



HOUSE HEALTH COMMITTEE

VOTING MEETING

Tuesday, April 14th, 2026

9:00am

G-50 Irvis Office Building

Harrisburg, PA

1. Call to Order

2. Attendance

3. **HB836 PN866 (O'Mara)**

An Act protecting an individual's choice to use assisted reproductive technology.

Amendment A02838 (Frankel) – Amends the definition of Assisted Reproductive Technology.

HB2254 PN2948 (Frankel)

An Act amending the act of April 17, 2016 (P.L.84, No.16), known as the Medical Marijuana Act, providing for compassionate access to medical marijuana for terminally ill patients.

Amendment A02889 (Frankel) – Exempts psychiatric facilities, adds explicit liability protections, and adjusts timelines.

HR461 PN3125 (Malagari)

A Resolution recognizing the month of June 2026 as "Scleroderma Awareness Month" and June 29, 2026, as "World Scleroderma Day."

HR462 PN3126 (Malagari)

A Resolution recognizing May 17, 2026, as "World Neurofibromatosis Awareness Day."

HR464 PN3128 (Ortitay)

A Resolution designating May 14, 2026, as "Apraxia Awareness Day."

HR470 PN3151 (Kreuger)

A Resolution designating May 15, 2026, as "Prader Willi Syndrome Awareness Day."

HR471 PN3152 (Emrick)

A Resolution designating the month of April 2026 as "Esophageal Cancer Awareness and Prevention Month."

HR472 PN3153 (Rapp)

A Resolution recognizing the week of May 10 through 16, 2026, as "National Hospital Week."

HR473 PN3157 (Cutler)

A Resolution designating the month of May 2026 as "Amyotrophic Lateral Sclerosis Awareness Month."

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

HOUSE OF REPRESENTATIVES DEMOCRATIC COMMITTEE BILL ANALYSIS

Bill No:	HB0836 PN0866	Prepared By:	Allie Harris (717) 787-9516
Committee:	Health	Executive Director:	Erika Fricke
Sponsor:	O'Mara, Jennifer		
Date:	3/11/2026		

A. Brief Concept

Protects Pennsylvanians' choice to use assisted reproductive technology.

C. Analysis of the Bill

House Bill 836 would establish the Preserving Access to Reproductive Efforts Non-Traditional (PARENT) Act to prohibit Commonwealth agencies from creating policies that limit access to medically accepted treatments designed to assist in promoting pregnancy.

Any state law created after the law is signed cannot limit or prevent access to reproductive technology unless it expressly references that the legislation overrides the "Preserving Access to Reproductive Efforts Non-Traditional Act."

"Assisted Reproductive Technology" is defined as any procedures designed to effectuate pregnancy that involve human eggs or pre-embryos in a laboratory. The term includes: in vitro fertilization, embryo transfer, gamete intrafallopian transfer, pronuclear stat transfer, tubal embryo transfer and zygote intrafallopian transfer.

Effective Date:

Immediately.

G. Relevant Existing Laws

The [Abortion Control Act](#) defines "In vitro fertilization" as "The purposeful fertilization of a human ovum outside the body of a living human female."

The Abortion Control Act requires any entity supporting pregnancy through in vitro fertilization to file quarterly reports with the department. It explicitly states that the intent of the law is *not* to impact in vitro fertilization.

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

N/A.

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

THE GENERAL ASSEMBLY OF PENNSYLVANIA

HOUSE BILL

No. 836 Session of
2025

INTRODUCED BY O'MARA, MAYES, MALAGARI, KHAN, SANCHEZ, CERRATO,
SCHLOSSBERG, ISAACSON, HILL-EVANS, PIELLI, HANBIDGE, MADDEN,
CURRY, HOHENSTEIN, DONAHUE, HADDOCK, KENYATTA, D. WILLIAMS,
DALEY, DEASY AND SHUSTERMAN, MARCH 10, 2025

REFERRED TO COMMITTEE ON HEALTH, MARCH 10, 2025

AN ACT

1 Protecting an individual's choice to use assisted reproductive
2 technology.

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

5 Section 1. Short title.

6 This act shall be known and may be cited as the Preserving
7 Access to Reproductive Efforts Non-Traditional Act.

8 Section 2. Definitions.

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

12 "Assisted reproductive technology." Procreative procedures
13 that involve the laboratory handling of human eggs or
14 preembryos. The term includes in vitro fertilization embryo
15 transfer, gamete intrafallopian transfer, pronuclear stage
16 transfer, tubal embryo transfer and zygote intrafallopian
17 transfer.

1 Section 3. Interference prohibited.

2 The Commonwealth may not interfere with the use of medically
3 appropriate methods of assisted reproductive technology or the
4 manner in which medically appropriate methods of assisted
5 reproductive technology are provided to an individual.

6 Section 4. Construction.

7 Any law enacted by the General Assembly after the effective
8 date of this act shall be subject to section 3 unless the
9 General Assembly expressly excludes that law from this act by
10 specific reference.

11 Section 5. Effective date.

12 This act shall take effect immediately.

LEGISLATIVE REFERENCE BUREAU

AMENDMENTS TO HOUSE BILL NO. 836

Sponsor:

Printer's No. 866

1 Amend Bill, page 1, lines 12 through 17, by striking out all
2 of said lines and inserting
3 "Assisted reproductive technology." All treatments or
4 laboratory procedures that involve the handling of human oocytes
5 or embryos for the purpose of achieving pregnancy, including,
6 but not limited to, in vitro fertilization (IVF), gamete
7 intrafallopian transfer (GIFT) and zygote intrafallopian
8 transfer (ZIFT).

THE GENERAL ASSEMBLY OF PENNSYLVANIA

HOUSE BILL

No. 836 Session of
2025

INTRODUCED BY O'MARA, MAYES, MALAGARI, KHAN, SANCHEZ, CERRATO,
SCHLOSSBERG, ISAACSON, HILL-EVANS, PIELLI, HANBIDGE, MADDEN,
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12 ~~"Assisted reproductive technology." Procreative procedures~~
13 ~~that involve the laboratory handling of human eggs or~~
14 ~~preembryos. The term includes in vitro fertilization embryo~~
15 ~~transfer, gamete intrafallopian transfer, pronuclear stage~~
16 ~~transfer, tubal embryo transfer and zygote intrafallopian~~
17 ~~transfer.~~

A02838 Amendment in Context

1 "Assisted reproductive technology." All treatments or
2 laboratory procedures that involve the handling of human oocytes
3 or embryos for the purpose of achieving pregnancy, including,
4 but not limited to, in vitro fertilization (IVF), gamete
5 intrafallopian transfer (GIFT) and zygote intrafallopian
6 transfer (ZIFT).

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9 appropriate methods of assisted reproductive technology or the
10 manner in which medically appropriate methods of assisted
11 reproductive technology are provided to an individual.

12 Section 4. Construction.

13 Any law enacted by the General Assembly after the effective
14 date of this act shall be subject to section 3 unless the
15 General Assembly expressly excludes that law from this act by
16 specific reference.

17 Section 5. Effective date.

18 This act shall take effect immediately.

HOUSE OF REPRESENTATIVES

DEMOCRATIC COMMITTEE BILL ANALYSIS

Bill No:	HB2254 PN2958	Prepared By:	Erika Fricke (412) 422-1774
Committee:	Health	Executive Director:	Erika Fricke
Sponsor:	Frankel, Dan		
Date:	2/9/2026		

A. Brief Concept

Allows terminally ill patients in a healthcare facility to use their own medical marijuana products under their own direction. The bill adds a new chapter to the [Medical Marijuana Act](#) establishing limited, conditional permission for use or administration of medical marijuana in healthcare facilities.

C. Analysis of the Bill

The bill adds Chapter 14, named "Ryan's Law" to the [Medical Marijuana Act](#) to ensure terminally ill patients - those with less than one year to live - can utilize the medical marijuana they are prescribed while in a licensed healthcare facility.

Patient's Right to Utilize Medical Marijuana

Health care facilities include hospitals, ambulatory surgical facilities, long-term care nursing facilities, assisted living residences and personal care homes must allow terminally ill patients - those with less than one year to live -- to use marijuana so long as their medical care provider does not believe it will interfere with their treatment plan. The medical marijuana used on site cannot be used in a form - such as being smoked or vaporized - that could impact other patients' care.

The patient and, if appropriate, their caregiver, must present a valid identification card showing that they are allowed to use or administer medical marijuana.

The use of medical marijuana must be documented in the patient's chart.

Requirement for Written Guidelines

Within 180 days of this law becoming effective (360 days after the bill is signed), facilities must establish written guidelines to:

- Ensure safe storage - any medical marijuana in the facility must be stored in a locked container
- Protect the safety of patients, staff, and visitors
- Define the forms of medical marijuana administration that will be permitted
- What documentation procedures will be used.
- How the facility will comply with state law and existing safety requirements.

Facilities are not *required* to:

- Permit use in emergency departments or emergency care.
- Provide medical marijuana certifications or recommendations.
- Include medical marijuana in discharge planning.
- Administer medical marijuana themselves.

Compliance and enforcement

A facility cannot lose or be denied a license for failing to allow for medical marijuana use according to this section.

However, a facility that does not permit a terminally ill patient to access their medical marijuana as provided under this act can be assessed a civil penalty of up to \$500 per violation, per day. Fines collected under this chapter start accruing the day the facility receives notice of the violation. The fines will be deposited into the Medical Marijuana Fund.

Facilities must temporarily suspend compliance if a federal agency initiates enforcement related to medical marijuana. They also must suspend compliance if CMS, DOJ, or another federal body expressly prohibits compliance. However, facilities may not suspend compliance solely because marijuana remains a Schedule I substance or due to longstanding federal restrictions that predate the act.

Duties of the Department of Health

The Department, in consultation with the Department of Human Services, must publish sample guidelines that meet the requirements. Within 60 days after the law takes effect (240 days after the bill would be signed into law) the department must host five informational sessions to educate facilities on how to be compliant with the law. The presentations must explain how to assess whether a patient and their caregiver possesses a valid ID card, how to assess the legality of the medical marijuana product being consumed, and anything else the department believes is needed to help facilities comply with the law.

Key definitions:

The definition of "terminally ill" in the Medical Marijuana Act is: "A medical prognosis of life expectancy of approximately one year or less if the illness runs its normal course."

Effective Date:

180 days.

G. Relevant Existing Laws

The Medical Marijuana Law addresses the use of medical marijuana in Pennsylvania.

Practitioner certification of a patient for medical marijuana usage can be found in Section 403. That certification is required to include information on whether the patient is terminally ill, defined as "A medical prognosis of life expectancy of approximately one year or less if the illness runs its normal course."

Section 902 of the law establishes the Medical Marijuana Program Fund and explains how those funds are appropriated.

The Medical Marijuana Law in section 1201 defines a caregiver as someone designated by the patient to obtain and provide medical marijuana. The law includes someone designated by an organization that provides hospice, palliative or home care services health care facility where the patient receives care. People working in long-term care facilities, skilled nursing facilities, assisted living facilities and personal care homes - locations covered by this legislation - can also designate staff as caregivers.

Self-administration of medications in personal care homes is detailed in [Title 55 PA Code 2600.181](#), and for assisted living residences in [Title 55 PA Code 2800.181](#), which detail when and how patients may self-administer, and personal care home staff shall provide assistance as needed.

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

N/A.

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THE GENERAL ASSEMBLY OF PENNSYLVANIA

HOUSE BILL

No. 2254 Session of
2026

INTRODUCED BY FRANKEL, BOROWSKI, HILL-EVANS, McNEILL, DONAHUE,
KHAN, RIVERA, SANCHEZ, BOYD, SHUSTERMAN, GALLAGHER, CERRATO,
CEPEDA-FREYTIZ, MADDEN, HOHENSTEIN, WEBSTER, DALEY, KAZEEM
AND MAYES, FEBRUARY 27, 2026

REFERRED TO COMMITTEE ON HEALTH, MARCH 2, 2026

AN ACT

1 Amending the act of April 17, 2016 (P.L.84, No.16), entitled "An
2 act establishing a medical marijuana program; providing for
3 patient and caregiver certification and for medical marijuana
4 organization registration; imposing duties on the Department
5 of Health; providing for a tax on medical marijuana
6 organization gross receipts; establishing the Medical
7 Marijuana Program Fund; establishing the Medical Marijuana
8 Advisory Board; establishing a medical marijuana research
9 program; imposing duties on the Department of Corrections,
10 the Department of Education and the Department of Human
11 Services; and providing for academic clinical research
12 centers and for penalties and enforcement," providing for
13 compassionate access to medical marijuana; and imposing a
14 penalty.

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

17 Section 1. The act of April 17, 2016 (P.L.84, No.16), known
18 as the Medical Marijuana Act, is amended by adding a chapter to
19 read:

20 CHAPTER 14

21 COMPASSIONATE ACCESS TO MEDICAL MARIJUANA

22 Section 1401. Definitions.

23 The following words and phrases when used in this chapter

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

3 "Facility." Any of the following:

4 (1) A health care facility as defined in section 802.1
5 of the act of July 19, 1979 (P.L.130, No.48), known as the
6 Health Care Facilities Act.

7 (2) A long-term care nursing facility as defined in
8 section 802.1 of the Health Care Facilities Act.

9 (3) An assisted living residence as defined in section
10 1001 of the act of June 13, 1967 (P.L.31, No.21), known as
11 the Human Services Code.

12 (4) A personal care home as defined in section 1001 of
13 the Human Services Code.

14 "Practitioner." A health care practitioner as defined in
15 section 103 of the Health Care Facilities Act.

16 "Program." The medical marijuana program established under
17 section 301.

18 Section 1402. Permitted use.

19 (a) Facilities.--A facility shall permit a terminally ill
20 patient to use or be administered medical marijuana in the
21 facility if all of the following conditions are met:

22 (1) The use or administration of the medical marijuana
23 does not interfere with any part of the patient's treatment
24 plan, as determined by a practitioner treating the patient at
25 the facility.

26 (2) The medical marijuana is not vaporized or in any
27 other form that could impact care to other patients.

28 (3) The patient or patient's caregiver presents a valid
29 identification card.

30 (4) The use or administration of the medical marijuana

1 by or to the patient is documented in the patient's medical
2 record.

3 (b) Guidelines.--Not later than 180 days after the effective
4 date of this subsection, a facility shall develop and
5 disseminate written guidelines for the use or administration of
6 medical marijuana within the facility under this chapter. The
7 guidelines shall include:

8 (1) A requirement that the medical marijuana be stored
9 in a locked container.

10 (2) Restrictions to ensure the safety of other patients,
11 guests and employees of the facility.

12 (3) The forms of medical marijuana allowed to be used or
13 administered.

14 (4) Procedures for documenting the medical marijuana use
15 or administration.

16 (5) Compliance with State laws and the safe operation of
17 the facility.

18 (c) Construction.--Nothing in this chapter shall be
19 construed as requiring a facility to:

20 (1) Allow the use or administration of medical marijuana
21 by a patient receiving emergency services or a patient in an
22 emergency department.

23 (2) Provide a patient with a certification or
24 recommendation for the use or administration of medical
25 marijuana.

26 (3) Include medical marijuana in a patient's discharge
27 plan.

28 (4) Administer medical marijuana to the patient.

29 Section 1403. Compliance.

30 (a) Licensure.--A facility is not required to comply with

1 this chapter to obtain, retain or renew a license as a facility.

2 (b) Civil penalty.--A facility that commits a violation of
3 this chapter or regulation issued under this chapter may be
4 assessed a civil penalty up to \$500 for each violation for each
5 day the violation continues. Civil penalties shall be collected
6 by the department from the date the facility receives notice of
7 the violation. Penalties collected under this section shall be
8 deposited into the fund.

9 (c) Suspension.--

10 (1) If a Federal regulatory agency, the United States
11 Department of Justice or Centers for Medicare and Medicaid
12 Services initiates one of the following actions, a facility
13 shall suspend compliance with this chapter until the Federal
14 regulatory agency, United States Department of Justice or
15 Centers for Medicare and Medicaid Services notifies the
16 facility that it may resume permitting the use or
17 administration of medical marijuana within the facility:

18 (i) A Federal regulatory agency or the United States
19 Department of Justice initiates enforcement action
20 against a facility related to the facility's compliance
21 with a State-regulated program.

22 (ii) A Federal regulatory agency, the United States
23 Department of Justice or the Centers for Medicare and
24 Medicaid Services issues a rule or otherwise provides
25 notification to the facility that expressly prohibits the
26 use or administration of medical marijuana in facilities
27 or otherwise prohibits compliance with a State-regulated
28 program.

29 (2) This subsection shall not be construed to permit a
30 facility to prohibit the use or administration of medical

1 marijuana under this chapter due solely to the fact that
2 cannabis is a schedule I drug under 21 U.S.C. § 812 (relating
3 to schedules of controlled substances) or other Federal
4 constraints on the use or administration of medical marijuana
5 that existed prior to the effective date of this paragraph.

6 Section 1404. Department duties.

7 (a) Sample medical marijuana plan.--The department, in
8 consultation with the Department of Human Services, shall
9 develop and make available on the department's publicly
10 accessible Internet website sample guidelines that a facility
11 may implement to meet the requirements of this chapter.

12 (b) Educational sessions.--Not later than 60 days after the
13 effective date of this subsection, the department shall host,
14 virtual or in-person, no fewer than five educational sessions to
15 inform facilities of the requirements of this chapter. At a
16 minimum, the educational sessions under this subsection shall
17 include:

18 (1) Information on how to determine if:

19 (i) An individual is a patient who possesses a valid
20 identification card and is a participant in the program.

21 (ii) A patient's caregiver is the individual
22 designated by the patient, possesses a valid
23 identification card and is a participant in the program.

24 (2) Information on how to determine if an individual's
25 marijuana product is legal under section 303 and was
26 purchased from a dispensary.

27 (3) Any other information the department determines
28 necessary for a facility to properly implement this chapter.

29 Section 2. This act shall take effect in 120 days.

LEGISLATIVE REFERENCE BUREAU

AMENDMENTS TO HOUSE BILL NO. 2254

Sponsor:

Printer's No. 2948

1 Amend Bill, page 2, lines 26 through 29, by striking out all
2 of said lines and inserting

3 (2) The medical marijuana is in a form permitted under
4 section 303.

5 (3) The medical marijuana is not vaporized, smoked or
6 ingested in any other form that could impact care to other
7 patients.

8 (4) The patient and any caregiver presents a valid
9 identification card.

10 Amend Bill, page 2, line 30, by striking out "(4)" and
11 inserting

12 (5)

13 Amend Bill, page 3, lines 20 through 22, by striking out all
14 of said lines and inserting

15 (1) Allow the use or administration of medical marijuana
16 by or to a patient receiving emergency services, a patient in
17 an emergency department or a patient in a psychiatric
18 hospital, behavioral health crisis center, medical detox
19 facility, residential drug and alcohol rehabilitation
20 facility or other psychiatric or addiction treatment
21 facility.

22 Amend Bill, page 3, by inserting between lines 28 and 29

23 (5) Allow the use or administration of medical marijuana
24 without a valid certification or in a form not permitted by
25 this act.

26 (d) Liability protection.--Neither a facility nor an
27 employee of a facility who acts in good faith and in accordance
28 with this section shall be subject to criminal, civil or
29 administrative liability for an injury or harm resulting from a
30 patient's use of medical marijuana or a caregiver's
31 administration of medical marijuana within the facility unless
32 the injury or harm results from gross negligence or willful
33 misconduct.

1 Amend Bill, page 4, line 13, by striking out "shall" and
2 inserting

3 may

4 Amend Bill, page 4, line 20, by striking out "against a
5 facility related to the" and inserting

6 related to a

7 Amend Bill, page 4, line 25, by striking out "to the
8 facility"

9 Amend Bill, page 5, line 7, by striking out "plan" and
10 inserting

11 guidelines

12 Amend Bill, page 5, line 20, by striking out "and is a
13 participant in the program"

14 Amend Bill, page 5, line 23, by striking out "and is a
15 participant in the program"

16 Amend Bill, page 5, line 26, by inserting after "dispensary"
17 holding a valid permit under this act

18 Amend Bill, page 5, line 29, by striking out "in 120 days."
19 and inserting

20 as follows:

21 (1) The addition of section 1402 of the act shall take
22 effect in 270 days.

23 (2) This section shall take effect immediately.

24 (3) The remainder of this act shall take effect in 90
25 days.

THE GENERAL ASSEMBLY OF PENNSYLVANIA

HOUSE BILL

No. 2254 Session of
2026

INTRODUCED BY FRANKEL, BOROWSKI, HILL-EVANS, McNEILL, DONAHUE,
KHAN, RIVERA, SANCHEZ, BOYD, SHUSTERMAN, GALLAGHER, CERRATO,
CEPEDA-FREYTIZ, MADDEN, HOHENSTEIN, WEBSTER, DALEY, KAZEEM
AND MAYES, FEBRUARY 27, 2026

REFERRED TO COMMITTEE ON HEALTH, MARCH 2, 2026

AN ACT

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2 act establishing a medical marijuana program; providing for
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4 organization registration; imposing duties on the Department
5 of Health; providing for a tax on medical marijuana
6 organization gross receipts; establishing the Medical
7 Marijuana Program Fund; establishing the Medical Marijuana
8 Advisory Board; establishing a medical marijuana research
9 program; imposing duties on the Department of Corrections,
10 the Department of Education and the Department of Human
11 Services; and providing for academic clinical research
12 centers and for penalties and enforcement," providing for
13 compassionate access to medical marijuana; and imposing a
14 penalty.

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17 Section 1. The act of April 17, 2016 (P.L.84, No.16), known
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19 read:

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21 COMPASSIONATE ACCESS TO MEDICAL MARIJUANA

22 Section 1401. Definitions.

23 The following words and phrases when used in this chapter

A02889 Amendment in Context

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

3 "Facility." Any of the following:

4 (1) A health care facility as defined in section 802.1
5 of the act of July 19, 1979 (P.L.130, No.48), known as the
6 Health Care Facilities Act.

7 (2) A long-term care nursing facility as defined in
8 section 802.1 of the Health Care Facilities Act.

9 (3) An assisted living residence as defined in section
10 1001 of the act of June 13, 1967 (P.L.31, No.21), known as
11 the Human Services Code.

12 (4) A personal care home as defined in section 1001 of
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14 "Practitioner." A health care practitioner as defined in
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16 "Program." The medical marijuana program established under
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20 patient to use or be administered medical marijuana in the
21 facility if all of the following conditions are met:

22 (1) The use or administration of the medical marijuana
23 does not interfere with any part of the patient's treatment
24 plan, as determined by a practitioner treating the patient at
25 the facility.

26 ~~(2) The medical marijuana is not vaporized or in any~~
27 ~~other form that could impact care to other patients.~~

28 ~~(3) The patient or patient's caregiver presents a valid~~
29 ~~identification card.~~

30 ~~(2) The medical marijuana is in a form permitted under~~

A02889 Amendment in Context

1 section 303.

2 (3) The medical marijuana is not vaporized, smoked or
3 ingested in any other form that could impact care to other
4 patients.

5 (4) The patient and any caregiver presents a valid
6 identification card.

7 ~~(4)~~ (5) The use or administration of the medical
8 marijuana by or to the patient is documented in the patient's
9 medical record.

10 (b) Guidelines.--Not later than 180 days after the effective
11 date of this subsection, a facility shall develop and
12 disseminate written guidelines for the use or administration of
13 medical marijuana within the facility under this chapter. The
14 guidelines shall include:

15 (1) A requirement that the medical marijuana be stored
16 in a locked container.

17 (2) Restrictions to ensure the safety of other patients,
18 guests and employees of the facility.

19 (3) The forms of medical marijuana allowed to be used or
20 administered.

21 (4) Procedures for documenting the medical marijuana use
22 or administration.

23 (5) Compliance with State laws and the safe operation of
24 the facility.

25 (c) Construction.--Nothing in this chapter shall be
26 construed as requiring a facility to:

27 ~~(1) Allow the use or administration of medical marijuana~~
28 ~~by a patient receiving emergency services or a patient in an~~
29 ~~emergency department.~~

30 (1) Allow the use or administration of medical marijuana

A02889 Amendment in Context

1 by or to a patient receiving emergency services, a patient in
2 an emergency department or a patient in a psychiatric
3 hospital, behavioral health crisis center, medical detox
4 facility, residential drug and alcohol rehabilitation
5 facility or other psychiatric or addiction treatment
6 facility.

7 (2) Provide a patient with a certification or
8 recommendation for the use or administration of medical
9 marijuana.

10 (3) Include medical marijuana in a patient's discharge
11 plan.

12 (4) Administer medical marijuana to the patient.

13 (5) Allow the use or administration of medical marijuana
14 without a valid certification or in a form not permitted by
15 this act.

16 (d) Liability protection.--Neither a facility nor an
17 employee of a facility who acts in good faith and in accordance
18 with this section shall be subject to criminal, civil or
19 administrative liability for an injury or harm resulting from a
20 patient's use of medical marijuana or a caregiver's
21 administration of medical marijuana within the facility unless
22 the injury or harm results from gross negligence or willful
23 misconduct.

24 Section 1403. Compliance.

25 (a) Licensure.--A facility is not required to comply with
26 this chapter to obtain, retain or renew a license as a facility.

27 (b) Civil penalty.--A facility that commits a violation of
28 this chapter or regulation issued under this chapter may be
29 assessed a civil penalty up to \$500 for each violation for each
30 day the violation continues. Civil penalties shall be collected

A02889 Amendment in Context

1 by the department from the date the facility receives notice of
2 the violation. Penalties collected under this section shall be
3 deposited into the fund.

4 (c) Suspension.--

5 (1) If a Federal regulatory agency, the United States
6 Department of Justice or Centers for Medicare and Medicaid
7 Services initiates one of the following actions, a facility
8 ~~shall~~ may suspend compliance with this chapter until the
9 Federal regulatory agency, United States Department of
10 Justice or Centers for Medicare and Medicaid Services
11 notifies the facility that it may resume permitting the use
12 or administration of medical marijuana within the facility:

13 (i) A Federal regulatory agency or the United States
14 Department of Justice initiates enforcement action
15 ~~against a facility related to the~~ related to a facility's
16 compliance with a State-regulated program.

17 (ii) A Federal regulatory agency, the United States
18 Department of Justice or the Centers for Medicare and
19 Medicaid Services issues a rule or otherwise provides
20 notification ~~to the facility~~ that expressly prohibits the
21 use or administration of medical marijuana in facilities
22 or otherwise prohibits compliance with a State-regulated
23 program.

24 (2) This subsection shall not be construed to permit a
25 facility to prohibit the use or administration of medical
26 marijuana under this chapter due solely to the fact that
27 cannabis is a schedule I drug under 21 U.S.C. § 812 (relating
28 to schedules of controlled substances) or other Federal
29 constraints on the use or administration of medical marijuana
30 that existed prior to the effective date of this paragraph.

A02889 Amendment in Context

1 Section 1404. Department duties.

2 (a) Sample medical marijuana ~~plan~~ guidelines.--The
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4 Services, shall develop and make available on the department's
5 publicly accessible Internet website sample guidelines that a
6 facility may implement to meet the requirements of this chapter.

7 (b) Educational sessions.--Not later than 60 days after the
8 effective date of this subsection, the department shall host,
9 virtual or in-person, no fewer than five educational sessions to
10 inform facilities of the requirements of this chapter. At a
11 minimum, the educational sessions under this subsection shall
12 include:

13 (1) Information on how to determine if:

14 (i) An individual is a patient who possesses a valid
15 identification card ~~and is a participant in the program.~~

16 (ii) A patient's caregiver is the individual
17 designated by the patient, possesses a valid
18 identification card ~~and is a participant in the program.~~

19 (2) Information on how to determine if an individual's
20 marijuana product is legal under section 303 and was
21 purchased from a dispensary ~~holding a valid permit under this~~
22 act.

23 (3) Any other information the department determines
24 necessary for a facility to properly implement this chapter.

25 Section 2. This act shall take effect ~~in 120 days.~~ as
26 follows:

27 (1) The addition of section 1402 of the act shall take
28 effect in 270 days.

29 (2) This section shall take effect immediately.

30 (3) The remainder of this act shall take effect in 90

1 | days.

HOUSE OF REPRESENTATIVES

DEMOCRATIC COMMITTEE BILL ANALYSIS

Bill No:	HR0461 PN3125	Prepared By:	Patrick O'Rourke (717) 705-1875
Committee:	Health	Executive Director:	Erika Fricke
Sponsor:	Malagari, Steve		
Date:	4/9/2026		

A. Brief Concept

Recognizing the month of June 2026 as "Scleroderma Awareness Month" and June 29, 2026, as "World Scleroderma Day."

C. Analysis of the Bill

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

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

Effective Date:

N/A.

G. Relevant Existing Laws

N/A.

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

2025-2026 Legislative Session

- [HR 182 PN 1280](#) (Malagari)
 - Recognized June 2025 as "Scleroderma Awareness Month" and June 29, 2025, as "World Scleroderma Day."
 - Adopted 6/25/25 (199-4).

2023-24 Legislative Session

- [HR 471 PN 3269](#) (Kinsey)

- A Resolution recognizing the month of June 2024 as "Scleroderma Awareness Month" and June 29, 2024, as "World Scleroderma Day."
- Adopted 6/28/2024 (201-1).

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THE GENERAL ASSEMBLY OF PENNSYLVANIA

HOUSE RESOLUTION

No. 461 Session of
2026

INTRODUCED BY MALAGARI, RIVERA, HILL-EVANS, SANCHEZ, KAZEEM,
HOHENSTEIN, GALLAGHER AND BELLMON, MARCH 30, 2026

REFERRED TO COMMITTEE ON HEALTH, MARCH 31, 2026

A RESOLUTION

1 Recognizing the month of June 2026 as "Scleroderma Awareness
2 Month" and June 29, 2026, as "World Scleroderma Day" in
3 Pennsylvania.

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

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

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

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

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

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

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

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

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

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

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

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

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

28 RESOLVED, That the House of Representatives recognize the
29 month of June 2026 as "Scleroderma Awareness Month" and June 29,
30 2026, as "World Scleroderma Day" in Pennsylvania.

HOUSE OF REPRESENTATIVES

DEMOCRATIC COMMITTEE BILL ANALYSIS

Bill No:	HR0462 PN3126	Prepared By:	Patrick O'Rourke (717) 787-4296,6711
Committee:	Health	Executive Director:	Erika Fricke
Sponsor:	Malagari, Steve		
Date:	4/9/2026		

A. Brief Concept

Recognizes May 17, 2026, as "World Neurofibromatosis Awareness Day."

C. Analysis of the Bill

Neurofibromatosis is a condition that causes tumors to grow on nerves throughout the body and can affect development of the brain, cardiovascular system, bones and skin. Around 4 million individuals around the world live with neurofibromatosis and about 1 in every 2,000 births is diagnosed with the condition, impacting all populations equally regardless of race, ethnicity or gender. The condition can lead to blindness, deafness, bone abnormalities, disfigurement, learning disabilities, disabling pain and cancer. Neurofibromatosis can occur due to mutations during conception or from genetics.

There are three different types of neurofibromatosis: neurofibromatosis type 1, neurofibromatosis type 2 and schwannomatosis. Neurofibromatosis type 1 occurs in approximately 1 in 2,500 births, and includes brown spots on the skin, bumps known as Lisch nodules on the iris of the eye, and freckles on the groin or armpits. Neurofibromatosis type 2 occurs in 1 in 60,000 births, and is typically characterized by tumors that grow on the nerves of the inner ear. Schwannomatosis is a rarer form of neurofibromatosis for which symptoms typically appear between ages 25 and 30, and often forms on the spinal or cranial nerves and leads to symptoms like chronic pain or loss of muscle. The FDA approved new medications in 2025 to treat neurofibromatosis type 1.

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

Effective Date:

N/A.

G. Relevant Existing Laws

N/A.

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

2023-24 Legislative Session

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

THE GENERAL ASSEMBLY OF PENNSYLVANIA

HOUSE RESOLUTION

No. 462 Session of
2026

INTRODUCED BY MALAGARI, HILL-EVANS, VENKAT, GUENST, MAYES, KHAN,
SANCHEZ, NEILSON, GALLAGHER AND PASHINSKI, MARCH 30, 2026

REFERRED TO COMMITTEE ON HEALTH, MARCH 31, 2026

A RESOLUTION

1 Recognizing May 17, 2026, as "World Neurofibromatosis Awareness
2 Day" in Pennsylvania.

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

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

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

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

16 WHEREAS, Neurofibromatosis causes tumors to grow on nerves
17 throughout the body and also can affect development of the
18 brain, cardiovascular system, bones and skin; and

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

4 WHEREAS, There are three different types of
5 neurofibromatosis: neurofibromatosis type 1 (NF1),
6 neurofibromatosis type 2 (NF2) and schwannomatosis; and

7 WHEREAS, Signs of NF1 include light brown spots on the skin,
8 known as café au lait spots, bumps known as Lisch nodules on the
9 iris of the eye and freckles on the groin or armpits; and

10 WHEREAS, NF1 is one of the country's most common genetic
11 disorders occurring in approximately 1 in 2,500 births; and

12 WHEREAS, NF2 is far less common, occurring in 1 in 60,000
13 people, and is typically characterized by tumors that grow on
14 the nerves of the inner ear; and

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

17 WHEREAS, Schwannomatosis often forms on the spinal or cranial
18 nerves and leads to symptoms like chronic pain or loss of
19 muscle; and

20 WHEREAS, Instances of neurofibromatosis occur due to
21 mutations that either occur during conception or are passed down
22 genetically through the parents; and

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

25 WHEREAS, While there is currently no cure available, there
26 are multiple forms of treatment for patients dealing with
27 neurofibromatosis; and

28 WHEREAS, Mild instances of neurofibromatosis often do not
29 require significant treatment outside of regular doctor visits
30 and observation; and

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

4 WHEREAS, In 2025, groundbreaking medications received
5 approval by the United States Food and Drug Administration to
6 treat individuals with NF1 and plexiform neurofibromas; and

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

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

16 WHEREAS, The Children's Tumor Foundation provides patient and
17 family support through its information resources, youth programs
18 and community activities; and

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

23 RESOLVED, That the House of Representatives recognize May 17,
24 2026, as "World Neurofibromatosis Awareness Day" in
25 Pennsylvania.

HOUSE OF REPRESENTATIVES DEMOCRATIC COMMITTEE BILL ANALYSIS

Bill No:	HR0464 PN3128	Prepared By:	Patrick O'Rourke (717) 787-4296,6711
Committee:	Health	Executive Director:	Erika Fricke
Sponsor:	Ortitay, Jason		
Date:	4/9/2026		

A. Brief Concept

Designates May 14, 2026, as "Apraxia Awareness Day."

C. Analysis of the Bill

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

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

Effective Date:

N/A.

G. Relevant Existing Laws

N/A.

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

2025-2026 Legislative Session

- [HR116 PN954](#) (Ortitay)
 - Designated May 14, 2025 as "Apraxia Awareness Day."
 - Laid on the table 6/4/2025.

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THE GENERAL ASSEMBLY OF PENNSYLVANIA

HOUSE RESOLUTION

No. 464 Session of
2026

INTRODUCED BY ORTITAY, FREEMAN, KHAN, RIVERA, GALLAGHER, BRIGGS,
CIRESI AND ROWE, MARCH 31, 2026

REFERRED TO COMMITTEE ON HEALTH, MARCH 31, 2026

A RESOLUTION

1 Designating May 14, 2026, as "Apraxia Awareness Day" in
2 Pennsylvania.

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

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

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

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

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

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

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

1 to learn to speak; and

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

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

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

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

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

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

22 RESOLVED, That the House of Representatives designate May 14,
23 2026, as "Apraxia Awareness Day" in Pennsylvania; and be it
24 further

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

HOUSE OF REPRESENTATIVES DEMOCRATIC COMMITTEE BILL ANALYSIS

Bill No:	HR0470 PN3151	Prepared By:	Patrick O'Rourke (717) 787-4296
Committee:	Health	Executive Director:	Erika Fricke
Sponsor:	Krueger, Leanne		
Date:	4/9/2026		

A. Brief Concept

Designates May 15, 2026, as "Prader Willi Syndrome Awareness Day."

C. Analysis of the Bill

Prader-Willi Syndrome (PWS) is a rare, complex genetic disorder requiring lifelong care and support, affecting millions of Americans. It is characterized by symptoms such as constant hunger (hyperphagia), obesity-related complications, low muscle tone, developmental and behavioral challenges, and cognitive impairment. Early diagnosis—often through routine pediatric care—is critical to improving outcomes. Raising awareness helps ensure better access to care and support for affected individuals and families. The Prader-Willi Alliance of Pennsylvania is a newly established nonprofit organization dedicated to supporting individuals with PWS and their families through education, advocacy and connection across the Commonwealth.

Effective Date:

N/A.

G. Relevant Existing Laws

N/A.

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

N/A.

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THE GENERAL ASSEMBLY OF PENNSYLVANIA

HOUSE RESOLUTION

No. 470 Session of
2026

INTRODUCED BY KRUEGER, HILL-EVANS, VENKAT, McNEILL, HOHENSTEIN,
FREEMAN, RIVERA, SANCHEZ, NEILSON AND PASHINSKI,
APRIL 7, 2026

REFERRED TO COMMITTEE ON HEALTH, APRIL 8, 2026

A RESOLUTION

1 Designating May 15, 2026, as "Prader Willi Syndrome Awareness
2 Day" in Pennsylvania.

3 WHEREAS, Prader Willi Syndrome (PWS) is a rare and complex
4 genetic disorder that affects multiple systems of the body and
5 requires lifelong medical care, specialized support and strong
6 community understanding; and

7 WHEREAS, This syndrome impacts more than 30 million citizens
8 of the United States; and

9 WHEREAS, One of the hallmark symptoms of the syndrome is
10 hyperphagia, which means that individuals with PWS never feel
11 full after eating, which often leads to obesity and
12 complications from obesity; and

13 WHEREAS, Other common symptoms include poor muscle tone,
14 distinct facial features, poor sucking reflex, behavioral
15 problems and cognitive impairment; and

16 WHEREAS, Raising awareness is essential to improving early
17 diagnosis, access to appropriate care and the overall quality of

1 life for individuals and families impacted by PWS; and

2 WHEREAS, Regularly attending well-baby doctor's appointments
3 may help identify the syndrome earlier and lead to early
4 intervention to help the family navigate the complexity of PWS;
5 and

6 WHEREAS, Individuals can be carriers of PWS, meaning that the
7 individual may not show symptoms while the chromosomal
8 abnormality can be passed to the individual's children without
9 knowing of the risk; and

10 WHEREAS, May is recognized as Prader Willi Syndrome Awareness
11 Month each year to raise awareness and demonstrate support for
12 those in our communities who are suffering from the syndrome;
13 and

14 WHEREAS, This year is especially meaningful, as we celebrate
15 the formation of the Prader-Willi Alliance of Pennsylvania, a
16 newly established nonprofit organization dedicated to supporting
17 individuals with PWS and their families through education,
18 advocacy and connection across this Commonwealth; and

19 WHEREAS, The organization is committed to working alongside
20 families, health care providers, educators and policymakers to
21 ensure equitable access to services and informed care; therefore
22 be it

23 RESOLVED, That the House of Representatives designate May 15,
24 2026, as "Prader Willi Syndrome Awareness Day" in Pennsylvania.

HOUSE OF REPRESENTATIVES DEMOCRATIC COMMITTEE BILL ANALYSIS

Bill No:	HR0471 PN3152	Prepared By:	Patrick O'Rourke (717) 787-4296
Committee:	Health	Executive Director:	Erika Fricke
Sponsor:	Emrick, Joe		
Date:	4/9/2026		

A. Brief Concept

Designates April 2026 as "Esophageal Cancer Awareness and Prevention Month."

C. Analysis of the Bill

Esophageal cancer is a highly deadly disease, with about 22,070 diagnoses and 16,250 deaths in the U.S. in 2025, and only about 20% of patients surviving five years. It is often detected late, leading to difficult treatments and poor outcomes. While older surgical methods carried high risks, newer minimally invasive and robotic techniques have improved recovery and survival. A major risk factor is GERD, which can progress to Barrett's esophagus and increase cancer risk, though the disease can also occur without typical risk factors. Despite its severity, esophageal cancer receives relatively little federal research funding.

Effective Date:

N/A.

G. Relevant Existing Laws

N/A.

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

N/A.

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THE GENERAL ASSEMBLY OF PENNSYLVANIA

HOUSE RESOLUTION

No. 471 Session of
2026

INTRODUCED BY EMRICK, FREEMAN, HANBIDGE, JAMES, McNEILL,
OLSOMMER, PICKETT AND NEILSON, APRIL 7, 2026

REFERRED TO COMMITTEE ON HEALTH, APRIL 8, 2026

A RESOLUTION

1 Designating the month of April 2026 as "Esophageal Cancer
2 Awareness and Prevention Month" in Pennsylvania.

3 WHEREAS, According to the National Cancer Institute, an
4 estimated 22,070 individuals were diagnosed with esophageal
5 cancer in the United States in 2025, and approximately 16,250
6 died from the disease; and

7 WHEREAS, Esophageal cancer is among the deadliest cancers,
8 and only approximately one in five patients will survive for
9 five years; and

10 WHEREAS, Esophageal cancer is often not detected and
11 diagnosed until the disease has reached the later stages, and
12 treatment is often radical, is likely to cause complications and
13 involves outcomes which are poor; and

14 WHEREAS, In the past, when esophageal cancer was detected
15 early, open esophagectomy was associated with a high mortality
16 rate and a prolonged length of stay and recovery; and

17 WHEREAS, Recent advances in surgery and critical care have
18 allowed centers of excellence in selected academic hospitals to

1 perform minimally invasive esophagectomy, some robotically, with
2 excellent outcomes, lower risk of death and earlier return to
3 activities of daily living; and

4 WHEREAS, One of the most common causes of esophageal cancer
5 is gastroesophageal reflux disease (GERD), which is viewed by
6 many sufferers as an acceptable condition of life; and

7 WHEREAS, GERD can lead to Barrett's esophagus, which can
8 increase an individual's risk of developing esophageal cancer;
9 and

10 WHEREAS, With monitoring and treatment of GERD, the potential
11 for long-term irreversible damage leading to esophageal cancer
12 can be minimized; and

13 WHEREAS, Esophageal cancer can occur without reflux symptoms
14 or history of smoking or excessive alcohol use; and

15 WHEREAS, Esophageal cancer is among the cancers that receive
16 the least amount of Federal medical research funding; and

17 WHEREAS, The health and well-being of all residents of this
18 Commonwealth will be enhanced by improving esophageal cancer
19 awareness, prevention and increased research funding into early
20 detection and treatment strategies; therefore be it

21 RESOLVED, That the House of Representatives designate the
22 month of April 2026 as "Esophageal Cancer Awareness and
23 Prevention Month" in Pennsylvania; and be it further

24 RESOLVED, That the House of Representatives encourage
25 residents of this Commonwealth to take steps to prevent this
26 disease through treatment of gastroesophageal reflux disease.

HOUSE OF REPRESENTATIVES DEMOCRATIC COMMITTEE BILL ANALYSIS

Bill No:	HR0472 PN3153	Prepared By:	Patrick O'Rourke (717) 787-4296,6711
Committee:	Health	Executive Director:	Erika Fricke
Sponsor:	Rapp, Kathy		
Date:	4/9/2026		

A. Brief Concept

Recognizes the week of May 10 through 16, 2026, as "National Hospital Week."

C. Analysis of the Bill

In recognizing National Hospital Week, HR 101 references that hospitals have managed a multitude of public health threats. In 2023, Commonwealth hospitals spent \$10 billion in uncompensated care, provided 1.5 million instances of inpatient treatment, over 5.4 million instances of emergency department care, and obstetric units delivered more than 118,000 babies. Commonwealth hospitals operate 56 trauma centers, 122 teaching hospitals, and 30 "Magnet" destinations as designated by the American Nurses Credentialing Center. Hospitals represent the largest employer in 20 counties and are among the top 10 employers in 36 more counties, responsible for more than 342,000 direct jobs and 443,000 indirect jobs. Hospitals and affiliated medical schools bring in \$1.9 billion in Federal research grants and generate approximately \$186.5 billion in economic activity the Pennsylvania economy, accounting for approximately 19% its GDP.

Effective Date:

N/A.

G. Relevant Existing Laws

N/A.

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

2025-26 Legislative Session

- [HR 101, PN 855](#) (Rapp)
 - Recognized May 11-17, 2025 as "National Hospital Week."
 - Adopted 5/14/2025 (202-1).

2023-24 Legislative Session

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

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THE GENERAL ASSEMBLY OF PENNSYLVANIA

HOUSE RESOLUTION

No. 472 Session of
2026

INTRODUCED BY RAPP, FRANKEL, CAUSER, PICKETT, KAUFFMAN, VENKAT,
SANCHEZ, ANDERSON, MADDEN, SCHEUREN, CONKLIN, HOHENSTEIN,
PASHINSKI, NEILSON, D. WILLIAMS, CIRESI AND GALLAGHER,
APRIL 8, 2026

REFERRED TO COMMITTEE ON HEALTH, APRIL 8, 2026

A RESOLUTION

1 Recognizing the week of May 10 through 16, 2026, as "National
2 Hospital Week" in Pennsylvania.

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

7 WHEREAS, This Commonwealth's hospitals provided more than \$10
8 billion in community benefit to members of our communities in
9 fiscal year 2024; and

10 WHEREAS, This Commonwealth's hospitals work to care for
11 individuals and families and support communities by offering,
12 among other services, 56 trauma centers that save the lives of
13 tens of thousands of Pennsylvanians each year and obstetric
14 units that delivered more than 118,000 babies in calendar year
15 2024; and

16 WHEREAS, This Commonwealth's hospitals provided 1.5 million
17 instances of inpatient treatment and more than 5.4 million

1 instances of emergency department care in calendar year 2024;
2 and

3 WHEREAS, This Commonwealth takes pride in its 122 teaching
4 hospitals that are investing in the next generation of
5 lifesaving health care practitioners and 30 hospitals that are
6 recognized with the prestigious "Magnet" designation by the
7 American Nurses Credentialing Center; and

8 WHEREAS, Hospitals in this Commonwealth operate more than
9 1,700 training programs and educate more than 10,000 physicians
10 and many other skilled professionals annually; and

11 WHEREAS, Hospitals are the largest employer in 20 counties in
12 this Commonwealth and among the top 10 employers in 36
13 additional counties in this Commonwealth; and

14 WHEREAS, Hospitals are responsible for one in eight jobs
15 across this Commonwealth, including more than 342,000 of our
16 families, friends and neighbors who are directly employed, and
17 more than 443,000 individuals who are supported by the hospital-
18 generated industry; and

19 WHEREAS, Hospitals and their affiliated medical schools bring
20 nearly \$1.9 billion in Federal health care research grants into
21 this Commonwealth and contribute \$195.4 billion in economic
22 activity for our State and local economies, accounting for
23 approximately 19% of this Commonwealth's gross domestic product;
24 and

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

28 WHEREAS, The observance of "National Hospital Week" is a
29 reminder that hospitals are the foundations of the communities
30 that built them, serving individuals from all walks of life;

1 therefore be it

2 RESOLVED, That the House of Representatives recognize the
3 week of May 10 through 16, 2026, as "National Hospital Week" in
4 Pennsylvania; and be it further

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

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

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

HOUSE OF REPRESENTATIVES DEMOCRATIC COMMITTEE BILL ANALYSIS

Bill No:	HR0473 PN3157	Prepared By:	Patrick O'Rourke (717) 787-4296,6711
Committee:	Health	Executive Director:	Erika Fricke
Sponsor:	Cutler, Bryan		
Date:	4/9/2026		

A. Brief Concept

Recognizes May 2026 as "Amyotrophic Lateral Sclerosis Awareness Month."

C. Analysis of the Bill

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

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

Effective Date:

N/A.

G. Relevant Existing Laws

N/A.

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

2025-26 Legislative Session

- HR 159, PN 1215 (Cutler)
 - Designated May 2025 as "Amyotrophic Lateral Sclerosis Awareness Month."
 - Adopted 4/23/2025 (201-2)

2023-24 Legislative Session

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

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

THE GENERAL ASSEMBLY OF PENNSYLVANIA

HOUSE RESOLUTION

No. 473 Session of
2026

INTRODUCED BY CUTLER, MULLINS, VITALI, WEAKNECHT, VENKAT,
ISAACSON, FEE, McNEILL, GREINER, ANDERSON, BERNSTINE, STAATS,
PICKETT, RAPP, FREEMAN, SAMUELSON, KRUEGER, HAMM, GUENST,
RIVERA, KUTZ, DALEY, SAPPEY, BRENNAN, KAUFFMAN, HOHENSTEIN,
PASHINSKI, COOPER, DOUGHERTY, NEILSON, SANCHEZ, CIRESI,
GALLAGHER, FLOOD, ROWE, CAUSER, MOUL, GILLEN, STENDER,
SCHEUREN, CURRY AND M. MACKENZIE, APRIL 8, 2026

REFERRED TO COMMITTEE ON HEALTH, APRIL 9, 2026

A RESOLUTION

1 Designating the month of May 2026 as "Amyotrophic Lateral
2 Sclerosis Awareness Month" in Pennsylvania.

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

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

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

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

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

15 WHEREAS, ALS does not affect the ALS patient's mental

1 capacity, leaving the patient alert and aware of the patient's
2 loss of motor functions and the inevitable outcome of continued
3 deterioration and death; and

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

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

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

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

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

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

18 RESOLVED, That the House of Representatives designate the
19 month of May 2026 as "Amyotrophic Lateral Sclerosis Awareness
20 Month" in Pennsylvania.