HOUSE HEALTH COMMITTEE

VOTING MEETING

Wednesday, January 29th, 2025

9:30am

60 East Wing

Harrisburg, PA

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1. Call to Order

2. Attendance

HB27 PN8 - Khan

An Act amending the act of July 19, 1979 (P.L.130, No.48), known as the Health Care Facilities Act, in licensing of health care facilities, providing for surgical smoke evacuation systems.

HB33 PN12 - Frankel

An Act amending the act of April 17, 2016 (P.L.84, No.16), known as the Medical Marijuana Act, in preliminary provisions, further providing for definitions; in medical marijuana controls, further providing for electronic tracking and for laboratory; and, in Medical Marijuana Advisory Board, further providing for advisory board.

Amendment A00007 - Twardzik Provides oversight of physicians participating in the Medical Marijuana Program.

Amendment A00013 – Frankel Makes technical changes, and clarifies correction action timeline, information that must be de-identified, and violations.

HR8 PN97 - Marcell

A Resolution designating the month of September 2025 as "Alopecia Areata Awareness Month" in Pennsylvania.

HR11 PN147 - Labs

A Resolution recognizing the month of June 2025 as "Lipedema Awareness Month" in Pennsylvania.

HR16 PN248 - Matzie

A Resolution designating February 2nd, 2025, as "Rheumatoid Awareness Day" in Pennsylvania.

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

4. Adjournment

HOUSE OF REPRESENTATIVES
DEMOCRATIC COMMITTEE BILL ANALYSIS

Bill No:	HB0027 PN0008	**Prepared By:**	Erika Fricke (717) 787-4296,6711
Committee:	Health		
Sponsor:	Khan, Tarik	**Executive Director:**	Erika Fricke
Date:	1/17/2025		

A. Brief Concept

House Bill 27 amends the Health Care Facilities Act to enact additional protections from operating room surgical smoke produced by electrosurgical equipment.

C. Analysis of the Bill

House Bill 27 amends the Health Care Facilities Act to limit surgical smoke exposure in operating rooms. Medical procedures using tools like lasers or other high-heat technology to cut, remove or cauterize flesh create a byproduct of surgical smoke. Most of this is water, but some can include bacteria, viruses, cells or volatile organic compounds like those found in cigarette smoke.

In order to reduce exposure to that smoke, HB27 requires that:

- Hospitals and ambulatory surgical sites must adopt and implement policies by three months after the effective date of the bill, or January 1, 2025 (whichever is later) to limit exposure to surgical smoke. All members of the surgical team must be a part the conversation creating policies, which must apply to each procedure generating smoke. Policies must take into account practice necessary for patient safety specific to the procedure, as well as the safety of patients and staff in the operating room exposed to surgical smoke.
- The following key phrases are defined as follows:
  - "Smoke evacuation system." Smoke evacuation equipment and technologies that capture surgical smoke to minimize impacts on the eyes or lungs of a person in the operating room.
  - "Surgical smoke." The surgical plume or gaseous byproduct that is produced from the interaction of tools or heat-producing equipment used for dissection and hemostasis during surgical or invasive procedures.

Effective Date:

Immediately.

G. Relevant Existing Laws

Health Care Facilities Act

- Chapter 8 (Licensing of Health Care Facilities)

PA Code - Title 28

- Chapter 135.11 requires written policies and procedures for surgical services, but is silent on the specifics of technology in the operating room.

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

2023-24 Legislative Session

- HB2283 (Khan)
  - Passed House Health 22-3
  - Passed House 153-49
  - Passed Senate Health and Human Services 11 -0
- SB 378 PN 322 (Muth)
  - Referred to the Senate Health and Human Services Committee on 2/21/2023.

2021-22 Legislative Session

- SB 903 PN PN 1186 (Muth)
  - Referred to the Senate Health and Human Services Committee on 10/27/2021.

PRINTER'S NO. 8

THE GENERAL ASSEMBLY OF PENNSYLVANIA

HOUSE BILL

No. 27 Session of 2025

INTRODUCED BY KHAN, BONNER, GUENST, CEPEDA-FREYTIZ, SANCHEZ, HANBIDGE, PIELLI, MALAGARI, HADDOCK AND HILL-EVANS, JANUARY 8, 2025

REFERRED TO COMMITTEE ON HEALTH, JANUARY 8, 2025

AN ACT

Amending the act of July 19, 1979 (P.L.130, No.48), entitled "An act relating to health care; prescribing the powers and duties of the Department of Health; establishing and providing the powers and duties of the State Health Coordinating Council, health systems agencies and Health Care Policy Board in the Department of Health, and State Health Facility Hearing Board in the Department of Justice; providing for certification of need of health care providers and prescribing penalties," in licensing of health care facilities, providing for surgical smoke evacuation systems.

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

Section 1. The act of July 19, 1979 (P.L.130, No.48), known as the Health Care Facilities Act, is amended by adding a section to read:

Section 809.3. Surgical smoke evacuation systems.

(a) Mitigation.--On or before January 1, 2026, or the date that is 90 days after the effective date of this subsection, whichever is later, an ambulatory surgical facility or hospital shall adopt and implement policies to mitigate exposure to surgical smoke through the use of a smoke evacuation system for

each procedure that generates surgical smoke. Development of the surgical smoke mitigation policy shall be in consultation with the entire surgical team at the facility. The surgical smoke mitigation policy shall be such that the facility may select any smoke evacuation system that accounts for surgical techniques and procedures vital to patient safety and considers the safety of those individuals working in the operating room.

(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:

"Smoke evacuation system." Equipment and technologies that capture surgical smoke in order to mitigate the effects of the surgical smoke on the ocular and respiratory tracts of the occupants of the operating room.

"Surgical smoke." The surgical plume or gaseous byproduct that is produced from the interaction of tools or heat-producing equipment used for dissection and hemostasis during surgical or invasive procedures.

Section 2. This act shall take effect immediately.

HOUSE OF REPRESENTATIVES
DEMOCRATIC COMMITTEE BILL ANALYSIS

Bill No:	HB0033 PN0012	**Prepared By:**	Dylan Lindberg (717) 705-1875,6240
Committee:	Health		
Sponsor:	Frankel, Dan	**Executive Director:**	Erika Fricke
Date:	1/7/2025		

A. Brief Concept

Provides oversight of Medical Marijuana testing laboratories.

C. Analysis of the Bill

House Bill 33 amends the Medical Marijuana Act to provide oversight of approved testing laboratories.

Approval to test

The Department of Health (DOH) may designate an independent lab as an "approved lab", authorized to test medical marijuana products, for two-year intervals. To be approved, the lab cannot be affiliated with an MMJ organization and must be accredited and financially and professionally suitable to test MMJ products.

The applicant must pay an initial application fee of $250 and an annual fee of $125. Nothing requires DOH to approve a lab.

A lab currently approved to participate in the program is subject to the requirements of the act and can continue testing without reapplying until its current approval expires.

Two Lab System

Allows a grower/processor to utilize the same lab for harvest testing and finished product testing (removes two-lab rule).

Standard Operating Procedures

Approved labs are required to maintain standard operating procedures for all sampling and testing procedures, including compliance testing, stability testing, research and development testing, and quality assurance testing.

These standard operating procedures must be submitted at the time a lab is approved. For labs with existing approval, standard operating procedures must be submitted within 120 days of this act. Labs must notify the department of any proposed changes to the standard operating procedures within 30 days.

Inspections

DOH is required to conduct unannounced or announced inspections to ensure compliance with standard operating procedures. DOH can require an approved lab to submit and adhere to a corrective action plan based on inspection findings.

Research and Development Testing

Allows labs to conduct research and development testing and requires results to be reported to DOH.

Audit Testing

Allows DOH to audit products on a dispensary's shelf to ensure the label matches the product's contents. DOH can utilize a cooperative lab or an approved lab to perform audit testing.

A cooperative lab is a public or private lab that does not perform tests for grower-processors (G/Ps) but performs tests on behalf of the department.

Quality Assurance Testing

DOH is required, at least once a year, to perform announced or unannounced quality assurance testing. The approved lab is responsible for any fees as part of the testing. Any testing under this section must be separate from testing required as part of the accreditation process.

If a result is found unsatisfactory, the department may review the lab's standard operating procedures, conduct additional testing to understand any anomalies or unanticipated errors, inspect the lab, interview personnel, and require the lab to submit a corrective action plan for approval.

DOH must approve or deny a corrective action plan within 30 days. DOH may allow the lab to submit a revised corrective action plan based on the denial, and DOH must then approve or deny that plan within 30 days. A plan must be implemented by the lab within a timeline determined by the department.

Stability Testing

Products on dispensary shelves are currently required to be tested for product integrity every six months until the product expires.

Trend Analysis

Approved labs are required to enter the following results into the seed-to-sale tracking system: compliance testing, stability testing, research and development testing, and quality assurance testing.

DOH can use this data to conduct trend analysis for lab oversight, review the functionality of testing standards and methods, ensure compliance of medical marijuana products, ensure compliance by grower/ processors, release de-identified data to clinical registrants, and post aggregate testing info on DOH's website.

Addition to the Board

This legislation adds a member with expertise in laboratory science to the Medical Marijuana Advisory Board. The additional member cannot have any financial arrangement with an approved lab.

State Reference Lab

DOH may establish its own reference lab. The reference lab may be used to create a reference library to develop testing methodologies and standard operating procedures, conduct compliance and proficiency testing, and remediate problems.

Penalties

Violation of this act can result in civil penalties and the revocation or suspension of approval to test.

Regulations and Staff

DOH is required to issue temporary regulations within 60 months after the bill is signed, and issue updated testing guidance within three months after regulations. DOH is required to hire a sufficient staff with expertise in this subject matter to carry out oversight.

Effective Date:

90 days.

G. Relevant Existing Laws

The Medical Marijuana Act of 2016 requires the department to approve independent testing labs and requires compliance testing at both harvest and final processing as well as at 6-month intervals for stability.

Title 28 Chapter 1171a provides for the regulation of approved testing labs. Labs are required to be ISO 17025 certified and the department may take adverse action against a lab for dishonest reporting and repeated errors in conducting the required testing. However, the department lacks the authority to perform tests and investigations that would prove dishonest reporting and repeated testing errors.

Current regulations also require G/Ps to contract with separate labs for harvest testing and final processing testing. This has never been implemented due to a ruling in Green Analytics N. v. Pa. Dept. of Health.

Labs are required to submit test results into the electronic tracking system.

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

House Bill 2208 of 2023-2024 passed the House 196-6 and was referred to the Senate Law and Justice Committee, where it received no further consideration.

HOUSE OF REPRESENTATIVES
DEMOCRATIC COMMITTEE AMENDMENT REPORT

HB0033 - PN0012 (Frankel, Dan)

Provides oversight of Medical Marijuana testing laboratories.

A-00007 (Twardzik, Timothy) (Committee)

Amends the Medical Marijuana Act to add conditions for physicians to be included in the medical marijuana certification registry.

Specifically, it allows the department to add the following conditions:

- a probation period;
- limitation on the number of certifications a practitioner may issue within a timeframe;
- supervision by another practitioner for a time frame;
- require reporting to the department to ensure the practitioner is complying with the act;
- Any other condition the department believes is necessary to protect the health and safety of patients.

The department may extend the timeframe if necessary to protect the public health and safety of the patient.

A-00013 (Frankel, Dan) (Committee)

Makes clarifications throughout the bill regarding timelines for corrective action implementation, de-identifying data and violations.

LEGISLATIVE REFERENCE BUREAU

AMENDMENTS TO HOUSE BILL NO. 33

Sponsor: Twardzik #123

Printer's No. 12

Amend Bill, page 1, line 13, by inserting after "definitions;"

in practitioners, further providing for practitioner registration;

Amend Bill, page 3, lines 24 and 25, by striking out all of said lines and inserting

Section 2. Section 401 of the act is amended by adding a subsection to read:

Section 401. Practitioner registration.

* * *

(d) Department authority.--The department may place one or more conditions on a practitioner for inclusion in the registry, including:

(1) A term of probation.

(2) A limitation on the number of certifications the practitioner may issue within a set time frame. The time frame may be extended by the department if the extension is necessary to protect the health and safety of patients in the program.

(3) Supervision by another practitioner who has agreed to oversee the practitioner for a set time frame. The time frame may be extended by the department if an extension is necessary to protect the health and safety of patients in the program.

(4) Reporting requirements to the department, including the submission of documentation necessary for the department to ensure that the practitioner is complying with this act and any conditions placed upon the practitioner.

(5) Any other condition that the department determines is necessary to protect the health and safety of patients in the program.

Section 3. Sections 701(c) and 704 of the act are amended to read:

Amend Bill, page 14, line 6, by striking out "3" and

inserting

4

Amend Bill, page 16, line 1, by striking out all of said line and inserting

Section 5. This act shall take effect as follows:

(1) The addition of section 401(d) of the act shall take effect in 60 days.

(2) This section shall take effect immediately.

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

LEGISLATIVE REFERENCE BUREAU

AMENDMENTS TO HOUSE BILL NO. 33

Sponsor: Frankel #23

Printer's No. 12

Amend Bill, page 3, by inserting between lines 6 and 7

"Corrective action." An action taken by an approved laboratory to resolve, and prevent from recurrence, a deficiency with the laboratory operations.

Amend Bill, page 7, line 6, by inserting after "behalf."

All samples tested by the department, by an approved laboratory or cooperative laboratory must be de-identified and anonymous. The audit laboratory may not know the approved laboratories that have tested the sample, the grower/processor or dispensary from which the sample originated and the testing history.

Amend Bill, page 7, line 22, by striking out "30" and inserting

15 business

Amend Bill, page 7, line 22, by striking out "modification" and inserting

implementation

Amend Bill, page 7, line 26, by inserting after "act"

or a regulation promulgated under this act

Amend Bill, page 8, by inserting between lines 24 and 25

(7) The determination of "satisfactory" or "unsatisfactory" shall be based on preestablished criteria provided by the department.

Amend Bill, page 8, line 25, by striking out "(7)" and inserting

(8)

Amend Bill, page 10, line 8, by striking out "the"

Amend Bill, page 10, line 9, by inserting after "assurance"

or audit

Amend Bill, page 10, lines 18 through 30; page 11, lines 1 through 3; by striking out all of said lines on said pages and inserting

(1) Order the approved laboratory to cease and desist testing medical marijuana to protect the public's health, safety and welfare.

(2) Revoke or suspend the approval to test medical marijuana of an approved laboratory for any of the following reasons:

(i) The approved laboratory is found to be in violation of this act or a regulation promulgated under this act.

(ii) The approved laboratory has failed to complete a corrective action plan.

(iii) Fraudulent reporting of laboratory test results.

(iv) Falsifying records and laboratory data.

(v) Repeated failures to adhere to standard operating procedures.

Amend Bill, page 11, line 23, by inserting after "aggregate"

de-identified

PRINTER'S NO. 12

THE GENERAL ASSEMBLY OF PENNSYLVANIA

HOUSE BILL

No. 33 Session of 2025

INTRODUCED BY FRANKEL, PIELLI, GIRAL, KHAN, HILL-EVANS, HOWARD, SANCHEZ AND CIRESI, JANUARY 10, 2025

REFERRED TO COMMITTEE ON HEALTH, JANUARY 10, 2025

AN ACT

Amending the act of April 17, 2016 (P.L.84, No.16), entitled "An act establishing a medical marijuana program; providing for patient and caregiver certification and for medical marijuana organization registration; imposing duties on the Department of Health; providing for a tax on medical marijuana organization gross receipts; establishing the Medical Marijuana Program Fund; establishing the Medical Marijuana Advisory Board; establishing a medical marijuana research program; imposing duties on the Department of Corrections, the Department of Education and the Department of Human Services; and providing for academic clinical research centers and for penalties and enforcement," in preliminary provisions, further providing for definitions; in medical marijuana controls, further providing for electronic tracking and for laboratory; and, in Medical Marijuana Advisory Board, further providing for advisory board.

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

Section 1. Section 103 of the act of April 17, 2016 (P.L.84, No.16), known as the Medical Marijuana Act, is amended by adding definitions to read:

Section 103. Definitions.

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

"Accreditation body." An organization which meets all of the following criteria:

(1) Certifies the competency, expertise and integrity of an independent laboratory and operates in conformance with standards established by experts for competency, consistent operations and impartiality of organizations accrediting assessment bodies as adopted by the department after review. The department shall transmit notice of the adoption under this paragraph to the Legislative Reference Bureau for publication in the next available issue of the Pennsylvania Bulletin.

(2) Determines an independent laboratory's compliance with and conformance to the relevant standards established by experts of testing and calibration laboratories as adopted by the department after review. The department shall transmit notice of the adoption under this paragraph to the Legislative Reference Bureau for publication in the next available issue of the Pennsylvania Bulletin.

(3) Is a signatory to the International Accreditation Cooperation Mutual Recognition Arrangement for Testing.

(4) Is not affiliated with an independent laboratory applicant for which it has or will issue a certificate of accreditation.

(5) Is not affiliated with, owned by, operated by or financed by a medical marijuana organization.

* * *

"Approved laboratory." An independent laboratory approved by the department, in accordance with section 704, to identify, collect, handle and conduct tests on medical marijuana samples from a grower/processor, as part of the quality assurance

testing and on medical marijuana samples from the department.

* * *

"Cooperative laboratory." A public or private independent laboratory that identifies, collects, handles and conducts tests on medical marijuana samples on behalf of the department. The term does not include an approved laboratory.

* * *

"Independent laboratory." A laboratory that:

(1) Is not owned, operated or affiliated with a medical marijuana organization.

(2) Does not employ a principal, financial backer, operator or employee of a medical marijuana organization.

(3) Is recognized by an accreditation body to test and evaluate products to an established product safety standard and provide unbiased results.

* * *

"Research and development testing." Testing performed on behalf of a grower/processor to evaluate the effectiveness of environmental controls in its cultivation and processing practices and to enhance medical marijuana crop yields, resilience and sustainability by developing medical marijuana with improved traits.

* * *

Section 2. Sections 701(c) and 704 of the act are amended to read:

Section 701. Electronic tracking.

* * *

(c) Access.--[Information] Except as provided in section 704(p), information maintained in electronic tracking systems under subsection (a) shall be confidential and not subject to

the act of February 14, 2008 (P.L.6, No.3), known as the Right-to-Know Law.

* * *

Section 704. [Laboratory.] Laboratories.

[(a) General testing.--A grower/processor shall contract with one or more independent laboratories to test the medical marijuana produced by the grower/processor. The department shall approve a laboratory under this subsection and require that the laboratory report testing results in a manner as the department shall determine, including requiring a test at harvest and a test at final processing. The possession by a laboratory of medical marijuana shall be a lawful use.

(b) Stability testing.--A laboratory shall perform stability testing to ensure the medical marijuana product's potency and purity. A grower/processor shall retain a sample from each medical marijuana product derived from a harvest batch and request that a sample be identified and collected by a laboratory approved under subsection (a) from each process lot to perform stability testing under the following conditions:

(1) The medical marijuana product is still in inventory at a dispensary in this Commonwealth as determined by the seed-to-sale system.

(2) The stability testing is done at six-month intervals for the duration of the expiration date period as listed on the medical marijuana product and once within six months of the expiration date.]

(c) Application and approval.--

(1) An independent laboratory may apply, in the form and manner prescribed by the department, for approval to test medical marijuana in accordance with the medical marijuana

program.

(2) A nonrefundable initial application fee in the amount of $250 shall be paid by certified check or money order.

(3) The department may issue an approval to an independent laboratory as an approved laboratory under this subsection if the department determines that an independent laboratory is financially and professionally suitable to conduct testing required under this act.

(4) An approval issued by the department to an independent laboratory is valid:

(i) For two years from the date of issuance.

(ii) Only for the location specified in the application and approval notice.

(5) An annual registration fee of $125 shall be paid by each approved laboratory.

(6) Fees payable under this section shall be deposited into the fund.

(7) A laboratory approved by the department to test medical marijuana prior to the effective date of this paragraph shall be deemed an approved laboratory until its approval expires. A laboratory under this paragraph shall be subject to the requirements of this act.

(d) Compliance testing.--

(1) A grower/processor shall contract with an approved laboratory to test the medical marijuana produced by the grower/processor.

(2) The department shall establish uniform medical marijuana testing standards and require that the approved laboratories report testing results in a manner as the

department shall determine, including:

(i) Requiring a test at harvest and at final processing.

(ii) Retesting of failed test results.

(3) Nothing in this section shall be construed to prevent a grower/processor from engaging one approved laboratory to complete all testing required under this subsection.

(e) Stability testing.--An approved laboratory shall perform stability testing to ensure the medical marijuana product's potency and purity. A grower/processor shall retain a sample from each medical marijuana product derived from a harvest batch and request that a sample be identified and collected by an approved laboratory from each process lot to perform stability testing under the following conditions:

(1) The medical marijuana product is still in inventory at a dispensary in this Commonwealth as determined by the seed-to-sale system.

(2) The stability testing is done at six-month intervals for the duration of the expiration date period as listed on the medical marijuana product and once within six months of the expiration date.

(3) The stability testing results shall be reported to the department.

(f) Research and development testing.--An approved laboratory may collect samples from a grower/processor for research and development if requested. Results for research and development testing shall be reported to the department. Research and development testing shall not be a replacement for any other testing required under this section.

(g) Audit testing.--The department, in its sole discretion, may conduct audit testing of medical marijuana samples collected from a grower/processor facility and medical marijuana products found at a dispensary facility using a cooperative laboratory or approved laboratory to identify, collect, handle and test the medical marijuana on the department's behalf.

(h) Standard operating procedures.--

(1) An approved laboratory shall maintain written standard operating procedures for all quality control sampling and testing procedures, including compliance testing, stability testing, research and development testing and quality assurance testing.

(2) An independent laboratory applying to be an approved laboratory under subsection (c) shall submit the independent laboratory's standard operating procedures to the department as part of the independent laboratory's application.

(3) An approved laboratory shall, within 30 days after the effective date of this paragraph, submit its standard operating procedures to the department.

(4) An approved laboratory shall notify the department in writing of any modifications to its standard operating procedures no less than 30 days prior to the modification.

(i) Enforcement procedures.--The department shall conduct announced or unannounced inspections or investigations to determine an approved laboratory's compliance with its standard operating procedures and this act. The department may require the approved laboratory to submit and adhere to a corrective action plan following an inspection.

(j) Accreditation body.--The department may engage with an accreditation body to fulfill the requirements under this

section.

(k) Quality assurance testing.--

(1) The department shall coordinate testing for quality assurance purposes related to the department and compliance by each approved laboratory no less than once a year beginning January 1 after the effective date of this paragraph.

(2) The quality assurance testing may be announced or unannounced.

(3) Any fees for conducting tests as part of the quality assurance testing shall be the responsibility of each approved laboratory. The fees associated with the cost of the medical marijuana samples submitted as part of the testing shall be waived.

(4) A test required by an accreditation body solely to maintain accreditation shall not fulfill the requirements of this subsection.

(5) Quality assurance testing shall be conducted using industry best practices and standards and shall be uniform among all approved laboratories in the medical marijuana program.

(6) Nothing in this section shall be construed to prohibit the department from coordinating quality assurance testing more than once within a calendar year.

(7) If the department determines that an approved laboratory's test results are unsatisfactory, the department shall initiate an investigation which may include the following:

(i) Additional testing, as needed, to understand the causes for the anomalies and unanticipated errors.

(ii) A review of the approved laboratory's standard operating procedures.

(iii) An inspection of the approved laboratory's facility, transportation vehicles, equipment, instruments, tools and physical or electronic materials.

(iv) Interviews with the personnel, staff, directors or other responsible parties of the approved laboratory.

(v) The approved laboratory submitting a corrective action plan to the department.

(l) Corrective actions.--The following shall apply to a corrective action plan required by the department:

(1) The department shall approve or deny a corrective action plan within 30 days of receipt of the plan.

(2) The department may, in its sole discretion, allow the approved laboratory to submit a revised corrective action plan based on the reasons for the denial of the plan within 30 days of receipt of the denial.

(3) The department shall approve or deny a revised corrective action plan within 30 days of receipt of the plan.

(4) The corrective action plan shall be implemented within a practicable time frame determined by the department following approval.

(m) Lawful possession.--The possession of medical marijuana by an approved laboratory or cooperative laboratory to conduct compliance testing, stability testing, research and development testing, audit testing and quality assurance testing shall be lawful use.

(n) Violations.--In addition to any other requirements under this act or a regulation promulgated under this act, the following shall be considered to be violations of this section

and may result in penalties under section 1308(b):

(1) Failure to comply with the department as part of an inspection or investigation.

(2) Failure to submit a corrective action plan as required by the department.

(3) Failure to implement a corrective action plan within the timeline determined by the department.

(4) Failure to participate in the required quality assurance testing.

(5) Failure to produce:

(i) Test results.

(ii) Satisfactory test results as part of the quality assurance testing.

(6) Fraudulent reporting of laboratory test results.

(o) Sanctions.--In addition to the penalties permitted under subsection (n), the department may impose the following sanctions:

(1) Revoke or suspend the approval to test medical marijuana of an approved laboratory found to be in violation of this act or a regulation promulgated under this act.

(2) Revoke or suspend the approval to test medical marijuana of an approved laboratory found to be in violation of an order issued under this act or a regulation promulgated under this act.

(3) Revoke or suspend the approval to test medical marijuana of an approved laboratory for conduct or activity which would have disqualified the approved laboratory from receiving approval to test medical marijuana.

(4) Suspend an approved laboratory pending the outcome of a hearing in a case in which the approval to test medical

marijuana could be revoked.

(5) Order the approved laboratory to cease and desist testing medical marijuana.

(p) Testing data and trend analysis.--

(1) An owner or operator of each approved laboratory shall ensure that the laboratory enters all of the following testing results into the seed-to-sale tracking system:

(i) Compliance testing.

(ii) Stability testing.

(iii) Research and development testing.

(iv) Quality assurance testing.

(2) The department may utilize the test results entered by the approved laboratory to:

(i) Conduct trend analysis for laboratory oversight and compliance.

(ii) Review functionality of testing standards and methods.

(iii) Ensure compliance of medical marijuana products.

(iv) Ensure compliance by grower/processors.

(v) Release de-identified data to academic clinical research centers for research purposes only.

(vi) Compile and aggregate testing information to post on the department's publicly accessible Internet website.

(vii) Aid the department in any aspect of its regulatory efforts, including administrative action.

(q) Accreditation.--The department shall determine the scope of the accreditation an approved laboratory must receive and maintain. The department shall provide an approved laboratory

reasonable time to receive any additional accreditation beyond the laboratory's most recent certificate of accreditation.

(r) State testing laboratory.--The department may establish and maintain a State testing laboratory. A State testing laboratory under this section shall be responsible for:

(1) Developing and maintaining a medical marijuana laboratory reference library that contains testing methodologies, including:

(i) Potency.

(ii) Homogeneity.

(iii) Detection of contaminants and the quantity of those contaminants.

(iv) Solvents.

(2) Establishing standard operating procedures for sample collection, preparation and analysis of medical marijuana by approved laboratories.

(3) Conducting quality assurance testing of approved laboratories.

(4) Resolving problems with approved laboratories.

(5) Conducting audit testing on medical marijuana samples analyzed by approved testing laboratories.

(s) Materials.--Approved laboratories shall provide materials to the State testing laboratory reference library.

(t) Powers and duties of department.--The department shall:

(1) Hire sufficient staff with the proper expertise to conduct the requirements of this section.

(2) Within 90 days of the effective date of this paragraph, promulgate temporary regulations in accordance with the following:

(i) In order to facilitate the prompt implementation

of this section, the department shall have the authority to promulgate temporary regulations which shall expire not later than two years following the publication of the temporary regulations in the Pennsylvania Bulletin under subparagraph (iii) and on the department's publicly accessible Internet website.

(ii) The department may promulgate temporary regulations not subject to:

(A) Sections 201, 202, 203, 204 and 205 of the act of July 31, 1968 (P.L.769, No.240), referred to as the Commonwealth Documents Law.

(B) Section 204(b) of the act of October 15, 1980 (P.L.950, No.164), known as the Commonwealth Attorneys Act.

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

(iii) Within 90 days of the effective date of this subsection, the department shall transmit the temporary regulations to the Legislative Reference Bureau for publication in the next available issue of the Pennsylvania Bulletin.

(iv) The department's authority to adopt temporary regulations under subparagraph (i) shall expire two years after publication of the temporary regulations. Regulations adopted after this period shall be promulgated as provided by law.

(v) The department shall rescind any regulation promulgated prior to the effective date of this subsection insofar as the regulation conflicts with a temporary regulation promulgated by the department under

this subsection.

(3) Within 90 days of submitting the temporary regulations to the Legislative Reference Bureau, the department shall issue guidance to accompany the temporary regulations.

Section 3. Section 1201(b), (d), (e), (g), (h) and (i) of the act are amended and subsection (a) is amended by adding a paragraph to read:

Section 1201. Advisory board.

(a) Establishment.--The Medical Marijuana Advisory Board is established within the department. The advisory board shall consist of the following members:

* * *

(10) One member appointed by the Governor, who shall have experience and expertise in laboratory science and shall not be affiliated with, contracted with, an owner of, operator of or financed by an approved laboratory or medical marijuana organization.

(b) Terms.--Except as provided under subsection (g), the members appointed under subsection (a)(8) [and], (9) and (10) shall serve a term of four years or until a successor has been appointed and qualified, but no longer than six months beyond the four-year period.

* * *

(d) Voting; quorum.--The members under subsection (a)(1), (2), (3), (4), (5), (6) and (7) shall serve ex officio and all members shall have voting rights. A majority of the members shall constitute a quorum for the purpose of organizing the advisory board, conducting its business and fulfilling its duties. A vote of the majority of the members present shall be

sufficient for all actions of the advisory board unless the bylaws require a greater number.

(e) Attendance.--A member of the advisory board appointed under subsection (a)(8) [or], (9) or (10) who fails to attend three consecutive meetings shall forfeit his seat unless the secretary, upon written request from the member, finds that the member should be excused from a meeting for good cause. A member who cannot be physically present may attend meetings via electronic means, including video conference.

* * *

(g) Initial terms.--The initial terms of members appointed under subsection (a)(8) [and], (9) and (10) shall be for terms of one, two, three or four years, the particular term of each member to be designated by the secretary at the time of appointment. All other members shall serve for a term of four years.

(h) Vacancy.--In the event that any member appointed under subsection (a)(8) [or], (9) or (10) shall die or resign or otherwise become disqualified during the member's term of office, a successor shall be appointed in the same way and with the same qualifications as set forth in this section and shall hold office for the unexpired term. An appointed member of the advisory board shall be eligible for reappointment.

(i) Expenses.--A member appointed under subsection (a)(8) [or], (9) or (10) shall receive the amount of reasonable travel, hotel and other necessary expenses incurred in the performance of the duties of the member in accordance with Commonwealth regulations, but shall receive no other compensation for the member's service on the board.

* * *

Section 4. This act shall take effect in 90 days.

HOUSE OF REPRESENTATIVES
DEMOCRATIC COMMITTEE BILL ANALYSIS

Bill No:	HR0008 PN0097	**Prepared By:**	Elsa Woodarek (717) 705-1875
Committee:	Health		
Sponsor:	Marcell, Kristin	**Executive Director:**	Erika Fricke
Date:	1/16/2025		

A. Brief Concept

Recognizes September 2025 as "Alopecia Areata (a·luh·pee·shuh eh·ree·ay·tuh) Awareness Month."

C. Analysis of the Bill

HR8 language lists the following:

- Alopecia areata affects as many as 7 million people in America and causes hair loss, which can range from patches of hair, typically circular and coin-size, to complete hair loss.
- Alopecia areata affects people of all ages and ethnic groups.
- There are three types of alopecia areata.
    - Alopecia areata patchy: causes the formation of one or more coin-sized hairless patches on the scalp or other areas of the body (most common form)
    - Alopecia totalis: causes a total loss of hair on the scalp.
    - Alopecia universalis: causes complete loss of hair on the scalp, face and body.
- While there is no known cause for this autoimmune disease, some evidence shows that genes that control T regulator cells may be involved in alopecia areata, and patients who have other autoimmune diseases, such as autoimmune polyglandular syndrome or autoimmune thyroid disease, may be predictive of poor outcomes with treatment.
- Although there is no known cure, it is generally possible for alopecia areata patients to regrow hair because the hair follicle is not totally destroyed or scarred.
- Hair loss often carries a stigma that can only be dispelled with education and knowledge, and, for many with this disease, the emotional aspect of living with hair loss can be the greatest challenge.
- During the month of September, many communities across America will be holding special events to bring awareness to this disease.
- Organizations are continuously supporting research that may one day put an end to this disease.
- Currently, researchers are studying the development of hair follicles in hopes of finding treatments that will address the cause of this disease and investigating genetic clues with the hopes of developing therapies and early intervention strategies.
- Fortunately, alopecia areata is not a life-threatening illness, nor is it painful or contagious, and most people with this disease are generally healthy.
- Alopecia areata does not interfere with life or long-term plans and, while the course of the disease varies and is generally unpredictable, hair often regrows.
- There are treatments that can help restart hair regrowth, and hair replacement can ease the emotional struggles for those who have less than optimal regrowth.
- There is a need for enhanced public awareness and education regarding alopecia areata.

HR8 requests that the House of Representatives encourage people in Pennsylvania to become better informed about and aware of alopecia areata.

Effective Date:

N/A.

G. Relevant Existing Laws

N/A.

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

2023-24 Session:

- HR538 (Marcell) recognized September 2024 as "Alopecia Areata Awareness Month."
  - Reported out of Health Committee on 10/2/2024.
  - Did not receive a floor vote.

PRINTER'S NO. 97

THE GENERAL ASSEMBLY OF PENNSYLVANIA

HOUSE RESOLUTION

No. 8 Session of 2025

INTRODUCED BY MARCELL, McNEILL, KENYATTA AND VENKAT, JANUARY 14, 2025

REFERRED TO COMMITTEE ON HEALTH, JANUARY 14, 2025

A RESOLUTION

Recognizing the month of September 2025 as "Alopecia Areata Awareness Month" in Pennsylvania.

WHEREAS, Alopecia areata affects as many as 7 million people in America and causes hair loss, which can range from patches of hair, typically circular and coin-size, to complete hair loss; and

WHEREAS, Alopecia areata affects people of all ages and ethnic groups; and

WHEREAS, There are three types of alopecia areata; and

WHEREAS, Alopecia areata patchy is the most common form, which causes the formation of one or more coin-sized hairless patches on the scalp or other areas of the body; and

WHEREAS, Alopecia totalis causes a total loss of the hair on the scalp; and

WHEREAS, Alopecia universalis causes complete loss of hair on the scalp, face and body; and

WHEREAS, While there is no known cause for this autoimmune disease, some evidence shows that genes that control T regulator

cells may be involved in alopecia areata, and patients who have other autoimmune diseases, such as autoimmune polyglandular syndrome or autoimmune thyroid disease, may be predictive of poor outcomes with treatment; and

WHEREAS, Although there is no known cure, it is generally possible for alopecia areata patients to regrow hair because the hair follicle is not totally destroyed or scarred; and

WHEREAS, Hair loss often carries a stigma that can only be dispelled with education and knowledge, and, for many with this disease, the emotional aspect of living with hair loss can be the greatest challenge; and

WHEREAS, During the month of September, many communities across America will be holding special events to bring awareness to this disease; and

WHEREAS, Organizations are continuously supporting research that may one day put an end to this disease; and

WHEREAS, Currently, researchers are studying the development of hair follicles in hopes of finding treatments that will address the cause of this disease and investigating genetic clues with the hopes of developing therapies and early intervention strategies; and

WHEREAS, Fortunately, alopecia areata is not a life-threatening illness, nor is it painful or contagious, and most people with this disease are generally healthy; and

WHEREAS, Alopecia areata does not interfere with life or long-term plans and, while the course of the disease varies and is generally unpredictable, hair often regrows; and

WHEREAS, There are treatments that can help restart hair regrowth, and hair replacement can ease the emotional struggles for those who have less than optimal regrowth; and

WHEREAS, There is a need for enhanced public awareness and education regarding alopecia areata; therefore be it

RESOLVED, That the House of Representatives recognize the month of September 2025 as "Alopecia Areata Awareness Month" in Pennsylvania; and be it further

RESOLVED, That the House of Representatives encourage people in this Commonwealth to become better informed about and aware of alopecia areata.

HOUSE OF REPRESENTATIVES
DEMOCRATIC COMMITTEE BILL ANALYSIS

Bill No:	HR0011 PN0147	**Prepared By:**	Elsa Woodarek (717) 705-1875
Committee:	Health		
Sponsor:	Labs, Shelby	**Executive Director:**	Erika Fricke
Date:	1/17/2025		

A. Brief Concept

Recognizes June 2025 as "Lipedema (lai·puh·dee·muh) Awareness Month."

C. Analysis of the Bill

HR11 language lists the following:

- Lipedema is a chronic medical condition characterized by a symmetric buildup of adipose tissue in the legs and arms.
- Lipedema almost exclusively affects women and is known to start or worsen during puberty or other periods of hormonal change, such as preganancy or menopause.
- Lipedema may cause muscle pain, tenderness, swelling, easy bruising and fatigue.
- Sometimes the presence of nodular and fibrotic texture beneath the skin can create an uneven, dimpled appearance.
- There are no definitive diagnostic tests for lipedema.
- The causes of the condition are not well understood, making it difficult to diagnose.
- Lipedema is commonly misdiagnosed as lymphedema or obesity, though symptoms are resistant to dietary interventions and exercise.
- Lipedema can have a negative impact on an individual's mental health and quality of life, leading to lack of energy, feelings of hopelessness, low self-esteem or eating disorders.
- While there is no known cure for lipedema, there are various care and treatment options available to manage symptoms and improve quality of life.
- Providers commonly advise daily light to moderate exercise in combination with an anti-inflammatory diet for lipedema patients.
- The Lipedema Foundation is a nonprofit that supports collaborative research to address the basic biology, genetics and epidemiology of lipedema, with the goal of improving the treatment landscape for everyone with this condition.
- Increased public awareness of lipedema is needed to improve diagnosis and treatment.

HR11 requests that the House of Representatives encourage continued research and support for those living with lipedema.

Effective Date:

N/A.

G. Relevant Existing Laws

N/A.

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

N/A.

the Pennsylvania House of Representatives and may not be utilized as such.

PRINTER'S NO. 147

THE GENERAL ASSEMBLY OF PENNSYLVANIA

HOUSE RESOLUTION

No. 11 Session of 2025

INTRODUCED BY LABS, JANUARY 16, 2025

REFERRED TO COMMITTEE ON HEALTH, JANUARY 16, 2025

A RESOLUTION

Recognizing the month of June 2025 as "Lipedema Awareness Month" in Pennsylvania.

WHEREAS, Lipedema is a chronic medical condition characterized by a symmetric buildup of adipose tissue in the legs and arms; and

WHEREAS, Lipedema almost exclusively affects women and is known to start or worsen during puberty or other periods of hormonal changes, such as pregnancy and menopause; and

WHEREAS, Lipedema may cause muscle pain, tenderness, swelling, easy bruising and fatigue; and

WHEREAS, Sometimes the presence of nodular and fibrotic texture beneath the skin can create an uneven, dimpled appearance; and

WHEREAS, There are no definitive diagnostic tests for lipedema; and

WHEREAS, The causes of the condition are not well understood, making it difficult to diagnose; and

WHEREAS, Lipedema is commonly misdiagnosed as lymphedema or

obesity, though symptoms are resistant to dietary interventions and exercise; and

WHEREAS, Lipedema can have a negative impact on an individual's mental health and quality of life, leading to lack of energy, feelings of hopelessness, low self-esteem or eating disorders; and

WHEREAS, While there is no known cure for lipedema, there are various care and treatment options available to manage symptoms and improve quality of life; and

WHEREAS, Providers commonly advise daily light to moderate exercise in combination with an anti-inflammatory diet for lipedema patients; and

WHEREAS, The Lipedema Foundation is a nonprofit that supports collaborative research to address the basic biology, genetics and epidemiology of lipedema, with the goal of improving the treatment landscape for everyone with this condition; and

WHEREAS, Increased public awareness of lipedema is needed to improve diagnosis and treatment; therefore be it

RESOLVED, That the House of Representatives recognize the month of June 2025 as "Lipedema Awareness Month" in Pennsylvania; and be it further

RESOLVED, That the House of Representatives encourage continued research and support for those living with lipedema.

HOUSE OF REPRESENTATIVES
DEMOCRATIC COMMITTEE BILL ANALYSIS

Bill No:	HR0016 PN0248	**Prepared By:**	Elsa Woodarek (717) 705-1875
Committee:	Health		
Sponsor:	Matzie, Robert	**Executive Director:**	Erika Fricke
Date:	1/23/2025		

A. Brief Concept

Designates February 2nd, 2025 as "Rheumatoid Awareness Day."

C. Analysis of the Bill

HR16 language lists the following:

- Rheumatoid arthritis is a progressive inflammatory disease causing damage to joint and organ tissues, resulting in severe pain, frequent disability and increased mortality.
- Rheumatoid arthritis, also known as rheumatoid disease, affects approximately 1% of the world's population, with more than 1.3 million Americans currently diagnosed.
- Common symptoms of rheumatoid disease include joint pain, fatigue, fevers, stiffness, hoarseness and dry eyes.
- There is a lack of awareness about rheumatoid disease since it is often presumed to be a type of arthritis, leading to problems with disability accommodations, clinical care, health care reimbursement and research funding.
- The Mayo Clinic states that rheumatoid arthritis patients have a 50% higher risk of heart attack, twice the risk of heart failure and an increase in peripheral vascular disease than people who do not have rheumatoid arthritis.
- The lifetime risk of developing the disease is 3.6% for women and 1.7% for men.
- "Rheumatoid Awareness Day" comes at the start of "American Heart Month," underscoring the impact rheumatoid disease has on the heart prior to diagnosis.
- The Rheumatoid Patient Foundation recognizes February 2, 2025, as "Rheumatoid Awareness Day" in order to increase public awareness of the disease.

Effective Date:

N/A.

G. Relevant Existing Laws

N/A.

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

2023-24 Legislative Session

- HR 296 (Matzie)
  - Designated February 2, 2024 as "Rheumatoid Awareness Day" in Pennsylvania.
  - Adopted 5/21/2025

PRINTER'S NO. 248

THE GENERAL ASSEMBLY OF PENNSYLVANIA

HOUSE RESOLUTION

No. 16 Session of 2025

INTRODUCED BY MATZIE, INGLIS, VENKAT, O'MARA, SCHLOSSBERG, D. WILLIAMS, FREEMAN, GIRAL, HILL-EVANS, HANBIDGE, CEPEDA-FREYTIZ, McNEILL, HADDOCK, CERRATO, HOHENSTEIN, MERSKI, SANCHEZ, CONKLIN, PICKETT, REICHARD AND GREEN, JANUARY 23, 2025

REFERRED TO COMMITTEE ON HEALTH, JANUARY 23, 2025

A RESOLUTION

Designating February 2, 2025, as "Rheumatoid Awareness Day" in Pennsylvania.

WHEREAS, Rheumatoid arthritis is a progressive inflammatory disease causing damage to joint and organ tissues, resulting in severe pain, frequent disability and increased mortality; and

WHEREAS, Rheumatoid arthritis, also known as rheumatoid disease, affects approximately 1% of the world's population, with more than 1.3 million Americans currently diagnosed; and

WHEREAS, Common symptoms of rheumatoid disease include joint pain, fatigue, fevers, stiffness, hoarseness and dry eyes; and

WHEREAS, There is a lack of awareness about rheumatoid disease since it is often presumed to be a type of arthritis, leading to problems with disability accommodations, clinical care, health care reimbursement and research funding; and

WHEREAS, The Mayo Clinic states that rheumatoid arthritis patients have a 50% higher risk of heart attack, twice the risk

of heart failure and an increase in peripheral vascular disease than people who do not have rheumatoid arthritis; and

WHEREAS, The lifetime risk of developing the disease is 3.6% for women and 1.7% for men; and

WHEREAS, "Rheumatoid Awareness Day" comes at the start of "American Heart Month," underscoring the impact rheumatoid disease has on the heart prior to diagnosis; and

WHEREAS, The Rheumatoid Patient Foundation recognizes February 2, 2025, as "Rheumatoid Awareness Day" in order to increase public awareness of the disease; therefore be it

RESOLVED, That the House of Representatives designate February 2, 2025, as "Rheumatoid Awareness Day" in Pennsylvania.