HOUSE HEALTH COMMITTEE

VOTING MEETING

Tuesday, November 18th, 2025

9:00am

G-50, Irvis Office Building

Harrisburg, PA

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1. Call to Order

2. Attendance

3. **HB1652 PN2005 (Salisbury)**
   An Act amending the act of September 9, 1965 (P.L.497, No.251), known as the Newborn Child Testing Act, adding testing for Gaucher disease to the Newborn Child Screening and Follow-up Program.

   HB1715 PN2111 (Flood)
   An Act amending the act of September 9, 1965 (P.L.497, No.251), known as the Newborn Child Testing Act, adding testing for Duchenne muscular dystrophy to the Newborn Child Screening and Follow-up Program.

   HB1043 PN1132 (Venkat)
   An Act amending the act of March 10, 1949 (P.L.30, No.14), known as the Public School Code of 1949, allowing alternative forms of epinephrine administration to be provided in school settings.

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

5. Adjournment

HOUSE OF REPRESENTATIVES
DEMOCRATIC COMMITTEE BILL ANALYSIS

Bill No:	HB1652 PN2005	**Prepared By:**	Erika Fricke (412) 422-1774
Committee:	Health		
Sponsor:	Salisbury, Abigail	**Executive Director:**	Erika Fricke
Date:	11/14/2025		

A. Brief Concept

Adds screening for Gaucher disease to the Newborn Child Testing Act.

C. Analysis of the Bill

HB1652 adds Gaucher disease to the list of mandatory conditions required for newborn screening under the Newborn Child Testing Act.

Effective Date:

60 days

G. Relevant Existing Laws

The Newborn Child Testing Act requires the Department of Health to implement a program for newborn screening testing and follow-up for babies who could face disability or death from a genetic condition.

The department pays for testing and follow-up for ten mandatory conditions, including:

Phenylketonuria (PKU).
Maple syrup urine disease (MSUD).
Sickle-cell disease (hemoglobinopathies).
Galactosemia.
Congenital adrenal hyperplasia (CAH).
Primary congenital hypothyroidism.
Pompe.
Hurler Syndrome (MPS I).
Adrenoleukodystrophy (ALD).
Spinal Muscular Atrophy (SMA).

The act requires practitioners to order screens for newborns within the first month of life for an additional 24 conditions. Labs must report all results to the department, so the department can facilitate follow-up care, such as additional testing, diagnosis, assessment, follow-up, and case management for the first year of life.

The act also creates the Newborn Screening and Follow-up Technical Advisory Board, consisting of experts, practitioners, and parent advocates, to oversee the screening and follow-up program. The Department of Health, on the recommendation of the advisory board, can change the list of conditions for required screening by sending the changes for publication in the Pennsylvania Bulletin.

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

N/A

PRINTER'S NO. 2005

THE GENERAL ASSEMBLY OF PENNSYLVANIA

HOUSE BILL

No. 1652 Session of 2025

INTRODUCED BY SALISBURY, McNEILL, HILL-EVANS, KAZEEM, FRANKEL, SANCHEZ, HANBIDGE, BOROWSKI, FLEMING, CIRESI, RIVERA, WAXMAN, KHAN, SCHLOSSBERG, T. DAVIS AND D. MILLER, JUNE 24, 2025

REFERRED TO COMMITTEE ON HEALTH, JUNE 24, 2025

AN ACT

Amending the act of September 9, 1965 (P.L.497, No.251), entitled "An act requiring physicians, hospitals and other institutions to administer or cause to be administered tests for genetic diseases upon infants in certain cases," further providing for Newborn Child Screening and Follow-up Program.

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

Section 1. Section 3(a)(1) of the act of September 9, 1965 (P.L.497, No.251), known as the Newborn Child Testing Act, is amended by adding a subparagraph to read:

Section 3. Newborn Child Screening and Follow-up Program.--

(a) In order to assist health care providers to determine whether treatment or other services are necessary to avert intellectual disability, physical disability or death, the department, with the approval of the Newborn Screening and Follow-up Technical Advisory Board, shall establish a program providing for:

(1) The screening tests of newborn children and follow-up services for the following diseases:

* * *

(xi) Gaucher disease.

* * *

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

HOUSE OF REPRESENTATIVES
DEMOCRATIC COMMITTEE BILL ANALYSIS

Bill No:	HB1715 PN2111	**Prepared By:**	Erika Fricke 717-787-4296
Committee:	Health		
Sponsor:	Flood, Ann	**Executive Director:**	Erika Fricke
Date:	11/12/2025		

A. Brief Concept

Adds screening for Duchenne muscular dystrophy to the Newborn Child Testing Act.

C. Analysis of the Bill

Adds Duchenne muscular dystrophy to the list of diseases required by statute for screening under the Newborn Child Screening and Follow-up Program.

Effective Date:

60 days

G. Relevant Existing Laws

The Newborn Child Testing Act requires the Department of Health to implement a program for newborn screening testing and follow-up for babies who could face disability or death from a genetic condition.

The department pays for testing and follow-up for ten mandatory conditions, including:

- Phenylketonuria (PKU).
- Maple syrup urine disease (MSUD).
- Sickle-cell disease (hemoglobinopathies).
- Galactosemia.
- Congenital adrenal hyperplasia (CAH).
- Primary congenital hypothyroidism.
- Pompe.
- Hurler Syndrome (MPS I).
- Adrenoleukodystrophy (ALD).
- Spinal Muscular Atrophy (SMA).

The act requires practitioners to order screens for newborns within the first month of life for an additional 24 conditions. Labs must report all results to the department so that the department can facilitate follow-up care, such as additional testing, diagnosis, assessment, follow-up, and case management for the first year of life.

The act also creates the Newborn Screening and Follow-up Technical Advisory Board, consisting of experts, practitioners, and parent advocates to oversee the screening and follow-up program. The Department of Health, on the recommendation of the advisory board, can change the list of conditions for required screening.

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

N/A

PRINTER'S NO. 2111

THE GENERAL ASSEMBLY OF PENNSYLVANIA

HOUSE BILL

No. 1715 Session of 2025

INTRODUCED BY FLOOD, BRIGGS, COOK, CURRY AND McNEILL, JULY 9, 2025

REFERRED TO COMMITTEE ON HEALTH, JULY 10, 2025

AN ACT

Amending the act of September 9, 1965 (P.L.497, No.251), entitled "An act requiring physicians, hospitals and other institutions to administer or cause to be administered tests for genetic diseases upon infants in certain cases," further providing for Newborn Child Screening and Follow-up Program.

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

Section 1. Section 3(a)(1) of the act of September 9, 1965 (P.L.497, No.251), known as the Newborn Child Testing Act, is amended by adding a subparagraph to read:

Section 3. Newborn Child Screening and Follow-up Program.--

(a) In order to assist health care providers to determine whether treatment or other services are necessary to avert intellectual disability, physical disability or death, the department, with the approval of the Newborn Screening and Follow-up Technical Advisory Board, shall establish a program providing for:

(1) The screening tests of newborn children and follow-up services for the following diseases:

* * *

(xi) Duchenne muscular dystrophy.

* * *

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

HOUSE OF REPRESENTATIVES
DEMOCRATIC COMMITTEE BILL ANALYSIS

Bill No:	HB1043 PN1132	**Prepared By:**	Diya Singh (412) 422-1774
Committee:	Health		
Sponsor:	Venkat, Arvind	**Executive Director:**	Erika Fricke
Date:	8/13/2025		

A. Brief Concept

Allows schools to use any FDA-approved method to give epinephrine for allergic reactions, not just auto-injectors.

C. Analysis of the Bill

Amends Act 14 of 1949, also known as the Public School Code of 1949, to replace every use of the term "auto-injectors" with the term "delivery systems" to allow for any FDA-approved method to give epinephrine. The bill applies to both non-public schools and "school entities" as defined by the Bill.

Definitions

"Epinephrine delivery system"/"Delivery system" -- refers to any FDA-approved device that delivers a premeasured dose of epinephrine to prevent or treat severe allergic reactions.

"School entity" -- refers to school districts, intermediate units, charter schools, area career schools, and technical schools.

Effective Date:

60 days.

G. Relevant Existing Laws

Act 14 of 1949, also known as the Public School Code of 1949 details the operation of Public Schools in Pennsylvania (with certain provisions applicable to private and parochial schools), including school district designations, school finances, school boards, and student safety. It requires schools to have a policy allowing children to possess and self-administer epinephrine, with specific attention to children's competence to self-administer, preventing access to other children, and notification of the school nurse after an incident. Schools are able to stock epinephrine and train employees to administer it. School crossing guards and bus drivers receive Good Samaritan protections if they administer epinephrine in accordance with training and employer policies.

Article XIV deals with school health services, including the ability of school personnel, bus drivers and crossing guards to administer epinephrine by auto-injector, and for students to self-administer epinephrine by auto-injector.

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

None.

PRINTER'S NO. 1132

THE GENERAL ASSEMBLY OF PENNSYLVANIA

HOUSE BILL

No. 1043 Session of 2025

INTRODUCED BY VENKAT, CERRATO, GIRAL, KOSIEROWSKI, MARCELL, MIHALEK, SHAFFER, WARNER, MADDEN, HILL-EVANS, KHAN, CAUSER, HANBIDGE, OTTEN, RIVERA, NEILSON, McANDREW, HOHENSTEIN, SANCHEZ, D. WILLIAMS, CEPEDA-FREYTIZ AND STEELE, MARCH 25, 2025

REFERRED TO COMMITTEE ON HEALTH, MARCH 25, 2025

AN ACT

Amending the act of March 10, 1949 (P.L.30, No.14), entitled "An act relating to the public school system, including certain provisions applicable as well to private and parochial schools; amending, revising, consolidating and changing the laws relating thereto," in school health services, further providing for definitions, for possession and use of asthma inhalers and epinephrine auto-injectors, for school access to emergency epinephrine and for administration of epinephrine auto-injectors by school bus drivers and school crossing guards.

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

Section 1. Section 1401 of the act of March 10, 1949 (P.L.30, No.14), known as the Public School Code of 1949, is amended by adding a definition to read:

Section 1401. Definitions.--As used in this article--

* * *

(17) "Epinephrine delivery system" means a device approved by the Federal Food and Drug Administration that contains a premeasured dose of epinephrine and is used to administer

epinephrine into the human body to prevent or treat a life-threatening allergic reaction.

Section 2. Sections 1414.1 heading, (a) and (b), 1414.2 and 1414.9 of the act are amended to read:

Section 1414.1. Possession and Use of Asthma Inhalers and Epinephrine [Auto-Injectors] Delivery Systems.--(a) Each school entity shall develop a written policy to allow for the possession and self-administration by children of school age of asthma inhalers and epinephrine [auto-injectors] delivery systems, and the prescribed medication to be administered thereby, in a school setting. The policy shall comply with section 504 of the Rehabilitation Act of 1973 (Public Law 93-112, 29 U.S.C. § 794) and 22 Pa. Code Ch. 15 (relating to protected handicapped students). The policy shall be distributed with the code of student conduct required under 22 Pa. Code § 12.3(c) (relating to school rules) and made available on the school entity's publicly accessible Internet website, if any.

(b) The policy under this section shall require a child of school age that desires to possess and self-administer an asthma inhaler or epinephrine [auto-injector] delivery system in a school setting to demonstrate the capability for self-administration and for responsible behavior in the use thereof and to notify the school nurse immediately following each use of an asthma inhaler or epinephrine [auto-injector] delivery system. The school entity shall develop a system whereby the child may demonstrate competency to the school nurse that the child is capable of self-administration and has permission for carrying and taking the medication through the use of the asthma inhaler or epinephrine [auto-injector] delivery system. Determination of competency for self-administration shall be

based on age, cognitive function, maturity and demonstration of responsible behavior. The school entity shall also restrict the availability of the asthma inhaler, the epinephrine [auto-injector] delivery system and the prescribed medication contained therein from other children of school age. The policy shall specify conditions under which a student may lose the privilege to self-carry the asthma inhaler, the epinephrine [auto-injector] delivery system and the medication if the school policies are abused or ignored. A school entity that prevents a student from self-carrying an asthma inhaler or epinephrine [auto-injector] delivery system and the prescribed medication shall ensure that they are appropriately stored at locations in close proximity to the student prohibited from self-carrying and notify the student's classroom teachers of the places where the asthma inhaler or epinephrine [auto-injector] delivery system and medication are to be stored and the means to access them.

* * *

Section 1414.2. School Access to Emergency Epinephrine.--(a) Subject to subsection (g), a school entity or nonpublic school may authorize a trained school employe to:

(1) provide an epinephrine [auto-injector] delivery system that meets the prescription on file for either the individual student or the school entity or nonpublic school to a student who is authorized to self-administer an epinephrine [auto-injector] delivery system;

(2) administer to a student an epinephrine [auto-injector] delivery system that meets the prescription on file for either the individual student or the school entity or nonpublic school; and

(3) administer an epinephrine [auto-injector] delivery

system that meets the prescription on file for the school entity or nonpublic school to a student that the employe in good faith believes to be having an anaphylactic reaction.

(b) Notwithstanding section 11 of the act of April 14, 1972 (P.L.233, No.64), known as "The Controlled Substance, Drug, Device and Cosmetic Act," a physician or certified registered nurse practitioner may prescribe epinephrine [auto-injectors] delivery systems in the name of the school entity or nonpublic school to be maintained for use pursuant to subsection (a).

(c) A school entity or nonpublic school may maintain at a school in a safe, secure location a supply of epinephrine [auto-injectors] delivery systems.

(d) A school entity or nonpublic school that authorizes the provision of epinephrine [auto-injectors] delivery systems under this section shall designate one or more individuals at each school who shall be responsible for the storage and use of the epinephrine [auto-injectors] delivery systems.

(e) Individuals who are responsible for the storage and use of epinephrine [auto-injectors] delivery systems must successfully complete a training program that shall be developed and implemented by the Department of Health within ninety (90) days of the effective date of this section.

(f) (1) An epinephrine [auto-injector] delivery system from the school entity's or nonpublic school's supply of epinephrine [auto-injectors] delivery systems that meets the prescription on file for the school entity or nonpublic school may be provided to and utilized by a student authorized to self-administer or may be administered by a trained school employe authorized to administer an epinephrine [auto-injector] delivery system to a student pursuant to subsection (a).

(2) When a student does not have an epinephrine [auto-injector] delivery system or a prescription for an epinephrine [auto-injector] delivery system on file, a trained school employe may utilize the school entity's or nonpublic school's supply of epinephrine [auto-injectors] delivery systems to respond to anaphylactic reaction under a standing protocol from a physician or certified registered nurse practitioner and as provided in this section.

(f.1) In the event a student is believed to be having an anaphylactic reaction, the school nurse or an individual in the school who is responsible for the storage and use of epinephrine [auto-injectors] delivery systems shall contact 911 as soon as possible.

(g) At the request of a parent or legal guardian, a student shall be exempt from subsections (a), (f) and (h). The principal of the school in which the student is enrolled shall notify all parents or legal guardians of their ability to exempt their children from subsections (a), (f) and (h) by returning a signed opt-out form.

(h) The provisions of 42 Pa.C.S. §§ 8332 (relating to emergency response provider and bystander good Samaritan civil immunity) and 8337.1 (relating to civil immunity of school officers or employees relating to emergency care, first aid and rescue) shall apply to a person who administers an epinephrine [auto-injector] delivery system pursuant to this section.

(i) Administration of an epinephrine [auto-injector] delivery system under this section shall comply with section 504 of the Rehabilitation Act of 1973 (Public Law 93-112, 29 U.S.C. § 794) and 22 Pa. Code Ch. 15 (relating to protected handicapped students).

(j) As used in this section, "school entity" means a school district, intermediate unit, charter school, cyber charter school, regional charter school or area career and technical school.

Section 1414.9. Administration of Epinephrine [Auto-injectors] Delivery Systems by School Bus Drivers and School Crossing Guards.--The provisions of 42 Pa.C.S. §§ 8332 (relating to emergency response provider and bystander good Samaritan civil immunity) and 8337.1 (relating to civil immunity of school officers or employees relating to emergency care, first aid and rescue) shall apply to a school bus driver and a school crossing guard when all of the following apply:

(1) The school bus driver or school crossing guard administers an epinephrine [auto-injector] delivery system to a student in a manner consistent with the policies established by all of the following:

(i) the independent contractor that employs the school bus driver or school crossing guard, if the school bus driver or school crossing guard is employed by an independent contractor;

(ii) the school entity that has contracted with the independent contractor, if the school bus driver or school crossing guard is employed by an independent contractor; and

(iii) the school entity that employs the school bus driver or school crossing guard, if the school bus driver or school crossing guard is employed by a school entity.

(2) The school bus driver or school crossing guard has successfully completed a training program that shall be developed and implemented by the Department of Health. The Department of Health shall have ninety (90) days from the effective date of this section to develop and implement such a

training program.

Section 3. This act shall take effect in 60 days.