



HOUSE HEALTH COMMITTEE

VOTING MEETING

Wednesday, October 7th, 2026

9:00am

Room G-50, Irvis Office Building
Harrisburg, PA

1. Call to Order

2. Attendance

3. **HB2593 PN3502 (K. Harris)**

An Act directing the Department of Health to establish the Prostate Health Public Education Campaign Fund.

A04265 (Frankel)

Provides education campaign is subject to specific funding.

HR534 PN3429 (Venkat)

A Resolution directing the Joint State Government Commission to conduct a study on medical student choice in primary care and issue a report.

SB804 PN1282 (Boscola)

An Act prohibiting DEHP in certain medical devices.

SB730 PN1799 (Yaw)

An Act amending Title 20 (Decedents, Estates and Fiduciaries) providing for Pennsylvania orders for life-sustaining treatment.

HR648 PN3990 (Venkat)

A Resolution recognizing the month of January 2027 as "National Blood Donor Month" in Pennsylvania.

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

5. Adjournment

HOUSE OF REPRESENTATIVES

DEMOCRATIC COMMITTEE BILL ANALYSIS

Bill No:	HB2593 PN3502	Prepared By:	Patrick O'Rourke (717) 705-1875
Committee:	Health	Executive Director:	Erika Fricke
Sponsor:	Harris, Keith		
Date:	7/6/2026		

A. Brief Concept

Directs the Department of Health (DOH) to conduct a prostate health public education campaign and establishes the Prostate Health Public Education Campaign Fund.

C. Analysis of the Bill

HB 2593 amends the Administrative Code by adding a new section that directs DOH to conduct a prostate health public education campaign that covers:

- Risk factors.
- The age at which individuals should begin discussions regarding prostate cancer screening.
 - (i) Men who are at least fifty years of age and at average risk of developing prostate cancer.
 - (ii) Men who are at least forty-five years of age and at high risk of developing prostate cancer.
 - (iii) Men who are at least forty years of age and at the highest risk of developing prostate cancer.
- Tests available to screen for prostate cancer, including antigen blood tests and digital rectal exams.
- The ability of prostate cancer to grow without any sign of symptoms.
- The benefits and risks of prostate cancer screening.
- The treatability of prostate cancer when detected early.
- Any information DOH deems necessary.

The outreach campaign must provide information in English, Spanish, Vietnamese, Mandarin Chinese and other languages the DOH deems appropriate.

The campaign must utilize at minimum the following methods:

- Media (print, radio, television, social media, advertisements, posters).
- Community forums.
- Distribution of information at public events.
- Targeting of at-risk populations.
- Provision of reliable information to policymakers.
- Distribution of information through health offices, health departments, employer wellness programs, insurers, community organizations, etc.

Prostate Health Public Education Campaign Fund

The Prostate Health Public Education Campaign Fund is established as a separate fund in the State Treasury. Funds are appropriated to DOH to administer the campaign. DOH is allowed to apply for grants or accept donation to be deposited into the fund.

Effective Date:

6 months.

G. Relevant Existing Laws

[The Administrative Code of 1929](#) establishes the Commonwealth's executive agencies, including DOH, and enables administrative authority for agencies to hire employees, enter contracts, manage funds, issue reports, and perform other governmental functions.

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. 2593 Session of 2026

INTRODUCED BY K. HARRIS, DIAMOND, KHAN, MCNEILL, SANCHEZ, COOK, HILL-EVANS, HANBIDGE, GUENST, WAXMAN, DOUGHERTY, PROBST, FREEMAN, BRENNAN, BURGOS, CEPEDA-FREYTIZ, RIVERA, CIRESI, HOHENSTEIN, COOPER, GALLAGHER, NEILSON, MALAGARI, MAYES, ZIMMERMAN, GILLEN, PARKER, STEELE AND DEASY, JUNE 2, 2026

REFERRED TO COMMITTEE ON HEALTH, JUNE 2, 2026

AN ACT

1 Amending the act of April 9, 1929 (P.L.177, No.175), entitled
 2 "An act providing for and reorganizing the conduct of the
 3 executive and administrative work of the Commonwealth by the
 4 Executive Department thereof and the administrative
 5 departments, boards, commissions, and officers thereof,
 6 including the boards of trustees of State Normal Schools, or
 7 Teachers Colleges; abolishing, creating, reorganizing or
 8 authorizing the reorganization of certain administrative
 9 departments, boards, and commissions; defining the powers and
 10 duties of the Governor and other executive and administrative
 11 officers, and of the several administrative departments,
 12 boards, commissions, and officers; fixing the salaries of the
 13 Governor, Lieutenant Governor, and certain other executive
 14 and administrative officers; providing for the appointment of
 15 certain administrative officers, and of all deputies and
 16 other assistants and employes in certain departments, boards,
 17 and commissions; providing for judicial administration; and
 18 prescribing the manner in which the number and compensation
 19 of the deputies and all other assistants and employes of
 20 certain departments, boards and commissions shall be
 21 determined," in general provisions relating to powers and
 22 duties of the Department of Health and its departmental
 23 administrative and advisory boards, providing for prostate
 24 health public education campaign; and establishing the
 25 Prostate Health Public Education Campaign Fund.

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

28 Section 1. The act of April 9, 1929 (P.L.177, No.175), known

as The Administrative Code of 1929, is amended by adding a section to read:

Section 2116.1. Prostate Health Public Education Campaign.--

(a) The department shall conduct a prostate health public education campaign.

(b) The department shall collect, maintain and provide to the general public up-to-date scientific information and other information on prostate health, including:

(1) Risk factors that may be linked to increased risk of prostate cancer, including age, race or ethnicity and familial and genetic factors.

(2) The periods at which discussions regarding screening for prostate cancer should occur for the following individuals:

(i) Men who are at least fifty years of age and at average risk of developing prostate cancer.

(ii) Men who are at least forty-five years of age and at high risk of developing prostate cancer.

(iii) Men who are at least forty years of age and at the highest risk of developing prostate cancer.

(3) Tests available to screen for prostate cancer, including prostate-specific antigen blood tests and digital rectal examinations.

(4) The ability of prostate cancer to grow without any sign of symptoms.

(5) The benefits and risks to prostate cancer screening tests.

(6) The treatability of prostate cancer when detected early.

(7) Any information the department deems necessary to assist in informing the general public about prostate health and prostate screening and testing.

1 (c) The campaign shall include various methods for raising
2 public awareness of the information listed under subsection (b),
3 including, but not limited to:

4 (1) An outreach campaign utilizing print, radio and
5 television public service announcements, social media,
6 advertisements, posters and other materials.

7 (2) Community forums.

8 (3) Distribution of information at public events.

9 (4) Targeting of at-risk populations.

10 (5) Provision of reliable information to policymakers.

11 (6) Distribution of information through county and district
12 health offices, city and county health departments, area
13 agencies on aging, employer wellness programs, health care
14 providers, insurers, including health maintenance organizations,
15 and nonprofit and community organizations.

16 (d) The campaign shall provide information in English,
17 Spanish, Vietnamese, Mandarin Chinese and other languages deemed
18 appropriate by the department.

19 (e) The department shall update the resources utilized for
20 the campaign as needed.

21 (f) The Prostate Health Public Education Campaign Fund is
22 established as a separate fund in the State Treasury. All money
23 deposited into the fund and interest and other earnings on the
24 money in the fund are appropriated to the department on a
25 continuing basis to administer the campaign.

26 (g) The department:

27 (1) Shall use the money in the fund for the implementation
28 and administration of the campaign.

29 (2) May apply for grants to be deposited into the fund.

30 (3) May accept donations to be deposited into the fund.

1 (h) As used in this section, the following words and phrases
2 shall have the meanings given to them in this subsection unless
3 the context clearly indicates otherwise:

4 "Campaign." The prostate health public education campaign
5 established under subsection (a).

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

7 "Fund." The Prostate Health Public Education Campaign Fund
8 established under subsection (f).

9 Section 2. This act shall take effect in six months.

LEGISLATIVE REFERENCE BUREAU

AMENDMENTS TO HOUSE BILL NO. 2593

Sponsor:

Printer's No. 3502

1 Amend Bill, page 2, line 5, by inserting after "campaign"
2 , subject to funding being specifically designated to the
3 department for a prostate health public education campaign

THE GENERAL ASSEMBLY OF PENNSYLVANIA

HOUSE BILL

No. 2593 Session of
2026

INTRODUCED BY K. HARRIS, DIAMOND, KHAN, MCNEILL, SANCHEZ, COOK,
HILL-EVANS, HANBIDGE, GUENST, WAXMAN, DOUGHERTY, PROBST,
FREEMAN, BRENNAN, BURGOS, CEPEDA-FREYTIZ, RIVERA, CIRESI,
HOHENSTEIN, COOPER, GALLAGHER, NEILSON, MALAGARI, MAYES,
ZIMMERMAN, GILLEN, PARKER, STEELE AND DEASY, JUNE 2, 2026

REFERRED TO COMMITTEE ON HEALTH, JUNE 2, 2026

AN ACT

Amending the act of April 9, 1929 (P.L.177, No.175), entitled
"An act providing for and reorganizing the conduct of the
executive and administrative work of the Commonwealth by the
Executive Department thereof and the administrative
departments, boards, commissions, and officers thereof,
including the boards of trustees of State Normal Schools, or
Teachers Colleges; abolishing, creating, reorganizing or
authorizing the reorganization of certain administrative
departments, boards, and commissions; defining the powers and
duties of the Governor and other executive and administrative
officers, and of the several administrative departments,
boards, commissions, and officers; fixing the salaries of the
Governor, Lieutenant Governor, and certain other executive
and administrative officers; providing for the appointment of
certain administrative officers, and of all deputies and
other assistants and employes in certain departments, boards,
and commissions; providing for judicial administration; and
prescribing the manner in which the number and compensation
of the deputies and all other assistants and employes of
certain departments, boards and commissions shall be
determined," in general provisions relating to powers and
duties of the Department of Health and its departmental
administrative and advisory boards, providing for prostate
health public education campaign; and establishing the
Prostate Health Public Education Campaign Fund.

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

Section 1. The act of April 9, 1929 (P.L.177, No.175), known

A04265 Amendment in Context

1 as The Administrative Code of 1929, is amended by adding a
2 section to read:

3 Section 2116.1. Prostate Health Public Education Campaign.--

4 (a) The department shall conduct a prostate health public
5 education campaign, subject to funding being specifically
6 designated to the department for a prostate health public
7 education campaign.

8 (b) The department shall collect, maintain and provide to
9 the general public up-to-date scientific information and other
10 information on prostate health, including:

11 (1) Risk factors that may be linked to increased risk of
12 prostate cancer, including age, race or ethnicity and familial
13 and genetic factors.

14 (2) The periods at which discussions regarding screening for
15 prostate cancer should occur for the following individuals:

16 (i) Men who are at least fifty years of age and at average
17 risk of developing prostate cancer.

18 (ii) Men who are at least forty-five years of age and at
19 high risk of developing prostate cancer.

20 (iii) Men who are at least forty years of age and at the
21 highest risk of developing prostate cancer.

22 (3) Tests available to screen for prostate cancer, including
23 prostate-specific antigen blood tests and digital rectal
24 examinations.

25 (4) The ability of prostate cancer to grow without any sign
26 of symptoms.

27 (5) The benefits and risks to prostate cancer screening
28 tests.

29 (6) The treatability of prostate cancer when detected early.

30 (7) Any information the department deems necessary to assist

A04265 Amendment in Context

1 in informing the general public about prostate health and
2 prostate screening and testing.

3 (c) The campaign shall include various methods for raising
4 public awareness of the information listed under subsection (b),
5 including, but not limited to:

6 (1) An outreach campaign utilizing print, radio and
7 television public service announcements, social media,
8 advertisements, posters and other materials.

9 (2) Community forums.

10 (3) Distribution of information at public events.

11 (4) Targeting of at-risk populations.

12 (5) Provision of reliable information to policymakers.

13 (6) Distribution of information through county and district
14 health offices, city and county health departments, area
15 agencies on aging, employer wellness programs, health care
16 providers, insurers, including health maintenance organizations,
17 and nonprofit and community organizations.

18 (d) The campaign shall provide information in English,
19 Spanish, Vietnamese, Mandarin Chinese and other languages deemed
20 appropriate by the department.

21 (e) The department shall update the resources utilized for
22 the campaign as needed.

23 (f) The Prostate Health Public Education Campaign Fund is
24 established as a separate fund in the State Treasury. All money
25 deposited into the fund and interest and other earnings on the
26 money in the fund are appropriated to the department on a
27 continuing basis to administer the campaign.

28 (g) The department:

29 (1) Shall use the money in the fund for the implementation
30 and administration of the campaign.

A04265 Amendment in Context

1 (2) May apply for grants to be deposited into the fund.

2 (3) May accept donations to be deposited into the fund.

3 (h) As used in this section, the following words and phrases
4 shall have the meanings given to them in this subsection unless
5 the context clearly indicates otherwise:

6 "Campaign." The prostate health public education campaign
7 established under subsection (a).

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

9 "Fund." The Prostate Health Public Education Campaign Fund
10 established under subsection (f).

11 Section 2. This act shall take effect in six months.

HOUSE OF REPRESENTATIVES

DEMOCRATIC COMMITTEE BILL ANALYSIS

Bill No:	HR0534 PN3429	Prepared By:	Sonia Kaufman (717) 787-4296
Committee:	Health	Executive Director:	Erika Fricke
Sponsor:	Venkat, Arvind		
Date:	9/18/2026		

A. Brief Concept

Directs the Joint State Government Commission (JSGC) to conduct a study on primary care as a career choice among medical students.

C. Analysis of the Bill

This resolution directs the JSGC to study the percentage of medical students who choose primary care, who those students are, and whether they remain in Pennsylvania for training and practice. It also examines how schools promote primary care careers, incorporate primary care experiences into their curricula, and track retention in primary care. The JSGC must consult organizations with expertise in medical education and physician workforce development, and the report must be produced within one year of passage.

JSGC is directed to produce a report with recommendations based on the following:

- 1) The percentage of medical students entering and remaining in primary care specialties by institution.
- 2) The demographics of students entering and remaining in primary care, including race, ethnicity, gender, geographic origin, and socioeconomic background.
- 3) The percentage of students entering primary care who remain in PA for graduate medical education and subsequent practice.
- 4) Institutional mechanisms used to track graduate specialty choice and long-term retention in primary care.
- 5) Efforts by medical schools to promote primary care careers.
- 6) Educational programs, clinical experiences, and training tracks designed to encourage primary care.
- 7) Programs and supports aimed at increasing diversity among students pursuing primary care careers.
- 8) Participation in service-based programs such as the National Health Service Corps or state loan repayment programs.
- 9) The impact of medical student debt on specialty choice, including average debt levels among those entering primary care specialties.

Effective Date:

Immediately.

G. Relevant Existing Laws

N/A.

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

[HR735](#) of 2014 and [HR625](#) of 2020 directed the Joint State Government Commission (JSGC) to study physician shortages and propose recommendations.

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THE GENERAL ASSEMBLY OF PENNSYLVANIA

HOUSE RESOLUTION

No. 534 Session of
2026

INTRODUCED BY VENKAT, HILL-EVANS, MERSKI, HOWARD, SANCHEZ,
GUZMAN, CEPEDA-FREYTIZ, PARKER, T. DAVIS AND BOYD,
MAY 21, 2026

REFERRED TO COMMITTEE ON HEALTH, MAY 22, 2026

A RESOLUTION

1 Directing the Joint State Government Commission to conduct a
2 study on medical student choice in primary care and issue a
3 report.

4 WHEREAS, A report on physician shortages in this Commonwealth
5 was generated in response to House Resolution No. 735 (2014),
6 and a subsequent report was issued in response to House
7 Resolution No. 625 (2020); and

8 WHEREAS, These reports recommended improving physician
9 workforce data collection and analysis, expanding graduate
10 medical education opportunities, strengthening pipeline programs
11 and encouraging medical schools to implement initiatives aimed
12 at increasing the supply of physicians, particularly in primary
13 care; and

14 WHEREAS, The reports further recognized that pipeline
15 programs can help address health care disparities, as students
16 from rural backgrounds are more likely to practice in rural
17 communities and students underrepresented in medicine are more
18 likely to serve underserved populations; and

1 WHEREAS, Despite these efforts, this Commonwealth continues
2 to face shortages of primary care physicians, particularly in
3 rural and underserved areas designated as Health Professional
4 Shortage Areas; and

5 WHEREAS, This Commonwealth is currently home to 10 accredited
6 medical schools, with an 11th anticipated, representing a
7 critical opportunity to influence the future physician
8 workforce; and

9 WHEREAS, Evidence demonstrates that communities with an
10 adequate supply of primary care physicians experience lower
11 mortality, improved management of chronic disease, reduced
12 hospitalizations and lower overall health care costs; and

13 WHEREAS, Increasing the number of medical students choosing
14 and remaining in primary care is essential to ensuring access to
15 care and addressing health disparities across this Commonwealth;
16 and

17 WHEREAS, Improving diversity within the physician workforce
18 is critical to advancing health equity and ensuring culturally
19 competent care for Pennsylvania's increasingly diverse
20 population; therefore be it

21 RESOLVED, That the House of Representatives direct the Joint
22 State Government Commission to conduct a study on medical
23 student choice in primary care, including the extent to which
24 medical schools promote primary care careers, incorporate
25 primary care experiences into their curricula and track and
26 report graduate retention in primary care; and be it further

27 RESOLVED, That the Joint State Government Commission seek
28 input and information as appropriate from the following:

29 (1) The Department of State.

30 (2) The Department of Health.

1 (3) Pennsylvania medical school deans or a designated
2 representative.

3 (4) The Pennsylvania Academy of Family Physicians.

4 (5) The Pennsylvania Chapter of the American Academy of
5 Pediatrics.

6 (6) The Pennsylvania Chapter of the American College of
7 Physicians.

8 (7) The Pennsylvania Medical Society.

9 (8) The Pennsylvania Osteopathic Medical Association.

10 (9) The Pennsylvania Association of Community Health
11 Centers.

12 (10) Representatives of primary care graduate medical
13 education programs.

14 (11) Other individuals or organizations with expertise
15 in physician workforce development and medical education;
16 and be it further

17 RESOLVED, That the report of the Joint State Government
18 Commission contain findings and recommendations, including any
19 proposed legislation or funding, addressing the following:

20 (1) The percentage of medical students entering and
21 remaining in primary care specialties, by institution.

22 (2) The demographics of students entering and remaining
23 in primary care, including race, ethnicity, gender,
24 geographic origin and socioeconomic background.

25 (3) The percentage of students entering primary care who
26 remain in this Commonwealth for graduate medical education
27 and subsequent practice.

28 (4) Institutional mechanisms used to track graduate
29 specialty choice and long-term retention in primary care.

30 (5) Efforts by medical schools to promote primary care

careers.

(6) Educational programs, clinical experiences and training tracks designed to encourage primary care.

(7) Programs and supports aimed at increasing diversity among students pursuing primary care careers.

(8) Participation in service-based programs such as the National Health Service Corps or State loan repayment programs.

(9) The impact of medical student debt on specialty choice, including average debt levels among those entering primary care specialties;

and be it further

RESOLVED, That the Joint State Government Commission issue a report of its findings and recommendations to the General Assembly within one year of the adoption of this resolution.

HOUSE OF REPRESENTATIVES

DEMOCRATIC COMMITTEE BILL ANALYSIS

Bill No:	SB0804 PN1282	Prepared By:	Jennifer Rivers (717) 705-1875
Committee:	Health	Executive Director:	Erika Fricke
Sponsor:	Boscola, Lisa		
Date:	10/1/2026		

A. Brief Concept

Enacts prohibitions on the use of di-(2-ethylhexyl) phthalate (DEHP) and other ortho-phthalates in medical devices.

C. Analysis of the Bill

Senate Bill 804 amends Title 35 (Health and Safety) of the Pennsylvania Consolidated Statutes to add a chapter 58A relating to medical devices, to include specific prohibitions on the use of DEHP and other ortho-phthalates. "Ortho-phthalates" is a defined category of chemicals used in some medical equipment.

DEHP and other ortho-phthalates are chemicals commonly used to help make plastics flexible. These chemicals can leach out of the plastic and may be associated with a negative health effects, such as endocrine disruption, damage to the liver and kidney tissues, and cancer.

To reduce exposure to DEHP and other ortho-phthalates, SB0804:

- Prohibits the manufacture, sale, or distribution of intravenous fluid containers made with intentionally added DEHP, beginning January 1, 2030.
 - Persons may have until January 1, 2032, to comply with this provision if their relevant FDA approval is pending or they do not have adequate production equipment AND:
 - They have notified customers by July 1, 2026, that they are developing containers compliant with this statute, and
 - They have notified customers and posted on their public website by January 1, 2028, that they will not meet the January 1, 2030, deadline.
- Prohibits the manufacture, sale, or distribution of intravenous tubing made with intentionally added DEHP, beginning January 1, 2035.
- Prohibits the replacement of DEHP with another ortho-phthalate.
- Prohibits the presence of unintentionally added DEHP in intravenous fluid containers or intravenous tubing at concentrations greater than or equal to 0.1% weight per weight.

Human blood collection and storage bags, and apheresis and cell therapy blood kits and bags (including the integral tubing) are exempt from these provisions.

Effective Date:

90 days.

G. Relevant Existing Laws

There are currently no provisions in Pennsylvania law relating to DEHP in intravenous fluid containers or intravenous tubing.

DEHP is currently prohibited in children's toys and child care articles under Federal law. Section 108(a) of the Consumer Product Safety Improvement Act of 2008 (15 USC 2057c) prohibits the manufacture, sale, distribution, and import of children's toys and childcare articles containing

greater than 0.1% DEHP or other select phthalates. This was further codified by reference in the Code of Federal Regulations, Title 16, Chapter II, Subchapter B, Part 1308. Section 1308.1 states that concentrations of DEHP or other named phthalates above 0.1% are prohibited by the Consumer Product Safety Improvement Act of 2008 (Section 108(a)).

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

HB 2614, 2025-2026 Session. Health Committee reported as Amended, 26-0.

SB 1301, 2023-2024 Session. No votes.

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THE GENERAL ASSEMBLY OF PENNSYLVANIA

SENATE BILL

No. 804 Session of
2025

INTRODUCED BY BOSCOLA, COLEMAN, FONTANA, DUSH, COSTA, KEARNEY,
FLYNN, MILLER AND BROWN, JUNE 4, 2025

SENATOR FARRY, INSTITUTIONAL SUSTAINABILITY AND INNOVATION, AS
AMENDED, OCTOBER 28, 2025

AN ACT

1 Amending Title 35 (Health and Safety) of the Pennsylvania
2 Consolidated Statutes, providing for medical devices.

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

5 Section 1. Title 35 of the Pennsylvania Consolidated
6 Statutes is amended by adding a chapter to read:

7 CHAPTER 58A

8 MEDICAL DEVICES

9 Subchapter

10 A. Preliminary Provisions (Reserved)

11 B. Prohibited Chemicals in Medical Devices

12 SUBCHAPTER A

13 PRELIMINARY PROVISIONS

14 (Reserved)

15 SUBCHAPTER B

16 PROHIBITED CHEMICALS IN MEDICAL DEVICES

17 Sec.

1 58A11. Scope of subchapter.

2 58A12. Legislative findings and declarations.

3 58A13. Definitions.

4 58A14. Prohibitions.

5 ~~58A15. Notice.~~

<--

6 § 58A11. Scope of subchapter.

7 This subchapter relates to prohibited chemicals in medical
8 devices.

9 § 58A12. Legislative findings and declarations.

10 The General Assembly finds and declares as follows:

11 (1) DEHP and other ortho-phthalates are toxic chemicals
12 and used primarily to produce flexibility in plastics, mainly
13 polyvinyl chloride.

14 (2) DEHP is the most common plasticizer used in medical
15 devices, including intravenous solution containers, which are
16 also known as IV bags, and intravenous tubing.

17 (3) Over the course of its shelf life, DEHP leaches from
18 plastic containers such as medical devices into a simulant.

19 (4) DEHP is classified as an endocrine-disrupting
20 compound because it can:

21 (i) Interfere with the hormonal system in humans and
22 animals.

23 (ii) Mimic or block the actions of hormones, leading
24 to adverse effects on reproductive health, development
25 and metabolism.

26 (5) Studies have suggested a potential link between DEHP
27 exposure and certain types of cancer, including breast,
28 liver, lung and testicular cancer.

29 (6) The United States Environmental Protection Agency
30 has determined that DEHP is a probable human carcinogen.

1 (7) DEHP exposure:

2 (i) Has been associated with adverse effects on
3 reproductive organs and fertility.

4 (ii) Can disrupt normal reproductive development,
5 reduce sperm quality and affect hormone levels in both
6 males and females.

7 (8) DEHP is metabolized in the liver and can accumulate
8 in the body over time. Prolonged exposure to high levels of
9 DEHP has been shown to cause liver and kidney damage in
10 animal studies.

11 (9) Inhalation or ingestion of DEHP can cause
12 respiratory irritation and allergic reactions in some
13 individuals, particularly those with preexisting respiratory
14 conditions or sensitivities.

15 (10) The leaching of DEHP from medical devices at
16 varying concentrations has been linked to multidrug
17 resistance in breast cancer cells, inhibiting the
18 effectiveness of breast cancer drugs. This phenomenon has
19 been observed at both high and low concentrations of DEHP,
20 highlighting the potential impact of DEHP leaching on cancer
21 treatment outcomes.

22 (11) Exposure to DEHP has been linked to multidrug
23 resistance in triple-negative breast cancer cells, inhibiting
24 the apoptosis mechanism induced by breast cancer drugs, such
25 as tamoxifen, and increasing cell proliferation.

26 (12) DEHP has been suggested to serve as a mitogenic
27 factor for estrogen receptor-positive breast cancer cells,
28 potentially making them multidrug resistant.

29 § 58A13. Definitions.

30 The following words and phrases when used in this subchapter

shall have the meanings given to them in this section unless the
context clearly indicates otherwise:

"DEHP." Di(2-ethylhexyl) phthalate (Chemical Abstracts
Service Registry Number 117-81-7).

~~"Health care practitioner." An individual who is authorized~~ <--
~~to practice some component of the healing arts by a license,~~
~~permit, certificate or registration issued by a Commonwealth~~
~~licensing agency or board.~~

~~"Intentionally added DEHP." Either of the following:~~

~~(1) DEHP that a manufacturer has intentionally added to~~
~~a product and that has a functional or technical effect on~~
~~the product.~~

~~(2) DEHP that is an intentional breakdown product of an~~
~~added chemical.~~

"INTENTIONALLY ADDED DEHP." DEHP THAT A MANUFACTURER HAS <--
INTENTIONALLY ADDED TO A PRODUCT AND THAT HAS A FUNCTIONAL OR
TECHNICAL EFFECT ON THE PRODUCT.

"Intravenous solution container." A container used to house
medicine, fluid or nutrition therapy that is intravenously
delivered to a patient in a hospital, outpatient facility or
other health care facility.

"Intravenous tubing." Tubing used to administer fluids,
medication or nutrients directly to an individual.

"Ortho-phthalate." A class of chemicals that are esters of
ortho-phthalic acid, including DEHP or any of the following:

(1) Benzyl butyl phthalate (BBP) (Chemical Abstracts
Service Registry Number 85-68-7).

(2) Dibutyl phthalate (DBP) (Chemical Abstracts Service
Registry Number 84-74-2).

(3) Dicyclohexyl phthalate (DCHP) (Chemical Abstracts

Service Registry Number 84-61-7).

(4) Diethyl phthalate (DEP) (Chemical Abstracts Service
Registry Number 84-66-2).

(5) Diisobutyl phthalate (DIBP) (Chemical Abstracts
Service Registry Number 84-69-5).

(6) Diisodecyl phthalate (DIDP) (Chemical Abstracts
Service Registry Number 26761-40-0).

(7) Diisononyl phthalate (DINP) (Chemical Abstracts
Service Registry Number 28553-12-0).

(8) Di-n-hexyl phthalate (DnHP) (Chemical Abstracts
Service Registry Number 84-75-3).

(9) Di-n-octyl phthalate (DNOP) (Chemical Abstracts
Service Registry Number 117-84-0).

(10) Di-n-pentyl phthalate (DnPP) (Chemical Abstracts
Service Registry Number 131-18-0).

(11) Diisoheptyl phthalate (DIHP) (Chemical Abstracts
Service Registry Number 71888-89-6).

~~"Patient." An individual who is under the medical care of a~~ <--
~~health care practitioner, in addition to the following, as~~
~~applicable:~~

~~(1) The parent or legal guardian of the individual if
the individual is under 18 years of age.~~

~~(2) The health care agent, as defined in 20 Pa.C.S. §
5422 (relating to definitions), of the individual.~~

~~(3) The health care representative, as defined in 20
Pa.C.S. § 5422, of the individual.~~

~~(4) The guardian of the individual if the individual is
deemed an incapacitated person in accordance with 20 Pa.C.S.
Ch. 55 (relating to incapacitated persons).~~

"UNINTENTIONALLY ADDED DEHP." DEHP IN AN INTRAVENOUS

<--

SOLUTION CONTAINER OR INTRAVENOUS TUBING PRODUCT THAT IS NOT
USED FOR FUNCTIONAL OR TECHNICAL EFFECT ON THE PRODUCT.

§ 58A14. Prohibitions.

(a) Intravenous solution containers.--Beginning January 1, 2027 EXCEPT AS PROVIDED UNDER SUBSECTION (F), BEGINNING JANUARY 1, 2030, a person may not manufacture, sell or distribute intravenous solution containers made with intentionally added DEHP. <--

(b) Intravenous tubing. <--

(1) Beginning January 1, 2027, a person may not manufacture, sell or distribute intravenous tubing made with intentionally added DEHP for use in neonatal intensive care units or for the purpose of nutrition infusions or oncology treatment infusions.

(2) Beginning January 1, 2032, a person may not manufacture, sell or distribute intravenous tubing made with intentionally added DEHP.

(c) Replacement. A person may not replace DEHP with another ortho-phthalate in a new or revised medical device.

§ 58A15. Notice.

(a) Requirement. A health care practitioner shall notify a patient prior to use of an intravenous solution container or intravenous tubing that contains DEHP or other ortho-phthalate in the course of treatment.

(b) Contents. Notice under subsection (a) shall include, at a minimum, information relating to:

(1) The risks associated with exposure to DEHP and other ortho-phthalates.

(2) The patient's right to request an intravenous solution container or intravenous tubing that is free from

DEHP and other ortho-phthalates.

(B) INTRAVENOUS TUBING.--BEGINNING JANUARY 1, 2035, A PERSON <--
MAY NOT MANUFACTURE, SELL OR DISTRIBUTE INTRAVENOUS TUBING MADE
WITH INTENTIONALLY ADDED DEHP.

(C) REPLACEMENT.--A PERSON MAY NOT REPLACE DEHP WITH ANOTHER
ORTHO-PHTHALATE IN A NEW OR REVISED MEDICAL DEVICE.

(D) UNINTENTIONALLY ADDED DEHP.--AN INTRAVENOUS SOLUTION
CONTAINER OR INTRAVENOUS TUBING PRODUCT MAY NOT HAVE
UNINTENTIONALLY ADDED DEHP PRESENT AT A QUANTITY AT OR ABOVE
0.1% WEIGHT PER WEIGHT (W/W).

(E) EXEMPTIONS.--THE FOLLOWING ITEMS, AS DESCRIBED IN 21 CFR
(RELATING TO FOOD AND DRUGS), ARE EXEMPT FROM THE PROVISIONS OF
THIS SECTION:

(1) HUMAN BLOOD COLLECTION AND STORAGE BAGS.

(2) APHERESIS AND CELL THERAPY BLOOD KITS AND BAGS,
INCLUDING INTEGRAL TUBING.

(F) EXTENSION.--A PERSON, DUE TO PENDING UNITED STATES FOOD
AND DRUG ADMINISTRATION APPROVAL FOR THE DEHP-FREE INTRAVENOUS
SOLUTION CONTAINER OR DUE TO THE MANUFACTURER NOT HAVING
ADEQUATE EQUIPMENT TO MANUFACTURE THE DEHP-FREE INTRAVENOUS
SOLUTION CONTAINER, SHALL MEET THE REQUIREMENT UNDER SUBSECTION
(A) BY JANUARY 1, 2032, IF ALL OF THE FOLLOWING CONDITIONS ARE
MET:

(1) THE PERSON NOTIFIED ITS CUSTOMERS IN THIS
COMMONWEALTH, NO LATER THAN JULY 1, 2026, THAT THE PERSON HAS
COMMENCED DEVELOPMENT OF THE DEHP-FREE INTRAVENOUS SOLUTION
CONTAINER TO MEET THE REQUIREMENTS OF THIS SECTION.

(2) THE PERSON PROVIDES NOTICE TO ITS CUSTOMERS IN THIS
COMMONWEALTH AND POSTS TO ITS PUBLICLY ACCESSIBLE INTERNET
WEBSITE, NO LATER THAN JANUARY 1, 2028, THAT THE PERSON WILL

1 NOT MEET THE DEADLINE IMPOSED UNDER SUBSECTION (A).

2 Section 2. This act shall take effect in 90 days.

HOUSE OF REPRESENTATIVES

DEMOCRATIC COMMITTEE BILL ANALYSIS

Bill No:	SB0730 PN1799	Prepared By:	Erika Fricke
Committee:	Health		(412) 422-1774
Sponsor:	Yaw	Executive Director:	Erika Fricke
Date:	6/25/2026		

A. Brief Concept

Senate Bill 730 establishes the Physician Orders for Life-Sustaining Treatment (POLST) program.

C. Analysis of the Bill

Senate Bill 730 creates the Physician Order for Life Sustaining Treatment (POLST) form, to replace the existing system of "Do Not Resuscitate" (DNR) orders.

Changes to existing law:

The bill amends existing law related to advance health care directives and Do Not Resuscitate (DNR) orders to establish the same criminal penalties related to misuse of advance directives and DNRs apply to the POLST.

After the Department of Health adopts the POLST form, DNR forms will be phased out after one year.

New Subchapter F - Creation of the Physician Orders for Life-Sustaining Treatment

5492 - Key legislative findings:

The POLST is a mechanism to ensure wishes related to health care interventions at end of life are binding on the medical professionals providing care.

To be eligible for a POLST, patients must have a life-limiting medical condition, which is expected to lead to death within the year.

Shared decision-making, including a discussion of clinical status, options, potential outcomes and patient values and goals for care, are important before creation of a POLST.

Advance health care directives are the appropriate planning tools for healthy patients.

Challenges with advance health care directives include:

- Advance health care directives often lack specificity to the patient's goals and preferences for a subsequent medical condition that they did not anticipate developing.
- Advance health care directives are often ineffective if a patient is transferred to a different health care facility which can lead to the patient's wishes not being honored.
- Some emergency medical services (EMS) protocols require EMS personnel to administer CPR to a patient even if the patient has an advance health care directive or has otherwise made it clear that they do not wish to receive CPR.

POLST benefits include:

- A POLST provides clear direction for specific patient care related to the patient's medical condition.
- A health care practitioner must dialogue with the patient or the patient's surrogate decision maker to determine whether a POLST is appropriate.

- The POLST allows a patient's wishes to become immediately actionable medical orders.

5493 Key definitions:

"Facility" means facilities licensed as a health care facility under the Health Care Facilities Act of 1979, a facility providing health care licensed by the Department of Human Services, and a facility licensed as pediatric extended care center. These terms include: hospitals, long-term care facilities, home health care agencies, hospice, psychiatric facilities and intermediate care facilities.

"Life Limiting and Irreversible Condition." A continual and profound comatose state with no reasonable chance of recovery or a condition caused by injury, disease or illness which within a physician's reasonable medical judgment would usually produce death within one year.

5494 - Eligibility to enter into a POLST

In order to enter into a POLST, a patient must have a life-limiting and irreversible condition that has been determined and confirmed in writing by a physician.

A POLST may not be completed for a patient with a stable, even if chronic, medical condition unless the physician determines that death within a year is a reasonably foreseeable outcome.

A POLST is not appropriate just because a patient is seriously ill.

5495 - Voluntary consent requirements

A POLST is only valid with the voluntary consent of the patient or a surrogate decision maker.

A health care insurer cannot require patients to consent to a POLST or health care providers to offer a POLST.

Changing insurance coverage, reimbursement, authorization or treatment decisions based on whether or not a patient has a POLST is not allowed, except to follow a valid medical order in the POLST that directs or limits specific treatment and is consistent with applicable law.

A health care provider or health care facility cannot deny, limit or provide differing levels of care to an individual based on whether or not they have a POLST, except to comply with the level of care that the valid POLST expressly directs or limits.

5496 - POLST advisory committee

The secretary must appoint a POLST Advisory Committee to advise on POLST-related issues, including the format and content of the POLST form and education about POLST.

The committee shall include members from:

- The Pennsylvania Medical Society.
- The Hospital and Healthsystem Association of PA.
- The Pennsylvania Homecare Association.
- The Pennsylvania Bar Association.
- The Joint State Government Commission's Advisory Committee on Decedents' Estates Law.
- The Pennsylvania Emergency Health Services Council.
- The Pennsylvania College of Emergency Physicians.
- Long-term care facilities and providers of long-term support.
- Patient advocates.
- Disability rights advocates.
- Faith-based health care providers.
- Bioethicists, including both secular and faith-based representatives.

This committee replaces the advisory committee related to DNR forms that is repealed under this act.

5497 - Administration of POLST program

The Department and the advisory committee must work together to develop and update a POLST form and POLST education materials that will be publicly accessible through the department's website. All materials must be written in clear and concise language, and the department must coordinate with other State agencies that address the special needs of individuals with disabilities and older persons.

5498 - POLST form

A standard POLST form must be developed. The Department must send the Legislative Reference Bureau notice of the proposed form for publication in the next available issue of the Pennsylvania Bulletin and provide a comment period for at least 60 days. Every comment must receive a response within 60 days after the end of the comment period.

POLST forms executed prior to the effective date are recognized as valid POLST forms and have full force and effect.

5498.1 - Education about POLST

The Department must consult with the committee and develop and update educational materials about POLST for patients, surrogate decision makers, health care providers and the public.

5498.2 - Requirements for valid POLST

A valid POLST must include:

- Use the POLST form*
- Include preferences for cardiopulmonary resuscitation (CPR) and preferences related to hospitalization
- Date and signature of both the health care provider and the patient/surrogate decision maker.

*Exceptions to the requirement to use the POLST form include:

- 5498.4 (copies of orders): A copy of a POLST, including a photocopy, electronic copy, or other, is as effective as the original POLST.
- 5498.15 (POLST executed under prior POLST form): If a POLST form was valid when the POLST was executed, it remains valid even if the department subsequently adopts a revised form.
- 5498.16 (POLST executed under the Pennsylvania Life-Sustaining Wishes Committee (PLSWC) form): A POLST executed under the PLSWC form before a POLST form is adopted is effective to the same extent as it would be if executed under the POLST form.
- 5498.17 (POLST executed in another state or jurisdiction): A health care provider may act upon a POLST, or its equivalent in another state or jurisdiction, if it meets the requirements for a valid POLST and the health care provider consults with the patient or the surrogate decision maker as soon as feasible regarding continued compliance with the order.

A verbal order is effective as soon as it is given if the order is provided for a patient receiving care in a facility. However, the verbal order must be countersigned by the health care practitioner within seven days, or within the time frame designated by other law or facility requirements.

A surrogate decision maker's verbal consent for a POLST is valid if obtaining their signature is not feasible, the consent is documented on the POLST form, and the signature is obtained as soon as possible.

5498.3 - Portability

A POLST is valid anywhere within the Commonwealth, both inside and outside of a health care facility.

A DNR or other order issued for care within a health care facility is still valid and actionable within that health care facility and in accordance with the facility's laws and regulations.

5498.8 - Revocation

A patient or surrogate decision maker can revoke consent to all or part of a POLST at any time and in any manner that communicates an intent to revoke.

A health care provider or surrogate decision maker who is informed of a revocation must communicate the revocation to any attending health care provider and any health care facility from which the patient is receiving care.

A health care provider that is notified of a POLST revocation must record that the POLST is void in any medical records containing the order that are maintained by the health care provider.

5498.9 - Transfer requirements

When a patient is transferred to another health care facility, that facility and all health care providers responsible for the patient's transfer and care must be provided with the POLST order before the transfer, or as soon as possible if prior notice is not feasible.

5498.10 - Review requirements

If a patient is admitted or transferred to a health care facility, the health care provider must review the POLST with the patient or the patient's authorized surrogate decision maker. The POLST is effective unless it is modified or voided after review.

5498.11 - Compliance

If a health care provider cannot in good conscience comply with a POLST or the policies of a health care provider prevent compliance, the patient or surrogate decision maker must be informed.

The health care provider must try to transfer the patient to another provider who will comply with the POLST. If transfer is impossible, the health care provider may not be subject to criminal or civil liability for failure to carry out a POLST.

5498.12 - Emergency medical services

Emergency medical service (EMS) providers must at all times comply with a POLST or POLST do-not-resuscitate order if made aware of the order.

EMS providers must provide other medical interventions to provide comfort and alleviate pain unless otherwise directed by the patient or the EMS provider's authorized medical command physician.

If an EMS provider acting in good faith is uncertain about the validity or applicability of a non-resuscitation order in a POLST they should render care in accordance with their level of certification. They may not be subject to civil or criminal liability for failure to comply with a do-not-resuscitate order in a POLST.

5498.13 - Immunity

As long as a person acts upon a good faith assumption to either comply or not comply with a POLST, they are not subject to civil or criminal liability or to discipline for unprofessional conduct.

5498.14 - Conflict with advance health care directive

If a POLST conflicts with part of an advance health care directive, the most recent order must be followed.

5498.18 - POLST registry study

The department must consult with the committee and the Pennsylvania eHealth Partnership Authority to study the feasibility and cost of creating an Internet-based POLST registry and must report the results, at least every 180 days, to the Health and Human Services Committee of the Senate and the Health Committee of the House of Representatives until the final results are reported.

Effective Date:

The addition of 20 Pa.C.S. 5496 shall take effect immediately.

The remainder of this act shall take effect in 90 days.

G. Relevant Existing Laws

Title 20 (Decedents, Estates and Fiduciaries), Chapter 54 (Health Care) includes chapters on Living Wills, Health Care Agents and Out of Hospital Non-resuscitation Orders.

Key terms include:

"Advance health care directive." A health care power of attorney, living will or a written combination of a health care power of attorney and living will.

"DNR." Do not resuscitate.

"End-stage medical condition." An incurable and irreversible medical condition in an advanced state caused by injury, disease or physical illness that will, in the opinion of the attending physician to a reasonable degree of medical certainty, result in death, despite the introduction or continuation of medical treatment. Except as specifically set forth in an advance health care directive, the term is not intended to preclude treatment of a disease, illness or physical, mental, cognitive or intellectual condition, even if incurable and irreversible and regardless of severity, if both of the following apply:

(1) The patient would benefit from the medical treatment, including palliative care.

(2) Such treatment would not merely prolong the process of dying.

"Principal." An individual who executes an advance health care directive, designates an individual to act or disqualifies an individual from acting as a health care representative or an individual for whom a health care representative acts in accordance with this chapter.

"Health care agent." An individual designated by a principal in an advance health care directive.

"Medical command physician." A licensed physician who is authorized to give a medical command under the Emergency Medical Services Act of 1985.

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

2025 HB 1254: Referred to House Judiciary Committee April 17, 2025.

2023 SB 0631: Referred to Senate Health and Human Services Committee April 28, 2023.

2023 HB 0294: Referred to House Judiciary Committee March 10, 2023.

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

SENATE BILL

No. 730 Session of
2025

INTRODUCED BY YAW, FONTANA, BAKER AND J. WARD, MAY 12, 2025

SENATOR BROOKS, HEALTH AND HUMAN SERVICES, AS AMENDED,
JUNE 9, 2026

AN ACT

1 Amending Title 20 (Decedents, Estates and Fiduciaries) of the
2 Pennsylvania Consolidated Statutes, in health care, further
3 providing for applicability, for definitions, for criminal
4 penalties, for emergency medical services, for definitions,
5 for orders, bracelets and necklaces, for revocation, for
6 absence of order, bracelet or necklace and for emergency
7 medical services, repealing provisions relating to advisory
8 committee and providing for discontinuance and for
9 Pennsylvania orders for life-sustaining treatment.

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

12 Section 1. Section 5421(a) of Title 20 of the Pennsylvania
13 Consolidated Statutes is amended to read:

14 § 5421. Applicability.

15 (a) General rule.--This chapter applies to advance health
16 care directives [and], out-of-hospital nonresuscitation orders
17 and Pennsylvania orders for life-sustaining treatment.

18 * * *

19 Section 2. The definitions of "health care provider,"
20 "medical command physician," "order" and "patient" in section
21 5422 of Title 20 are amended and the section is amended by

1 adding definitions to read:

2 § 5422. Definitions.

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

6 * * *

7 "Health care provider." A person who is licensed, certified
8 or otherwise authorized by the laws of this Commonwealth to
9 administer or provide health care in the ordinary course of
10 business or practice of a profession. The term includes
11 personnel recognized under [the act of July 3, 1985 (P.L.164,
12 No.45), known as the Emergency Medical Services Act.] 35 Pa.C.S.
13 Ch. 81 (relating to emergency medical services system) and those
14 individuals recognized under 42 Pa.C.S. § 8331.2 (relating to
15 good Samaritan civil immunity for use of automated external
16 defibrillator).

17 * * *

18 "Medical command physician." A licensed physician who is
19 authorized to give a medical command under [the act of July 3,
20 1985 (P.L.164, No.45), known as the Emergency Medical Services
21 Act] 35 Pa.C.S. Ch. 81 (relating to emergency medical services
22 system).

23 * * *

24 "Order." An out-of-hospital do-not-resuscitate order as
25 defined under section 5483 (relating to definitions) or
26 Pennsylvania orders for life-sustaining treatment as defined
27 under section 5493 (relating to definitions).

28 "Out-of-hospital do-not-resuscitate order" or "OOH-DNR
29 order." An out-of-hospital do-not-resuscitate order as defined
30 under section 5483 (relating to definitions).

1 ["Patient." An out-of-hospital do-not-resuscitate patient as
2 defined under section 5483 (relating to definitions).]

3 "Pennsylvania orders for life-sustaining treatment" or
4 "POLST." Pennsylvania orders for life-sustaining treatment as
5 defined under section 5493 (relating to definitions).

6 * * *

7 Section 3. Sections 5432, 5445(b), 5483, 5484 heading, (a)
8 and (b), 5485, 5486 and 5487 of Title 20 are amended to read:
9 § 5432. Criminal penalties.

10 (a) Criminal homicide.--A person shall be subject to
11 prosecution for criminal homicide as provided in 18 Pa.C.S. Ch.
12 25 (relating to criminal homicide) if the person intends to
13 cause the withholding or withdrawal of life-sustaining treatment
14 contrary to the wishes of the principal or patient and, because
15 of that action, directly causes life-sustaining treatment to be
16 withheld or withdrawn and death to be hastened and:

17 (1) falsifies or forges the advance health care
18 directive, OOH-DNR order, bracelet [or], necklace or POLST of
19 that principal or patient; or

20 (2) willfully conceals or withholds personal knowledge
21 of a revocation of an advance health care directive or DNR
22 status.

23 (b) Interference with health care directive.--A person
24 commits a felony of the third degree if that person willfully:

25 (1) conceals, cancels, alters, defaces, obliterates or
26 damages an advance health care directive, OOH-DNR order,
27 bracelet [or], necklace or POLST without the consent of the
28 principal or patient;

29 (2) causes a person to execute an advance health care
30 directive or order or wear a bracelet or necklace by undue

1 influence, fraud or duress; or

2 (3) falsifies or forges an advance health care
3 directive, OOH-DNR order, bracelet [or], necklace or POLST or
4 any amendment or revocation thereof, the result of which is a
5 direct change in the health care provided to the principal or
6 patient.

7 § 5445. Emergency medical services.

8 * * *

9 (b) Applicability.--This section is applicable only in those
10 instances where an out-of-hospital DNR order is not in effect
11 under section 5484 (relating to OOH-DNR orders, bracelets and
12 necklaces).

13 § 5483. Definitions.

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

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

18 "Emergency medical services provider." [A health care
19 provider recognized under the act of July 3, 1985 (P.L.164,
20 No.45), known as the Emergency Medical Services Act.] As defined
21 under 35 Pa.C.S. § 8103 (relating to definitions). The term
22 includes those individuals recognized under 42 Pa.C.S. § 8331.2
23 (relating to good Samaritan civil immunity for use of automated
24 external defibrillator).

25 "EMS." Emergency medical services.

26 "Health care provider." A person who is licensed, certified
27 or otherwise authorized by the laws of this Commonwealth to
28 administer or provide health care in the ordinary course of
29 business or practice of a profession. The term includes
30 personnel recognized under [the act of July 3, 1985 (P.L.164,

No.45), known as the Emergency Medical Services Act,] 35 Pa.C.S.
Ch. 81 (relating to emergency medical services system) and those
individuals recognized under 42 Pa.C.S. § 8331.2 (relating to
good Samaritan civil immunity for use of automated external
defibrillator).

"Out-of-hospital do-not-resuscitate bracelet." A bracelet in
the standard format set forth in section 5484 (relating to OOH-
DNR orders, bracelets and necklaces), supplied by the department
and issued by the attending physician, which may be worn at the
patient's option to notify emergency medical services providers
of the presence of an OOH-DNR order.

"Out-of-hospital do-not-resuscitate necklace." A necklace in
the standard format set forth in section 5484 (relating to OOH-
DNR orders, bracelets and necklaces), supplied by the department
and issued by the attending physician, which may be worn at the
patient's option to notify emergency medical services providers
of the presence of an OOH-DNR order.

"Out-of-hospital do-not-resuscitate order[.]" or "OOH-DNR
order." An order in the standard format set forth in section
5484 (relating to OOH-DNR orders, bracelets and necklaces),
supplied by the department and issued by the attending
physician, directing emergency medical services providers to
withhold cardiopulmonary resuscitation from the patient in the
event of respiratory or cardiac arrest.

"Out-of-hospital do-not-resuscitate patient." An individual
who:

(1) Has an end-stage medical condition or is permanently
unconscious.

(2) Pursuant to section 5484(a) (relating to OOH-DNR
orders, bracelets and necklaces), possesses and in any manner

1 displays or causes to be displayed for emergency medical
2 services providers an apparently valid OOH-DNR order,
3 bracelet or necklace.

4 "Surrogate." A health care agent or a health care
5 representative.

6 § 5484. [Orders] OOH-DNR orders, bracelets and necklaces.

7 (a) Issuance.--An attending physician, upon the request of a
8 patient who is at least 18 years of age, has graduated from high
9 school, has married or is an emancipated minor, or the patient's
10 surrogate if the surrogate is so authorized, shall issue to the
11 patient an OOH-DNR order and may issue at the request of the
12 patient or the patient's surrogate a bracelet or necklace
13 supplied by the department. The patient may, at the patient's
14 option, wear the bracelet or display the order or necklace to
15 notify emergency medical services providers of the patient's DNR
16 status.

17 (b) Format of OOH-DNR order.--The department shall, with the
18 advice of the Pennsylvania Emergency Health Services Council and
19 with the assistance of the regional emergency medical services
20 councils, make available standard OOH-DNR orders for issuance to
21 patients by attending physicians of this Commonwealth. The form
22 of the order shall contain, but not be limited to, the
23 following:

24 PENNSYLVANIA OUT-OF-HOSPITAL

25 DO-NOT-RESUSCITATE ORDER

26 Patient's full legal name:

27 I, the undersigned, state that I am the attending
28 physician of the patient named above. The above-named patient
29 or the patient's surrogate has requested this order, and I
30 have made the determination that the patient is eligible for

1 an order and satisfies one of the following:

2 has an end-stage medical condition.

3 is permanently unconscious and has a living
4 will directing that no cardiopulmonary resuscitation be
5 provided to the patient in the event of the patient's cardiac
6 or respiratory arrest.

7 I direct any and all emergency medical services
8 personnel, commencing on the effective date of this order, to
9 withhold cardiopulmonary resuscitation (cardiac compression,
10 invasive airway techniques, artificial ventilation,
11 defibrillation and other related procedures) from the patient
12 in the event of the patient's respiratory or cardiac arrest.

13 I further direct such personnel to provide to the patient
14 other medical interventions, such as intravenous fluids,
15 oxygen or other therapies necessary to provide comfort care
16 or to alleviate pain, unless directed otherwise by the
17 patient or the emergency medical services provider's
18 authorized medical command physician.

19 Signature of attending physician:

20 Printed name of attending physician:

21 Dated:

22 Attending physician's emergency telephone number:

23 I, the undersigned, hereby direct that in the event of my
24 cardiac and/or respiratory arrest efforts at cardiopulmonary
25 resuscitation not be initiated and that they may be withdrawn
26 if initiated. I understand that I may revoke these directions
27 at any time by giving verbal instructions to the emergency
28 medical services providers, by physical cancellation or
29 destruction of this form or my bracelet or necklace or by
30 simply not displaying this form or the bracelet or necklace

1 for my EMS [caregivers] providers.

2 Signature of patient (if capable of making informed
3 decisions):

4 I, the undersigned, hereby certify that I am authorized
5 to execute this order on the patient's behalf by virtue of
6 having been designated as the patient's surrogate and/or by
7 virtue of my relationship to the patient (specify
8 relationship:). I hereby direct that in the event
9 of the patient's cardiac and/or respiratory arrest efforts at
10 cardiopulmonary resuscitation not be initiated and be
11 withdrawn if initiated.

12 Signature of surrogate (if patient is incapable of making
13 informed decisions):

14 * * *

15 § 5485. Revocation.

16 (a) Patient.--If a patient has obtained an OOH-DNR order,
17 only the patient may revoke the patient's DNR status.

18 (b) Surrogate.--If a surrogate has obtained an OOH-DNR
19 order, the patient or the surrogate may revoke a patient's
20 status.

21 (c) Manner.--Revocation under this section may be done at
22 any time without regard to the patient's physical or mental
23 condition and in any manner, including verbally or by destroying
24 or not displaying the OOH-DNR order, bracelet or necklace.

25 § 5486. Absence of OOH-DNR order, bracelet or necklace.

26 If an OOH-DNR order has not been issued by an attending
27 physician, a presumption does not arise as to the intent of the
28 individual to consent to or to refuse the initiation,
29 continuation or termination of life-sustaining treatment.

30 § 5487. Emergency medical services.

1 (a) Medical command instructions.--Notwithstanding the
2 absence of an OOH-DNR order, bracelet or necklace pursuant to
3 this section, emergency medical services providers shall at all
4 times comply with the instructions of an authorized medical
5 command physician to withhold or discontinue resuscitation.

6 (b) Effect of OOH-DNR order, bracelet or necklace.--

7 (1) Emergency medical services providers are authorized
8 to and shall comply with an OOH-DNR order if made aware of
9 the order by examining a bracelet, a necklace or the order
10 itself.

11 (2) Emergency medical services providers shall provide
12 other medical interventions necessary and appropriate to
13 provide comfort and alleviate pain, including intravenous
14 fluids, medications, oxygen and any other intervention
15 appropriate to the level of the certification of the
16 provider, unless otherwise directed by the patient or the
17 emergency medical services provider's authorized medical
18 command physician.

19 (3) As used in this subsection, the term "comply" means:

20 (i) to withhold cardiopulmonary resuscitation from
21 the patient in the event of respiratory or cardiac
22 arrest; or

23 (ii) to discontinue and cease cardiopulmonary
24 resuscitation in the event the emergency medical services
25 provider is presented with an OOH-DNR order or discovers
26 a necklace or bracelet after initiating cardiopulmonary
27 resuscitation.

28 (c) Uncertainty regarding validity or applicability of OOH-
29 DNR order, bracelet or necklace.--

30 (1) Emergency medical services providers who in good

1 faith are uncertain about the validity or applicability of an
2 OOH-DNR order, bracelet or necklace shall render care in
3 accordance with their level of certification.

4 (2) Emergency medical services providers who act under
5 paragraph (1) shall not be subject to civil or criminal
6 liability or administrative sanction for failure to comply
7 with an OOH-DNR order under this section.

8 (d) Recognition of other states' orders.--Emergency medical
9 services or [out-of-hospital DNR] OOH-DNR orders, bracelets or
10 necklaces valid in states other than this Commonwealth shall be
11 recognized in this Commonwealth to the extent that these orders,
12 bracelets or necklaces and the criteria for their issuance are
13 consistent with the laws of this Commonwealth. Emergency medical
14 services providers shall act in accordance with the provisions
15 of this section when encountering a patient with an apparently
16 valid EMS or out-of-hospital DNR form, bracelet or necklace
17 issued by another state. Emergency medical services providers
18 acting in good faith under this section shall be entitled to the
19 same immunities and protections that would otherwise be
20 applicable.

21 Section 4. Section 5488 of Title 20 is repealed:

22 [§ 5488. Advisory committee.

23 (a) Establishment.--Within 60 days of the effective date of
24 this section, the department shall establish a committee to
25 assist it in determining the advisability of using a
26 standardized form containing orders by qualified physicians that
27 detail the scope of medical treatment for patients' life-
28 sustaining wishes.

29 (b) Membership.--The committee shall include representatives
30 from the Pennsylvania Medical Society, the Hospital and Health

1 System Association of Pennsylvania, the Joint State Government
2 Commission's Advisory Committee on Decedents' Estates Laws, the
3 Pennsylvania Bar Association, the Department of Aging, the
4 Department of Public Welfare and other interested persons at the
5 department's discretion.

6 (c) Scope of review.--The committee's review shall include,
7 but not be limited to, examination of the following:

8 (1) The need to adopt this type of standardized form in
9 view of the existing use of do-not-resuscitate orders.

10 (2) The use and evaluation of use of such forms in other
11 states.

12 (3) Any other matters determined by the department to be
13 relevant to its determination.]

14 Section 5. Title 20 is amended by adding a section to read:
15 § 5489. Discontinuance.

16 ~~An OOH-DNR order may not be executed on or after the date the <--~~
17 ~~department adopts an initial POLST form under section 5498-~~
18 ~~(relating to POLST form). This subchapter shall continue to~~
19 ~~apply to any OOH-DNR order executed prior to the date the~~
20 ~~department adopts an initial POLST form. Previously executed~~
21 ~~OOH-DNR orders, bracelets and necklaces may continue to be~~
22 ~~recognized as valid.~~

23 (A) WHEN OOH-DNR ORDER MAY NOT BE EXECUTED.--EXCEPT AS <--
24 PROVIDED IN SUBSECTION (C), AN OOH-DNR ORDER MAY NOT BE EXECUTED
25 ON OR AFTER THE DATE THE DEPARTMENT ADOPTS AN INITIAL POLST FORM
26 UNDER SECTION 5498 (RELATING TO POLST FORM).

27 (B) APPLICABILITY AND VALIDITY.--THIS SUBCHAPTER SHALL
28 CONTINUE TO APPLY TO ANY OOH-DNR ORDER EXECUTED PRIOR TO THE
29 DATE THE DEPARTMENT ADOPTS AN INITIAL POLST FORM. PREVIOUSLY
30 EXECUTED OOH-DNR ORDERS, BRACELETS AND NECKLACES MAY CONTINUE TO

1 BE RECOGNIZED AS VALID.

2 (C) PRESUMPTION OF VALIDITY.--NOTWITHSTANDING SUBSECTION
3 (A), AN OOH-DNR ORDER EXECUTED WITHIN ONE YEAR AFTER THE DATE
4 THE DEPARTMENT ADOPTS AN INITIAL POLST FORM SHALL BE PRESUMED
5 VALID IF EXECUTED IN GOOD FAITH AND IN SUBSTANTIAL COMPLIANCE
6 WITH THE REQUIREMENTS APPLICABLE TO OOH-DNR ORDERS PRIOR TO THE
7 ADOPTION OF THE INITIAL POLST FORM. THE PRESUMPTION MAY BE
8 REBUTTED BY CLEAR AND CONVINCING EVIDENCE THAT THE ORDER DOES
9 NOT REFLECT THE WISHES OF THE INDIVIDUAL OR WAS NOT PROPERLY
10 EXECUTED.

11 Section 6. Chapter 54 of Title 20 is amended by adding a
12 subchapter to read:

13 SUBCHAPTER F

14 PENNSYLVANIA ORDERS FOR LIFE-SUSTAINING TREATMENT

15 Sec.

16 5491. Scope of subchapter.

17 5492. Legislative findings and intent.

18 5493. Definitions.

19 5494. ~~Prohibitions on use~~ ELIGIBILITY.

<--

20 5495. Voluntary consent requirement.

21 5496. POLST Advisory Committee.

22 5497. Administration of POLST program.

23 5498. POLST form.

24 5498.1. Education about POLST.

25 5498.2. Requirements for valid POLST.

26 5498.3. Portability.

27 5498.4. Team care.

28 5498.5. Copies of orders.

29 5498.6. Signature options.

30 5498.7. Standards for surrogate decision makers.

1 5498.8. Revocation.
2 5498.9. Transfer requirements.
3 5498.10. Review requirements.
4 5498.11. Compliance.
5 5498.12. Emergency medical services.
6 5498.13. Immunity.
7 5498.14. Conflict with advance health care directive.
8 5498.15. POLST executed under prior POLST form.
9 5498.16. POLST executed under PLSWC form.
10 5498.17. POLST executed in another state or jurisdiction.
11 5498.18. POLST registry study.
12 § 5491. Scope of subchapter.

13 This subchapter relates to Pennsylvania Orders for Life-
14 Sustaining Treatment.

15 § 5492. Legislative findings and intent.

16 The General Assembly finds and declares as follows:

17 (1) All individuals have ~~a qualified right to control~~ <--
18 THE RIGHT TO MAKE DECISIONS REGARDING their health care and <--
19 should not lose that right if they become incompetent or have
20 never been a competent adult.

21 (2) The Commonwealth has recognized this right by
22 providing for advance health care directives in which
23 individuals may provide direction and state their goals and
24 preferences about future health care and by providing for
25 surrogate decision makers for incompetent adults and
26 unemancipated minors.

27 (3) A Pennsylvania order for life-sustaining treatment,
28 or POLST, differs from an advance health care directive as it
29 converts an individual's wishes regarding health care into a
30 medical order that is immediately actionable and applicable

1 across all health care settings.

2 (4) The use of POLST may overcome many of the
3 limitations and problems associated with advance health care
4 directives and existing orders regarding cardiopulmonary
5 resuscitation and other end-of-life care, including out-of-
6 hospital do-not-resuscitate orders.

7 (5) In many cases, advance health care directives only
8 name a surrogate decision maker to make health care decisions
9 for the principal or lack specificity as to the principal's
10 goals and preferences for a medical condition that
11 subsequently develops because the medical condition was not
12 foreseen by the principal.

13 (6) Existing medical orders frequently are ineffective
14 when the patient is transferred from one care setting to
15 another because the procedures, forms and requirements at
16 each care setting may be different, resulting in a loss in
17 the ability of patients to have their wishes honored.

18 (7) Existing emergency medical services protocols may
19 require emergency medical services personnel to proceed to
20 cardiopulmonary resuscitation when an individual is found in
21 cardiac and respiratory arrest, even if the individual has
22 completed an advance directive or has otherwise clearly
23 indicated that the individual does not wish to receive
24 cardiopulmonary resuscitation.

25 (8) A POLST, which is executed by a health care
26 practitioner under appropriate circumstances to implement the
27 wishes of the patient expressed directly by the patient or
28 through a surrogate decision maker, provides clear direction
29 for the patient's care regarding health care issues likely to
30 emerge given the patient's current medical condition.

1 (9) A key step in the POLST process is the health care
2 practitioner's review with the patient or the patient's
3 surrogate decision maker of the patient's current health
4 status, diagnoses and prognosis to determine whether a POLST
5 order would be appropriate or should be updated.

6 (10) The POLST decision-making process and medical
7 orders are intended for patients who are considered to be at
8 risk for a life-threatening clinical event because they have
9 a serious life-limiting medical condition, which may include
10 advanced frailty.

11 (11) Among vulnerable populations, including persons
12 with disabilities, a POLST is appropriate for seriously ill
13 or frail patients if their health care practitioner would not
14 be surprised if they died within the next year.

15 (12) A POLST is not recommended for individuals with
16 stable, even chronic, medical conditions with years of life
17 expectancy.

18 (13) It should not be assumed that all patients in any
19 facility, including a nursing home, should have or would
20 desire a POLST.

21 (14) The well-being of the patient is paramount in
22 considering a POLST, not cost savings to the government or
23 insurers.

24 (15) A POLST is appropriately entered following a shared
25 decision-making process that facilitates patient consent that
26 is voluntary, educated, collaborative and thoughtful,
27 including a discussion of the patient's current clinical
28 status, treatment options and likely outcomes, together with
29 the patient's goals of care, preferences and values.

30 (16) Conversations about a POLST must avoid any bias

1 against continuation of care and must not characterize the
2 continuation of life as burdensome. When appropriate, these
3 conversations should emphasize palliative care and hospice
4 availability.

5 (17) A standardized POLST form, which is easily
6 recognized, understood and implemented, can greatly advance
7 the ability of patients to ensure that their medical care is
8 aligned with their goals of care, preferences and values, as
9 informed by a shared decision-making process.

10 (18) Advance health care directives remain critically
11 important for adults from the age of majority until death. An
12 advance health care directive, rather than a POLST, is the
13 appropriate advance care planning tool for healthy patients.

14 (19) When the use of a POLST becomes appropriate, an
15 existing advance health care directive will help shape the
16 choices of the patient or the patient's surrogate decision
17 maker when discussing a POLST with a health care provider.

18 (20) This subchapter is intended to provide a framework
19 and legal authority for a POLST to be valid and portable
20 across all care settings, consistent with the foregoing
21 findings.

22 § 5493. Definitions.

23 The following words and phrases when used in this subchapter
24 shall have the meanings given to them in this section unless the
25 context clearly indicates otherwise:

26 "Committee." The POLST Advisory Committee established under
27 this subchapter.

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

29 "Health care facility." Any of the following:

30 (1) A facility that is licensed as a health care

1 facility by the department under Chapter 8 of the act of July
2 19, 1979 (P.L.130, No.48), known as the Health Care
3 Facilities Act, including a hospital, long-term care
4 facility, home health care agency or hospice.

5 (2) A facility that is licensed or approved by the
6 Department of Human Services under Article IX or X of the act
7 of June 13, 1967 (P.L.31, No.21), known as the Human Services
8 Code, and provides health care services, including a
9 psychiatric facility or intermediate care facility for the
10 developmentally or intellectually disabled.

11 (3) A facility that is licensed as a prescribed
12 pediatric extended care center by the department under the
13 act of November 24, 1999 (P.L.884, No.54), known as the
14 Prescribed Pediatric Extended Care Centers Act.

15 "Health care insurer." A person, corporation or other entity
16 that offers administrative, indemnity or payment services under
17 a program of health care or disability benefits, including the
18 following:

19 (1) An insurance company, association, exchange or
20 fraternal benefit society subject to the act of May 17, 1921
21 (P.L.682, No.284), known as The Insurance Company Law of
22 1921.

23 (2) A health maintenance organization subject to the act
24 of December 29, 1972 (P.L.1701, No.364), known as the Health
25 Maintenance Organization Act.

26 (3) A hospital plan corporation subject to 40 Pa.C.S.
27 Ch. 61 (relating to hospital plan corporations).

28 (4) A professional health service corporation subject to
29 40 Pa.C.S. Ch. 63 (relating to professional health services
30 plan corporations).

1 (5) A self-insured employee welfare benefit plan.

2 (6) A third-party administrator of a self-insured
3 employee welfare benefit plan.

4 (7) A Federal, State or local government sponsored or
5 operated program.

6 "Health care practitioner." A physician, physician assistant
7 or certified registered nurse practitioner acting in accordance
8 with applicable law, including respective licensing acts and
9 regulations.

10 "Health care provider." As defined in section 5483 (relating
11 to definitions).

12 "LIFE-LIMITING AND IRREVERSIBLE CONDITION." A CONTINUAL <--
13 PROFOUND COMATOSE STATE WITH NO REASONABLE CHANCE OF RECOVERY OR
14 A CONDITION CAUSED BY INJURY, DISEASE OR ILLNESS WHICH WITHIN A
15 PHYSICIAN'S REASONABLE MEDICAL JUDGMENT WOULD USUALLY PRODUCE
16 DEATH WITHIN ONE YEAR.

17 "Patient Life-Sustaining Wishes Committee." The committee
18 appointed to assist the department in determining the
19 advisability of using a standardized form containing orders by
20 qualified physicians that detail the scope of medical treatment
21 for patients' life-sustaining wishes under former section 5488
22 (relating to advisory committee).

23 "Pennsylvania orders for life-sustaining treatment" or
24 "POLST." One or more medical orders, issued for the care of an
25 individual, regarding cardiopulmonary resuscitation or other
26 medical interventions that are entered in accordance with
27 section 5498.2 (relating to requirements for valid POLST).

28 "PLSWC form." The form for a POLST previously approved by
29 the department on the recommendation of the Patient Life-
30 Sustaining Wishes Committee.

1 "POLST form." The form for a POLST adopted under section
2 5498 (relating to POLST form).

3 "Secretary." The Secretary of Health of the Commonwealth.

4 "Surrogate decision maker." A health care agent, health care
5 representative, guardian of the person or parent of a minor who
6 is legally authorized to make a health care decision for a
7 patient.

8 ~~§ 5494. Prohibitions on use.~~

<--

9 ~~(a) Stable medical conditions. A POLST is not recommended~~
10 ~~for individuals with stable, even if chronic, medical conditions~~
11 ~~and years of life expectancy.~~

12 ~~(b) Construction. Nothing in this subchapter shall be~~
13 ~~construed to advance or support euthanasia, suicide or health~~
14 ~~care practitioner assisted suicide.~~

15 § 5494. ELIGIBILITY.

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16 (A) LIFE-LIMITING AND IRREVERSIBLE CONDITION.--A POLST FOR
17 AN INDIVIDUAL MAY ONLY BE COMPLETED AFTER A PHYSICIAN HAS
18 DETERMINED, WITHIN REASONABLE MEDICAL JUDGMENT, AND HAS
19 CONFIRMED IN WRITING, THAT THE INDIVIDUAL IS A PERSON WHO HAS A
20 DIAGNOSED LIFE-LIMITING AND IRREVERSIBLE CONDITION AND THAT THE
21 INDIVIDUAL'S THEN-CURRENT HEALTH STATUS, DIAGNOSIS AND PROGNOSIS
22 INDICATE THAT STANDING MEDICAL ORDERS CONCERNING TREATMENT
23 OPTIONS ARE APPROPRIATE.

24 (B) PROGRESSION OF ILLNESS OR CONDITION.--A POLST MAY NOT BE
25 COMPLETED FOR AN INDIVIDUAL WITH A STABLE, EVEN IF CHRONIC,
26 MEDICAL CONDITION UNLESS, WITHIN THE PHYSICIAN'S REASONABLE
27 MEDICAL JUDGMENT, THE INDIVIDUAL'S ILLNESS OR CONDITION HAS
28 PROGRESSED SUCH THAT MORTALITY WITHIN THE NEXT YEAR IS A
29 REASONABLY FORESEEABLE CLINICAL OUTCOME, EVEN IF NOT CERTAIN.

30 (C) SERIOUS ILLNESS.--A POLST IS NOT APPROPRIATE SIMPLY

1 BECAUSE A PERSON IS SERIOUSLY ILL.

2 (D) CONSTRUCTION.--NOTHING IN THIS SUBCHAPTER SHALL BE
3 CONSTRUED TO ADVANCE OR SUPPORT EUTHANASIA, SUICIDE OR HEALTH
4 CARE PRACTITIONER-ASSISTED SUICIDE.

5 § 5495. Voluntary consent requirement.

6 (a) Patient consent.--No POLST shall be valid without the
7 voluntary consent of the patient or a surrogate decision maker.

8 (b) Health insurance or coverage.--A health care insurer may
9 not:

10 (1) Require an individual to consent to a POLST or to
11 have a POLST as a condition for being insured.

12 (2) Charge an individual a different rate or fee whether
13 or not the individual consents to, or has, a POLST.

14 (3) Require a health care provider to have a policy to
15 offer a POLST to any individual.

16 (4) Provide a health care provider a financial
17 incentive, payment, discount or rating incentive for having a
18 policy or procedure relating to POLST completion.

19 (5) Impose a rating or reimbursement penalty if a health
20 care provider fails to achieve a target for POLST
21 completions.

22 (6) DENY, LIMIT, CONDITION, ALTER OR OTHERWISE AFFECT <--
23 COVERAGE, REIMBURSEMENT, AUTHORIZATION OR TREATMENT DECISIONS
24 BASED SOLELY ON THE PRESENCE OR ABSENCE OF A POLST, EXCEPT TO
25 THE EXTENT THAT THE POLST CONSTITUTES A VALID MEDICAL ORDER
26 DIRECTING OR LIMITING SPECIFIC TREATMENT CONSISTENT WITH
27 APPLICABLE LAW.

28 (c) Consultation.--Notwithstanding subsection (b), a health
29 care provider may be paid for consultation with or counseling of
30 a patient concerning a POLST or offering advance health care

1 planning.

2 (d) Health care provider and health care facility
3 policies.--

4 (1) A health care provider and a health care facility
5 may not make consent to a POLST or having a POLST a condition
6 of admission to, continued occupancy at, or the provision of
7 health care services by the health care provider or a health
8 care facility.

9 (2) A health care provider and a health care facility
10 may not provide a patient or surrogate decision maker an in-
11 kind or financial incentive, payment or discount for
12 consenting to or having a POLST.

13 (3) In complying with paragraphs (1) and (2), a health
14 care provider and a health care facility may have a policy to
15 offer a POLST to appropriate individuals as part of a
16 conversation about goals of care, personal values and
17 preferences, benefits of various treatment options and
18 avoiding unwanted burden.

19 (4) A HEALTH CARE PROVIDER OR A HEALTH CARE FACILITY MAY <--
20 NOT DENY, LIMIT, CONDITION, ALTER OR OTHERWISE PROVIDE
21 DIFFERING LEVELS OF CARE TO AN INDIVIDUAL BASED SOLELY ON THE
22 PRESENCE OR ABSENCE OF A POLST, EXCEPT TO THE EXTENT THAT THE
23 LEVEL OF CARE IS EXPRESSLY DIRECTED OR LIMITED BY THE PATIENT
24 AS SPECIFIED IN A VALID POLST.

25 § 5496. POLST Advisory Committee.

26 (a) Appointment.--The secretary shall appoint a POLST
27 Advisory Committee, including a chairperson and vice chairperson
28 of the committee.

29 (b) Role of committee.--The committee shall advise the
30 department on POLST-related matters, including the format and

1 content of the POLST form and education about POLST.

2 (c) Composition.--

3 (1) After consulting Statewide organizations comprised
4 of relevant stakeholders, the secretary shall appoint one or
5 more representatives of the following to the committee:

6 (i) The Pennsylvania Medical Society.

7 (ii) The Hospital and Healthsystem Association of
8 Pennsylvania.

9 (iii) The Pennsylvania Homecare Association.

10 (iv) The Pennsylvania Bar Association.

11 (v) The Joint State Government Commission's Advisory
12 Committee on Decedents' Estates Laws.

13 (vi) Pennsylvania Emergency Health Services Council.

14 (vii) Pennsylvania College of Emergency Physicians.

15 (viii) Long-term care facilities and providers of
16 long-term support.

17 (ix) Patient advocates.

18 (x) Disability rights advocates.

19 (xi) Faith-based health care providers.

20 (xii) Bioethicists, including both a secular and
21 faith-based representative.

22 (2) The secretary may appoint additional individuals to
23 the committee to provide expertise and a broad representation
24 of interests.

25 (3) The secretary shall ensure that members appointed to
26 the committee include individuals with knowledge about:

27 (i) community POLST coalition efforts; and

28 (ii) nationally accepted physician orders for life-
29 sustaining treatment standards and educational resources,
30 including the National POLST Paradigm Task Force.

1 § 5497. Administration of POLST program.

2 (a) Duties.--The department shall perform the following
3 duties in consultation with the committee:

4 (1) Adopt and update a POLST form under section 5498
5 (relating to POLST form).

6 (2) Develop and update basic education materials on
7 POLST under section 5498.1 (relating to education about
8 POLST).

9 (3) Make the POLST form and its educational materials
10 available and accessible through the department's publicly
11 accessible Internet website.

12 (b) Plain language requirement.--In consultation with the
13 committee, the department shall make the POLST form and its
14 educational materials clear, concise, well-organized and
15 otherwise understandable to patients, their families, other
16 surrogate decision makers and health care providers.

17 (c) Coordination.--In the performance of its
18 responsibilities under this subchapter, the department shall
19 coordinate with other State agencies that address the special
20 needs of individuals with disabilities and older persons,
21 including the Department of Aging and the Department of Human
22 Services.

23 § 5498. POLST form.

24 (a) Development and update.--In consultation with the
25 committee, the department shall adopt, and periodically update
26 when appropriate, a standard POLST form for health care
27 practitioners to issue a POLST with the voluntary consent of the
28 patient or an authorized surrogate decision maker.

29 (b) Medical order options.--

30 (1) The POLST form shall include options for a set of

1 medical orders for cardiopulmonary resuscitation and other
2 medical interventions that are determined to be appropriate
3 for a POLST.

4 (2) The POLST form shall be outcome neutral. The medical
5 order options shall range from full treatment to comfort care
6 only, with options in between.

7 (3) The POLST form may include options for nutrition and
8 hydration administered by gastric tube or intravenously or by
9 other medically administered means. If the consent is
10 provided by a surrogate decision maker, the following
11 requirements shall apply:

12 (i) Section 5456(c)(5)(iii) (relating to authority
13 of health care agent).

14 (ii) Section 5461(c) (relating to decisions by
15 health care representative).

16 (iii) Section 5462(c) (relating to duties of
17 attending physician and health care provider).

18 (4) Except as provided under section 5498.2(a)(2)
19 (relating to requirements for valid POLST), no medical order
20 option section shall be required to be completed for the
21 POLST to be valid.

22 (c) Notices.--

23 (1) The POLST form shall clearly and conspicuously state
24 that a POLST may only be issued with the voluntary consent of
25 the patient or the patient's authorized surrogate decision
26 maker and that a patient or surrogate decision maker may not
27 be compelled by a health care provider or health care insurer
28 to complete or sign a POLST.

29 (2) The POLST form may include other notices regarding
30 patient rights, health care practitioner responsibilities and

1 availability of educational information which the department,
2 in consultation with the committee, determines appropriate.

3 (d) Identification and signatures.--

4 (1) The POLST form shall provide for identification of
5 the patient, any surrogate decision maker who consents to the
6 POLST on behalf of the patient and the health care
7 practitioner who issues the POLST.

8 (2) The POLST form shall provide for the signatures of
9 the patient, any surrogate decision maker and the health care
10 practitioner who issues the POLST.

11 (e) Instructions.--The POLST form shall include instructions
12 for its completion. The instructions shall clearly convey the
13 sections required to be completed for the POLST to be valid.

14 (f) Opportunity for comment.--

15 (1) Prior to adopting the initial POLST form developed
16 on or after the effective date of this paragraph, the
17 department shall transmit to the Legislative Reference Bureau
18 notice of the proposed form for publication in the next
19 available issue of the Pennsylvania Bulletin and provide an
20 opportunity for comment on the proposed form for at least 60
21 days after publication of the notice. The following shall
22 apply:

23 (i) In addition to submitting for publication notice
24 of the initial form in the next available issue of the
25 Pennsylvania Bulletin, the department shall serve a copy
26 of the form to the Health and Human Services Committee of
27 the Senate and the Health Committee of the House of
28 Representatives.

29 (ii) Within 60 days after the close of the comment
30 period, the department shall submit to the Legislative

1 Reference Bureau for publication in the next available
2 issue of the Pennsylvania Bulletin a subsequent notice
3 that responds to each comment the department has
4 received. In providing responses to each comment, the
5 department shall indicate the reasons for adopting or
6 rejecting the recommendations made during the comment
7 period. The department shall submit to the Legislative
8 Reference Bureau for publication in the next available
9 issue of the Pennsylvania Bulletin a final version of the
10 POLST form, which the department shall also post on its
11 publicly accessible Internet website.

12 (2) The department shall comply with the procedures
13 under paragraph (1) for updates to the POLST form.

14 (3) The adoption of the initial POLST form and any
15 subsequent updates to the POLST form shall be exempt from the
16 following:

17 (i) Article II of the act of July 31, 1968 (P.L.769,
18 No.240), referred to as the Commonwealth Documents Law.

19 (ii) Sections 204(b) and 301(10) of the act of
20 October 15, 1980 (P.L.950, No.164), known as the
21 Commonwealth Attorneys Act.

22 (iii) The act of June 25, 1982 (P.L.633, No.181),
23 known as the Regulatory Review Act.

24 (iv) Section 612 of the act of April 9, 1929
25 (P.L.177, No.175), known as The Administrative Code of
26 1929.

27 (g) POLST forms.--POLST forms executed prior to the
28 effective date of this subsection shall be recognized as valid
29 POLST forms and shall have full force and effect as if executed
30 on or after the effective date of this subsection.

1 (h) Printed copies.--The POLST form may not be required to
2 be obtained exclusively from the department or any particular
3 vendor. The department shall provide a process for the POLST
4 form to be downloaded free of charge from a publicly accessible
5 Internet website.

6 § 5498.1. Education about POLST.

7 (a) Development and update of educational materials.--In
8 consultation with the committee, the department shall develop
9 and periodically update when appropriate educational materials
10 about POLST for patients, surrogate decision makers, health care
11 providers and the public.

12 (b) Basic education.--The department shall make its basic
13 educational materials available in alternative formats that are
14 accessible to persons with a disability. The department's POLST
15 educational materials shall include basic information that
16 explains and provides guidance on the following:

17 (1) The definition of a POLST, including the types of
18 medical interventions that may be covered.

19 (2) How a POLST is an immediately actionable medical
20 order and is valid and portable across all patient settings.

21 (3) When a POLST may be useful and appropriate and when
22 a POLST may not be appropriate.

23 (4) The differences between a POLST and an advance
24 health care directive.

25 (5) The voluntary consent requirement, including a
26 patient's right to refuse to execute a POLST without adverse
27 consequences under section 5495(b) and (d) (relating to
28 voluntary consent requirement).

29 (6) The importance of a shared decision-making process
30 to assure understanding and voluntary consent by patients and

1 surrogate decision makers.

2 (7) When review of a POLST is required or recommended.

3 (8) The obligation of health care providers to comply
4 with a POLST under this subchapter.

5 (9) Legal requirements for surrogate decision making.

6 (10) Appropriate inclusion of patients, to the extent
7 possible, regardless of the patient's physical or mental
8 condition, in decision making when decisions are made on the
9 patient's behalf by surrogate decision makers.

10 (c) Training recommendations.--The department's educational
11 materials shall include recommendations for training of health
12 care practitioners and others who educate patients about POLST
13 or assist in completion of a POLST form to assure that the
14 practitioner or other individual has the practiced skills of
15 those conversations and understands the applicable law, medical
16 issues and treatments covered by a POLST. These materials shall
17 incorporate information consistent with the findings in section
18 5492(9), (10), (11), (12), (13), (14), (15) and (16) (relating
19 to legislative findings and intent).

20 (d) Other resources.--The department may provide information
21 about the availability of educational materials from other
22 sources, including nonprofit organizations that provide
23 education, training and resources for POLST programs.

24 § 5498.2. Requirements for valid POLST.

25 (a) Validity.--To be valid, a POLST shall require each of
26 the following:

27 (1) Use of the POLST form, except under sections 5498.5
28 (relating to copies of orders), 5498.15 (relating to POLST
29 executed under prior POLST form), 5498.16 (relating to POLST
30 executed under PLSWC form) and 5498.17 (relating to POLST

1 executed in another state or jurisdiction).

2 (2) Completion of the section regarding cardiopulmonary
3 resuscitation.

4 (3) Completion of the section documenting preferences
5 regarding hospitalization and preferred level of care.

6 (4) The date and signature of a health care practitioner
7 in accordance with section 5498.6 (relating to signature
8 options), except under subsection (b).

9 (5) The date and signature of the patient or a surrogate
10 decision maker in accordance with section 5498.6, except
11 under subsection (c).

12 (b) Verbal orders.--A verbal order is effective from the
13 date given without countersignature until the expiration of the
14 period of countersignature specified under paragraph (2) or (3).
15 A health care practitioner's verbal order for a POLST shall be
16 deemed to meet the requirements of subsection (a)(2) if all of
17 the following requirements are met:

18 (1) The order is entered for a patient receiving care
19 from a health care facility.

20 (2) The order is documented on the POLST form and
21 countersigned by the health care practitioner in accordance
22 with any applicable laws and regulations governing the health
23 care facility, including a time frame in which the order must
24 be countersigned.

25 (3) No law or regulation governing the health care
26 facility establishes a time limit in which the order must be
27 countersigned, and the order is countersigned by the health
28 care practitioner within seven days.

29 (c) Verbal consent.--A surrogate decision maker's verbal
30 consent for a POLST shall be deemed to satisfy the requirements

1 of subsection (a)(4) if all of the following requirements are
2 met:

3 (1) Obtaining the signature of the surrogate decision
4 maker is not feasible in a timely manner.

5 (2) The consent is documented on the POLST form by the
6 health care facility in accordance with the health care
7 facility's policies and procedures.

8 (3) The signature of the surrogate decision maker is
9 obtained as soon as feasible.

10 (d) Effectiveness.--A POLST shall be effective on the date
11 it meets the requirements of this section.

12 § 5498.3. Portability.

13 (a) Validity.--A POLST executed in accordance with this
14 subchapter shall be valid anywhere within this Commonwealth,
15 including all health care facilities, the patient's residence
16 and other care settings outside of a health care facility, and
17 while the patient is in transit from one health care facility or
18 care setting to another.

19 (b) Authority of health care practitioners.--A POLST
20 executed in accordance with this subchapter shall be valid in a
21 health care facility regardless of whether the health care
22 practitioner who signed the order has clinical privileges with
23 the health care facility.

24 (c) Other orders.--This subchapter does not prohibit a do-
25 not-resuscitate or other order issued for care within a health
26 care facility from being valid and actionable within that health
27 care facility in accordance with the laws and regulations
28 governing the health care facility.

29 § 5498.4. Team care.

30 A health care facility may designate individuals who have

1 been trained in a manner consistent with section 5498.1(c)
2 (relating to education about POLST), including nurses and social
3 workers, to participate in conversations with a patient or the
4 patient's surrogate decision maker regarding a POLST or
5 assisting in completion of the POLST form.

6 § 5498.5. Copies of orders.

7 A copy of a POLST, including a photocopy, facsimile or other
8 electronic copy, shall be as effective as the original POLST.

9 § 5498.6. Signature options.

10 (a) Options.--A signature required by section 5498.2
11 (relating to requirements for valid POLST) may be provided by a
12 hand-written signature or any other means allowed under this
13 section.

14 (b) Patient unable to sign.--If a patient is unable to sign
15 by a written signature, it shall be sufficient for:

16 (1) the patient to sign by a mark; or

17 (2) another individual to sign for the patient if that
18 patient specifically directs the other individual to sign the
19 POLST for the patient.

20 (c) Electronic signatures.--In the case of a patient
21 receiving care from a health care facility, a signature on a
22 POLST may be obtained by any electronic means that is authorized
23 by the policies and procedures of the facility and is consistent
24 with the laws governing the facility, including a digitized
25 signature and a digital signature. A copy of the POLST shall
26 show a representative image of the signature in the applicable
27 signature field.

28 § 5498.7. Standards for surrogate decision makers.

29 (a) Compliance.--When making a decision about a POLST on
30 behalf of a patient, a surrogate decision maker shall comply

1 with all applicable legal requirements for health care decision
2 making by a surrogate decision maker, including those provided
3 under subsection (b), and the decisions of the surrogate
4 decision maker are subject to all applicable legal restrictions
5 on decisions by a surrogate decision maker.

6 (b) Specific laws.--Surrogate decision makers must comply
7 with the following:

8 (1) Subchapter C (relating to health care agents and
9 representatives), including:

10 (i) Section 5456(c) (relating to authority of health
11 care agent).

12 (ii) Section 5461(c) (relating to decisions by
13 health care representative).

14 (iii) Section 5462(c) (relating to duties of
15 attending physician and health care provider).

16 (2) Chapter 55 (relating to incapacitated persons).

17 (c) Minors.--A surrogate decision maker for an unemancipated
18 minor shall be subject to the requirements and restrictions
19 applicable to a health care representative for an adult when
20 making a decision about a POLST on behalf of the minor.

21 (d) Competent patient.--This section does not limit the
22 right of a competent patient to consent to a POLST.

23 § 5498.8. Revocation.

24 (a) Consent.--A patient or a surrogate decision maker acting
25 within a decision-making authority may revoke consent to all or
26 part of a POLST at any time and in any manner that communicates
27 an intent to revoke.

28 (b) Notice.--A health care provider or surrogate decision
29 maker who is informed of a revocation shall promptly communicate
30 the fact of the revocation to any attending health care provider

1 and to any health care facility from which the patient is
2 receiving care.

3 (c) Implementation.--A health care provider that is notified
4 of a POLST revocation shall record that the POLST is void in any
5 medical records containing the order that are maintained by the
6 health care provider.

7 § 5498.9. Transfer requirements.

8 (a) Notice of POLST.--A health care facility that transfers
9 a patient with a POLST to another health care facility shall
10 provide the POLST to the receiving facility and any health care
11 providers who are responsible for the patient's care during
12 transport to the receiving facility. The notice of the order
13 shall be provided prior to the transfer, or, if prior notice is
14 not feasible, as soon as feasible thereafter.

15 (b) Compliance.--The requirements of section 5498.11
16 (relating to compliance) shall apply in the event that the
17 receiving health care provider or health care provider involved
18 in the transfer is unable in good conscience to comply with the
19 POLST or the policies of the health care provider preclude
20 compliance.

21 § 5498.10. Review requirements.

22 (a) Mandatory review.--In the event a patient with a POLST
23 is admitted or transferred to a health care facility, the
24 treating health care provider at the health care facility shall
25 review the POLST as soon as feasible with the patient or the
26 patient's authorized surrogate decision maker. The POLST shall
27 remain effective unless and until modified or voided as a result
28 of the review.

29 (b) Recommended review.--In consultation with the committee,
30 the department shall develop recommendations for other

situations in which it is appropriate or advisable for a POLST to be reviewed, giving consideration to the following circumstances:

(1) A substantial change in the patient's health status.

(2) A change in the patient's goals of care or treatment preferences.

§ 5498.11. Compliance.

(a) Notification by attending physician or health care provider.--If an attending physician or other health care provider cannot in good conscience comply with a POLST or if the policies of a health care provider preclude compliance with a POLST, the attending physician or health care provider shall so inform the patient, if the patient is competent, and any surrogate decision maker who consented to the order on behalf of the patient.

(b) Transfer.--The attending physician or health care provider under subsection (a) shall make every reasonable effort to assist in the transfer of the patient to another physician or health care provider who will comply with the POLST.

(c) Liability.--If transfer under subsection (b) is impossible, the provision of care necessary to sustain life to a patient may not subject an attending physician or a health care provider to criminal or civil liability or administrative sanction for failure to carry out the POLST.

(d) Policies.--The department shall require health care facilities to have policies and procedures for implementation of a POLST.

§ 5498.12. Emergency medical services.

(a) Medical command instructions.--Notwithstanding the absence of a do-not-resuscitate order in a POLST, emergency

1 medical services providers shall at all times comply with the
2 instructions of an authorized medical command physician to
3 withhold or discontinue resuscitation.

4 (b) Effect of POLST do-not-resuscitate order.--

5 (1) Emergency medical services providers shall comply
6 with a do-not-resuscitate order in a POLST if made aware of
7 the order. In order to be in compliance with the do-not-
8 resuscitate order in a POLST, an emergency medical service
9 provider must:

10 (i) withhold cardiopulmonary resuscitation from the
11 patient in the event of respiratory and cardiac arrest;
12 or

13 (ii) discontinue and cease cardiopulmonary
14 resuscitation, in the event the emergency medical
15 services provider is presented with a do-not-resuscitate
16 order in a POLST after initiating cardiopulmonary
17 resuscitation.

18 (2) Emergency medical services providers shall provide
19 other medical interventions necessary and appropriate to
20 provide comfort and alleviate pain, including intravenous
21 fluids, medications, oxygen and any other intervention
22 appropriate to the level of the certification of the
23 provider, unless otherwise directed by the patient or the
24 emergency medical services provider's authorized medical
25 command physician.

26 (c) Uncertainty regarding validity or applicability of do-
27 not-resuscitate order in POLST.--

28 (1) Emergency medical services providers who in good
29 faith are uncertain about the validity or applicability of a
30 do-not-resuscitate order in a POLST shall render care in

1 accordance with their level of certification.

2 (2) Emergency medical services providers who act under
3 paragraph (1) may not be subject to civil or criminal
4 liability or administrative sanction for failure to comply
5 with a do-not-resuscitate order in a POLST.

6 (d) Uncertainty regarding validity or applicability of
7 POLST.--Emergency medical services providers are not required
8 to, but may if they deem it necessary, contact the medical
9 command physician prior to complying with a POLST.

10 § 5498.13. Immunity.

11 (a) Compliance.--A health care provider or other person may
12 not be subject to civil or criminal liability or to discipline
13 for unprofessional conduct for complying with a POLST based upon
14 the good faith assumption that the orders therein were valid
15 when made and have not been revoked or terminated.

16 (b) Noncompliance.--A health care provider or other person
17 may not be subject to civil or criminal liability or to
18 discipline for unprofessional conduct for refusing to comply
19 with a POLST on the good faith belief that:

20 (1) The POLST is not valid.

21 (2) Compliance with the POLST would be unethical or, to
22 a reasonable degree of medical certainty, would result in
23 medical care having no medical basis in addressing any
24 medical need or condition of the patient, provided that the
25 health care provider complies in good faith with sections
26 5462(c) (relating to duties of attending physician and health
27 care provider) and 5498.11 (relating to compliance).

28 (c) Other protection.--This section does not limit the
29 immunity available to a health care provider or person under
30 section 5431 (relating to liability) or 5498.12(c)(2) (relating

1 to emergency medical services).

2 § 5498.14. Conflict with advance health care directive.

3 If a POLST conflicts with a provision of an advance health
4 care directive, the provision of the instrument latest in date
5 of execution shall prevail to the extent of the conflict.

6 § 5498.15. POLST executed under prior POLST form.

7 A POLST executed on a POLST form that was valid when executed
8 shall remain valid even if the department subsequently adopts a
9 revised form.

10 § 5498.16. POLST executed under PLSWC form.

11 (a) Validity.--Except as provided under subsection (b), a
12 POLST executed on the PLSWC form prior to the adoption of a
13 POLST form under this subchapter is effective to the same extent
14 as it would be effective if executed on the POLST form.

15 (b) Emergency medical services providers.--Emergency medical
16 services providers are not required to, but may if they deem it
17 necessary, contact the medical command physician prior to
18 complying with a POLST executed on the PLSWC form.

19 (c) Immunity.--For purposes of the immunity under sections
20 5431 (relating to liability) and 5498.13 (relating to immunity),
21 a POLST executed on the PLSWC form shall be deemed to be a POLST
22 executed under this subchapter.

23 § 5498.17. POLST executed in another state or jurisdiction.

24 (a) Validity.--Except as provided under subsection (b), a
25 health care provider may comply with a POLST, or its substantial
26 equivalent executed under the laws of another state or
27 jurisdiction and in conformity with the laws of that state or
28 jurisdiction, if:

29 (1) the order meets the requirements of section
30 5498.2(a)(2), (3) and (4) (relating to requirements for valid

POLST); and

(2) the health care provider consults, as soon as feasible, with the patient if competent and any surrogate decision maker regarding continued compliance with the order.

(b) Exception.--Subsection (a) may not apply to orders executed in another state or jurisdiction to the extent that the order directs procedures or the withholding or withdrawal of procedures under circumstances that are inconsistent with the laws of this Commonwealth, including section 5498.7 (relating to standards for surrogate decision makers).

(c) Immunity.--For purposes of the immunity under sections 5431 (relating to liability) and 5498.13 (relating to immunity), a POLST, or its substantial equivalent that was executed under the laws of another state or jurisdiction and is valid under subsections (a) and (b), shall be deemed to be a POLST executed under this subchapter.

§ 5498.18. POLST registry study.

(a) Study.--In consultation with the committee and the Pennsylvania eHealth Partnership Authority, the department shall study the feasibility and cost of creating an Internet-based POLST registry that would allow health care providers caring for a patient to obtain a current POLST for the patient.

(b) Report.--The department shall report the results of the study to the Health and Human Services Committee of the Senate and the Health Committee of the House of Representatives. The department shall report the status of the study to the committees at least every 180 days until the final results are reported.

Section 7. This act shall take effect as follows:

(1) The following provisions shall take effect

1 immediately:

2 The addition of 20 Pa.C.S. § 5496.

3 This section.

4 (2) The remainder of this act shall take effect in 90
5 days.

HOUSE OF REPRESENTATIVES

DEMOCRATIC COMMITTEE BILL ANALYSIS

Bill No:	HR0648 PN3990	Prepared By:	Patrick O'Rourke (717) 787-4296
Committee:	Health	Executive Director:	Erika Fricke
Sponsor:	Venkat, Arvind		
Date:	10/6/2026		

A. Brief Concept

Recognizes January 2027 as "National Blood Donor Month."

C. Analysis of the Bill

In the United States, approximately 29,000 units of blood are needed every day for blood transfusions but only approximately 3% of age-eligible people donate yearly. Blood supplies are particularly vulnerable during the winter months due to illness, inclement weather and holiday schedules, while donated blood has a limited shelf life with red blood cells lasting, at most, 42 days and platelets lasting just five days. To highlight the crucial need for continued donations, January has been recognized as "National Blood Donor Month" since 1970. Most individuals 16 years of age and older, and who are in good health, can donate blood every 56 days, up to six times a year.

Effective Date:

N/A.

G. Relevant Existing Laws

N/A.

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 RESOLUTION

No. 648 Session of
2026

INTRODUCED BY VENKAT, WAXMAN, HANBIDGE, GUZMAN, RIVERA, DEASY,
MCNEILL, DUKES AND SANCHEZ, OCTOBER 1, 2026

REFERRED TO COMMITTEE ON HEALTH, OCTOBER 2, 2026

A RESOLUTION

1 Recognizing the month of January 2027 as "National Blood Donor
2 Month" in Pennsylvania.

3 WHEREAS, In the United States, approximately 29,000 units of
4 blood are needed every day for blood transfusions; and

5 WHEREAS, These transfusions are lifesaving for millions of
6 people, like individuals who have been in an accident or those
7 with diseases that require frequent transfusions such as certain
8 cancers and sickle cell disease; and

9 WHEREAS, Every two seconds, someone in the United States
10 needs blood, but only approximately 3% of age-eligible people
11 donate yearly; and

12 WHEREAS, Donations also have a limited lifespan, with red
13 blood cells lasting, at most, 42 days and platelets lasting just
14 five days; and

15 WHEREAS, Donations typically decline during the winter months
16 due to inclement weather, holiday celebrations and illness,
17 resulting in less availability for donors, increased odds of
18 canceled blood drives and, ultimately, less access to the blood

1 that hospitals critically need; and

2 WHEREAS, To highlight the crucial need for continued
3 donations, January has been recognized as "National Blood Donor
4 Month" since 1970; and

5 WHEREAS, Individuals can honor and observe "National Blood
6 Donor Month" not just by donating blood, but also by learning
7 and remembering their blood type or even organizing or
8 volunteering at a blood drive or screening; and

9 WHEREAS, Most individuals 16 years of age and older, and who
10 are in good health, can donate blood every 56 days, up to six
11 times a year; and

12 WHEREAS, Anyone can partner with the American Red Cross to
13 start the process of hosting their own blood drive; and

14 WHEREAS, It is important to recognize the need for continued
15 blood donations and new blood donors across the Commonwealth;
16 therefore be it

17 RESOLVED, That the House of Representatives recognize January
18 2027 as "National Blood Donor Month" in Pennsylvania.