Wednesday, October 22, 2025 10:00 AM Public Hearing

House Judiciary Committee Public Hearing
Majority Caucus Room
Room 140 Main Capitol
Harrisburg, PA 17120
October 22, 2025
10:00 AM

Agenda

House Bill 1957 (OTTEN) A Joint Resolution proposing an amendment to the Pennsylvania Constitution enshrining the right to personal reproductive liberty.

Welcoming Remarks:

Representative Tim Briggs, Majority Chairman

Representative Rob Kauffman, Minority Chairman

Meghan Orbich

Impacted mother.

Dr. Erica Goldblatt Hyatt DSW, LCSW, MBE

Academic, clinician, administrator, author, and parent with twenty years' worth of social work experience, particularly focused on reproductive healthcare, and reproductive justice.

Laura Hernández

Senior Policy Associate of Reproductive Rights with the State Innovation Exchange.

Professor Elizabeth R. Kirk, J.D.

Assistant Professor of Law and Co-Director, Center for Law and the Human Person, at the Catholic University of America, Columbus School of Law.

Associate Scholar, Charlotte Lozier Institute.

Dr. Sarah Gutman

Obstetrics and Gynecology.

University of Pennsylvania, Penn Medicine.

If time permits, questions for all panelists:

Closing Remarks:

Representative Rob Kauffman, Minority Chairman

Representative Tim Briggs, Majority Chairman

And any other business that comes before the committee.

Adjournment

Please advise Maya Fitterer, mfitterer@pahouse.net, with your attendance plans. If you are unable to attend, kindly submit an Official Leave Request.

The Committee will continue to receive written testimony, which will be included in the record of the hearing.

Attachments:

- Dr. E. Goldblatt Hyatt - testimony
- Laura Hernandez - testimony
- Professor Elizabeth Kirk - testimony
- Dr. Sarah Gutman - testimony

Testimony on Behalf of HB 1957

Dr. E. Goldblatt Hyatt

October 22nd, 2025

My spouse and I had been married a little over a year when we learned we were expecting a child. We celebrated the news with our friends and family, and I excitedly went into each prenatal appointment with hopes and dreams for my little one. I imagined myself swaddling a tender newborn, rocking my future child in my arms as he drifted into a peaceful sleep. I pictured him as a chubby-cheeked toddler running faster than his legs would carry him. I thought of him growing and thriving, one day with siblings, under our loving care.

My hopes and dreams came to a screeching halt when, at 20 weeks pregnant, I learned that our son had a rare and deadly fetal anomaly, appropriately named CHAOS: Congenital High Airway Obstruction Syndrome. While prior ultrasounds revealed a healthy and active fetus, this anatomy scan was the first time doctors could see accurately what was happening inside our baby's body. Many parents refer to this screening as "gender scan", a time when they excitedly learn the sex of the fetus. We were, too. However, hours after the technician gently wiped the gel from my growing belly and my husband Will and I sat awaiting news in a dimly-lit consult room, we were given the devastating diagnosis: our son never developed an airway. The anatomy where the airway should have been was only a sealed stump. Fluid that should have been expelled through that airway back into the womb was building up inside of his tiny lungs, stretching them to maximum capacity, squeezing his heart into failure. His diaphragm, because of the pressure from the fluid in the lungs, was inverted.

We were told that our dearly beloved, badly wanted little boy, was going to die, and it was only a question of when. We were given three options. The first: wait for him to go into heart failure in the womb, a process that could take weeks, and may have an impact on my own health as I carried him. The second: continue the pregnancy if he didn't go into heart failure and give birth through a procedure that would also risk my health, to a baby that would be born brain-dead due to where his anomaly was: they wouldn't be able to create an airway in time for him to breathe on his own. In this situation, our sweet little boy would never be conscious, would spend his life in a neonatal intensive care unit, likely to die of a secondary infection or be removed from life support at a time we would need to choose. He would never fall asleep in my arms, never run faster than his legs could carry him, never bounce on my knee. He would be suspended in darkness until his life ended. Our third option was to end the pregnancy, but if we did so, we needed to do this quickly, because of Pennsylvania gestational age limits.

We were lucky enough to be able to be seen nearly immediately for a second opinion at a world-class Center for Fetal Diagnosis and Treatment, where they confirmed that there was no fetal surgery option that would be able to save our boy's airway. We underwent fetal MRI, echocardiogram, and genetic testing. It became clear that Darby was not meant for this world.

Will and I were plunged into a world of decision-making we never imagined having to go through when we first saw those two lines appear on the pregnancy test. We did this all while our

child simultaneously lived and died inside of me. We were making end of life decisions at the beginning of life, a time that was supposed to be filled with joy marred with tragedy. This was truly the first parenting decision we ever had to make. We consulted with our spiritual community, communed with our family and friends. After extensive, gut-wrenching, deeply honest conversations, we ultimately decided that ending the pregnancy was the best decision for our family and on August 3rd, 2012, two days before my birthday, I went from pregnant to grieving in a matter of hours.

As heartbreaking as our experience was, I was so grateful to have the choice: the option for my bodily autonomy and the future of my family, to make my decision to have an abortion. Now, as an academic and clinician specializing in experiences like my own, I am only too painfully aware of the experiences of parents in other states where they are not allowed to make the choice that I did. The fact is that any reason for an abortion is a valid reason, and for those who undergo fetal anomaly diagnoses and choose to end the pregnancy: about 1% of the population—the decision is one made with extensive care and never lightly. There is no other way to find out about a fetal anomaly other than through prenatal testing, and the anatomy scan happens in the second trimester, where time is of the essence here in Pennsylvania. And yet when we make these choices, it is because we would rather suffer than allow our children to suffer.

Still: accessing an abortion, especially if your state forbids it at any point in pregnancy, requires resources: having the funds to travel, for childcare—as many people seeking abortion already have living children—for lodging, permission to take time off work, and more. It requires resources that many people do not have, yet if they are determined to end a pregnancy, they will find a way. This may even result in seeking abortions in an unsafe way. I know that I was determined not to let Darby suffer one minute more while I, as his loving parent, could prevent it.

In my private practice, I work with expecting families who, too, have received heartbreaking information about their pregnancies. Some of these families have spent years, great expense, and, some with assisted reproductive technology, trying to get pregnant, only to learn that their fetus is not developing as they had expected. They, too, face heartbreaking choices. It is never my position to judge or force them into any particular course of action as every family has their own unique circumstances and calculus that they use as they walk this painful path. I honor the principle of choice in their lives and abide with them as they make the choice that is right for them. Some choose to continue to term and engage perinatal hospice, giving birth to babies that die in their arms. Others choose to end the pregnancy. Again, key to all of these circumstances is the element of reproductive choice.

We know that people who are not granted choice and autonomy over their own bodily decision-making experience disastrous emotional and psychological, as well as potentially physical, consequences. I have seen this both in research as well as in communication with colleagues who work in anti-choice states, where they are unable to guide their clients in making the best possible decisions for themselves and their families.

The right to abortion is key for every birthing person in Pennsylvania. Even if they don't know they need this right, one day they might, as they may encounter unexpected, tragic circumstances like we did with Darby. Making this decision is devastating enough as it is, without coming up against gestational age limits and restrictive environments.

Every day when I wake up, I think of my first son Darby. Some of his ashes sit inside a necklace that hangs over the doorframe of one of my four living children. I know he would have loved his healthy siblings, the ones who came after him, who entered this world because he could not be here. I like to think he is our guardian and protector, and I know one day I will meet him and kiss those beautiful cheeks, stare into those deep blue eyes, and tell him how much I have longed for him. Until that day, it is my duty to speak about the choice that I was privileged to have, the choice that every person deserves to make on behalf of themselves and their family. I will fight for this choice until the day I die.

STATE **INNOVATION** EXCHANGE

October 22, 2025

RE: Supporting HB 1957

Dear Committee Members,

My name is Laura Hernandez and I'm the Senior Policy Associate of Reproductive Rights at State Innovation Exchange. State Innovation Exchange is a national organization dedicated to empowering state legislators to lead boldly with their communities and make transformative changes. By providing policy support, strategic guidance, and fostering collaboration, SiX helps legislators create policies that protect rights, promote equity, and ensure a sustainable future for all.

In my work, I help lead SiX's Reproductive Freedom Leadership Council (RFLC) which is the country's only network of state legislators who champion reproductive health, rights, and justice. The RFLC network is made up of 650+ visionary state leaders who are changing the game to achieve an equitable, resilient, healthy, and prosperous future - including reproductive freedom for all.

On behalf of State Innovation Exchange (SiX) Action, I am writing in **SUPPORT** of **HB 1957.** This amendment to the state constitution will establish a fundamental right for Pennsylvanians to make independent decisions about their own reproductive healthcare including pregnancy care, abortion care, contraception and fertility care.

Weeks after the Supreme Court overturned Roe *v. Wade* in 2022, state constitutional amendments were placed directly in front of voters in California, Kansas, Kentucky, Michigan, Ohio and Vermont to either restrict or expand abortion access. In each of these states, constituents voted to protect access. Following these victories, several states in 2023 also moved to enshrine permanent abortion protections by introducing proactive state ballot measures. And in the 2024 general election, voters across seven states including Arizona, Colorado, Maryland, Missouri, Montana, Nevada, and New York approved constitutional amendments to reaffirm that abortion and reproductive healthcare must be protected.[1]

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1 https://statecourtreport.org/our-work/analysis-opinion/voters-seven-states-pass-measures-protect-abortion

The right to make personal decisions about contraceptive use is also important for all people in the United States. It is especially critical for historically marginalized groups who have been subjected to reproductive coercion, which, combined with other systemic barriers, have limited their ability to make their own decisions about birth control, and to access it. Contraceptive deserts – geographical areas that lack reasonable access to the full range of contraceptive methods– exist in every state in the country. In Pennsylvania alone, over 752,000 women in need of publicly-funded contraception live in contraceptive deserts[2] and 52,000 women in need live in counties without access to a single health center that provides the full range of contraceptive methods. The vast majority of people support access to birth control and 14 states and the District of Columbia have legislative or constitutional protections for the right to contraception. All the states that have enshrined protections for contraception in their constitution – California, Michigan, Ohio, Tennessee and Vermont– have done so since the *Dobbs* decision, recognizing how crucial true contraceptive choice, access, and affordability are in the shifting abortion care landscape.

Fertility healthcare is also crucial for family making and family building as it provides a path to parenthood for variety of people: those who are single, in LGBTQ relationships, undergoing gender-affirming treatment, have genetic or other health concerns (e.g. cancer patients), people with disabilities, and/or people diagnosed with infertility, among others. And there is overwhelming support for fertility healthcare access and protections. According to Pew Research 70% of adults believe that people having access to IVF, the most common method of assisted reproduction, is a "good thing"[3] and a survey conducted by The Associated Press-NORC Center for Public Affairs Research found that about 6 in 10 adults favor protecting access to IVF, including 77% of Democrats and 56% of Republicans.[4] A future without access to fertility healthcare leaves millions of people around the county without the ability to build their families.

By passing this amendment, Pennsylvania will join over a dozen states who have codified the right to reproductive freedom into their state laws and ensure that reproductive healthcare in the state remains legal and accessible.

The overturning of *Roe v. Wade* led millions of people across the country to lose access to reproductive health care overnight. Patients who once could turn to their local providers are

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[2] https://powertodecide.org/what-we-do/contraceptive-deserts

[3] https://www.pewresearch.org/short-reads/2024/05/13/americans-overwhelmingly-say-access-to-ivf-is-a-good-thing/#:~:text=An%20April%20Pew%20Research%20Center,most%20demographic%20and%20partisan%20groups.

[4] https://apnorc.org/projects/most-support-protecting-access-to-ivf/

now forced to travel hundreds of miles, scrambling to find appointments and paying out of pocket for care that should be a basic right. Every Pennsylvanian, like every American, deserves access to safe, legal, compassionate and affordable health care, especially throughout pregnancy. By voting in favor of this amendment, you are affirming to your constituents that their bodily autonomy matters and that their ability to make personal decisions about their families and futures is worth protecting. At a time when public trust in government and the democratic process is fragile, giving Pennsylvanians the opportunity to vote directly on this amendment, as written, is a powerful step toward restoring that trust.

SiX Action writes today in support of HB 1957 because it will protect access to abortion, contraception, and fertility care while affirming Pennsylvania as a state committed to reproductive liberty.

Sincerely,

Laura Hernandez
Senior Policy Associate, Reproductive Rights
SiX Action

LOZIER
INSTITUTE

Testimony of Elizabeth R. Kirk, J.D.

Assistant Professor of Law and Co-Director, Center for Law and the Human Person, at the Catholic University of America Columbus School of Law
Associate Scholar, Charlotte Lozier Institute

Pennsylvania House Judiciary Committee
October 22, 2025

To the Distinguished Chair and Honored Members of the Committee,

Thank you for the opportunity to testify on HB 1957, a bill which proposes an amendment to the Constitution of the Commonwealth of Pennsylvania, providing for personal reproductive liberty.

My name is Elizabeth Kirk, and I am an Assistant Professor of Law at the Columbus School of Law at the Catholic University of America, where I also serve as Co-Director of the Center for Law and the Human Person.[1] I have studied and written about abortion law and policy for decades. I received my law degree *magna cum laude* from the University of Notre Dame Law School. I also serve as an associate scholar at the Charlotte Lozier Institute, the leading national scholarly institute devoted to identifying "policies and practices that will protect life and serve both women's health and family well-being."[2]

The aim of my testimony is to provide a scholarly, legal analysis of HB 1957. Advocates of amendments such as that proposed by HB 1957 may claim that it merely "restores *Roe*,"[3] but that euphemism is inaccurate and misleading. Rather, as my testimony is meant to explain, such amendments go further in expanding access to abortion than ever occurred under *Roe*. HB 1957 adopts a strict legal test, with no limiting framework, applicable to all legislation that is so protective of abortion (and any other decision deemed to fall within "personal reproductive liberty") that it is virtually certain to both unsettle existing Pennsylvania law *and* to discourage

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[1] A complete professional biography is available at https://www.law.edu/about-us/faculty-and-staff/directory/expert-faculty/kirk-elizabeth/index.html.

[2] "Charlotte Lozier Institute Submits Public Comment on HHS Proposed Rule Regarding Sect. 1557 of the Affordable Care Act," Charlotte Lozier Institute, October 4, 2022, https://lozierinstitute.org/charlotte-lozier-institute-submits-public-comment-on-hhs-proposed-rule-regarding-sect-1557-of-the-affordable-care-act/.

[3] *See, e.g.*, https://www.wxyz.com/news/video-whitmer-dixon-discuss-abortion-in-michigan-gubernatorial-debate (Michigan's Governor Gretchen Whitmer described Prop 3 (a proposed constitutional amendment similar to the one proposed by HB 1957) as "absolutely necessary to preserve the rights we've had for 49 years under *Roe v. Wade*").

future common-sense laws. In this sense, the passage of HB 1957 by the Pennsylvania legislature would constitute an abdication of its proper law-making authority to the judiciary to fashion policy on a matter that is deeply relevant to important state interests and to the protection of the common good.

In summary, I will make three points about HB 1957:

- ❖ The likely impact of the creation of a "fundamental right" and imposition of the onerous "strict scrutiny" standard;
- ❖ The ambiguity and breadth of the terms "individual" and "reproductive liberty"; and
- ❖ The likely impact of the non-discrimination clause.

Implications of "Fundamental Liberty" and Strict Scrutiny Standard

First, HB 1957 creates a "fundamental right to exercise personal reproductive liberty" and states that the Commonwealth may not "deny, burden, infringe upon or abridge" the fundamental right "unless justified by a compelling state interest achieved by the least restrictive means." This test is known as the "strict scrutiny" standard. This standard is so rigorous that it's referred to colloquially as "strict in theory, fatal in fact."[4]

Very few abortion restrictions survive challenge under this rigorous test,[5] and, based on well-established federal and state law precedent, it is predictable and likely that the consequence of adopting this standard will be the striking down of long-standing Pennsylvania laws that have overwhelming public support, including its parental consent law,[6] 24-hour waiting period,[7] clinic safety regulations,[8] prohibition on sex-selection abortions,[9] and late-term restrictions.[10]

When the Supreme Court first identified an alleged federal constitutional right to abortion in *Roe v. Wade*, it adopted the "strict scrutiny" test.[11] And, in the years after *Roe,* very little legislation survived scrutiny under this rigorous standard. Courts invalidated many laws, including clinic health and safety regulations, parental and informed consent requirements, and 24-hour waiting

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[4] This phrase originated in Gerald Gunther, *Foreword: In Search of Evolving Doctrine on a Changing Court: A Model for a Newer Equal Protection*, 86 Harv. L. Rev. 1, 8 (1972) (referring to standard as "'strict' in theory and fatal in fact").

[5] *See* Elizabeth R. Kirk, "Impact of the Strict Scrutiny Standard of Judicial Review on Abortion Legislation under the Kansas Supreme Court's Decision in *Hodes & Nauser v. Schmidt*," (Charlotte Lozier Institute, On Point ser. No. 42, 2020) (contains extensive analysis and examples of abortion laws struck down by federal and state courts using the strict scrutiny standard).

[6] 18 Pa.C.S. § 3206.

[7] 18 Pa.C.S. § 3205.

[8] 28 Pa.C.S. §§ 29.33, 29.43.

[9] 18 Pa.C.S. § 3204(c).

[10] 18 Pa.C.S. § 3211.

[11] 410 U.S. 113, 155 (1973).

periods.[12] A notable exception was the consistent ruling that the federal right to abortion did not carry with it an affirmative public funding obligation.[13]

Almost 20 years later, as Pennsylvanians well know, when the Court revisited *Roe* in *Planned Parenthood of Southeast Pennsylvania v. Casey*, it affirmed the federal constitutional right to abortion,[14] but, notably, it lowered the legal standard of judicial review because it determined that the strict scrutiny standard was … too strict! The Court said the "strict scrutiny" test had prevented states from expressing important interests and had "led to the striking down of ... regulations which *in no real sense* deprived women of the ultimate decision."[15] In place of strict scrutiny, the Court created a new "undue burden" standard which remained the governing federal standard until *Dobbs*.[16] Under this new standard, the Court upheld the Pennsylvania omnibus statute, including its informed consent requirements, 24-hour waiting period, parental consent, and reporting requirements – all of which had been declared unconstitutional by the lower court applying the strict scrutiny test.[17]

Most compellingly, we can also look to what has happened in states that have adopted the "strict scrutiny" test. When a state recognizes an independent state right to abortion, either through constitutional amendment or judicially, and adopts strict scrutiny, it is the beginning of a long line of cases striking down regulations, just like those Pennsylvania has enacted.[18] To highlight recent examples:

- In 2024, Arizona passed a constitutional amendment protecting abortion, adopting the strict scrutiny standard.[19] Since then, under application of the amendment, a state court

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[12] *See* Kirk *supra* note 4, nn. 12-17.
[13] *See Maher v. Roe,* 432 U.S. 464 (1977) (upheld Connecticut law which prohibited the use of Medicaid funds for non-therapeutic abortions and held that states are not required to show a compelling interest for a policy preference of childbirth over abortion); *Harris v. McRae*, 448 U.S. 297 (1980) (upholding the Hyde Amendment, which prohibits the use of federal Medicaid funds to reimburse states the cost of abortions under the program, and holding that the federal right to abortion carries with it no affirmative funding obligation); *Webster v. Reprod. Health Servs.*, 492 U.S. 490 (1989) (upheld a Missouri law which prohibited the use of public employees or facilities to perform abortions and prohibited the use of public funds, employees, or facilities for the purpose of encouraging a woman to have an abortion); *Rust v. Sullivan*, 500 U.S. 173 (1991) (upheld federal regulations prohibiting family planning clinics receiving Title X funding from abortion counseling or referrals).
[14] 505 U.S. 833, 846 (1992).
[15] *Id.* at 875. *Casey* in fact overturned, in part, such prior decisions. *Id.* at 883 ("As we have made clear, we depart from the holdings of *Akron I* and *Thornburgh* to the extent that we permit a State to further its legitimate goal of protecting the life of the unborn by enacting legislation aimed at ensuring a decision that is mature and informed, even when in so doing the State expresses a preference for childbirth over abortion. In short, requiring that the woman be informed of the availability of information relating to fetal development and the assistance available should she decide to carry the pregnancy to full term is a reasonable measure to ensure an informed choice, one which might cause the woman to choose childbirth over abortion.")
[16] 505 U.S. at 877.
[17] *Planned Parenthood of SE Pa. v. Casey*, 744 F.Supp. 1323 (E.D. Pa. 1990).
[18] For example, Alaska, California, Massachusetts and New Jersey struck funding restrictions and parental consent and/or notification requirements; Minnesota struck public funding restrictions; Florida struck parental notice and consent requirements; Iowa struck a 72-hour waiting period; and Montana struck a requirement that only physicians may perform abortions. Tennessee struck down informed consent requirements and a 24-hour waiting period. *See* Kirk *supra* note 4, nn. 55-66.
[19] Ariz. Const. art. II, § 8.1.

permanently enjoined the state's 15-week gestational limit.[20] Additionally, a case is pending challenging the state's prenatal nondiscrimination law (sex, race, and disability), informed consent law (reflection period), and chemical abortion regulation (in-person dispensing requirement), alleging that they violate the state constitutional right to abortion.[21]

- In 2019, the Kansas Supreme Court found a state right to abortion, adopting the strict scrutiny standard.[22] Since then, Kansas courts, employing strict scrutiny, have enjoined laws including the state's informed consent law and waiting period[23] and clinic licensing regulations.[24]
- In 2022, Michigan passed a constitutional amendment protecting abortion, adopting the strict scrutiny standard.[25] In 2024, a trial court held that the state's 24-hour waiting period, its informed consent law, and its physician-only rule were unconstitutional, applying the strict scrutiny standard.[26]
- In 2024, Missouri passed a constitutional amendment protecting abortion, adopting strict scrutiny.[27] Under that amendment, a state trial court has enjoined the state's gestational limit, prenatal nondiscrimination law (sex, race, and disability), licensing requirements, hospital admitting privilege requirements, waiting period, and chemical abortion regulation (in-person dispensing requirement), applying the strict scrutiny standard.[28]
- In 2023, Ohio passed a constitutional amendment protecting abortion, adopting the strict scrutiny standard. Since then, numerous state laws have been litigated and/or enjoined, such as its telemedicine ban,[29] its gestational limit law,[30] and its informed consent law and in-person appointment requirement.[31]

Based on this persuasive federal and state law precedent, there is little reason to trust that similar Pennsylvania statutes would survive strict scrutiny review. At a minimum, under the amendment proposed by HB 1957, Pennsylvania's laws will be vulnerable to extensive, expensive litigation.

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[20] *Reuss v. State of Arizona*, No. CV2024-034624, (Ariz. Super. Ct., Mar. 5, 2025), https://statecourtreport.org/sites/default/files/2025-05/maricopa_county_superior_court-order.pdf.
[21] *Isaacson v. Arizona*, No. CV 2025-0117995 (Ariz. Super. Ct. Maricopa Cnty. *pending*).
[22] *Hodes & Nauser, MDs, P.A. v. Schmidt*, 440 P.3d 461 (Kan. 2019) (*per curiam*).
[23] *Hodes & Nauser v. Kobach*, No. 23CV03140 (Kan. Dist. Ct. Johnson Cnty. filed Oct. 30, 2023), https://clearinghouse.net/doc/141872/.
[24] *Hodes & Nauser, MDs, P.A. v. Stanek*, 551 P.3d 62 (Kan. 2024).
[25] Mich. Const. Art I, § 28.
[26] *Northland Family Planning Center v. Nessel*, No. 24-000011-MM, slip opinion at 21 (Mich. Ct. Cl. May 13, 2025), https://www.courts.michigan.gov/49ac99/siteassets/case-documents/opinions-orders/coc-opinions-(manually-curated)/2025/24-000011-mm.pdf.
[27] Mo. Const. art. I, § 36.
[28] *Comprehensive Health of Planned Parenthood Great Plains v. Missouri*, No. 2416-CV31931 (Mo. Cir. Ct. Jackson Cnty. filed July 3, 2025), https://statecourtreport.org/sites/default/files/2025-07/circuit_court_of_jackson_county-order_07.03.25.pdf.
[29] *Planned Parenthood Southwest Ohio Region v. Ohio Department of Health*, No. A2101148 (Ohio Ct. Com. Pl. Hamilton Cnty. filed July. 8, 2025), https://assets.aclu.org/live/uploads/2024/05/oh-tmab-order.pdf.
[30] *Preterm-Cleveland v. Yost*, No. C2400668 (Ohio Ct. App., filed Oct. 24, 2024).
[31] *Pre-term Cleveland v. Yost*, No. 24 CV 002634 (Ohio Ct. C.P., filed Aug. 23, 2024), https://fcdcfcjs.co.franklin.oh.us/CaseInformationOnline/imageLinkProcessor.pdf?coords=SfiUXUKh4Uji5UxykWI8eyURisM3%2BEnxroYA2JH1smvPgYWAiRtRk%2FzDcpo5Gie8n3c%2FvMl2UuAAEZqBJqkA1IvsTMOdAihS59lqKCqYdwE6U%2FR6E9YsIW3Ot4rdFQ7tmo09gh1a2osuppbF%2Bilg5dO6lTQA%2FOZ%2FkZpuG65yQ4A%3D.

Moreover, every future bill proposed in this legislature touching on reproduction will be immediately subject to the objection that it is unconstitutional under the standard articulated in HB 1957 and thus a waste of legislative time and resources to pursue.

Moreover, HB 1957 is actually *more extreme* than the trimester or viability frameworks adopted by the Supreme Court in *Roe*[32] and *Casey*,[33] respectively. Such frameworks at least recognized the State's growing interest in the life of the child as he or she approaches delivery and allowed states some latitude in restricting abortion after the child is viable. HB 1957 makes no such allowance for these state interests. HB 1957 is also *more extreme* than the constitutional amendments recently passed in Arizona,[34] Michigan,[35] Missouri,[36] Montana,[37] Nevada,[38] and Ohio,[39] each of which preserved the state's authority to regulate late-term (or post-viability) abortion.[40] HB 1957 does not preserve such legislative authority.

It is reasonable to conclude, then, that the amendment proposed by HB 1957, without any such limiting language, is intended to apply strict scrutiny to any law touching on abortion, from informed consent to clinic safety standards, throughout the entirety of pregnancy, from conception to the delivery room. This means that even existing Pennsylvania abortion regulations which survived the strict scrutiny standard of *Roe*, such as post-viability bans[41] or born-alive protections,[42] are vulnerable under HB 1957.

"Individual" and "Procreative Liberty"

The next concern relates to the scope of HB 1957. It provides that "every *individual* has the fundamental right to exercise personal *reproductive liberty*" (*emphasis added*). The word "individual" is not defined and raises interpretive questions. For example, and most seriously, does the proposed amendment grant minors a fundamental right to reproductive liberty? It is axiomatic that children enjoy constitutional rights.[43] Nevertheless, numerous courts, including the United States Supreme Court, have held that due to their immaturity and vulnerability, and the importance of parental rights, minors' rights are not co-extensive with adults in every context

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[32] *Roe*, 410 U.S. at 162-66.
[33] *Casey*, 505 U.S. at 870.
[34] Ariz. Const. art. II, § 8.1.
[35] Mich. Const. Art I, § 28.
[36] Mo. Const. art. I, § 36.
[37] Mont. Const. art. II, § 36.
[38] Nev. Const. art. 1, § 25.
[39] Ohio Const. Art I, § 22.
[40] In contrast, the broad, categorical text of the constitutional amendments in California, Colorado, Maryland, and Vermont do not recognize any state authority to regulate late-term abortions. *See* Cal. Const. Art I, § 1.1; Vt. Const. ch. 1, art. 22.
[41] 18 Pa. Cons. Stat. § 3211.
[42] 18 Pa. Cons. Stat. § 3212.
[43] *See, e.g., In re Gault*, 387 U.S. 1, 13 (1967) (holding that the protections of the 14th Amendment apply to juvenile delinquents and noting that "neither the Fourteenth Amendment nor the Bill of Rights is for adults alone"); *Tinker v. Des Moines Ind. Comm. Sch. Dist.*, 393 U.S. 503 (1969) ("It can hardly be argued that either students or teachers shed their constitutional rights to freedom of speech or expression at the schoolhouse gate.").

and setting, even regarding reproductive decisions.[44] But, the text of this proposed amendment suggests that Pennsylvania courts may be required to interpret protections of "individuals" broadly to give minors an absolute right to abortion,[45] striking down the Commonwealth's parental consent law.[46] This weakens substantially the Commonwealth's interests in protecting minors from reproductive coercion and sex-trafficking and in protecting fundamental parental rights (rights long protected by the federal constitution[47]). At a minimum, questions regarding the scope of protection are likely to be the subject of extensive, expensive litigation.

Another interpretive question raised by the proposed amendment relates to the scope of the term "reproductive liberty." HB 1957 provides that such liberty "entails the right to make and effectuate decisions regarding the individual's own reproduction, *including* the ability to choose or refuse to prevent, continue, or end the individual's pregnancy, the right to choose or refuse contraceptives and the right to choose or refuse fertility care ...." (*emphasis added*) The term "including" means that the list which follows are examples of what is meant by "reproductive liberty." But it is not an exclusive or exhaustive list and none of its terms are defined. Thus, reproductive liberty (combined with the gender-neutral term "individual") could be interpreted to include decisions regarding many other matters related to reproduction such as sterilization, gender-transition drugs and surgeries, and so on. Again, questions regarding the scope of protection raised by the broad and vague language of the proposed amendment are thus likely to be the subject of extensive, expensive litigation.

Non-Discrimination Clause

Lastly, HB 1957 states that "reproductive liberty" includes the ability to "make and effectuate" decisions "without discrimination on the basis of race, age, disability, sex, sexual orientation, gender identity, religion or relationship status." It is predictable and likely that this non-discrimination clause will lead to constitutionally required state funding of all services, procedures, or resources determined to be protected by the fundamental right to reproductive liberty. It is also unclear how a constitutional non-discrimination provision would interact with existing state conscience protections for those who oppose abortion.[48]

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[44] *See e.g., Bellotti v. Baird*, 443 U.S. 622 (1979).

[45] The use of the broad term "individual" may be intentional. For example, abortion advocates opposed a proposed constitutional amendment in South Dakota, in part because its protection of "women" arguably excludes minors. *See* https://southdakotasearchlight.com/2023/12/06/abortion-rights-groups-dont-support-ballot-measure-that-aims-to-restore-abortion-access/. Moreover, there is legal precedent for interpreting such terms broadly. For example, in *In re T.W.*, the Florida Supreme Court interpreted its state constitutional guarantee of privacy (which protects every "natural person") to apply fully to minors, stating, "Minors are natural persons in the eyes of the law and '[c]onstitutional rights do not mature and come into being magically only when one attains the state-defined age of majority. Minors, as well as adults, ... possess constitutional rights.'" 551 So.2d 1186, 1193 (Fla. 1989) (quoting *Planned Parenthood of Missouri v. Danforth*, 428 U.S. 52, 74 (1976) (holding state parental consent statute unconstitutional); *N. Fla. Women's Health & Counseling Servs., Inc. v. State*, 866 So.2d 612 (Fla. 2003) (holding state parental notification statute unconstitutional), *superseded by constitutional amendment*, Fla. Const. art. X, § 22.

[46] 18 Pa. Cons. Stat. § 3206.

[47] *See, e.g., Meyer v. Nebraska,* 262 U.S. 390 (1923); *Pierce v. Soc'y of Sisters,* 268 U.S. 510 (1925).

[48] *See, e.g.,*18 Pa.C.S. § 3202(d).

The Pennsylvania Supreme Court has recently signaled its support for the public funding of abortion. Previously, the Court had held unanimously that the Commonwealth's limit on public funding for abortion, except those for rape, incest, or to save the woman's life,[49] did not violate various equal protection and non-discrimination guarantees in the state constitution.[50] Recently, however, the Supreme Court overruled its interpretation of those guarantees, remanding the case regarding the constitutionality of the state public funding ban for further consideration in light of its new holding.[51]

Against this backdrop, the constitutional amendment proposed by HB 1957 would further ensure public funding of abortion because this is the predictable and likely effect of such amendments. Despite the different outcome under the federal constitution,[52] every state court, with the exception of the Florida Supreme Court,[53] that has recognized an independent state constitutional right to abortion and that has also adopted the strict scrutiny standard of judicial review has struck down restrictions on public funding of abortion when those restrictions have been challenged on equal protection or non-discrimination grounds. For example, restrictions have been declared unconstitutional on state constitutional grounds by the supreme courts of Alaska, California, Massachusetts, Minnesota and New Jersey.[54] And, applying the equivalent of a "strict scrutiny" analysis under the state's equal right provision, the New Mexico Supreme Court has also invalidated restrictions on public funding of abortion.[55] Restrictions on public funding of abortion have been struck down on state constitutional grounds even under a standard of review that is less exacting than strict scrutiny.[56]

Given the overwhelming weight of state constitutional authority and the state Supreme Court's recent decision interpreting other constitutional provisions, the Pennsylvania restriction on the public funding of abortion, if challenged on the basis of the proposed amendment, likely would be struck down.

But it would not stop with abortion funding. Because of the breadth of the term "reproductive liberty," such an amendment would likely lead to constitutionally required state funding of *all* other "reproductive" procedures, drugs, or services justified under the broad language of the proposed amendment.

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[49] 18 Pa. Cons. Stat. § 3215.
[50] *Fischer v. Department of Public Welfare*, 509 Pa. 293 (1985).
[51] *Allegheny Reproductive Health Ctr. v. Pennsylvania Dep't of Hum. Serv.*, CITE.
[52] *See* n. 7, *supra.*
[53] *See Renee B. v. Florida Agency for Health Care Administration,* 790 So.2d 1036 (Fla. 2001).
[54] *See State of Alaska, Dep't of Health & Human Services v. Planned Parenthood of Alaska, Inc.*, 28 P.3d 904 (Alaska 2001); *Committee to Defend Reproductive Rights v. Myers*, 625 P.2d 779 (Cal. 1981); *Moe v. Secretary of Administration & Finance*, 417 N.E.2d 387 (Mass. 1981); *Women of the State of Minnesota v. Gomez*, 542 N.W.2d 17 (Minn. 1995); *Right to Choose v. Byrne*, 450 A.2d 925 (N.J. 1982). *See also Valley Hosp. Ass'n v. Mat-Su Coal. for Choice*, 948 P.2d 963 (Alaska 1997) (under state constitutional right to abortion, a nonprofit hospital which accepted public funds was a "quasi-public" institution and therefore could not refuse to permit its facilities to be used for elective abortions).
[55] *See New Mexico Right to Choose/NARAL v. Johnson*, 975 P.2d 841 (N.M. 1998).
[56] *See Simat Corp. v. Arizona Health Care Cost Containment System*, 56 P.3d 28 (Ariz. 2002); *Humphreys v. Clinic for Women, Inc.*, 796 N.E.2d 247 (Ind. 2003) (limited partial invalidity); *Women's Health Center of West Virginia, Inc. v. Panepinto*, 446 S.E.2d 658 (W. Va. 1993) (overturned by a state constitutional amendment in 2018).

In conclusion, HB 1957 adopts a standard of review, with no limiting framework, so protective of abortion (and any other decision deemed to fall within "reproductive liberty") that it is virtually certain to both unsettle existing Pennsylvania law relating to abortion *and* to discourage future common-sense laws. Passage of HB 1957 by the Pennsylvania legislature would constitute an abdication of its proper law-making authority to the judiciary to fashion policy on a matter that is deeply relevant to important state interests and to the protection of the common good.

Thank you for the opportunity to contribute to the discussion on this important issue.

Sincerely,

/s/ Elizabeth R. Kirk

Elizabeth R. Kirk, J.D.
Assistant Professor of Law
Columbus School of Law
The Catholic University of America
Washington, DC 20064

Sarah Gutman, MD MSPH
October 22, 2025
House Judiciary Committee Public Hearing

Good Morning Chairman Briggs, Vice Chair Kaufmann, members of the House Judiciary Committee and others joining today. I appreciate the opportunity to testify in support of House Bill 1957, the Reproductive Rights Amendment, which is a proposed Constitutional amendment that would safeguard personal reproductive liberty.

My name is Dr. Sarah Gutman, I am a board-certified obstetrician-gynecologist in Philadelphia with specialized training in Complex Family Planning, and a fellow with Physicians for Reproductive Health. I am here to share with you my clinical expertise and knowledge around the reproductive health care that I provide to people in Pennsylvania.

As an OB/GYN I provide a wide range of care for my patients. I do routine preventative care including cancer screenings and annual exams. I see patients who are planning a pregnancy and those who are hoping to prevent one. I provide contraceptive counseling so patients can choose and access the contraceptive methods that are going to work best for them. I provide prenatal care and deliver babies. I also provide abortion care when my patients need to end a pregnancy. I am here today because I see every day how deeply personal decisions about reproductive health and pregnancy are, and I know this amendment would help protect my patients' ability to make those decisions for themselves.

When I sit down with patients needing abortion care, it is heartbreaking to know that the healthcare I provide is now illegal in many states. My patients are people you know. They are making decisions based on many complex factors, which only they can possibly fully know and understand. They are often already parents and are thinking about their existing families. Some cannot continue a pregnancy because of their own health. Some have just learned about a devastating fetal diagnosis and need to end a pregnancy they were desperate to create. Because I live and practice in Pennsylvania, when my patients receive these diagnoses in time, I can stay their doctor during one of the hardest times of their lives. I can discuss with my patients the decision to continue a pregnancy or to end it, and to provide them with the medical care they need.

I have had the privilege of caring for patients in their subsequent healthy pregnancies, pregnancies that may never have happened if they hadn't first been able to safely access abortion care.

Protecting personal reproductive liberty is also a critical element in combating existing social and racial disparities in maternal and reproductive health. Abortion bans disproportionately impact people who are Black, Indigenous, the LGBTQ community, and low-income individuals. More specifically, Black birthing people are more likely to suffer from pregnancy complications if forced to continue a pregnancy and give birth. Pennsylvania's maternal mortality rate is two times higher among Black women than the

overall population. These communities also face challenges that make it more difficult to travel out-of-state for care, which requires money, transportation, childcare, and time to travel. No one should be forced to leave their home to access normal, essential, life-saving care.

In addition to being an OB/GYN, I am mother. My own two children were born in Pennsylvania, and I am excited to raise them here. But I also want my children to have the same autonomy over their reproductive lives as I have had in mine. This amendment would protect those rights. By supporting HB 1957, you can all Pennsylvanians' personal reproductive liberty, now and for generations to come.

House Judiciary Committee Voting Meeting
Majority Caucus Room
Room 140 Main Capitol
Harrisburg, PA 17120
October 22, 2025
11:00 AM

Agenda

House Bill 670 (POWELL) An Act amending Titles 18 (Crimes and Offenses) and 42 (Judiciary and Judicial Procedure) of the Pennsylvania Consolidated Statutes, in abortion, providing for access to reproductive health services facilities; in particular rights and immunities, providing for action for blocking access to reproductive health services facility; and imposing penalties.

House Bill 1640 (DALEY) An Act amending Title 42 (Judiciary and Judicial Procedure) of the Pennsylvania Consolidated Statutes, in rules of evidence, providing for protection of reproductive health services records.

House Bill 1641 (DALEY) An Act amending the act of March 20, 2002 (P.L.154, No.13), known as the Medical Care Availability and Reduction of Error (Mcare) Act, in insurance, providing for adverse actions against legal reproductive health care.

House Bill 1643 (DALEY) An Act amending Title 42 (Judiciary and Judicial Procedure) of the Pennsylvania Consolidated Statutes, in dockets, indices and other records, further providing for enforcement of foreign judgments.

House Bill 1966 (DALEY) An Act amending Title 42 (Judiciary and Judicial Procedure) of the Pennsylvania Consolidated Statutes, in bases of jurisdiction and interstate and international procedure, further providing for assistance to tribunals and litigants outside this Commonwealth with respect to service and for issuance of subpoena; in commencement of proceedings, further providing for authority of officers of another state to arrest in this Commonwealth; and, in detainers and extradition, further providing for definitions, for duty of Governor with respect to fugitives from justice and for presigned waiver of extradition.

House Bill 2005 (SHUSTERMAN) An Act amending Title 18 (Crimes and Offenses) of the Pennsylvania Consolidated Statutes, in abortion, further providing for medical consultation and judgment and for informed consent.

House Bill 1957 (OTTEN) A Joint Resolution proposing an amendment to the Constitution of the Commonwealth of Pennsylvania, providing for personal reproductive liberty.

And any other business that comes before the Committee

Adjournment

Attachments:

- HB670
- HB670 BA
- HB1640
- HB1640 BA
- HB1641
- HB1641 BA

- HB1643
- HB1643 BA
- HB1966
- HB1966 BA
- HB2005
- HB2005 BA
- HB1957
- HB1957 BA

PRINTER'S NO. 677

THE GENERAL ASSEMBLY OF PENNSYLVANIA

HOUSE BILL

No. 670 Session of 2025

INTRODUCED BY POWELL, PIELLI, WEBSTER, SANCHEZ, HOWARD, WAXMAN, VENKAT, SCHLOSSBERG, RABB, CERRATO, GIRAL, KHAN, STEELE, OTTEN, D. WILLIAMS, MAYES, HOHENSTEIN, DEASY, BOYD, GREEN, SHUSTERMAN AND KINKEAD, FEBRUARY 20, 2025

REFERRED TO COMMITTEE ON JUDICIARY, FEBRUARY 20, 2025

AN ACT

Amending Titles 18 (Crimes and Offenses) and 42 (Judiciary and Judicial Procedure) of the Pennsylvania Consolidated Statutes, in abortion, providing for access to reproductive health services facilities; in particular rights and immunities, providing for action for blocking access to reproductive health services facility; and imposing penalties.

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

Section 1. Title 18 of the Pennsylvania Consolidated Statutes is amended by adding a section to read:

§ 3207.1. Access to reproductive health services facilities.

(a) Prohibited conduct.--

(1) An individual may not, by force, threat of force or violent or nonviolent physical obstruction, knowingly injure, intimidate or interfere with a person:

(i) because the person is a reproductive health services client, provider or assistant; or

(ii) to cause the person, or a class of persons, to

not become or not remain a reproductive health services client, provider or assistant.

(2) An individual may not knowingly cause damage to the property of a person because the person is a reproductive health services client, provider or assistant or reproductive health services facility.

(3) An individual may not knowingly use a telephone or other communication or electronic device, or knowingly permit the use of a telephone or other communication or electronic device under the control of the individual, to disrupt the normal functioning of a reproductive health services facility.

(4) An individual may not knowingly impede or interfere with the operation of a motor vehicle that attempts to enter, exit or park at or nearby a reproductive health services facility.

(b) Penalties.--An individual who is convicted for committing a prohibited act under subsection (a) may be sentenced to imprisonment for a term of not more than one year or to pay a fine of not more than $3,000, or both.

(c) Considerations.--Prior to sentencing an individual convicted for committing a prohibited act under this section, the court shall consider any prior conviction of the individual for a violation under this section or 18 U.S.C. § 248 (relating to freedom of access to clinic entrances).

(d) Construction.--Nothing in this section shall be construed to:

(1) Impair any constitutionally protected activity or activity otherwise protected by law.

(2) Provide an exclusive civil remedy or criminal

penalty.

(3) Preempt a municipality from enacting an ordinance or regulation in accordance with law to provide a remedy for the commission of an act prohibited by this section.

(4) Interfere with the enforcement of a law or regulation regarding the termination of a pregnancy or the provision of other reproductive health services.

(e) Definitions.--As used in this section, the following words and phrases shall have the meanings given to them in this subsection unless the context clearly indicates otherwise:

"Bodily injury." Impairment of physical condition or substantial pain.

"Person." An individual, corporation, partnership, unincorporated association or other business entity.

"Physical obstruction." The act of making entrance to or exit from a reproductive health services facility impassable, unreasonably difficult or hazardous for an individual.

"Reproductive health services." Medical, surgical, counseling or referral services which are:

(1) related to the human reproductive system, including services related to pregnancy or the termination of a pregnancy; and

(2) provided in a medical facility.

"Reproductive health services client, provider or assistant." As follows:

(1) A person involved in obtaining, providing, seeking to obtain or provide or assisting or seeking to assist another person, at the request of the other person, to obtain or provide services in a reproductive health services facility.

(2) The term includes a person that owns, operates or seeks to own or operate a reproductive health services facility.

"Reproductive health services facility." A facility or medical facility, as defined in section 3203 (relating to definitions), that provides reproductive health services.

"Serious bodily injury." Bodily injury which:

(1) creates a substantial risk of death; or

(2) causes serious, permanent disfigurement or protracted loss or impairment of the function of any bodily member or organ.

"Violent." Causing, intending to cause or likely to cause bodily injury, serious bodily injury, death or serious damage to property.

Section 2. Title 42 is amended by adding a section to read:

§ 8320.2. Action for blocking access to reproductive health services facility.

(a) Redress for personal injury.--

(1) A reproductive health services facility client, provider or assistant or an owner or agent of a reproductive health services facility who incurs bodily injury or damage to or loss of property as a result of conduct by an actor, as described in 18 Pa.C.S. § 3207.1 (relating to access to reproductive health services facilities), may bring a cause of action in a court of common pleas against:

(i) the actor;

(ii) a person that has solicited the actor to engage in the conduct; or

(iii) a person that has knowingly attempted to provide or provided aid to the actor with the intent that

the actor engage in the conduct.

(2) In an action under paragraph (1), the issue of whether the defendant engaged in the alleged conduct shall be determined according to the burden of proof used in other civil actions for similar relief.

(3) The plaintiff in an action under paragraph (1) may seek:

(i) General and special damages, including damages for emotional distress. Damages under this subparagraph shall be actual damages or $500, whichever is greater.

(ii) Punitive damages.

(iii) Reasonable attorney fees and costs.

(iv) A preliminary or permanent injunction or other equitable relief.

(v) Other relief that the court deems necessary and proper.

(b) Redress sought by public official on behalf of others.--If conduct which would constitute a violation of 18 Pa.C.S. § 3207.1 has occurred, the district attorney of the county in which the violation occurred or the Attorney General, after consulting with the district attorney, may institute a civil action for injunctive or other equitable relief if needed to protect a person or property. The civil action must be brought in the name of the Commonwealth of Pennsylvania in the county in which the violation occurred.

(c) Filing of court orders.--

(1) The prothonotary of the court in which a civil action is brought under subsection (a) or (b) shall transmit two certified copies of any order issued in the civil action to each appropriate law enforcement agency having

jurisdiction over locations where the defendant is alleged to have committed the act and where the defendant resides or has a principal place of business.

(2) The sheriff of the county in which the defendant resides shall serve a copy of the order under paragraph (1) on the defendant. Unless otherwise ordered by the court, service shall be by delivering a copy in hand to the defendant.

(3) Law enforcement agencies shall establish procedures adequate to ensure that all officers responsible for the enforcement of the order under paragraph (1) are informed of the existence and terms of the order.

(4) If a law enforcement officer has probable cause to believe that a defendant has violated the provisions of an order under this subsection, the law enforcement officer may arrest the defendant.

(d) Contempt notice required to be part of order.--In actions brought under this section, if a court issues a temporary restraining order or a preliminary or permanent injunction ordering a defendant to refrain from certain conduct or activities, the order issued shall contain the following statement: VIOLATION OF THIS ORDER IS A CRIMINAL OFFENSE.

(e) Penalties.--

(1) Except as provided in paragraph (2), a violation of an order issued and served as specified in this section shall be a misdemeanor of the second degree.

(2) If bodily injury results from the violation described in paragraph (1), the violation shall be a misdemeanor of the first degree.

(f) Vacated orders.--If the court vacates a temporary

restraining order or a preliminary or permanent injunction issued under this section:

(1) The prothonotary shall:

(i) Promptly notify in writing each appropriate law enforcement agency that had been notified of the issuance of the order.

(ii) Direct each law enforcement agency under subparagraph (i) to destroy all records of the order.

(2) Each law enforcement agency under paragraph (1) shall comply with the directive under paragraph (1)(i) upon receipt of the notification.

(g) Construction.--Nothing in this section may be construed to prohibit, limit or punish religiously motivated speech or conduct that is otherwise protected by the Constitution of the United States, the Constitution of Pennsylvania or the act of December 9, 2002 (P.L.1701, No.214), known as the Religious Freedom Protection Act.

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

"Bodily injury." As defined in 18 Pa.C.S. § 3207.1(e).

"Person." As defined in 18 Pa.C.S. § 3207.1(e).

"Reproductive health services client, provider or assistant." As defined in 18 Pa.C.S. § 3207.1(e).

"Reproductive health services facility." As defined in 18 Pa.C.S. § 3207.1(e).

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

HOUSE OF REPRESENTATIVES
DEMOCRATIC COMMITTEE BILL ANALYSIS

Bill No:	HB0670 PN0677	**Prepared By:**	Marissa Itterly (717) 705-1880,6312
Committee:	Judiciary	**Executive Director:**	David Vitale, Esq.
Sponsor:	Powell, Lindsay		
Date:	10/16/2025		

A. Brief Concept

Protects access to reproductive health services facilities by criminalizing the obstruction of access, damage to, or interference with the operation of reproductive health care facility as well as establishes a civil cause of action.

C. Analysis of the Bill

Amends Title 18 by adding § 3207.1 (Access to Reproductive Health Services Facilities) to prohibit a person from knowingly injuring, intimidating, or interfering with another by force, threat of force, or violent or nonviolent physical obstruction because the person is a reproductive health services client, provider, or assistant or to cause the person, or a class of persons, to not become or not remain a reproductive health services client, provider, or assistant.

The section will prohibit a person from knowingly causing damage to property because a person is a reproductive health services client, provider, or assistant, or reproductive health services facility or knowingly use a telephone or other communication or electronic device to disrupt the normal functioning of a reproductive health services facility. This protection also extends to prohibit a person from knowingly impeding or interfering with the operation of a motor vehicle that attempts to enter, exit, or park at or nearby a reproductive health services facility.

A person convicted under this section may be sentenced to imprisonment for up to one year and/or have to pay a fine or up to $3,000 and a judge must consider if the person was previously convicted under this section.

Nothing in this section shall be construed to:

- Impair any constitutionally or lawfully protected activity;
- Provide an exclusive civil remedy or criminal penalty;
- Preempt a municipality from enacting an ordinance or regulation to provide a remedy for the commission of an act prohibited by this section; or
- Interfere with the enforcement of a law or regulation regarding the termination of a pregnancy or the provision of other reproductive health services.

Definitions:

"Bodily injury." Impairment of physical condition or substantial pain.

"Person." An individual, corporation, partnership, unincorporated association, or other business entity.

"Physical obstruction." The act of making entrance to or exit from a reproductive health services facility impassable, unreasonably difficult, or hazardous for an individual.

"Reproductive health services." Medical, surgical, counseling, or referral services which are: Related to the human reproductive system, including services related to pregnancy or the termination of a pregnancy; and Provided in a medical facility.

"Reproductive health services client, provider, or assistance." As follows:

1. A person involved in obtaining, providing, seeking to obtain or provide, or assisting or seeking to assist another person, at the request of the other person, to obtain or provide services in a reproductive health services facility.
2. The term includes a person that owns, operates, or seeks to own or operate a reproductive health services facility.

"Reproductive health services facility." A facility or medical facility, as defined in Section 3203 (relating to definitions), that provides reproductive health services.

"Serious bodily injury." Bodily injury which: (1) Creates a substantial risk of death; or (2) Causes serious, permanent disfigurement or protracted loss or impairment of the function of any bodily member or organ.

"Violent." Causing, intending to cause, or likely to cause bodily injury, serious bodily injury, death, or serious damage to property.

Amends Title 42 by adding § 8320.2 (Action for Blocking Access to Reproductive Health Services Facility), to establish a civil cause of action in the Court of Common Pleas for reproductive health services facility clients, providers, assistants, owners, and agents who incur bodily injury or damage to or loss of property as a result of conduct prohibited under 18 Pa.C.S. § 3207.1 (relating to access to reproductive health services) against: (i) The actor; (ii) A person that has solicited the actor to engage in the conduct; or (iii) A person that has knowingly attempted to provide or provided aid to the actor with the intent that the actor engage in the conduct.

Damages: A Plaintiff may seek:

i. General and special damages, including for emotional distress, with damages being actual damages or $500, whichever is greater.
ii. Punitive damages;
iii. Reasonable attorney fees and costs.
iv. A preliminary or permanent injunction or other equitable relief;
v. Other relief the court deems necessary and proper.

Under the bill, a DA or the AG may institute a civil action for injunctive or other equitable relief to protect a person or property in the county where the violation of 18 Pa.C.S. § 3207.1 occurred.

Court Orders:

The prothonotary shall transmit certified copies of any order issued under this section to law enforcement agencies with jurisdiction over the location where the defendant committed the act, and; to the law enforcement agency with jurisdiction over the location where the defendant lives or has a business. The sheriff of the county where the defendant resides would need to serve a copy of the order on the defendant, delivered in hand unless otherwise ordered by the court.

Contempt:

If the court issues a restraining order or injunction order, the order shall contain the following statement: VIOLATION OF THIS ORDER IS A CRIMINAL OFFENSE. If a law enforcement officer has probable cause to believe the order has been violated, the officer may arrest the defendant. A violation of an order issued and served as specified in this section shall be a misdemeanor of the second degree but if bodily injury results from the violation, the violation shall be a misdemeanor of the first degree.

If a restraining order or injunction is vacated, the prothonotary shall notify each law enforcement agency previously notified and direct them to destroy all records of the order. Law enforcement agencies shall establish procedures adequate to ensure compliance with this section.

Nothing in this section may be construed to prohibit, limit, or punish religiously motivated speech or conduct that is otherwise protected by the Constitution of the United States, the Constitution of Pennsylvania, or the Religious Freedom Protection Act.

Effective Date:

60 Days.

G. Relevant Existing Laws

Presumably some behaviors under this bill may be criminally charged and prosecuted under other sections of Title 18. For example, terroristic threats, harassment, assault, disorderly conduct, or vandalism. However, there is no specific criminal or civil cause of action to address this behavior.

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

None.

PRINTER'S NO. 1990

THE GENERAL ASSEMBLY OF PENNSYLVANIA

HOUSE BILL

No. 1640 Session of 2025

INTRODUCED BY DALEY, SHUSTERMAN, OTTEN, HILL-EVANS, RIVERA, SANCHEZ, WAXMAN, SCHLOSSBERG, HOWARD, PROBST, PIELLI, GUENST, ISAACSON, HOHENSTEIN, D. WILLIAMS, BRENNAN, FIEDLER AND BOROWSKI, JUNE 23, 2025

REFERRED TO COMMITTEE ON JUDICIARY, JUNE 23, 2025

AN ACT

Amending Title 42 (Judiciary and Judicial Procedure) of the Pennsylvania Consolidated Statutes, in rules of evidence, providing for protection of reproductive health services records.

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

Section 1. Title 42 of the Pennsylvania Consolidated Statutes is amended by adding a section to read:

§ 6152.2. Protection of reproductive health services records.

(a) Disclosures.--Notwithstanding any other provision of this subchapter and except as provided under subsections (c) and (d), in a civil action or proceeding, including a preliminary hearing, or in an investigation or a proceeding by a district attorney or an agency, a covered entity may not disclose any of the following unless a patient or the patient's guardian or other authorized legal representative explicitly consents in writing to the disclosure:

(1) A communication made to the covered entity from the

patient or the patient's guardian or other authorized legal representative relating to reproductive health care services that are permitted under the laws of this Commonwealth.

(2) Information obtained by personal examination of the patient relating to reproductive health care services that are permitted under the laws of this Commonwealth.

(b) Duties of covered entities.--A covered entity shall inform a patient or the patient's guardian or other authorized legal representative of the patient's right to withhold written consent to a disclosure specified under subsection (a).

(c) Exceptions.--The written consent of a patient or patient's guardian or other authorized legal representative shall not be required for a disclosure under subsection (a) if any of the following apply:

(1) The disclosure is authorized by the rules of court under section 1722 (relating to adoption of administrative and procedural rules).

(2) The disclosure is made by a covered entity to the covered entity's attorney or professional liability insurer or the insurer's agent for use in the defense of a claim made against the covered entity or when there is a reasonable belief that a claim will be made against the covered entity in a civil action or proceeding.

(3) The disclosure is made to the Department of State in connection with an investigation of a complaint if the disclosure is related to the complaint.

(4) The disclosure is made because child abuse, abuse of a senior citizen or abuse of an individual with physical or intellectual disabilities is known or is suspected in good faith.

(d) Construction.--

(1) Nothing in this section shall be construed to impede the lawful sharing of medical records as permitted by Federal or State law or the rules of court under section 1722, except in the case of a subpoena commanding the production, copying or inspection of medical records relating to reproductive health care services.

(2) Nothing in this section shall be construed to supplant existing State law or regulations governing the disclosure requirements for confidential communications, records or information regarding any of the following:

(i) The provisions of section 5929 (relating to physicians not to disclose information).

(ii) The provisions of section 5944 (relating to confidential communications to psychiatrists or licensed psychologists), 5945 (relating to confidential communications to school personnel) or 5945.1 (relating to confidential communications with sexual assault counselors).

(iii) An individual subject to the act of July 9, 1987 (P.L.220, No.39), known as the Social Workers, Marriage and Family Therapists and Professional Counselors Act.

(iv) An individual and a domestic violence counselor/advocate as defined in 23 Pa.C.S. § 6102 (relating to definitions).

(v) A physician licensed to practice medicine under the act of December 20, 1985 (P.L.457, No.112), known as the Medical Practice Act of 1985, a physician licensed to practice osteopathic medicine under the act of October 5,

1978 (P.L.1109, No.261), known as the Osteopathic Medical Practice Act, or any other licensed health care practitioner or health care provider in a civil action or proceeding, including a preliminary hearing, or in an investigation or a proceeding by a district attorney or an agency.

(vi) The provisions of section 111 of the act of July 9, 1976 (P.L.817, No.143), known as the Mental Health Procedures Act, or section 8 of the act of April 14, 1972 (P.L.221, No.63), known as the Pennsylvania Drug and Alcohol Abuse Control Act.

(e) Definitions.--As used in this section, the following words and phrases shall have the meanings given to them in this subsection unless the context clearly indicates otherwise:

"Agency." As defined in section 102 of the act of February 14, 2008 (P.L.6, No.3), known as the Right-to-Know Law.

"Covered entity." As defined in 45 CFR 160.103 (relating to definitions).

"Reproductive health care services." Medical, surgical, counseling or referral services relating to the human reproductive system, including services relating to pregnancy, contraception or the termination of pregnancy.

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

HOUSE OF REPRESENTATIVES
DEMOCRATIC COMMITTEE BILL ANALYSIS

Bill No:	HB1640 PN1990	**Prepared By:**	Michelle Batt, Esq. (717) 705-1880,6792
Committee:	Judiciary	**Executive Director:**	David Vitale, Esq.
Sponsor:	Daley, Mary Jo and Shusterman, Melissa		
Date:	8/21/2025		

A. Brief Concept

Protecting reproductive health care records from disclosure.

C. Analysis of the Bill

Amends Title 42 by adding Section 6152.2 (Protection of reproductive health services records) to prohibit a covered entity from disclosing, in connection with any civil action or proceeding, or investigation or proceeding by a district attorney or an agency, any of the following records relating to reproductive health care services:

1. A communication made to the covered entity from the patient or the patient's guardian or other authorized legal representative relating to reproductive health care services that are permitted under the laws of this Commonwealth.
2. Information obtained by personal examination of the patient relating to reproductive health care services that are permitted under the laws of this Commonwealth.

Exceptions exist where:

- a patient explicitly consents in writing to the disclosure.
    - covered entities must inform patient of their right to withhold written consent.
- the disclosure is authorized by the rules of court under section 1722 (relating to adoption of administrative and procedural rules).
- the disclosure is made by a covered entity to the covered entity's attorney or professional liability insurer in defense of a claim made against the covered entity.
- the disclosure is made to the Department of State in connection with an investigation of a complaint if the disclosure is related to the complaint.
- the disclosure is made because child abuse, abuse of a senior citizen or abuse of an individual with physical or intellectual disabilities is known or is suspected in good faith.

Nothing in this section shall be construed to impede the lawful sharing of medical records or supplant existing State law or regulations governing the disclosure requirements for confidential communications,
records or information.

Definitions:

"Agency." As defined in section 102 of the act of February 14, 2008 (P.L.6, No.3), known as the Right-to-Know Law.

"Covered entity." As defined in 45 CFR 160.103 (relating to definitions).

"Reproductive health care services." Medical, surgical, counseling or referral services relating to the human reproductive system, including services relating to pregnancy, contraception or the termination of pregnancy.

Effective Date:

60 Days.

G. Relevant Existing Laws

Pennsylvania does not currently have laws providing a right to abortion.

45 CFR 160.103, cited on page 4, line 17 of the bill, defines "**Covered entity**" as a:

(1) A health plan.

(2) A health care clearinghouse.

(3) A health care provider who transmits any health information in electronic form in connection with a transaction covered by this subchapter.

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

House Bill 1784 of 2023.

PRINTER'S NO. 1991

THE GENERAL ASSEMBLY OF PENNSYLVANIA

HOUSE BILL

No. 1641 Session of 2025

INTRODUCED BY DALEY, SHUSTERMAN, OTTEN, HILL-EVANS, RIVERA, SANCHEZ, WAXMAN, SCHLOSSBERG, HOWARD, VENKAT, PROBST, PIELLI, GUENST, ISAACSON, HOHENSTEIN, D. WILLIAMS, BRENNAN AND BOROWSKI, JUNE 23, 2025

REFERRED TO COMMITTEE ON JUDICIARY, JUNE 23, 2025

AN ACT

Amending the act of March 20, 2002 (P.L.154, No.13), entitled "An act reforming the law on medical professional liability; providing for patient safety and reporting; establishing the Patient Safety Authority and the Patient Safety Trust Fund; abrogating regulations; providing for medical professional liability informed consent, damages, expert qualifications, limitations of actions and medical records; establishing the Interbranch Commission on Venue; providing for medical professional liability insurance; establishing the Medical Care Availability and Reduction of Error Fund; providing for medical professional liability claims; establishing the Joint Underwriting Association; regulating medical professional liability insurance; providing for medical licensure regulation; providing for administration; imposing penalties; and making repeals," in insurance, providing for adverse actions against legal reproductive health care.

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

Section 1. The act of March 20, 2002 (P.L.154, No.13), known as the Medical Care Availability and Reduction of Error (Mcare) Act, is amended by adding a section to read:

Section 747.1. Adverse actions against legal reproductive health care.

(a) Prohibition.--An insurer providing medical professional

liability insurance shall be prohibited from taking an adverse action against a health care provider solely on the basis that the health care provider provides reproductive health care services that are permitted under the laws of this Commonwealth on an out-of-State patient. This subsection shall apply to a health care provider that prescribes medication permitted under the laws of this Commonwealth to terminate a pregnancy to an out-of-State patient by means of telemedicine.

(b) Definitions.--As used in this section, the following words and phrases shall have the meanings given to them in this subsection unless the context clearly indicates otherwise:

"Adverse action." The term includes any of the following:

(1) Refusing to renew or execute a contract or an agreement with a health care provider.

(2) Making a report to an appropriate private or governmental entity regarding the practices of the health care provider which may violate laws relating to reproductive health care services in other states.

(3) Increasing a charge for or reducing or making another adverse or unfavorable change in the terms of coverage or amount for a medical professional liability contract or agreement with a health care provider.

"Reproductive health care services." Medical, surgical, counseling or referral services relating to the human reproductive system, including services relating to pregnancy, contraception or the termination of pregnancy.

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

HOUSE OF REPRESENTATIVES
DEMOCRATIC COMMITTEE BILL ANALYSIS

Bill No:	HB1641 PN1991	**Prepared By:**	Michelle Batt, Esq. (717) 705-1880,6792
Committee:	Judiciary	**Executive Director:**	David Vitale, Esq.
Sponsor:	Daley, Mary Jo and Shusterman, Melissa		
Date:	8/25/2025		

A. Brief Concept

Prohibits an insurer from taking adverse action against a health care provider based solely on the provider's legal reproductive health care services.

C. Analysis of the Bill

Amends the Medical Care Availability and Reduction of Error (Mcare) Act by adding a Section 747.1 (Adverse actions against legal reproductive health care) to prohibit an insurer providing medical professional liability insurance from taking an adverse action against a health care provider based solely on the health care provider providing reproductive health care services that are permitted under the laws of this Commonwealth on an out-of-State patient. This prohibition applies to health care provider that prescribes medication via telemedicine.

Definitions:

"Adverse action." The term includes any of the following:

(1) Refusing to renew or execute a contract or an agreement with a health care provider.

(2) Making a report to an appropriate private or governmental entity regarding the practices of the health care provider which may violate laws relating to reproductive health care services in other states.

(3) Increasing a charge for or reducing or making another adverse or unfavorable change in the terms of coverage or amount for a medical professional liability contract or agreement with a health care provider.

"Reproductive health care services." Medical, surgical, counseling or referral services relating to the human reproductive system, including services relating to pregnancy, contraception or the termination of pregnancy.

Effective Date:

60 Days.

G. Relevant Existing Laws

The act of March 20, 2002 (P.L.154, No.13), known as the as the Medical Care Availability and Reduction of Error (Mcare) Act, Subchapter D (Regulation of medical professional liability insurance) provides:

Section 741. Approval.

In order for an insurer to issue a policy of medical professional liability insurance to a health care provider or to a professional corporation, professional association or partnership which is entirely owned by health care providers, the insurer must be authorized to write medical

professional liability insurance in accordance with the act of May 17, 1921 (P.L.682, No.284), known as The Insurance Company Law of 1921.

Section 742. Approval of policies on "claims made" basis.

The commissioner shall not approve a medical professional liability insurance policy written on a "claims made" basis by any insurer doing business in this Commonwealth unless the insurer shall guarantee to the commissioner the continued availability of suitable liability protection for a health care provider subsequent to the discontinuance of professional practice by the health care provider or the termination of the insurance policy by the insurer or the health care provider for so long as there is a reasonable probability of a claim for injury for which the health care provider may be held liable.

Section 743. Reports to commissioner and claims information. (743 repealed June 24, 2013, P.L.66, No.22)

Section 744. Professional corporations, professional associations and partnerships.

A professional corporation, professional association or partnership which is entirely owned by health care providers and which elects to purchase basic insurance coverage in accordance with section 711 from the joint underwriting association or from an insurer licensed or approved by the department shall be required to participate in the fund and, upon payment of the assessment required by section 712, be entitled to coverage from the fund.

Section 745. Actuarial data.

(a) Initial study.--The following shall apply:

(1) No later than April 1, 2005, each insurer providing medical professional liability insurance in this Commonwealth shall file loss data as required by the commissioner. For failure to comply, the commissioner shall impose an administrative penalty of $1,000 for every day that this data is not provided in accordance with this paragraph.

(2) By July 1, 2005, the commissioner shall conduct a study regarding the availability of additional basic insurance coverage capacity. The study shall include an estimate of the total change in medical professional liability insurance loss-cost resulting from implementation of this act prepared by an independent actuary. The fee for the independent actuary shall be borne by the fund. In developing the estimate, the independent actuary shall consider all of the following:

(i) The most recent accident year and ratemaking data available.

(ii) Any other relevant factors within or outside this Commonwealth in accordance with sound actuarial principles.

(b) Additional study.--The following shall apply:

(1) Three years following the increase of the basic insurance coverage requirement in accordance with section 711(d)(3), each insurer providing medical professional liability insurance in this Commonwealth shall file loss data with the commissioner upon request. For failure to comply, the commissioner shall impose an administrative penalty of $1,000 for every day that this data is not provided in accordance with this paragraph.

(2) Three months following the request made under paragraph (1), the commissioner shall conduct a study regarding the availability of additional basic insurance coverage capacity. The study shall include an estimate of the total change in medical professional liability insurance loss-cost resulting from implementation of this act prepared by an independent actuary. The fee for the independent actuary shall be borne by the fund. In developing the estimate, the independent actuary shall consider all of the following:

(i) The most recent accident year and ratemaking data available.

(ii) Any other relevant factors within or outside this Commonwealth in accordance with sound actuarial principles.

Section 746. Mandatory reporting.

(a) General provisions.--Each medical professional liability insurer and each self-insured health care provider, including the fund established by this chapter, which makes payment in settlement or in partial settlement of or in satisfaction of a judgment in a medical professional liability action or claim shall provide to the appropriate licensure board a true and correct copy of the report required to be filed with the Federal Government by section 421 of the Health Care Quality Improvement Act of 1986 (Public Law 99-660, 42 U.S.C. § 11131). The copy of the report required by this section shall be filed simultaneously with the report required by section 421 of the Health Care Quality Improvement Act of 1986. The department shall monitor and enforce compliance with this section. The Bureau of Professional and Occupational Affairs and the licensure boards shall have access to information pertaining to compliance.

(b) Immunity.--A medical professional liability insurer or person who reports under subsection (a) in good faith and without malice shall be immune from civil or criminal liability arising from the report.

(c) Public information.--Information received under this section shall not be considered public information for the purposes of the act of June 21, 1957 (P.L.390, No.212), referred to as the Right-to-Know Law, or 65 Pa.C.S. Ch. 7 (relating to open meetings) until used in a formal disciplinary proceeding.

Section 747. Cancellation of insurance policy.

A termination of a medical professional liability insurance policy by cancellation, except for suspension or revocation of the insured's license or for reason of nonpayment of premium, is not effective against the insured unless notice of cancellation was given within 60 days after the issuance of the policy to the insured, and no cancellation shall take effect unless a written notice stating the reasons for the cancellation and the date and time upon which the termination becomes effective has been received by the commissioner. Mailing of the notice to the commissioner at the commissioner's principal office address shall constitute notice to the commissioner.

Section 748. Regulations.

The commissioner may promulgate regulations to implement and administer this chapter.

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

HB 1785 of 2023 was referred to the House Judiciary Committee on October 24, 2023 and received no consideration.

PRINTER'S NO. 1993

THE GENERAL ASSEMBLY OF PENNSYLVANIA

HOUSE BILL

No. 1643 Session of 2025

INTRODUCED BY DALEY, SHUSTERMAN, OTTEN, HILL-EVANS, RIVERA, SANCHEZ, WAXMAN, SCHLOSSBERG, HOWARD, PROBST, PIELLI, GUENST, ISAACSON, HOHENSTEIN, D. WILLIAMS, BRENNAN AND BOROWSKI, JUNE 23, 2025

REFERRED TO COMMITTEE ON JUDICIARY, JUNE 23, 2025

AN ACT

Amending Title 42 (Judiciary and Judicial Procedure) of the Pennsylvania Consolidated Statutes, in dockets, indices and other records, further providing for enforcement of foreign judgments.

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

Section 1. Section 4306(b) of Title 42 of the Pennsylvania Consolidated Statutes is amended to read:

§ 4306. Enforcement of foreign judgments.

* * *

(b) Filing and status of foreign judgments.--[A]

(1) Except as provided under paragraph (2), a copy of any foreign judgment including the docket entries incidental thereto authenticated in accordance with act of Congress or this title may be filed in the office of the clerk of any court of common pleas of this Commonwealth. The clerk shall treat the foreign judgment in the same manner as a judgment of any court of common pleas of this Commonwealth. A judgment

so filed shall be a lien as of the date of filing and shall have the same effect and be subject to the same procedures, defenses and proceedings for reopening, vacating, or staying as a judgment of any court of common pleas of this Commonwealth and may be enforced or satisfied in like manner.

(2) A court of common pleas of this Commonwealth shall have no authority under this section to enforce or satisfy a foreign judgment upon a judgment creditor for any matter involving the provision or delivery of reproductive health care services.

(3) As used in this subsection, the term "reproductive health care services" means medical, surgical, counseling or referral services relating to the human reproductive system, including services relating to pregnancy, contraception or the termination of a pregnancy, which are provided in any hospital, outpatient clinic, physician's office or other medical facility or office.

* * *

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

HOUSE OF REPRESENTATIVES
DEMOCRATIC COMMITTEE BILL ANALYSIS

Bill No:	HB1643 PN1993	**Prepared By:**	Michelle Batt, Esq. (717) 705-1880,6792
Committee:	Judiciary	**Executive Director:**	David Vitale, Esq.
Sponsor:	Daley, Mary Jo and Shusterman, Melissa		
Date:	8/25/2025		

A. Brief Concept

Amends the "Uniform Enforcement of Foreign Judgments Act" to provide an exception to the enforcement of foreign judgements when they are related to the provision or delivery of reproductive health care services.

C. Analysis of the Bill

Amends Title 42, § 4306 (Enforcement of foreign judgments), Subsection (b) (Filing and status of foreign judgements) to provide an exception to the enforcement of foreign judgements when they are related to the provision or delivery of reproductive health care services.

Specifically, a court of common pleas shall have no authority under this section to enforce or satisfy a foreign judgment upon a judgment creditor for any matter involving the provision or delivery of reproductive health care services.

As used in this subsection, the term "reproductive health care services" means medical, surgical, counseling or referral services relating to the human reproductive system, including services relating to pregnancy, contraception or the termination of a pregnancy, which are provided in any hospital, outpatient clinic, physician's office or other medical facility or office.

Effective Date:

60 Days.

G. Relevant Existing Laws

42 Pa.C.S. § 4306. Enforcement of foreign judgments.

(a) Short title of section.--This section shall be known and may be cited as the "Uniform Enforcement of Foreign Judgments Act."

(b) Filing and status of foreign judgments.--A copy of any foreign judgment including the docket entries incidental thereto authenticated in accordance with act of Congress or this title may be filed in the office of the clerk of any court of common pleas of this Commonwealth. The clerk shall treat the foreign judgment in the same manner as a judgment of any court of common pleas of this Commonwealth. A judgment so filed shall be a lien as of the date of filing and shall have the same effect and be subject to the same procedures, defenses and proceedings for reopening, vacating, or staying as a judgment of any court of common pleas of this Commonwealth and may be enforced or satisfied in like manner.

(c) Notice of filing.--

(1) At the time of the filing of the foreign judgment, the judgment creditor or his attorney shall make and file with the office of the clerk of the court of common pleas an affidavit setting forth the name and last known post office address of the judgment debtor, and the

judgment creditor. In addition, such affidavit shall include a statement that the foreign judgment is valid, enforceable and unsatisfied.

(2) Promptly upon the filing of the foreign judgment and the affidavit, the clerk shall mail notice of the filing of the foreign judgment to the judgment debtor at the address given and shall make a note of the mailing in the docket. The notice shall include the name and post office address of the judgment creditor and the attorney for the judgment creditor, if any, in this Commonwealth. In addition, the judgment creditor may mail a notice of the filing of the judgment to the judgment debtor and may file proof of mailing with the clerk. Lack of mailing notice of filing by the clerk shall not affect the enforcement proceedings if proof of mailing by the judgment creditor has been filed.

(d) Stay.--

(1) If the judgment debtor shows the court of common pleas that an appeal from the foreign judgment is pending or will be taken, or that a stay of execution has been granted, the court shall stay enforcement of the foreign judgment until the appeal is concluded, the time for appeal expires, or the stay of execution expires or is vacated, upon proof that the judgment debtor has furnished the security for the satisfaction of the judgment required by the State in which it was rendered.

(2) If the judgment debtor shows the court of common pleas any ground upon which enforcement of a judgment of any court of common pleas of this Commonwealth would be stayed, the court shall stay enforcement of the foreign judgment for an appropriate period, upon requiring the same security for satisfaction of the judgment which is required in this Commonwealth.

(e) Optional procedure.--The right of a judgment creditor to bring an action to enforce his judgment instead of proceeding under this section remains unimpaired.

(f) Definition.--As used in this section "foreign judgment" means any judgment, decree, or order of a court of the United States or of any other court requiring the payment of money which is entitled to full faith and credit in this Commonwealth.

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

HB 1788 of 2023 was referred to the House Judiciary Committee on October 24, 2023, and received no consideration.

PRINTER'S NO. 2480

THE GENERAL ASSEMBLY OF PENNSYLVANIA

HOUSE BILL

No. 1966 Session of 2025

INTRODUCED BY DALEY, SHUSTERMAN, OTTEN, HILL-EVANS, RIVERA, SANCHEZ, WAXMAN, SCHLOSSBERG, HOWARD, VENKAT, PROBST, PIELLI, GUENST, ISAACSON, HOHENSTEIN, D. WILLIAMS, BRENNAN AND BOROWSKI, OCTOBER 17, 2025

REFERRED TO COMMITTEE ON JUDICIARY, OCTOBER 17, 2025

AN ACT

Amending Title 42 (Judiciary and Judicial Procedure) of the Pennsylvania Consolidated Statutes, in bases of jurisdiction and interstate and international procedure, further providing for assistance to tribunals and litigants outside this Commonwealth with respect to service and for issuance of subpoena; in commencement of proceedings, further providing for authority of officers of another state to arrest in this Commonwealth; and, in detainers and extradition, further providing for definitions, for duty of Governor with respect to fugitives from justice and for presigned waiver of extradition.

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

Section 1. Sections 5324(a), 5335(b) and 8922 of Title 42 of the Pennsylvania Consolidated Statutes are amended to read:

§ 5324. Assistance to tribunals and litigants outside this Commonwealth with respect to service.

(a) General rule.--[A]

(1) Except as provided under paragraph (2), a court of record of this Commonwealth may order service upon any person who is domiciled or can be found within this Commonwealth of

any document issued in connection with a matter in a tribunal outside this Commonwealth. The order may be made upon application of any interested person or in response to a letter rogatory issued by a tribunal outside this Commonwealth and shall direct the manner of service.

(2) A court of record of this Commonwealth shall have no authority under this section to order service upon any person for any matter in a tribunal outside of this Commonwealth involving the provision or delivery of reproductive health care services.

(3) As used in this subsection, the term "reproductive health care services" means medical, surgical, counseling or referral services relating to the human reproductive system, including services relating to pregnancy, contraception or the termination of a pregnancy that may be lawfully performed in this Commonwealth, that are provided in any hospital, outpatient clinic, physician's office or other medical facility or office.

* * *

§ 5335. Issuance of subpoena.

* * *

(b) Duty of prothonotary.--[A]

(1) Except as provided under paragraph (2), a prothonotary in receipt of a foreign subpoena shall, in accordance with that court's procedure, promptly issue a subpoena for service upon the person to whom the foreign subpoena is directed.

(2) A prothonotary shall have no authority under this section to issue a subpoena for service upon any person for any matter in a tribunal outside of this Commonwealth

involving the provision or delivery of reproductive health care services.

(3) As used in this subsection, the term "reproductive health care services" means medical, surgical, counseling or referral services relating to the human reproductive system, including services relating to pregnancy, contraception or the termination of a pregnancy that may be lawfully performed in this Commonwealth, that are provided in any hospital, outpatient clinic, physician's office or other medical facility or office.

* * *

§ 8922. Authority of officers of another state to arrest in this Commonwealth.

[Any] (a) Authority.--Except as provided under subsection (b), any peace officer of another state who enters this Commonwealth in close pursuit of a person, and continues within this Commonwealth in such close pursuit, in order to arrest him, shall have the same authority to arrest and hold in custody such person on the ground that he has committed a crime in such state which is an indictable offense in this Commonwealth as peace officers of this Commonwealth have to arrest and hold in custody a person on the ground that he has committed a crime in this Commonwealth.

(b) Exception.--A peace officer of another state under subsection (a) shall have no authority to arrest and hold in custody a person accused of a crime in such state involving reproductive health care services.

(c) Definition.--As used in this section, the term "reproductive health care services" means medical, surgical, counseling or referral services relating to the human

reproductive system, including services relating to pregnancy, contraception or the termination of a pregnancy that may be lawfully performed in this Commonwealth, that are provided in any hospital, outpatient clinic, physician's office or other medical facility or office.

Section 2. Section 9122 of Title 42 is amended by adding a definition to read:

§ 9122. Definitions.

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

* * *

"Reproductive health care services." Medical, surgical, counseling or referral services relating to the human reproductive system, including services relating to pregnancy, contraception or the termination of a pregnancy that may be lawfully performed in this Commonwealth, that are provided in any hospital, outpatient clinic, physician's office or other medical facility or office.

* * *

Section 3. Sections 9123 and 9146.1 of Title 42 are amended to read:

§ 9123. Duty of Governor with respect to fugitives from justice.

[Subject] (a) Duty.--Except as provided under subsection (b) and subject to the provisions of this subchapter, the provisions of the Constitution of the United States controlling, and any and all acts of Congress enacted in pursuance thereof, it is the duty of the Governor of this Commonwealth to have arrested and delivered up to the executive authority of any other state of

the United States any person charged in that state with treason, felony or other crime, who has fled from justice and is found in this Commonwealth.

(b) Exception.--The Governor shall have no authority to have arrested and delivered up to the executive authority of any other state of the United States any person charged in that state with treason, felony or other crime, who has fled from justice and is found in this Commonwealth for a criminal offense of another state involving the provision or delivery of reproductive health care services that would be lawful under the laws of this Commonwealth.

§ 9146.1. Presigned waiver of extradition.

(a) Delivery.--Notwithstanding any other provision of law and except as provided under subsection (b), a law enforcement agency in this Commonwealth holding a person who is alleged to have broken the terms of his probation, parole, bail or any other release in the demanding state shall immediately deliver that person to the duly authorized agent of the demanding state without the requirement of a Governor's warrant if all of the following apply:

(1) The person has signed a prior waiver of extradition as a term of his current probation, parole, bail or other release in the demanding state.

(2) The law enforcement agency holding the person has received an authenticated copy of the prior waiver of extradition signed by the person and photographs or fingerprints or other evidence properly identifying the person as the person who signed the waiver.

(3) All open criminal charges in this Commonwealth have been disposed of through trial and sentencing.

(b) Exception.--A law enforcement agency in this Commonwealth holding a person who is alleged to have broken the terms of the person's probation, parole, bail or any other release in the demanding state for an offense involving the provision or delivery of reproductive health care services that would be lawful under the laws of this Commonwealth shall have no authority to deliver that person to the duly authorized agent of the demanding state without the requirement of a Governor's warrant.

Section 4. This act shall take effect in 60 days.

HOUSE OF REPRESENTATIVES
DEMOCRATIC COMMITTEE BILL ANALYSIS

Bill No:	HB1966 PN2480	**Prepared By:**	David Vitale, Esq. (717) 705-7011,6791
Committee:	Judiciary	**Executive Director:**	David Vitale, Esq.
Sponsor:	Daley, Mary Jo		
Date:	10/16/2025		

A. Brief Concept

Prohibits other states from using resources of the Pennsylvania courts, court officers, certain law enforcement agencies, and the Governor to assist in civil and criminal actions from other states involving reproductive healthcare services.

C. Analysis of the Bill

Amends the following sections of Title 42:

§ 5324 (Assistance to tribunals and litigants outside this Commonwealth with respect to service) A court of this Commonwealth shall have no authority to order service upon any person for any matter in a tribunal outside of this Commonwealth involving the provision or delivery of reproductive health care services.

§ 5335 (Issuance of subpoena) A prothonotary shall have no authority to issue a subpoena for service upon any person for any matter in a tribunal outside of this Commonwealth involving the provision or delivery of reproductive health care services.

§ 8922 (Authority of officers of another state to arrest in this Commonwealth) A peace officer of another state shall have no authority to arrest and hold in custody a person accused of a crime in such state involving reproductive health care services.

§ 9123 (Duty of Governor with respect to fugitives from justice) The Governor shall have no authority to have arrested and delivered up to the executive authority of any other state any person charged in that state with treason, felony or other crime, who has fled from justice and is found in this Commonwealth for a criminal offense of another state involving the provision or delivery of reproductive health care services that would be lawful under the laws of this Commonwealth.

§ 9146.1 (Presigned waiver of extradition) A law enforcement agency holding a person who is alleged to have broken the terms of the person's probation, parole, bail or any other release in the demanding state for an offense involving the provision or delivery of reproductive health care services that would be lawful under the laws of this Commonwealth shall have no authority to deliver that person to the duly authorized agent of the demanding state without the requirement of a Governor's warrant.

§ 9122 (Definitions) The term "reproductive health care services" means medical, surgical, counseling or referral services relating to the human reproductive system, including services relating to pregnancy, contraception or the termination of a pregnancy, which are provided in any hospital, outpatient clinic, physician's office or other medical facility or office.

Effective Date:

60 Days.

G. Relevant Existing Laws

Typically states and officials, including peace officers, law enforcement, prothonotaries, and governors, cooperate when effectuating service, subpoena's, arrest and hold, arrested and

delivery of fugitives, and extradition of people being sought in other jurisdictions.

Relevant provisions of Title 42 of the Consolidates Statutes.

§ 5324. Assistance to tribunals and litigants outside this Commonwealth with respect to service.

(a) General rule.--A court of record of this Commonwealth may order service upon any person who is domiciled or can be found within this Commonwealth of any document issued in connection with a matter in a tribunal outside this Commonwealth. The order may be made upon application of any interested person or in response to a letter rogatory issued by a tribunal outside this Commonwealth and shall direct the manner of service.

(b) Court order not necessary.--Service in connection with a matter in a tribunal outside this Commonwealth may be made within this Commonwealth without an order of court.

(c) Effect on recognition of order.--Service under this section does not, of itself, require the recognition or enforcement of an order rendered outside this Commonwealth.

§ 5335. Issuance of subpoena.

(a) General rule.--To request issuance of a subpoena under this section, a party must submit a foreign subpoena to a prothonotary in the jurisdiction in which the person who is the subject of the order resides, is employed or regularly transacts business in person. A request for the issuance of a subpoena under this subchapter does not constitute an appearance in the courts of this Commonwealth.

(b) Duty of prothonotary.--A prothonotary in receipt of a foreign subpoena shall, in accordance with that court's procedure, promptly issue a subpoena for service upon the person to whom the foreign subpoena is directed.

(c) Contents of subpoena.--A subpoena under subsection (b) must:

(1) Incorporate the terms used in the foreign subpoena.

(2) Contain or be accompanied by the names, addresses and telephone numbers of all counsel of record in the proceeding to which the subpoena relates and of any party not represented by counsel.

(d) Voluntary compliance.--A person within this Commonwealth not served with a subpoena under this section may voluntarily give his testimony or statement or produce documents or other things for use in a matter before a tribunal outside this Commonwealth.

§ 8922. Authority of officers of another state to arrest in this Commonwealth.

Any peace officer of another state who enters this Commonwealth in close pursuit of a person, and continues within this Commonwealth in such close pursuit, in order to arrest him, shall have the same authority to arrest and hold in custody such person on the ground that he has committed a crime in such state which is an indictable offense in this Commonwealth as peace officers of this Commonwealth have to arrest and hold in custody a person on the ground that he has committed a crime in this Commonwealth.

§ 9123. Duty of Governor with respect to fugitives from justice.

Subject to the provisions of this subchapter, the provisions of the Constitution of the United States controlling, and any and all acts of Congress enacted in pursuance thereof, it is the duty of the Governor of this Commonwealth to have arrested and delivered up to the executive authority of any other state of the United States any person charged in that state with treason, felony or other crime, who has fled from justice and is found in this Commonwealth.

§ 9146.1. Presigned waiver of extradition.

Notwithstanding any other provision of law, a law enforcement agency in this Commonwealth holding a person who is alleged to have broken the terms of his probation, parole, bail or any other release in the demanding state shall immediately deliver that person to the duly

authorized agent of the demanding state without the requirement of a Governor's warrant if all of the following apply:

(1) The person has signed a prior waiver of extradition as a term of his current probation, parole, bail or other release in the demanding state.

(2) The law enforcement agency holding the person has received an authenticated copy of the prior waiver of extradition signed by the person and photographs or fingerprints or other evidence properly identifying the person as the person who signed the waiver.

(3) All open criminal charges in this Commonwealth have been disposed of through trial and sentencing.

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

HB 1786 of 2023, passed the House 117-86 on November 15, 2023. Passed the House Judiciary Committee 14-11 on November 13, 2023.

PRINTER'S NO. 2469

THE GENERAL ASSEMBLY OF PENNSYLVANIA

HOUSE BILL

No. 2005 Session of 2025

INTRODUCED BY SHUSTERMAN, HOWARD, KHAN, VENKAT, PROBST, RABB, WAXMAN, HOHENSTEIN, PIELLI, FIEDLER, SANCHEZ AND OTTEN, OCTOBER 16, 2025

REFERRED TO COMMITTEE ON JUDICIARY, OCTOBER 16, 2025

AN ACT

Amending Title 18 (Crimes and Offenses) of the Pennsylvania Consolidated Statutes, in abortion, further providing for medical consultation and judgment and for informed consent.

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

Section 1. Sections 3204(b) and (c) and 3205(a) of Title 18 of the Pennsylvania Consolidated Statutes are amended to read:

§ 3204. Medical consultation and judgment.

* * *

[(b) Requirements.--Except in a medical emergency where there is insufficient time before the abortion is performed, the woman upon whom the abortion is to be performed shall have a private medical consultation either with the physician who is to perform the abortion or with the referring physician. The consultation will be in a place, at a time and of a duration reasonably sufficient to enable the physician to determine whether, based on his best clinical judgment, the abortion is necessary.]

(c) Factors.--In determining in accordance with subsection (a) [or (b)] whether an abortion is necessary, a physician's best clinical judgment may be exercised in the light of all factors (physical, emotional, psychological, familial and the woman's age) relevant to the well-being of the woman. No abortion which is sought solely because of the sex of the unborn child shall be deemed a necessary abortion.

* * *

§ 3205. Informed consent.

(a) General rule.--No abortion shall be performed or induced except with the voluntary and informed consent of the woman upon whom the abortion is to be performed or induced. [Except in the case of a medical emergency, consent to an abortion is voluntary and informed if and only if:

(1) At least 24 hours prior to the abortion, the physician who is to perform the abortion or the referring physician has orally informed the woman of:

(i) The nature of the proposed procedure or treatment and of those risks and alternatives to the procedure or treatment that a reasonable patient would consider material to the decision of whether or not to undergo the abortion.

(ii) The probable gestational age of the unborn child at the time the abortion is to be performed.

(iii) The medical risks associated with carrying her child to term.

(2) At least 24 hours prior to the abortion, the physician who is to perform the abortion or the referring physician, or a qualified physician assistant, health care practitioner, technician or social worker to whom the

responsibility has been delegated by either physician, has informed the pregnant woman that:

(i) The department publishes printed materials which describe the unborn child and list agencies which offer alternatives to abortion and that she has a right to review the printed materials and that a copy will be provided to her free of charge if she chooses to review it.

(ii) Medical assistance benefits may be available for prenatal care, childbirth and neonatal care, and that more detailed information on the availability of such assistance is contained in the printed materials published by the department.

(iii) The father of the unborn child is liable to assist in the support of her child, even in instances where he has offered to pay for the abortion. In the case of rape, this information may be omitted.

(3) A copy of the printed materials has been provided to the pregnant woman if she chooses to view these materials.

(4) The pregnant woman certifies in writing, prior to the abortion, that the information required to be provided under paragraphs (1), (2) and (3) has been provided.]

* * *

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

HOUSE OF REPRESENTATIVES
DEMOCRATIC COMMITTEE BILL ANALYSIS

Bill No:	HB2005 PN2469	**Prepared By:**	David Vitale, Esq. (717) 705-7011,6791
Committee:	Judiciary		
Sponsor:	Shusterman, Howard, Khan	**Executive Director:**	David Vitale, Esq.
Date:	10/16/2025		

A. Brief Concept

Removes the 24-hour waiting period and counseling requirement from the Abortion Control Act.

C. Analysis of the Bill

Deletes § 3204 (Medical consultation and judgment) (b) (Requirements) from Title 18. This deletion removes the requirement that a person seeking abortion healthcare undergo a private medical examination with the physician who is to perform the procedure or with the referring physician to determine if the procedure is necessary.

Deletes most of § 3205 (Informed consent) from Title 18. This deletion removes the requirement that a person seeking abortion healthcare wait 24 hours to receive the healthcare. The bill also removes language that requires a physician to inform the person of the probable gestational age of the fetus and the medical risks and alternatives to the procedure along with the responsibility to provide printed materials. The bill does not change the requirement that no abortion shall be performed or induced except with the voluntary and informed consent of the person upon whom the abortion is to be performed or induced.

Effective Date:

60 Days.

G. Relevant Existing Laws

Title 18 § 3204. Medical consultation and judgment.

(a) Abortion prohibited; exceptions.--No abortion shall be performed except by a physician after either:
(1) he determines that, in his best clinical judgment, the abortion is necessary; or
(2) he receives what he reasonably believes to be a written statement signed by another physician, hereinafter called the "referring physician," certifying that in this referring physician's best clinical judgment the abortion is necessary.

(b) Requirements.--Except in a medical emergency where there is insufficient time before the abortion is performed, the woman upon whom the abortion is to be performed shall have a private medical consultation either with the physician who is to perform the abortion or with the referring physician. The consultation will be in a place, at a time and of a duration reasonably sufficient to enable the physician to determine whether, based on his best clinical judgment, the abortion is necessary.

(c) Factors.--In determining in accordance with subsection (a) or (b) whether an abortion is necessary, a physician's best clinical judgment may be exercised in the light of all factors (physical, emotional, psychological, familial and the woman's age) relevant to the well-being of the woman. No abortion which is sought solely because of the sex of the unborn child shall be deemed a necessary abortion.

(d) Penalty.--Any person who intentionally, knowingly or recklessly violates the provisions of this section commits a felony of the third degree, and any physician who violates the provisions of this section is guilty of "unprofessional conduct" and his license for the practice of medicine and surgery shall be subject to suspension or revocation in accordance with procedures provided under the act of October 5, 1978 (P.L.1109, No.261), known as the Osteopathic Medical Practice Act, the act of December 20, 1985 (P.L.457, No.112), known as the Medical Practice Act of 1985, or their successor acts.

§ 3205. Informed consent.

(a) General rule.--No abortion shall be performed or induced except with the voluntary and informed consent of the woman upon whom the abortion is to be performed or induced. Except in the case of a medical emergency, consent to an abortion is voluntary and informed if and only if:

(1) At least 24 hours prior to the abortion, the physician who is to perform the abortion or the referring physician has orally informed the woman of:
(i) The nature of the proposed procedure or treatment and of those risks and alternatives to the procedure or treatment that a reasonable patient would consider material to the decision of whether or not to undergo the abortion.
(ii) The probable gestational age of the unborn child at the time the abortion is to be performed.
(iii) The medical risks associated with carrying her child to term.

(2) At least 24 hours prior to the abortion, the physician who is to perform the abortion or the referring physician, or a qualified physician assistant, health care practitioner, technician or social worker to whom the
responsibility has been delegated by either physician, has informed the pregnant woman that:
(i) The department publishes printed materials which describe the unborn child and list agencies which offer alternatives to abortion and that she has a right to review the printed materials and that a copy will be
provided to her free of charge if she chooses to review it.
(ii) Medical assistance benefits may be available for prenatal care, childbirth and neonatal care, and that more detailed information on the availability of such assistance is contained in the printed materials published by the department.
(iii) The father of the unborn child is liable to assist in the support of her child, even in instances where he has offered to pay for the abortion. In the case of rape, this information may be omitted.

(3) A copy of the printed materials has been provided to the pregnant woman if she chooses to view these materials.

(4) The pregnant woman certifies in writing, prior to the abortion, that the information required to be provided under paragraphs (1), (2) and (3) has been provided.

(b) Emergency.--Where a medical emergency compels the performance of an abortion, the physician shall inform the woman, prior to the abortion if possible, of the medical indications supporting his judgment that an abortion is necessary to avert her death or to avert substantial and irreversible impairment of major bodily function.

(c) Penalty.--Any physician who violates the provisions of this section is guilty of "unprofessional conduct" and his license for the practice of medicine and surgery shall be subject to suspension or revocation in accordance with procedures provided under the act of October 5, 1978 (P.L.1109, No.261), known as the Osteopathic Medical Practice Act, the act of December 20, 1985 (P.L.457, No.112), known as the Medical Practice Act of 1985, or their successor acts. Any physician who performs or induces an abortion without first obtaining the certification required by subsection (a)(4) or with knowledge or reason to know that the informed consent of the woman has not been obtained shall for the first offense be guilty of a summary offense and for each subsequent offense be guilty of a misdemeanor of the third degree. No physician shall be guilty of violating this section for failure to furnish the information required by subsection (a) if he or she can demonstrate, by a preponderance of the

evidence, that he or she reasonably believed that furnishing the information would have resulted in a severely adverse effect on the physical or mental health of the patient.

(d) Limitation on civil liability.--Any physician who complies with the provisions of this section may not be held civilly liable to his patient for failure to obtain informed consent to the abortion within the meaning of that term as defined by the act of October 15, 1975 (P.L.390, No.111), known as the Health Care Services Malpractice Act.

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

HB 2463 of 2023.

PRIOR PASSAGE - NONE

PRINTER'S NO. 2468

THE GENERAL ASSEMBLY OF PENNSYLVANIA

HOUSE BILL

No. 1957 Session of 2025

INTRODUCED BY OTTEN, HANBIDGE, MAYES, HILL-EVANS, VENKAT, WAXMAN, CEPEDA-FREYTIZ, GUENST, BOROWSKI, GIRAL, PIELLI, PROBST, KHAN, HOWARD, SCHWEYER, KINKEAD, SANCHEZ, HOHENSTEIN, SCHLOSSBERG, MALAGARI, D. WILLIAMS, STEELE, SHUSTERMAN, DEASY, O'MARA, GREEN AND DALEY, OCTOBER 16, 2025

REFERRED TO COMMITTEE ON JUDICIARY, OCTOBER 16, 2025

A JOINT RESOLUTION

Proposing an amendment to the Constitution of the Commonwealth of Pennsylvania, providing for personal reproductive liberty.

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

Section 1. The following amendment to the Constitution of Pennsylvania is proposed in accordance with Article XI:

That Article I be amended by adding a section to read:

§ 30. Personal reproductive liberty.

Every individual has the fundamental right to exercise personal reproductive liberty and make and effectuate decisions regarding the individual's own reproduction, including the ability to choose or refuse to prevent, continue or end the individual's pregnancy, the right to choose or refuse contraceptives and the right to choose or refuse fertility care, all without discrimination on the basis of race, age, disability, sex, sexual orientation, gender identity, religion

or relationship status. The Commonwealth may not deny, burden, infringe upon or abridge this right unless justified by a compelling State interest achieved by the least restrictive means.

Section 2. The following procedure applies to the proposed constitutional amendment in this joint resolution:

(1) Upon the first passage by the General Assembly of the amendment, the Secretary of the Commonwealth shall proceed immediately to comply with the advertising requirements of section 1 of Article XI of the Constitution of Pennsylvania.

(2) Upon the second passage by the General Assembly of the amendment, the Secretary of the Commonwealth shall proceed immediately to comply with the advertising requirements of section 1 of Article XI of the Constitution of Pennsylvania. The Secretary of the Commonwealth shall submit the amendment to the qualified electors of this Commonwealth at the first general or municipal election which meets the requirements of section 1 of Article XI of the Constitution of Pennsylvania.

HOUSE OF REPRESENTATIVES
DEMOCRATIC COMMITTEE BILL ANALYSIS

Bill No:	HB1957 PN2468	**Prepared By:**	Marissa Itterly (717) 787-9516,6312
Committee:	Judiciary	**Executive Director:**	David Vitale, Esq.
Sponsor:	Otten, Danielle		
Date:	10/16/2025		

A. Brief Concept

Proposes Constitutional Amendment to provide for personal reproductive liberty.

C. Analysis of the Bill

Amends Article I (Declaration of Rights) of the Pennsylvania Constitution by creating § 30 (Personal Reproductive Liberty).

§ 30 states that every individual has the fundamental right to exercise personal reproductive liberty and make and effectuate decisions regarding their own reproduction, including:

- The ability to choose or refuse to prevent, continue, or end their pregnancy;
- The right to choose or refuse contraceptives; and
- The right to choose or refuse fertility care.

The section applies to all individuals without discrimination on the basis of race, age, disability, sex, sexual orientation, gender identity, religion, or relationship status.

The Commonwealth may not deny, burden, or infringe upon or abridge this right unless justified by a compelling state interest achieved by the least restrictive means.

Effective Date:

As a proposed constitutional amendment, this legislation must pass each chamber of the General Assembly in identical form in two consecutive sessions before it is to be presented to voters. This will be the first time through the General Assembly.

G. Relevant Existing Laws

Article I (Declaration of Rights), § 1 through § 29, of the Constitution of the Commonwealth of Pennsylvania currently includes a number of rights, including the right to religious freed, the right of petition, the right of freedom of speech, and the right to trial by jury, among others. However, current constitutional law does not include any mention of reproductive rights relating to pregnancy, fertility treatment, or other similar topics.

ARTICLE XI

AMENDMENTS

§ 1. Proposal of amendments by the General Assembly and their adoption.

Amendments to this Constitution may be proposed in the Senate or House of Representatives; and if the same shall be agreed to by a majority of the members elected to each House, such proposed amendment or amendments shall be entered on their journals with the yeas and nays taken thereon, and the Secretary of the Commonwealth shall cause the same to be published three months before the next general election, in at least two newspapers in every county in which such newspapers shall be published; and if, in the General Assembly next afterwards chosen, such proposed amendment or amendments shall be agreed to by a majority

of the members elected to each House, the Secretary of the Commonwealth shall cause the same again to be published in the manner aforesaid; and such proposed amendment or amendments shall be submitted to the qualified electors of the State in such manner, and at such time at least three months after being so agreed to by the two Houses, as the General Assembly shall prescribe; and, if such amendment or amendments shall be approved by a majority of those voting thereon, such amendment or amendments shall become a part of the Constitution; but no amendment or amendments shall be submitted oftener than once in five years. When two or more amendments shall be submitted they shall be voted upon separately.

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

This bill has been introduced in the following Sessions as House Bill 2817, PN 3463 (2021-2022) and House Bill 803, PN 761 (2023-2024). Neither bill was considered in committee or on the Floor.