari, Steve		
<b>Date:</b>	4/7/2025		

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### **A. Brief Concept**

Recognizing the month of June 2025 as "Scleroderma Awareness Month" and June 29, 2025, as "World Scleroderma Day."

### **C. Analysis of the Bill**

Scleroderma is a rare group of autoimmune diseases that makes the skin harden and tighten, which may cause issues in the blood vessels, gastrointestinal tract, heart and lungs. There are two main groups of scleroderma, localized scleroderma, which typically only affects one area of the skin, and systemic scleroderma, which affects the skin as well as the internal organs. Scleroderma commonly occurs between 25 and 55 years of age and symptoms commonly affect the face, feet, fingers, and hands first, and early symptoms include hardening and tightening of the skin, swelling and itchiness. Symptoms associated with scleroderma may decrease on their own in three to six years, while systemic scleroderma, which damages the internal organs, continues to worsen. Approximately 300,000 individuals in the United States have scleroderma, with one third of those individuals having systemic scleroderma, and 80% of individuals diagnosed with scleroderma are women. African Americans are more likely to be diagnosed with systemic scleroderma than non-African Americans, and African Americans are also more likely to have earlier onset of the disease and more severe symptoms.

Awareness of rare diseases such as scleroderma assists in individuals' knowledge about the symptoms, research to treat these rare diseases and providing supports to individuals with rare diseases.

### **Effective Date:**

N/A.

### **G. Relevant Existing Laws**

N/A.

### **E. Prior Session** (Previous Bill Numbers & House/Senate Votes)

2023-24 Legislative Session

- [HR 471, PN 3269](#) (Kinsey)
  - A Resolution recognizing the month of June 2024 as "Scleroderma Awareness Month" and June 29, 2024, as "World Scleroderma Day."
  - Adopted 6/28/2024 (201-1),

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THE GENERAL ASSEMBLY OF PENNSYLVANIA

# HOUSE RESOLUTION

No. 182 Session of  
2025

INTRODUCED BY MALAGARI, HILL-EVANS, FREEMAN, KENYATTA, VENKAT,  
GIRAL, KHAN, SANCHEZ, SCHLOSSBERG, D. WILLIAMS, O'MARA,  
CERRATO, GREEN AND CURRY, APRIL 7, 2025

REFERRED TO COMMITTEE ON HEALTH, APRIL 7, 2025

## A RESOLUTION

1 Recognizing the month of June 2025 as "Scleroderma Awareness  
2 Month" and June 29, 2025, as "World Scleroderma Day" in  
3 Pennsylvania.

4 WHEREAS, Scleroderma is a rare group of autoimmune diseases  
5 that makes the skin harden and tighten, which may cause issues  
6 in the blood vessels, gastrointestinal tract, heart and lungs;  
7 and

8 WHEREAS, There are two main groups of scleroderma, localized  
9 scleroderma, which typically only affects one area of the skin,  
10 and systemic scleroderma, which affects the skin as well as the  
11 internal organs; and

12 WHEREAS, Approximately 300,000 individuals in the United  
13 States have scleroderma, with one-third of those individuals  
14 having systemic scleroderma; and

15 WHEREAS, Up to 80% of individuals diagnosed with scleroderma  
16 are women; and

17 WHEREAS, African Americans are more likely to be diagnosed  
18 with systemic scleroderma than non-African Americans, and

African Americans are also more likely to have earlier onset of the disease and more severe symptoms; and

WHEREAS, Scleroderma commonly occurs between 25 and 55 years of age; and

WHEREAS, Symptoms commonly affect the face, feet, fingers, and hands first, and early symptoms include hardening and tightening of the skin, swelling and itchiness; and

WHEREAS, Diagnosis may include physical exams, laboratory tests for antibodies, skin biopsies, computerized tomography, echocardiograms and pulmonary function tests; and

WHEREAS, There is not a cure for scleroderma, but treatment may include medications to dilate blood vessels, suppress the immune system, reduce stomach acid, prevent infections of ulcers caused by Raynaud's phenomenon and alleviate pain, in addition to physical and occupational therapies and stem cell and organ transplants; and

WHEREAS, Symptoms associated with scleroderma may decrease on their own in three to six years, while systemic scleroderma, which damages the internal organs, continues to worsen; and

WHEREAS, Thomas Jefferson University, the University of Pennsylvania, the University of Pittsburgh and other entities in Pennsylvania continue to research scleroderma, enabling individuals to receive treatment to mitigate their symptoms; and

WHEREAS, Awareness of rare diseases such as scleroderma assists in individuals' knowledge about the symptoms, research to treat these rare diseases and providing supports to individuals with rare diseases; therefore be it

RESOLVED, That the House of Representatives recognize the month of June 2025 as "Scleroderma Awareness Month" and June 29, 2025, as "World Scleroderma Day" in Pennsylvania.

# HOUSE OF REPRESENTATIVES

## DEMOCRATIC COMMITTEE BILL ANALYSIS

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<b>Bill No:</b>	HR0067 PN0545	<b>Prepared By:</b>	Elsa Woodarek (717) 705-1875
<b>Committee:</b>	Health	<b>Executive Director:</b>	Erika Fricke
<b>Sponsor:</b>	Cepeda-Freytiz, Johanny		
<b>Date:</b>	3/17/2025		

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### A. Brief Concept

Recognizes the month of May 2025 as "Mental Health Awareness Month."

### C. Analysis of the Bill

Mental health is critical to the overall well-being of individuals, families, communities and businesses. The National Institute of Mental Health estimates approximately 59.3 million adults in the United States have a mental illness that includes a mental, behavioral or emotional disorder. Mental illnesses are biologically based brain disorders that cannot be overcome through willpower and are not related to an individual's character or intelligence, often striking individuals in the prime of their lives, during adolescence and young adulthood. In 2021, the National Institutes of Health estimated that more than 20% of adolescents 12 to 17 years of age, a population of 5 million adolescents, experienced a major depressive episode (MDE). A lack of full and proper treatment for individuals with mental illness costs public and private employers, hundreds of billions of dollars annually through absenteeism, turnover and low productivity. Proper identification and treatment of mental illnesses, including support, are proven to be effective and are vitally important to assist individuals in leading full, productive lives.

This resolution requests that all government agencies, public and private institutions, businesses, schools and residents of this Commonwealth strive to increase awareness and understanding of mental illnesses and the need for appropriate and accessible services for individuals with mental illness throughout Pennsylvanian communities.

### **Effective Date:**

N/A.

### G. Relevant Existing Laws

N/A.

### E. Prior Session (Previous Bill Numbers & House/Senate Votes)

#### 2023-24 Legislative Session

- [HR 90, PN 1042](#) (Schlossberg)
  - Recognizing the month of May 2023 as "Mental Health Awareness Month."
  - Not reported out of committee.
- [HR 440, PN 3120](#) (Cepeda-Freytiz)
  - Recognizing the month of May 2024 as "Mental Health Awareness Month."
  - Adopted 5/22/2024 (201-1).
- [SR 282, PN 1610](#) (Tartaglione)
  - Recognizing the month of May 2024 as "Mental Health Awareness Month."
  - Not reported out of committee.

## 2021-22 Legislative Session

- [SR 121, PN 825](#) (Vogel)
  - Designating the month of May 2021 as "Mental Health Awareness Month."
  - Not reported out of committee.

This document is a summary of proposed legislation and is prepared only as general information for use by the Democratic Members and Staff of the Pennsylvania House of Representatives. The document does not represent the legislative intent of the Pennsylvania House of Representatives and may not be utilized as such.



THE GENERAL ASSEMBLY OF PENNSYLVANIA

# HOUSE RESOLUTION

No. 67 Session of  
2025

INTRODUCED BY CEPEDA-FREYTIZ, SCHLOSSBERG, McNEILL, FREEMAN,  
HILL-EVANS, GIRAL, WAXMAN, PASHINSKI, VENKAT, KENYATTA,  
MAYES, HANBIDGE, STEELE, KHAN, CERRATO, VITALI, HOHENSTEIN,  
HADDOCK, NEILSON, HOWARD, GALLAGHER, RIVERA, D. WILLIAMS,  
DEASY, O'MARA, CARROLL, GREEN AND SHUSTERMAN,  
FEBRUARY 10, 2025

REFERRED TO COMMITTEE ON HEALTH, FEBRUARY 10, 2025

## A RESOLUTION

1 Recognizing the month of May 2025 as "Mental Health Awareness  
2 Month" in Pennsylvania.

3 WHEREAS, Mental health is critical to the overall well-being  
4 of individuals, families, communities and businesses; and

5 WHEREAS, Mental illnesses are biologically based brain  
6 disorders that cannot be overcome through willpower and are not  
7 related to an individual's character or intelligence; and

8 WHEREAS, Mental health issues can affect individuals of any  
9 race, religion, economic status or age; and

10 WHEREAS, Mental illnesses usually strike individuals in the  
11 prime of their lives, often during adolescence and young  
12 adulthood; and

13 WHEREAS, Individuals with mental illness have the same needs  
14 and are guaranteed the same rights as all Americans; and

15 WHEREAS, Individuals with mental illness experience  
16 discrimination in education, employment and housing; and

1 WHEREAS, A lack of full and proper treatment for individuals  
2 with mental illness costs public and private employers hundreds  
3 of billions of dollars annually through absenteeism, turnover  
4 and low productivity; and

5 WHEREAS, In 2021, the National Institutes of Health estimated  
6 that more than 20% of adolescents 12 to 17 years of age, a  
7 population of 5 million adolescents, experienced a major  
8 depressive episode (MDE); and

9 WHEREAS, Individuals are classified as having an MDE if they  
10 experience a depressed mood or loss of interest in daily  
11 activities and have additional symptoms, including problems with  
12 sleep, eating, energy, concentration or self-worth, over a  
13 certain period of time; and

14 WHEREAS, The National Institute of Mental Health estimates  
15 approximately 59.3 million adults in the United States have a  
16 mental illness that includes a mental, behavioral or emotional  
17 disorder; and

18 WHEREAS, Proper identification and treatment of mental  
19 illnesses, including support, are proven to be effective and are  
20 vitally important to assist individuals in leading full,  
21 productive lives; therefore be it

22 RESOLVED, That the House of Representatives recognize the  
23 month of May 2025 as "Mental Health Awareness Month" in  
24 Pennsylvania; and be it further

25 RESOLVED, That all government agencies, public and private  
26 institutions, businesses, schools and residents of this  
27 Commonwealth strive to increase awareness and understanding of  
28 mental illnesses and the need for appropriate and accessible  
29 services for individuals with mental illness throughout the  
30 communities of this Commonwealth.

# HOUSE OF REPRESENTATIVES

## DEMOCRATIC COMMITTEE BILL ANALYSIS

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<b>Bill No:</b>	HR0151 PN1181	<b>Prepared By:</b>	Elsa Woodarek
<b>Committee:</b>	Health		(717) 705-1875
<b>Sponsor:</b>	Parker, Darisha	<b>Executive Director:</b>	Erika Fricke
<b>Date:</b>	4/7/2025		

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### **A. Brief Concept**

Recognizes the month of May 2025 as "Menstrual Health Awareness Month."

### **C. Analysis of the Bill**

Menstrual health is characterized by how physical, mental and social well-being relates to the menstrual cycle. Every day, roughly 800 million women and girls are menstruating, and many of them lack a comprehensive education on menstruation. An estimated 14% to 25% of women and girls have irregular menstrual cycles, occurring more frequently in low-income and minority groups, and many of them delay seeking treatment for irregularities, such as severe pain. As many as four out of five students have missed class time or know someone who has due to the lack of access of menstrual hygiene products. Teens and adults alike have reported feeling negatively affected by the stigma associated with menstruation.

May 28th is recognized globally as "Menstrual Hygiene Day" which is dedicated to reducing the stigma around menstruation.

### **Effective Date:**

N/A.

### **G. Relevant Existing Laws**

N/A.

### **E. Prior Session** (Previous Bill Numbers & House/Senate Votes)

#### 2023-24 Legislative Session

- [HR 437, PN 3124](#) (Parker)
  - Recognizing the month of May 2024 as "Menstrual Health Awareness Month."
  - Not reported out of committee.

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THE GENERAL ASSEMBLY OF PENNSYLVANIA

# HOUSE RESOLUTION

No. 151 Session of 2025

INTRODUCED BY PARKER, HILL-EVANS, MADDEN, GIRAL, PROBST, VENKAT, RABB, SMITH-WADE-EL, HOHENSTEIN, ISAACSON, MAYES, RIVERA, OTTEN, STEELE, KAZEEM, MALAGARI, SHUSTERMAN, SANCHEZ, KHAN, O'MARA, CERRATO AND CEPEDA-FREYTIZ, MARCH 31, 2025

REFERRED TO COMMITTEE ON HEALTH, MARCH 31, 2025

## A RESOLUTION

1 Recognizing the month of May 2025 as "Menstrual Health Awareness  
2 Month" in Pennsylvania.

3 WHEREAS, Menstrual health is characterized by how physical,  
4 mental and social well-being relates to the menstrual cycle; and

5 WHEREAS, The menstrual cycle is a biological cycle that  
6 typically lasts between 24 and 38 days; and

7 WHEREAS, The menstrual cycle begins on the first day of  
8 menstruation, also known as a period, and ends on the first day  
9 of the following menstruation; and

10 WHEREAS, The menstrual cycle can undergo significant changes  
11 as a person ages; and

12 WHEREAS, Every day, roughly 800 million women and girls are  
13 menstruating; and

14 WHEREAS, Many women and girls do not have access to  
15 comprehensive education on menstruation; and

16 WHEREAS, A number of women and girls lack access to menstrual  
17 hygiene products, including sanitary pads, tampons, menstrual

1 cups or period underwear; and

2 WHEREAS, As many as four in five students have missed class  
3 time or know someone who has due to the lack of access to  
4 menstrual hygiene products; and

5 WHEREAS, An estimated 14% to 25% of women and girls have  
6 irregular menstrual cycles; and

7 WHEREAS, Menstrual irregularities occur more frequently in  
8 low-income and minority groups; and

9 WHEREAS, Women and girls may delay seeking treatment for  
10 severe pain or irregularities; and

11 WHEREAS, Teens and adults have reported feeling negatively  
12 affected by the stigma associated with menstruation; and

13 WHEREAS, May 28 is recognized around the world as "Menstrual  
14 Hygiene Day," a day dedicated to the goal of reducing the stigma  
15 surrounding menstruation; therefore be it

16 RESOLVED, That the House of Representatives recognize the  
17 month of May 2025 as "Menstrual Health Awareness Month" in  
18 Pennsylvania.