



HOUSE HEALTH COMMITTEE

VOTING MEETING

Tuesday, February 3rd, 2026

8:30am

60 East Wing

Harrisburg, PA

1. Call to Order

2. Attendance

3. **HB2042 PN2614 (Briggs)**

Sets standards for managing concussions and traumatic brain injuries for young people in non-scholastic organized athletics.

Amendment A02388 (Frankel) – Further defines recreational athletic events.

HR203 PN1458 (Guzman)

A Resolution directing the Joint State Government Commission to review medication errors.

Amendment A02337 (Frankel) – Amends study to review the process and effectiveness of medical reporting.

Amendment A02373 (Rossi) – Adds surgical providers.

HR392 PN2781 (Matzie)

A Resolution recognizing the week of March 8 through 14, 2026, as "Multiple Sclerosis Awareness Week" in Pennsylvania.

HR399 PN2796 (Delozier)

A Resolution designating February 19, 2026, as "Wear Purple Day" in Pennsylvania.

HR411 PN2825 (Flood)

A Resolution recognizing the month of February 2026 as "Blood Cancer Awareness Month" in Pennsylvania.

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

5. Adjournment

HOUSE OF REPRESENTATIVES

DEMOCRATIC COMMITTEE BILL ANALYSIS

Bill No:	HB2042 PN2614	Prepared By:	Dylan Lindberg (717) 705-1875,6240
Committee:	Health	Executive Director:	Erika Fricke
Sponsor:	Briggs, Tim		
Date:	1/5/2026		

A. Brief Concept

Protects children participating in non-scholastic recreational sports from concussions.

C. Analysis of the Bill

House Bill 2042 amends the Safety in Youth Sports Act to extend protections to non-scholastic and recreational sports.

Information

The Department of Health and the Department of Education must develop concussion education materials that are inclusive and accessible to non-scholastic leagues and participants. Before a pre-adult participant may take part in a non-scholastic sport, the participant's parent or guardian must sign an acknowledgment confirming receipt of these materials.

Before a student or pre-adult participant takes part in a recreational sport, the school or non-scholastic organization sponsoring the activity must provide them with information on Department of Health programs that connect the medical, rehabilitation, and education sectors with families following a brain injury.

A sponsoring organization of a non-scholastic or recreational sport may hold an informational meeting regarding concussions and traumatic brain injuries.

Removal from Participation

A pre-adult participant, who is determined by the official, coach, athletic trainer, or other official designated by pre-adult participant's sponsoring organization to show signs and symptoms of a concussion, must be removed from participation. The pre-adult participant may only return to participation if an appropriate medical professional determines in writing that they are fit to return.

Annual Training

Each school year, a coach must complete training approved by the Centers for Disease Control and Prevention, the National Federation of State High School Associations, or any other entity determined by the department. A coach is prohibited from coaching until the required training has been completed.

Definitions

Under the current statute, "Athletic activity" refers only to scholastic and school-related sports. HB2042 expands the definition to include non-scholastic sports as follows: (5) Organized leagues, including private leagues, that are not associated with a school entity or sponsored by interscholastic activities. and (6) Any recreational team activity with pre-adult participants outside of an official school activity that is not associated with a school entity or sponsored by interscholastic activities.

Under the current statute, an "Appropriate medical professional" is one of the following:

- (1) A licensed physician who is trained in the evaluation and management of concussions or a licensed or certified health care professional trained in the evaluation and management of concussions and designated by such licensed physician.
- (2) A licensed psychologist neuropsychologically trained in the evaluation and management of concussions or who has postdoctoral training in neuropsychology and specific training in the evaluation and management of concussions.

"Pre-adult participant." An individual under 18 years of age that participates in an athletic activity.

Effective Date:

60 days.

G. Relevant Existing Laws

The Safety in Youth Sports Act establishes concussion safety requirements for school-sponsored and school-affiliated athletics. Schools must provide concussion education materials to parents or guardians before student participation, immediately remove students showing signs of a concussion from play, and require written medical clearance before a student may return. Coaches must complete annual, Department of Health-approved concussion training before coaching. A coach is protected from civil liability when they remove a participant showing signs of a concussion or allow a participant to return based on written recommendations from an appropriate healthcare professional. House Bill 2042 expands these requirements to also apply to non-school-sponsored athletics.

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

N/A

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. 2042 Session of
2025

INTRODUCED BY BRIGGS, SANCHEZ, WAXMAN, FREEMAN, HILL-EVANS,
HOWARD, OTTEN, D. WILLIAMS, GUZMAN, PROBST, WARREN,
SHUSTERMAN, MAYES, CIRESI, DOUGHERTY AND GREEN,
NOVEMBER 17, 2025

REFERRED TO COMMITTEE ON HEALTH, NOVEMBER 18, 2025

AN ACT

1 Amending the act of November 9, 2011 (P.L.411, No.101), entitled
2 "An act establishing standards for managing concussions and
3 traumatic brain injuries to student athletes; assigning
4 duties to the Department of Health and the Department of
5 Education; and imposing penalties," further providing for
6 definitions and for the prevention of concussions and
7 traumatic brain injuries.

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

10 Section 1. The definition of "athletic activity" in section
11 2 of the act of November 9, 2011 (P.L.411, No.101), known as the
12 Safety in Youth Sports Act, is amended and the section is
13 amended by adding definitions to read:

14 Section 2. Definitions.

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

18 * * *

19 "Athletic activity." All of the following:

1 (1) Interscholastic athletics.

2 (2) An athletic contest or competition, other than
3 interscholastic athletics, that is sponsored by or associated
4 with a school entity, including cheerleading, club-sponsored
5 sports activities and sports activities sponsored by school-
6 affiliated organizations.

7 (3) Noncompetitive cheerleading that is sponsored by or
8 associated with a school entity.

9 (4) Practices, interschool practices and scrimmages for
10 all of the activities listed under paragraphs (1), (2) and
11 (3).

12 (5) Organized leagues, including private leagues, that
13 are not associated with a school entity or sponsored by
14 interscholastic activities.

15 (6) Any recreational team activity with pre-adult
16 participants outside of an official school activity that is
17 not associated with a school entity or sponsored by
18 interscholastic activities.

19 * * *

20 "Pre-adult participant." An individual under 18 years of age
21 that participates in an athletic activity.

22 "Return-to-learn." A program developed by the Department of
23 Health to build a bridge connecting the medical, rehabilitation,
24 education sectors and families following a student's or pre-
25 adult participant's brain injury. The term includes the
26 BrainSTEPS program or a successor program.

27 * * *

28 Section 2. Section 3(a), (b), (c), (d) and (e) of the act is
29 amended and the section is amended by adding a subsection to
30 read:

1 Section 3. Concussions and traumatic brain injuries.

2 (a) Educational materials.--The Department of Health and the
3 Department of Education shall develop and post on their Internet
4 websites guidelines and other relevant materials to inform and
5 educate students participating in or desiring to participate in
6 an athletic activity, their parents and their coaches about the
7 nature and risk of concussion and traumatic brain injury,
8 including the risks associated with continuing to play or
9 practice after a concussion or traumatic brain injury. In
10 developing the guidelines and materials, the departments shall
11 utilize existing materials developed or approved by the Centers
12 for Disease Control and Prevention. [A student participating in
13 or desiring] A pre-adult participant who participates or desires
14 to participate in an athletic activity and the [student's] pre-
15 adult participant's parent or guardian shall each [school] year,
16 prior to participation [by the student] in an athletic activity,
17 sign and return to the [student's school] pre-adult
18 participant's sponsoring organization an acknowledgment of
19 receipt and review of a concussion and traumatic brain injury
20 information sheet developed under this subsection.

21 (b) Informational meeting.--A school entity or sponsoring
22 organization may hold an informational meeting prior to the
23 start of each athletic season for pre-adult participants and
24 competitors of all ages [of competitors] regarding concussions
25 and other head injuries, the importance of proper concussion
26 management and how preseason baseline assessments can aid in the
27 evaluation, management and recovery process. In addition to
28 students, pre-adult participants, parents, coaches and other
29 school officials, informational meetings may include physicians,
30 neuropsychologists, athletic trainers and physical therapists.

(c) Removal from play.--A student or pre-adult participant who, as determined by a game official, coach from the student's or pre-adult participant's team, certified athletic trainer, licensed physician, licensed physical therapist or other official designated by the student's school entity or pre-adult participant's sponsoring organization, exhibits signs or symptoms of a concussion or traumatic brain injury while participating in an athletic activity shall be removed by the coach from participation at that time.

(d) Return to play.--The coach shall not return a student or pre-adult participant to participation until the student or pre-adult participant is evaluated and cleared for return to participation in writing by an appropriate medical professional. The governing body of a school entity may designate a specific person or persons, who must be appropriate medical professionals, to provide written clearance for return to participation. In order to help determine whether a student or pre-adult participant is ready to return to participation, an appropriate medical professional may consult any other licensed or certified medical professionals.

(d.1) Information to be distributed by sponsoring organizations.--A sponsoring organization must distribute return-to-learn information to all students and pre-adult participants before the student or pre-adult participant participates in an athletic activity offered by the sponsoring organization.

(e) Training course.--Once each school year, a coach shall complete the concussion management certification training course [offered] approved by the Centers for Disease Control and Prevention, the National Federation of State High School

1 Associations or another provider approved by the Department of
2 Health. A coach shall not coach an athletic activity until the
3 coach completes the training course required under this
4 subsection.

5 * * *

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

LEGISLATIVE REFERENCE BUREAU

AMENDMENTS TO HOUSE BILL NO. 2042

Sponsor:

Printer's No. 2614

1 Amend Bill, page 2, by inserting between lines 8 and 9

2 (3.1) An official recreational athletic event.

3 Amend Bill, page 2, line 10, by inserting a bracket before
4 "and"

5 Amend Bill, page 2, line 10, by inserting after "and"

6 1.

7 Amend Bill, page 2, line 11, by inserting after "(3)"

8 and (3.1)

9 Amend Bill, page 2, lines 12 through 18, by striking out all
10 of said lines

11 Amend Bill, page 2, by inserting between lines 19 and 20

12 "Official recreational athletic event." A recreational
13 athletic contest or competition that meets all of the following:

14 (1) Involves pre-adult participants.

15 (2) Is sponsored by or associated with a sponsoring
16 organization.

17 (3) Requires pre-adult participant registration,
18 maintains written rules of play and conducts regular season
19 or tournament style competition.

20 (4) Is not an athletic activity associated with a school
21 entity or sponsored by interscholastic activities.

22 (5) Is not an incidental athletic competition or
23 contest.

24 Amend Bill, page 2, line 20, by inserting after "individual"
25 , other than a student,

26 Amend Bill, page 2, by inserting between lines 27 and 28

27 "Sponsoring organization." A person or organization that is
28 involved in sponsoring, organizing, scheduling or conducting

1 games, exhibitions, events or contests for an official
2 recreational athletic event.

3 Amend Bill, page 2, line 28, by striking out "and" and
4 inserting a comma

5 Amend Bill, page 2, line 28, by inserting after "(e)"
6 and (g)

7 Amend Bill, page 3, line 5, by inserting after "students"
8 and pre-adult participants

9 Amend Bill, page 3, line 13, by inserting after "A"
10 student or

11 Amend Bill, page 3, line 14, by striking out the bracket
12 before "student's"

13 Amend Bill, page 3, line 14, by striking out the bracket
14 after "student's" and inserting

15 or

16 Amend Bill, page 3, line 17, by striking out the bracket
17 before "student's"

18 Amend Bill, page 3, line 17, by striking out the bracket
19 after "school" and inserting

20 entity or

21 Amend Bill, page 3, line 23, by inserting after "for"

22 students or

23 Amend Bill, page 4, line 14, by inserting after "entity"

24 or a sponsoring organization

25 Amend Bill, page 4, lines 21 and 22, by striking out "by
26 sponsoring organizations.--A" and inserting

27 .--A school entity or

28 Amend Bill, page 4, line 25, by inserting after "the"

29 school entity or

30 Amend Bill, page 5, by inserting between lines 5 and 6

31 [(g) Other youth athletic activities.--The sponsors of youth

1 athletic activities not specifically addressed by this act are
2 encouraged to follow the guidance set forth in this act.]
3 * * *

THE GENERAL ASSEMBLY OF PENNSYLVANIA

HOUSE BILL

No. 2042 Session of
2025

INTRODUCED BY BRIGGS, SANCHEZ, WAXMAN, FREEMAN, HILL-EVANS,
HOWARD, OTTEN, D. WILLIAMS, GUZMAN, PROBST, WARREN,
SHUSTERMAN, MAYES, CIRESI, DOUGHERTY AND GREEN,
NOVEMBER 17, 2025

REFERRED TO COMMITTEE ON HEALTH, NOVEMBER 18, 2025

AN ACT

1 Amending the act of November 9, 2011 (P.L.411, No.101), entitled
2 "An act establishing standards for managing concussions and
3 traumatic brain injuries to student athletes; assigning
4 duties to the Department of Health and the Department of
5 Education; and imposing penalties," further providing for
6 definitions and for the prevention of concussions and
7 traumatic brain injuries.

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

10 Section 1. The definition of "athletic activity" in section
11 2 of the act of November 9, 2011 (P.L.411, No.101), known as the
12 Safety in Youth Sports Act, is amended and the section is
13 amended by adding definitions to read:

14 Section 2. Definitions.

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

18 * * *

19 "Athletic activity." All of the following:

A02388 Amendment in Context

(1) Interscholastic athletics.

(2) An athletic contest or competition, other than interscholastic athletics, that is sponsored by or associated with a school entity, including cheerleading, club-sponsored sports activities and sports activities sponsored by school-affiliated organizations.

(3) Noncompetitive cheerleading that is sponsored by or associated with a school entity.

(3.1) An official recreational athletic event.

(4) Practices, interschool practices and scrimmages for all of the activities listed under paragraphs (1), (2) [and], (3) and (3.1).

~~(5) Organized leagues, including private leagues, that are not associated with a school entity or sponsored by interscholastic activities.~~

~~(6) Any recreational team activity with pre-adult participants outside of an official school activity that is not associated with a school entity or sponsored by interscholastic activities.~~

* * *

"Official recreational athletic event." A recreational athletic contest or competition that meets all of the following:

(1) Involves pre-adult participants.

(2) Is sponsored by or associated with a sponsoring organization.

(3) Requires pre-adult participant registration, maintains written rules of play and conducts regular season or tournament style competition.

(4) Is not an athletic activity associated with a school entity or sponsored by interscholastic activities.

A02388 Amendment in Context

(5) Is not an incidental athletic competition or contest.

"Pre-adult participant." An individual, other than a student, under 18 years of age that participates in an athletic activity.

"Return-to-learn." A program developed by the Department of Health to build a bridge connecting the medical, rehabilitation, education sectors and families following a student's or pre-adult participant's brain injury. The term includes the BrainSTEPS program or a successor program.

* * *

"Sponsoring organization." A person or organization that is involved in sponsoring, organizing, scheduling or conducting games, exhibitions, events or contests for an official recreational athletic event.

Section 2. Section 3(a), (b), (c), (d) ~~and~~, (e) and (g) of the act is amended and the section is amended by adding a subsection to read:

Section 3. Concussions and traumatic brain injuries.

(a) Educational materials.--The Department of Health and the Department of Education shall develop and post on their Internet websites guidelines and other relevant materials to inform and educate students and pre-adult participants participating in or desiring to participate in an athletic activity, their parents and their coaches about the nature and risk of concussion and traumatic brain injury, including the risks associated with continuing to play or practice after a concussion or traumatic brain injury. In developing the guidelines and materials, the departments shall utilize existing materials developed or approved by the Centers for Disease Control and Prevention. [A

A02388 Amendment in Context

1 | ~~student participating in or desiring]~~ A student or pre-adult
2 | participant who participates or desires to participate in an
3 | athletic activity and the ~~+student's+~~ or pre-adult participant's
4 | parent or guardian shall each [school] year, prior to
5 | participation [by the student] in an athletic activity, sign and
6 | return to the ~~+student's school+~~ entity or pre-adult
7 | participant's sponsoring organization an acknowledgment of
8 | receipt and review of a concussion and traumatic brain injury
9 | information sheet developed under this subsection.

10 | (b) Informational meeting.--A school entity or sponsoring
11 | organization may hold an informational meeting prior to the
12 | start of each athletic season for students or pre-adult
13 | participants and competitors of all ages [~~of competitors~~]
14 | regarding concussions and other head injuries, the importance of
15 | proper concussion management and how preseason baseline
16 | assessments can aid in the evaluation, management and recovery
17 | process. In addition to students, pre-adult participants,
18 | parents, coaches and other school officials, informational
19 | meetings may include physicians, neuropsychologists, athletic
20 | trainers and physical therapists.

21 | (c) Removal from play.--A student or pre-adult participant
22 | who, as determined by a game official, coach from the student's
23 | or pre-adult participant's team, certified athletic trainer,
24 | licensed physician, licensed physical therapist or other
25 | official designated by the student's school entity or pre-adult
26 | participant's sponsoring organization, exhibits signs or
27 | symptoms of a concussion or traumatic brain injury while
28 | participating in an athletic activity shall be removed by the
29 | coach from participation at that time.

30 | (d) Return to play.--The coach shall not return a student or

A02388 Amendment in Context

1 pre-adult participant to participation until the student or pre-
2 adult participant is evaluated and cleared for return to
3 participation in writing by an appropriate medical professional.

4 The governing body of a school entity or a sponsoring
5 organization may designate a specific person or persons, who
6 must be appropriate medical professionals, to provide written
7 clearance for return to participation. In order to help
8 determine whether a student or pre-adult participant is ready to
9 return to participation, an appropriate medical professional may
10 consult any other licensed or certified medical professionals.

11 (d.1) Information to be distributed ~~by sponsoring~~
12 ~~organizations.~~ A.--A school entity or sponsoring organization
13 must distribute return-to-learn information to all students and
14 pre-adult participants before the student or pre-adult
15 participant participates in an athletic activity offered by the
16 school entity or sponsoring organization.

17 (e) Training course.--Once each school year, a coach shall
18 complete the concussion management certification training course
19 [offered] approved by the Centers for Disease Control and
20 Prevention, the National Federation of State High School
21 Associations or another provider approved by the Department of
22 Health. A coach shall not coach an athletic activity until the
23 coach completes the training course required under this
24 subsection.

25 * * *

26 [(g) Other youth athletic activities.--The sponsors of youth
27 athletic activities not specifically addressed by this act are
28 encouraged to follow the guidance set forth in this act.]

29 * * *

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

HOUSE OF REPRESENTATIVES

DEMOCRATIC COMMITTEE BILL ANALYSIS

Bill No:	HR0203 PN1458	Prepared By:	Erika Fricke
Committee:	Health		(412) 422-1774
Sponsor:	Guzman, Manuel	Executive Director:	Erika Fricke
Date:	1/12/2026		

A. Brief Concept

Directs the Joint State Government Commission to study medication errors.

C. Analysis of the Bill

Defines medication errors as preventable mistakes made while prescribing or issuing medications, states they can occur at various points in the process of prescribing and preparing medication, and that consequences of medication errors can be serious.

Identifies that pharmacists are required to notify the prescribing doctor and hospitals are required to report "serious events" that result in death or serious harm to a patient and "incidents" that could have resulted in serious harm to the Patient Safety Reporting System

Directs the Joint State Government Commission to conduct a study of medication errors and issue a report with recommendations on how to reduce medication errors and improve patient safety.

The study must include information about medication errors in different settings, including hospitals, senior living centers, long-term care facilities, and rehabilitation centers.

An advisory committee must assist in the study and must include:

- The Secretary of Health or a designee
- A representative of the Hospital and Healthsystem Association of PA
- A representative of the Pennsylvania Medical Society
- A representative of the Pennsylvania Pharmacists Association
- A representative of the Pennsylvania State Nurses Association
- A representative of the Pennsylvania Patient Advocacy Program within the Department of Health
- A licensed pharmacist
- A licensed registered nurse,
- a licensed physician
- Other members identified by the commission as helpful in providing insight.

The study must include policies adopted by other states to reduce medication errors, as well as best practices supported by stakeholders.

The study must also include a review of the agency in the Commonwealth with regulatory oversight of medication errors.

The study must be presented to the House of Representatives in 18 months.

Effective Date:

Immediately

G. Relevant Existing Laws

N/A

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

HR302 was introduced in 2023 and referred to the Health Committee. No further action was taken.

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THE GENERAL ASSEMBLY OF PENNSYLVANIA

HOUSE RESOLUTION

No. 203 Session of
2025

INTRODUCED BY GUZMAN, HILL-EVANS, SANCHEZ, RIVERA AND CEPEDA-
FREYTIZ, APRIL 22, 2025

REFERRED TO COMMITTEE ON HEALTH, APRIL 22, 2025

A RESOLUTION

1 Directing the Joint State Government Commission to conduct a
2 study of medication errors and issue a report to provide
3 recommendations on reduction of errors and improved patient
4 safety.

5 WHEREAS, According to the National Coordinating Council for
6 Medication Error Reporting and Prevention, medication errors are
7 preventable mistakes made while prescribing or issuing
8 medication to a patient; and

9 WHEREAS, Medication errors can happen at any step in the
10 process of prescribing medication, including when the medicine
11 is prescribed, when the prescribed medication is entered into
12 the computer system, when the medication is dispensed or when
13 the medication is taken by an individual; and

14 WHEREAS, Medication errors may have serious consequences such
15 as death, hospitalization, disability or birth defects; and

16 WHEREAS, Didier Epopa, a patient at Mercy Fitzgerald Hospital
17 in Darby, Delaware County, was issued the wrong medication,
18 which caused his body to seize and muscles to tighten; and

19 WHEREAS, The error occurred because a pharmacy technician at

1 Mercy Fitzgerald Hospital wrongly labeled the intravenous bag
2 containing the medicine; and

3 WHEREAS, A report on the medication error incident later
4 found that the pharmacy technician was in fact not a technician,
5 but rather a certified intern and should have been supervised;
6 and

7 WHEREAS, Under current State law, pharmacists are not
8 required to notify the Pennsylvania Board of Pharmacy about
9 medication errors, but instead must notify the prescribing
10 doctor of a medication error within 24 hours of the error; and

11 WHEREAS, Since pharmacists are not required to notify a State
12 agency, many times this leads the hospital to only conduct an
13 internal investigation of the error rather than involving the
14 Department of Health; and

15 WHEREAS, Hospitals are required to report "serious events,"
16 which are instances that result in death or serious harm to a
17 patient, and "incidents," which are events that could have
18 resulted in the death or serious harm to a patient, to the
19 Pennsylvania Patient Safety Reporting System; and

20 WHEREAS, According to the Pennsylvania Patient Safety
21 Authority's 2022 Annual Report, there were 257,000 reports made,
22 which included 247,000 reports regarding "incidents" and 10,000
23 reports regarding "serious events"; and

24 WHEREAS, The United States Food and Drug Administration (FDA)
25 has worked to reduce medication errors by reviewing medication
26 names, packaging, labeling and directions for all medications
27 and required barcodes to appear on some medications for the
28 purpose of ensuring the correct strength and type of medication;
29 and

30 WHEREAS, The FDA also released a guidance in 2016 titled

1 "Safety Considerations for Product Design to Minimize Medication
2 Errors" to help reduce medication errors; and

3 WHEREAS, Medication errors could be further reduced with the
4 institution of adequate staff-to-patient ratios, so nurses and
5 other health care professionals are not overwhelmed with a large
6 number of patients and can provide better quality of care to
7 patients; and

8 WHEREAS, All Pennsylvanians would benefit from reduced
9 occurrences of medication errors and improved patient safety;
10 and

11 WHEREAS, The House of Representatives should craft policy
12 informed by a thorough understanding of how to reduce medication
13 errors and improve patient safety; therefore be it

14 RESOLVED, That the House of Representatives direct the Joint
15 State Government Commission to conduct a study of medication
16 errors and issue a report to provide recommendations on
17 reduction of errors and improved patient safety; and be it
18 further

19 RESOLVED, That the study include how medication errors occur
20 in different settings where patients are prescribed and
21 administered medication, including acute care hospitals,
22 rehabilitation centers, senior living centers, long-term care
23 facilities and pharmacies; and be it further

24 RESOLVED, That the Joint State Government Commission appoint
25 an advisory committee to assist in this study; and be it further

26 RESOLVED, That the advisory committee be composed of the
27 following members:

28 (1) The Secretary of Health or a designee.

29 (2) One individual representing The Hospital and
30 Healthsystem Association of Pennsylvania.

1 (3) One individual representing the Pennsylvania Medical
2 Society.

3 (4) One individual representing the Pennsylvania
4 Pharmacists Association.

5 (5) One individual representing Pennsylvania State
6 Nurses Association.

7 (6) One individual from the Pennsylvania Patient
8 Advocacy Program within the Department of Health.

9 (7) One licensed pharmacist to be selected by the Joint
10 State Government Commission.

11 (8) One licensed registered nurse to be selected by the
12 Joint State Government Commission.

13 (9) One licensed physician to be selected by the Joint
14 State Government Commission.

15 (10) Any other member identified as being helpful by the
16 Joint State Government Commission;

17 and be it further

18 RESOLVED, That the study include policies adopted by other
19 states to reduce medication errors; and be it further

20 RESOLVED, That the study include best practices supported by
21 stakeholders such as The Hospital and Healthsystem Association
22 of Pennsylvania, the Pennsylvania Medical Society, the
23 Pennsylvania Pharmacists Association and the Pennsylvania State
24 Nurses Association; and be it further

25 RESOLVED, That the study include a review of current
26 Pennsylvania statute and regulations related to administration
27 of medicine and reporting of medication errors; and be it
28 further

29 RESOLVED, That the study include a review of the agency in
30 the Commonwealth with regulatory oversight of medication errors;

1 and be it further

2 RESOLVED, That the Joint State Government Commission present
3 its report to the House of Representatives no later than 18
4 months after the adoption of this resolution.

LEGISLATIVE REFERENCE BUREAU

AMENDMENTS TO HOUSE RESOLUTION NO. 203

Sponsor:

Printer's No. 1458

1 Amend Resolution, page 1, lines 1 through 19; pages 2 through
2 4, lines 1 through 30; page 5, lines 1 through 4; by striking
3 out all of said lines on said pages and inserting

4 Directing the Joint State Government Commission to conduct a
5 study of medical errors and issue a report to provide
6 recommendations on reduction of errors and improved patient
7 safety.

8 WHEREAS, According to the Agency for Healthcare Research and
9 Quality, errors can be defined as acts of commission or
10 omission, leading to an undesirable outcome or significant
11 potential for such an outcome; and

12 WHEREAS, Medical errors may have serious consequences such as
13 death, hospitalization, disability or birth defects; and

14 WHEREAS, According to the act of March 20, 2002 (P.L.154,
15 No.13), known as the Medical Care Availability and Reduction of
16 Error (Mcare) Act, "medical facilities," are required to report
17 "serious events" and "incidents"; and

18 WHEREAS, "Serious events" are events, occurrences or
19 situations involving the clinical care of a patient in a medical
20 facility that results in death or compromises patient safety and
21 results in an unanticipated injury requiring the delivery of
22 additional health care services to the patient; and

23 WHEREAS, "Incidents" are defined as events, occurrences or
24 situations involving the clinical care of a patient in a medical
25 facility which could have injured the patient but did not either
26 cause an unanticipated injury or required the delivery of
27 additional health care services to the patient; and

28 WHEREAS, Serious events and incidents may constitute an error
29 to the Pennsylvania Patient Safety Reporting System (PAPSRS);
30 and

31 WHEREAS, According to the Pennsylvania Patient Safety
32 Authority's 2024 Annual Report, there were 315,418 reports made,
33 which included 302,816 reports regarding incidents and 12,602
34 reports regarding serious events; and

35 WHEREAS, Some inpatient hospitals are also required to
36 "measure, analyze and track adverse events" and report them to
37 the Centers for Medicare and Medicaid Services; and

1 WHEREAS, All Pennsylvanians would benefit from improved
2 patient safety and reduced occurrences of medical errors; and

3 WHEREAS, The House of Representatives should craft policy
4 informed by a thorough understanding of how to reduce medical
5 errors and improve patient safety; therefore be it

6 RESOLVED, That the House of Representatives direct the Joint
7 State Government Commission to conduct a study of medical errors
8 and issue a report to provide recommendations on reduction of
9 errors and improved patient safety; and be it further

10 RESOLVED, That the Joint State Government Commission include
11 in the study processes by which medical facilities identify and
12 report serious events and incidents, including the processes by
13 which health care practitioners identify and report serious
14 events and incidents within their medical facilities, and
15 identify whether reporting is happening as prescribed by law;
16 and be it further

17 RESOLVED, That the study evaluate how medical facilities
18 measure, analyze and track adverse events and how this results
19 in changes in practice that improve patient safety and identify
20 barriers to learning from reports of medical errors and barriers
21 to implementing changes in practice; and be it further

22 RESOLVED, That the study include policies adopted by other
23 states to reduce medical errors; and be it further

24 RESOLVED, That the study include best practices supported by
25 stakeholders such as The Hospital and Healthsystem Association
26 of Pennsylvania, the Pennsylvania Medical Society, the
27 Pennsylvania Pharmacists Association and the Pennsylvania State
28 Nurses Association; and be it further

29 RESOLVED, That the study include a review of the applicable
30 statutes and regulations related to the reduction of medical
31 errors and identify opportunities to enhance the same; and be it
32 further

33 RESOLVED, That the Joint State Government Commission appoint
34 an advisory committee to assist in this study; and be it further

35 RESOLVED, That the advisory committee be composed of the
36 following members:

- 37 (1) The Secretary of Health or a designee.
- 38 (2) One individual representing The Hospital and
39 Healthsystem Association of Pennsylvania.
- 40 (3) One individual representing the Pennsylvania Medical
41 Society.
- 42 (4) One individual representing the Pennsylvania
43 Pharmacists Association.
- 44 (5) One individual representing the Pennsylvania State
45 Nurses Association.
- 46 (6) One individual from the Pennsylvania Patient
47 Advocacy Program within the Department of Health.
- 48 (7) One individual representing the Patient Safety
49 Authority.
- 50 (8) One licensed pharmacist to be selected by the Joint
51 State Government Commission.

1 (9) One licensed registered nurse to be selected by the
2 Joint State Government Commission.

3 (10) One licensed physician to be selected by the Joint
4 State Government Commission.

5 (11) One patient safety officer from a medical facility
6 to be selected by the Joint State Government Commission.

7 (12) Any other member the Joint State Government
8 Commission deems necessary;
9 and be it further

10 RESOLVED, That the Joint State Government Commission present
11 its report to the House of Representatives no later than 18
12 months after the adoption of this resolution.

THE GENERAL ASSEMBLY OF PENNSYLVANIA

HOUSE RESOLUTION

No. 203 Session of 2025

INTRODUCED BY GUZMAN, HILL-EVANS, SANCHEZ, RIVERA AND CEPEDA-FREYTIZ, APRIL 22, 2025

REFERRED TO COMMITTEE ON HEALTH, APRIL 22, 2025

A RESOLUTION

~~Directing the Joint State Government Commission to conduct a study of medication errors and issue a report to provide recommendations on reduction of errors and improved patient safety.~~

~~WHEREAS, According to the National Coordinating Council for Medication Error Reporting and Prevention, medication errors are preventable mistakes made while prescribing or issuing medication to a patient; and~~

~~WHEREAS, Medication errors can happen at any step in the process of prescribing medication, including when the medicine is prescribed, when the prescribed medication is entered into the computer system, when the medication is dispensed or when the medication is taken by an individual; and~~

~~WHEREAS, Medication errors may have serious consequences such as death, hospitalization, disability or birth defects; and~~

~~WHEREAS, Didier Epopa, a patient at Mercy Fitzgerald Hospital in Darby, Delaware County, was issued the wrong medication, which caused his body to seize and muscles to tighten; and~~

~~WHEREAS, The error occurred because a pharmacy technician at~~

A02337 Amendment in Context

~~Mersey Fitzgerald Hospital wrongly labeled the intravenous bag containing the medicine; and~~

~~WHEREAS, A report on the medication error incident later found that the pharmacy technician was in fact not a technician, but rather a certified intern and should have been supervised; and~~

~~WHEREAS, Under current State law, pharmacists are not required to notify the Pennsylvania Board of Pharmacy about medication errors, but instead must notify the prescribing doctor of a medication error within 24 hours of the error; and~~

~~WHEREAS, Since pharmacists are not required to notify a State agency, many times this leads the hospital to only conduct an internal investigation of the error rather than involving the Department of Health; and~~

~~WHEREAS, Hospitals are required to report "serious events," which are instances that result in death or serious harm to a patient, and "incidents," which are events that could have resulted in the death or serious harm to a patient, to the Pennsylvania Patient Safety Reporting System; and~~

~~WHEREAS, According to the Pennsylvania Patient Safety Authority's 2022 Annual Report, there were 257,000 reports made, which included 247,000 reports regarding "incidents" and 10,000 reports regarding "serious events"; and~~

~~WHEREAS, The United States Food and Drug Administration (FDA) has worked to reduce medication errors by reviewing medication names, packaging, labeling and directions for all medications and required barcodes to appear on some medications for the purpose of ensuring the correct strength and type of medication; and~~

~~WHEREAS, The FDA also released a guidance in 2016 titled~~

A02337 Amendment in Context

~~"Safety Considerations for Product Design to Minimize Medication Errors" to help reduce medication errors; and~~

~~WHEREAS, Medication errors could be further reduced with the institution of adequate staff to patient ratios, so nurses and other health care professionals are not overwhelmed with a large number of patients and can provide better quality of care to patients; and~~

~~WHEREAS, All Pennsylvanians would benefit from reduced occurrences of medication errors and improved patient safety; and~~

~~WHEREAS, The House of Representatives should craft policy informed by a thorough understanding of how to reduce medication errors and improve patient safety; therefore be it~~

~~RESOLVED, That the House of Representatives direct the Joint State Government Commission to conduct a study of medication errors and issue a report to provide recommendations on reduction of errors and improved patient safety; and be it further~~

~~RESOLVED, That the study include how medication errors occur in different settings where patients are prescribed and administered medication, including acute care hospitals, rehabilitation centers, senior living centers, long term care facilities and pharmacies; and be it further~~

~~RESOLVED, That the Joint State Government Commission appoint an advisory committee to assist in this study; and be it further~~

~~RESOLVED, That the advisory committee be composed of the following members:~~

~~(1) The Secretary of Health or a designee.~~

~~(2) One individual representing The Hospital and Healthsystem Association of Pennsylvania.~~

A02337 Amendment in Context

~~(3) One individual representing the Pennsylvania Medical Society.~~

~~(4) One individual representing the Pennsylvania Pharmacists Association.~~

~~(5) One individual representing Pennsylvania State Nurses Association.~~

~~(6) One individual from the Pennsylvania Patient Advocacy Program within the Department of Health.~~

~~(7) One licensed pharmacist to be selected by the Joint State Government Commission.~~

~~(8) One licensed registered nurse to be selected by the Joint State Government Commission.~~

~~(9) One licensed physician to be selected by the Joint State Government Commission.~~

~~(10) Any other member identified as being helpful by the Joint State Government Commission;~~
~~and be it further~~

~~RESOLVED, That the study include policies adopted by other states to reduce medication errors; and be it further~~

~~RESOLVED, That the study include best practices supported by stakeholders such as The Hospital and Healthsystem Association of Pennsylvania, the Pennsylvania Medical Society, the Pennsylvania Pharmacists Association and the Pennsylvania State Nurses Association; and be it further~~

~~RESOLVED, That the study include a review of current Pennsylvania statute and regulations related to administration of medicine and reporting of medication errors; and be it further~~

~~RESOLVED, That the study include a review of the agency in the Commonwealth with regulatory oversight of medication errors;~~

A02337 Amendment in Context

1 ~~and be it further~~

2 ~~RESOLVED, That the Joint State Government Commission present~~
3 ~~its report to the House of Representatives no later than 18~~
4 ~~months after the adoption of this resolution.~~

5 Directing the Joint State Government Commission to conduct a
6 study of medical errors and issue a report to provide
7 recommendations on reduction of errors and improved patient
8 safety.

9 WHEREAS, According to the Agency for Healthcare Research and
10 Quality, errors can be defined as acts of commission or
11 omission, leading to an undesirable outcome or significant
12 potential for such an outcome; and

13 WHEREAS, Medical errors may have serious consequences such as
14 death, hospitalization, disability or birth defects; and

15 WHEREAS, According to the act of March 20, 2002 (P.L.154,
16 No.13), known as the Medical Care Availability and Reduction of
17 Error (Mcare) Act, "medical facilities," are required to report
18 "serious events" and "incidents"; and

19 WHEREAS, "Serious events" are events, occurrences or
20 situations involving the clinical care of a patient in a medical
21 facility that results in death or compromises patient safety and
22 results in an unanticipated injury requiring the delivery of
23 additional health care services to the patient; and

24 WHEREAS, "Incidents" are defined as events, occurrences or
25 situations involving the clinical care of a patient in a medical
26 facility which could have injured the patient but did not either
27 cause an unanticipated injury or required the delivery of
28 additional health care services to the patient; and

29 WHEREAS, Serious events and incidents may constitute an error
30 to the Pennsylvania Patient Safety Reporting System (PAPSRS);
31 and

32 WHEREAS, According to the Pennsylvania Patient Safety

A02337 Amendment in Context

Authority's 2024 Annual Report, there were 315,418 reports made, which included 302,816 reports regarding incidents and 12,602 reports regarding serious events; and

WHEREAS, Some inpatient hospitals are also required to "measure, analyze and track adverse events" and report them to the Centers for Medicare and Medicaid Services; and

WHEREAS, All Pennsylvanians would benefit from improved patient safety and reduced occurrences of medical errors; and

WHEREAS, The House of Representatives should craft policy informed by a thorough understanding of how to reduce medical errors and improve patient safety; therefore be it

RESOLVED, That the House of Representatives direct the Joint State Government Commission to conduct a study of medical errors and issue a report to provide recommendations on reduction of errors and improved patient safety; and be it further

RESOLVED, That the Joint State Government Commission include in the study processes by which medical facilities identify and report serious events and incidents, including the processes by which health care practitioners identify and report serious events and incidents within their medical facilities, and identify whether reporting is happening as prescribed by law; and be it further

RESOLVED, That the study evaluate how medical facilities measure, analyze and track adverse events and how this results in changes in practice that improve patient safety and identify barriers to learning from reports of medical errors and barriers to implementing changes in practice; and be it further

RESOLVED, That the study include policies adopted by other states to reduce medical errors; and be it further

RESOLVED, That the study include best practices supported by

A02337 Amendment in Context

1 stakeholders such as The Hospital and Healthsystem Association
2 of Pennsylvania, the Pennsylvania Medical Society, the
3 Pennsylvania Pharmacists Association and the Pennsylvania State
4 Nurses Association; and be it further

5 RESOLVED, That the study include a review of the applicable
6 statutes and regulations related to the reduction of medical
7 errors and identify opportunities to enhance the same; and be it
8 further

9 RESOLVED, That the Joint State Government Commission appoint
10 an advisory committee to assist in this study; and be it further

11 RESOLVED, That the advisory committee be composed of the
12 following members:

13 (1) The Secretary of Health or a designee.

14 (2) One individual representing The Hospital and
15 Healthsystem Association of Pennsylvania.

16 (3) One individual representing the Pennsylvania Medical
17 Society.

18 (4) One individual representing the Pennsylvania
19 Pharmacists Association.

20 (5) One individual representing the Pennsylvania State
21 Nurses Association.

22 (6) One individual from the Pennsylvania Patient
23 Advocacy Program within the Department of Health.

24 (7) One individual representing the Patient Safety
25 Authority.

26 (8) One licensed pharmacist to be selected by the Joint
27 State Government Commission.

28 (9) One licensed registered nurse to be selected by the
29 Joint State Government Commission.

30 (10) One licensed physician to be selected by the Joint

A02337 Amendment in Context

1 State Government Commission.

2 (11) One patient safety officer from a medical facility
3 to be selected by the Joint State Government Commission.

4 (12) Any other member the Joint State Government
5 Commission deems necessary;

6 and be it further

7 RESOLVED, That the Joint State Government Commission present
8 its report to the House of Representatives no later than 18
9 months after the adoption of this resolution.

LEGISLATIVE REFERENCE BUREAU

AMENDMENTS TO HOUSE RESOLUTION NO. 203

Sponsor:

Printer's No. 1458

1 Amend Resolution, page 4, by inserting between lines 14 and

2 15

3 (10) One individual representing the Pennsylvania
4 Ambulatory Surgery Association.

5 Amend Resolution, page 4, line 15, by striking out "(10)" and
6 inserting

7 (11)

8 Amend Resolution, page 4, line 23, by inserting after

9 "Association"

10 , the Pennsylvania Ambulatory Surgery Association

THE GENERAL ASSEMBLY OF PENNSYLVANIA

HOUSE RESOLUTION

No. 203 Session of
2025INTRODUCED BY GUZMAN, HILL-EVANS, SANCHEZ, RIVERA AND CEPEDA-
FREYTIZ, APRIL 22, 2025

REFERRED TO COMMITTEE ON HEALTH, APRIL 22, 2025

A RESOLUTION

1 Directing the Joint State Government Commission to conduct a
2 study of medication errors and issue a report to provide
3 recommendations on reduction of errors and improved patient
4 safety.

5 WHEREAS, According to the National Coordinating Council for
6 Medication Error Reporting and Prevention, medication errors are
7 preventable mistakes made while prescribing or issuing
8 medication to a patient; and

9 WHEREAS, Medication errors can happen at any step in the
10 process of prescribing medication, including when the medicine
11 is prescribed, when the prescribed medication is entered into
12 the computer system, when the medication is dispensed or when
13 the medication is taken by an individual; and

14 WHEREAS, Medication errors may have serious consequences such
15 as death, hospitalization, disability or birth defects; and

16 WHEREAS, Didier Epopa, a patient at Mercy Fitzgerald Hospital
17 in Darby, Delaware County, was issued the wrong medication,
18 which caused his body to seize and muscles to tighten; and

19 WHEREAS, The error occurred because a pharmacy technician at

A02373 Amendment in Context

1 Mercy Fitzgerald Hospital wrongly labeled the intravenous bag
2 containing the medicine; and

3 WHEREAS, A report on the medication error incident later
4 found that the pharmacy technician was in fact not a technician,
5 but rather a certified intern and should have been supervised;
6 and

7 WHEREAS, Under current State law, pharmacists are not
8 required to notify the Pennsylvania Board of Pharmacy about
9 medication errors, but instead must notify the prescribing
10 doctor of a medication error within 24 hours of the error; and

11 WHEREAS, Since pharmacists are not required to notify a State
12 agency, many times this leads the hospital to only conduct an
13 internal investigation of the error rather than involving the
14 Department of Health; and

15 WHEREAS, Hospitals are required to report "serious events,"
16 which are instances that result in death or serious harm to a
17 patient, and "incidents," which are events that could have
18 resulted in the death or serious harm to a patient, to the
19 Pennsylvania Patient Safety Reporting System; and

20 WHEREAS, According to the Pennsylvania Patient Safety
21 Authority's 2022 Annual Report, there were 257,000 reports made,
22 which included 247,000 reports regarding "incidents" and 10,000
23 reports regarding "serious events"; and

24 WHEREAS, The United States Food and Drug Administration (FDA)
25 has worked to reduce medication errors by reviewing medication
26 names, packaging, labeling and directions for all medications
27 and required barcodes to appear on some medications for the
28 purpose of ensuring the correct strength and type of medication;
29 and

30 WHEREAS, The FDA also released a guidance in 2016 titled

A02373 Amendment in Context

1 "Safety Considerations for Product Design to Minimize Medication
2 Errors" to help reduce medication errors; and

3 WHEREAS, Medication errors could be further reduced with the
4 institution of adequate staff-to-patient ratios, so nurses and
5 other health care professionals are not overwhelmed with a large
6 number of patients and can provide better quality of care to
7 patients; and

8 WHEREAS, All Pennsylvanians would benefit from reduced
9 occurrences of medication errors and improved patient safety;
10 and

11 WHEREAS, The House of Representatives should craft policy
12 informed by a thorough understanding of how to reduce medication
13 errors and improve patient safety; therefore be it

14 RESOLVED, That the House of Representatives direct the Joint
15 State Government Commission to conduct a study of medication
16 errors and issue a report to provide recommendations on
17 reduction of errors and improved patient safety; and be it
18 further

19 RESOLVED, That the study include how medication errors occur
20 in different settings where patients are prescribed and
21 administered medication, including acute care hospitals,
22 rehabilitation centers, senior living centers, long-term care
23 facilities and pharmacies; and be it further

24 RESOLVED, That the Joint State Government Commission appoint
25 an advisory committee to assist in this study; and be it further

26 RESOLVED, That the advisory committee be composed of the
27 following members:

28 (1) The Secretary of Health or a designee.

29 (2) One individual representing The Hospital and
30 Healthsystem Association of Pennsylvania.

A02373 Amendment in Context

(3) One individual representing the Pennsylvania Medical Society.

(4) One individual representing the Pennsylvania Pharmacists Association.

(5) One individual representing Pennsylvania State Nurses Association.

(6) One individual from the Pennsylvania Patient Advocacy Program within the Department of Health.

(7) One licensed pharmacist to be selected by the Joint State Government Commission.

(8) One licensed registered nurse to be selected by the Joint State Government Commission.

(9) One licensed physician to be selected by the Joint State Government Commission.

(10) One individual representing the Pennsylvania Ambulatory Surgery Association.

~~(10)~~ (11) Any other member identified as being helpful by the Joint State Government Commission;

and be it further

RESOLVED, That the study include policies adopted by other states to reduce medication errors; and be it further

RESOLVED, That the study include best practices supported by stakeholders such as The Hospital and Healthsystem Association of Pennsylvania, the Pennsylvania Medical Society, the Pennsylvania Pharmacists Association, the Pennsylvania Ambulatory Surgery Association and the Pennsylvania State Nurses Association; and be it further

RESOLVED, That the study include a review of current Pennsylvania statute and regulations related to administration of medicine and reporting of medication errors; and be it

A02373 Amendment in Context

1 further

2 RESOLVED, That the study include a review of the agency in
3 the Commonwealth with regulatory oversight of medication errors;
4 and be it further

5 RESOLVED, That the Joint State Government Commission present
6 its report to the House of Representatives no later than 18
7 months after the adoption of this resolution.

HOUSE OF REPRESENTATIVES

DEMOCRATIC COMMITTEE BILL ANALYSIS

Bill No:	HR0392 PN2781	Prepared By:	Patrick O'Rourke (717) 705-1875
Committee:	Health	Executive Director:	Erika Fricke
Sponsor:	Matzie, Robert		
Date:	1/21/2026		

A. Brief Concept

House Resolution 31 recognizes the week of March 8 through 14, 2026, as "Multiple Sclerosis (mul·ti·ple scle·ro·sis) Awareness Week" in Pennsylvania.

C. Analysis of the Bill

Multiple sclerosis (MS) is a chronic disease affecting the central nervous system. It is thought to be an autoimmune disorder, a condition in which the body attacks itself by mistake. MS is an unpredictable disease that affects people differently. Some people with MS may have only mild symptoms. Others may lose their ability to see clearly, write, speak, or walk when communication between the brain and other parts of the body becomes disrupted.

The Pennsylvania chapters of the National Multiple Sclerosis Society reports that more than 24,000 Commonwealth residents are affected by multiple sclerosis. There is no known cure for MS. Medicines, mobility aids, and rehabilitative services are used to treat conditions seen with MS.

Since 1946, the National Multiple Sclerosis Society has invested more than \$1 billion into research for treatments and a cure. Funds raised by the National Multiple Sclerosis Society provide more than \$34 million in funding for more than 320 research projects at medical centers, universities and other institutions both in the United States and abroad.

Effective Date:

N/A.

G. Relevant Existing Laws

N/A.

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

2025-2026 Legislative Session

- [HR 31, PN338](#) (Matzie)
 - Recognized March 9 through 15, 2025, as "Multiple Sclerosis Awareness Week."
 - Adopted March 18, 2025 (199-3).

2023-24 Legislative Session

- [HR 297](#), PN2542 (Matzie)
 - Recognizes the week of March 10th-16th, 2024 as Multiple Sclerosis Awareness Week.
 - Adopted on May 22nd, 2024 (201-1).

THE GENERAL ASSEMBLY OF PENNSYLVANIA

HOUSE RESOLUTION

No. 392 Session of
2026

INTRODUCED BY MATZIE, VENKAT, HARKINS, CONKLIN, DONAHUE, GUZMAN,
DOUGHERTY, HILL-EVANS, SANCHEZ, McNEILL, RIVERA, FREEMAN,
NEILSON, GALLAGHER, MAYES, MADDEN, COOK, PICKETT, BERNSTINE
AND CAUSER, JANUARY 20, 2026

REFERRED TO COMMITTEE ON HEALTH, JANUARY 21, 2026

A RESOLUTION

1 Recognizing the week of March 8 through 14, 2026, as "Multiple
2 Sclerosis Awareness Week" in Pennsylvania.

3 WHEREAS, Multiple sclerosis is a neurological disease of the
4 central nervous system affecting an estimated 2.9 million people
5 worldwide; and

6 WHEREAS, The Pennsylvania chapters of the National Multiple
7 Sclerosis Society report that in this Commonwealth more than
8 24,000 people are affected by multiple sclerosis; and

9 WHEREAS, Multiple sclerosis generally strikes young adults 20
10 to 50 years of age, attacking them in the prime of their lives,
11 and the cause and a cure remain unknown; and

12 WHEREAS, For 79 years, the National Multiple Sclerosis
13 Society has been committed to a world free of multiple sclerosis
14 and to heightening public knowledge and insight about the
15 disease; and

16 WHEREAS, Since 1946, the National Multiple Sclerosis Society
17 has been a driving force of multiple sclerosis research,

1 relentlessly pursuing prevention, treatments and a cure by
2 investing more than \$1 billion in groundbreaking research; and

3 WHEREAS, Funds raised by the National Multiple Sclerosis
4 Society provide more than \$34 million in funding for more than
5 320 research projects at the best medical centers, universities
6 and other institutions throughout the United States and abroad,
7 which has led to many breakthroughs in the treatment of multiple
8 sclerosis; and

9 WHEREAS, Stopping multiple sclerosis in its tracks, restoring
10 what has been lost and ending multiple sclerosis forever is the
11 mission of the National Multiple Sclerosis Society and one that
12 all Americans and Pennsylvanians should support; and

13 WHEREAS, The Commonwealth recognizes the importance of
14 finding the cause and cure of multiple sclerosis and expresses
15 its appreciation for the dedication that the Pennsylvania
16 chapters of the National Multiple Sclerosis Society have shown
17 toward creating a world free of multiple sclerosis; therefore be
18 it

19 RESOLVED, That the House of Representatives recognize the
20 week of March 8 through 14, 2026, as "Multiple Sclerosis
21 Awareness Week" in Pennsylvania; and be it further

22 RESOLVED, That the House of Representatives encourage the
23 residents of this Commonwealth to join in the fight to end this
24 devastating disease.

HOUSE OF REPRESENTATIVES

DEMOCRATIC COMMITTEE BILL ANALYSIS

Bill No:	HR0399 PN2796	Prepared By:	Patrick O'Rourke (717) 787-4296,6711
Committee:	Health	Executive Director:	Erika Fricke
Sponsor:	Delozier, Sheryl		
Date:	1/29/2026		

A. Brief Concept

Designates February 19, 2026 as "Wear Purple Day."

C. Analysis of the Bill

HR 399 aims to raise awareness of sudden cardiac arrest in children and young people, one of the leading causes of death among children, adolescents, and young adults, often occurring without warning. Many underlying heart conditions are detectable and treatable through early identification and routine cardiac screenings, and that survival rates can be significantly improved through prompt CPR and access to automated external defibrillators (AEDs).

The resolution also recognizes the work of the Peyton Walker Foundation, which provides free youth heart screenings, donates AEDs and delivers CPR and AED training. The resolution also encourages Pennsylvanians to wear purple in remembrance of lives lost and in support of efforts to prevent future tragedies through education, preparedness, and lifesaving interventions.

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. 399 Session of
2026

INTRODUCED BY DELOZIER, BENNINGHOFF, BRENNAN, COOPER, GALLAGHER,
HARKINS, KAZEEM, KUTZ, MADDEN, McNEILL AND PASHINSKI,
JANUARY 23, 2026

REFERRED TO COMMITTEE ON HEALTH, JANUARY 26, 2026

A RESOLUTION

1 Designating February 19, 2026, as "Wear Purple Day" in
2 Pennsylvania.

3 WHEREAS, Sudden cardiac arrest is one of the leading causes
4 of death in children, adolescents and young adults, often
5 occurring without warning and in individuals with no previously
6 known heart condition; and

7 WHEREAS, Many of the heart conditions that can lead to sudden
8 cardiac arrest in youth are detectable and treatable through
9 early identification, including routine cardiac screenings; and

10 WHEREAS, Prompt response with cardiopulmonary resuscitation
11 (CPR) and access to an automated external defibrillator (AED)
12 can dramatically increase survival rates, yet too many schools,
13 athletic facilities and community spaces remain unprepared for a
14 cardiac emergency; and

15 WHEREAS, Peyton Walker's life and legacy have inspired a
16 movement dedicated to checking hearts, protecting hearts and
17 saving lives through the work of the Peyton Walker Foundation,

1 which provides free youth heart screenings, donates AEDs and
2 delivers CPR and AED training throughout communities; and

3 WHEREAS, "Wear Purple Day" serves as a visible and meaningful
4 way to honor Peyton Walker and all children who have tragically
5 lost their lives to sudden cardiac arrest, while standing with
6 the families and communities forever changed by these losses;
7 and

8 WHEREAS, Recognizing "Wear Purple Day" raises critical
9 awareness about sudden cardiac arrest in youth, encourages
10 proactive heart health education and reinforces the importance
11 of prevention, preparedness and early intervention; therefore be
12 it

13 RESOLVED, That the House of Representatives designate
14 February 19, 2026, as "Wear Purple Day" in Pennsylvania; and be
15 it further

16 RESOLVED, That residents, students, educators, organizations
17 and community members be encouraged to wear purple in
18 remembrance of children lost to sudden cardiac arrest and in
19 support of lifesaving heart health initiatives; and be it
20 further

21 RESOLVED, That this recognition affirm a commitment to
22 increasing awareness of sudden cardiac arrest in children,
23 supporting access to heart screenings, CPR and AED education and
24 advocating for the placement of AEDs in schools, athletic venues
25 and public spaces; and be it further

26 RESOLVED, That, by observing "Wear Purple Day," the House of
27 Representatives honor the lives lost, uplift grieving families
28 and take a meaningful step toward preventing future tragedies
29 through awareness, education and action.

HOUSE OF REPRESENTATIVES

DEMOCRATIC COMMITTEE BILL ANALYSIS

Bill No: HR0411 PN2825
Committee: Health
Sponsor: Flood, Ann
Date: 1/30/2026

Prepared By: Patrick O'Rourke
(717) 787-4296,6711
Executive Director: Erika Fricke

A. Brief Concept

Recognizes February 2026 as "Blood Cancer Awareness Month."

C. Analysis of the Bill

Blood cancers account for roughly 10% of all new cancer cases diagnosed in the United States and are a leading cause of cancer-related deaths with over 180,000 Americans diagnosed each year with blood cancers, including leukemia, lymphoma, multiple myeloma and more than 100 related blood disorders. Blood cancers affect individuals of all ages and early detection is critical for improving patient outcomes. Early detection includes heightened public awareness of symptoms and expanded community education to achieve earlier diagnosis.

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. 411 Session of
2026

INTRODUCED BY FLOOD, BENNINGHOFF, BERNSTINE, GALLAGHER,
HANBIDGE, HEFFLEY, McNEILL, RIVERA, ROWE, STAATS, STENDER AND
VENKAT, JANUARY 28, 2026

REFERRED TO COMMITTEE ON HEALTH, JANUARY 29, 2026

A RESOLUTION

1 Recognizing the month of February 2026 as "Blood Cancer
2 Awareness Month" in Pennsylvania.

3 WHEREAS, More than 180,000 Americans are diagnosed each year
4 with blood cancers, including leukemia, lymphoma, multiple
5 myeloma and more than 100 related blood disorders; and

6 WHEREAS, Blood cancers account for roughly 10% of all new
7 cancer cases diagnosed in the United States and are a leading
8 cause of cancer-related deaths; and

9 WHEREAS, These diseases do not discriminate, impacting
10 children, teenagers, adults and seniors across every community
11 in this Commonwealth; and

12 WHEREAS, Earlier detection, heightened public awareness of
13 symptoms and expanded community education are critical to
14 achieving earlier diagnoses, improving treatment outcomes and
15 ensuring stronger support for patients and caregivers; and

16 WHEREAS, Numerous organizations throughout this Commonwealth
17 provide indispensable services, including patient advocacy,

1 emotional and financial support and educational resources for
2 individuals and families confronting blood cancers; and

3 WHEREAS, Youth leadership and civic engagement serve a
4 pivotal role in amplifying awareness, fostering community
5 solidarity and empowering families affected by blood cancers;
6 and

7 WHEREAS, This Commonwealth stands in unity with patients,
8 honors the courage of survivors, remembers those who have lost
9 their lives and reaffirms its commitment to advancing research,
10 advocacy and innovation that bring hope to families impacted by
11 blood cancers; therefore be it

12 RESOLVED, That the House of Representatives recognize the
13 month of February 2026 as "Blood Cancer Awareness Month" in
14 Pennsylvania; and be it further

15 RESOLVED, That the House of Representatives support the goals
16 of "Blood Cancer Awareness Month" and encourage the residents of
17 this Commonwealth to educate themselves about blood cancers,
18 advocate for increased awareness, education and care and offer
19 support to individuals living with blood cancer and their
20 families and caregivers.