HOUSE HEALTH COMMITTEE

VOTING MEETING

Wednesday, February 5th, 2025

9:30am

523 Irvis Office Building

Harrisburg, PA

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1. Call to Order

2. Attendance

HB60 PN37 – Borowski

An Act amending the act of September 27, 1961 (P.L.1700, No.699), known as the Pharmacy Act, further providing for permit to conduct a pharmacy.

A00005 – Walsh Deletes the requirement that prescription transfers can only be for a refillable prescription.

HB157 PN99 – Rapp

An Act providing for grant awards to entities in rural counties and designated medically underserved areas to pay for the education debt of practitioners employed at the entity.

A00009 – Frankel Adds dentists and dental hygienists to the list of eligible practitioners.

HB409 PN381 – Kosierowski

An Act amending the act of October 24, 2018 (P.L.719, No.112), known as the Patient Test Result Information Act, further providing for definitions, for test results and for duties of Department of Health.

HR31 PN338 – Matzie

A Resolution recognizing the week of March 9 through 15, 2025, as "Multiple Sclerosis Awareness Week" in Pennsylvania.

HR33 PN340 –Matzie

A Resolution recognizing the month of April 2025 as "Limb Loss Awareness Month" in Pennsylvania.

HR40 PN248 - Ortitay

A Resolution recognizing the month of October 2025 as "Dyslexia Awareness Month" in Pennsylvania.

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

4. Adjournment

HOUSE OF REPRESENTATIVES
DEMOCRATIC COMMITTEE BILL ANALYSIS

Bill No:	HB0060 PN0037	**Prepared By:**	Patrick O'Rourke (717) 787-4296,6711
Committee:	Health		
Sponsor:	Borowski, Lisa	**Executive Director:**	Erika Fricke
Date:	1/9/2025		

A. Brief Concept

This proposal allows the transfer of a patient's prescription between pharmacies as long as the prescribed substance is already transferable under federal law.

C. Analysis of the Bill

House Bill 60 amends Section 4(a)(3.1) of the Pharmacy Act to allow pharmacies in Pennsylvania to transfer prescriptions for Schedule II controlled substances. Previously, the law prohibited transferring such prescriptions between pharmacies. With this bill, Pennsylvania will conform to updated federal regulations, enabling the transfer of prescriptions that are allowed under federal rules. This change aims to improve convenience for patients and pharmacies alike.

Federal Law

On August 28, 2023 federal regulations were revised to permit the transfer of electronic prescriptions for a controlled substance (schedules II-V), at the patients request.

Prior to this change, patients would require their practitioner cancel their prescription and re-issue it to a different pharmacy. The process was taxing and time consuming for both patients and practitioners. The chart below explains the difference for pharmacies, patients and providers before the regulatory change and after.

TABLE 1—PERSONS AND ACTIVITIES, CURRENT VS. FINAL RULE

Persons	Change in activity		Economic impact
	Current	Final Rule	
First or Transferring Pharmacy.	First pharmacy contacts patient to inform that they are unable to fill the prescription.	Transferring pharmacy contacts patient to inform that it is unable to fill the prescription.	Assume duration of call/contact is same ==> no impact.
	Note action taken (*i.e.*, void, cancel, etc.), as needed.	Transfer prescription. "Transfer" includes: contacting the receiving pharmacy, exchanging information, and recording the required information regarding transfer.	Additional cost to transfer vs. noting action taken.
Patient	Receive call from pharmacy that it is unable to fill the prescription.	Receive call from pharmacy that it is unable to fill the prescription, request transfer of the prescription to an alternate (receiving) pharmacy.	Assume duration of call/contact is same ==> no impact.
	Contact prescriber to request new prescription.	N/A	Cost savings from not having to contact prescriber.
	Receive filled prescription from second (receiving) pharmacy.	Receive filled prescription from receiving pharmacy.	Assume same burden ==> no impact.
Prescriber	Receive call from patient. (prescriber's secretary).	N/A	Cost savings.
	Cancel prescription sent to first pharmacy and issue new prescription at second (receiving) pharmacy.	N/A	Cost savings.
Second (Receiving) Pharmacy.	Receive prescription and fill	Receive transfer and fill. "Transfer" includes: being contacted by the transferring pharmacy, exchanging information, and recording the required information regarding transfer.	Additional cost to receive and record transfer, but the receiving pharmacy gets full reimbursement for filling prescription.

Effective Date:

60 days.

G. Relevant Existing Laws

Federal Code

21 CFR § 1306.08 Electronic prescriptions.

The Drug Enforcement Administration (DEA) updated its regulations to permit the one-time transfer of electronic prescriptions for Schedule II–V controlled substances between registered retail pharmacies for initial filling, at the patient's request. However, such transfer is only allowed if permitted in state law.

The required transfer procedure and the necessary documentation for electronic controlled substance prescriptions exchanged between DEA-registered retail pharmacies are as follows:

(a) An individual practitioner may sign and transmit electronic prescriptions for controlled substances provided the practitioner meets all of the following requirements:

(1) The practitioner must comply with all other requirements for issuing controlled substance prescriptions in this part;
(2) The practitioner must use an application that meets the requirements of part 1311 of this chapter; and
(3) The practitioner must comply with the requirements for practitioners in part 1311 of this chapter.

(b) A pharmacy may fill an electronically transmitted prescription for a controlled substance provided the pharmacy complies with all other requirements for filling controlled substance prescriptions in this part and with the requirements of part 1311 of this chapter.

(c) To annotate an electronic prescription, a pharmacist must include all of the information that this part requires in the prescription record.

(d) If the content of any of the information required under § 1306.05 for a controlled substance prescription is altered during the transmission, the prescription is deemed to be invalid and the pharmacy may not dispense the controlled substance.

(e) The transfer for initial dispensing of an electronic prescription for a controlled substance in Schedule II-V is permissible between retail pharmacies, upon request from the patient, on a one-time basis only. If the transferred prescription is for a controlled substance in Schedule III, IV, or V and includes authorized refills, the refills are transferred with the initial prescription to the pharmacy receiving the transfer.

(f) The transfer of an electronic prescription for a controlled substance in Schedule II-V between retail pharmacies for the purpose of initial dispensing is subject to the following requirements:

(1) The prescription must be transferred from one retail pharmacy to another retail pharmacy in its electronic form. At no time may an intermediary convert an electronic prescription to another form (e.g., facsimile) for transmission.

(2) The contents of the prescription required by this part must not be altered during transfer between retail pharmacies. Any change to the content during transfer, including truncation or removal of data, will render the electronic prescription invalid.

(3) The transfer must be communicated directly between two licensed pharmacists.

(4) The transferring pharmacist must add the following to the electronic prescription record:

(i) Information that the prescription has been transferred.

(ii) The name, address, and DEA registration number of the pharmacy to which the prescription was transferred and the name of the pharmacist receiving the prescription information.

(iii) The date of the transfer and the name of the pharmacist transferring the prescription information.

(5) The receiving pharmacist must do the following:

(i) Add the word "transfer" to the electronic prescription record at the receiving pharmacy.

(ii) Annotate the prescription record with the name, address, and DEA registration number of the pharmacy from which the prescription was transferred and the name of the pharmacist who transferred the prescription.

(iii) Record the date of the transfer and the name of the pharmacist receiving the prescription information.

(6) In lieu of manual data entry, the transferring or receiving pharmacy's prescription processing software may, if capable, capture the information required, as outlined in this paragraph (f), from the electronic prescription and automatically populate the corresponding data fields to document the transfer of an electronic controlled substance prescription between pharmacies. The transferring or receiving pharmacist, as applicable, must ensure that the populated information is complete and accurate.

(g) The transfer of an electronic prescription for a controlled substance in Schedule II-V for the purpose of initial dispensing is permissible only if allowable under existing State or other applicable law.

(h) The electronic records documenting the transfer of the electronic prescription must be maintained for a period of two years from the date of the transfer by both the pharmacy transferring the electronic prescription and the pharmacy receiving the electronic prescription.

(i) A pharmacy may transfer electronic prescription information for a controlled substance in Schedule III, IV, and V to another pharmacy for the purpose of refill dispensing pursuant to § 1306.25.

Pennsylvania Law

The Pharmacy Act

Section 4 (a)(3.1) of the Pharmacy Act currently lists several requirements in order for a prescription to be transferred between pharmacies. This includes, among other things, that (i) the prescription is refillable, and (ii) that the prescription is not for a schedule II controlled substance. The relevant section of the law reads as follows:

(3.1) Adheres to the following requirements for transferring prescriptions between pharmacies in Pennsylvania:

(i) The prescription is for a drug which is lawfully refillable.

(ii) The drug is not a Schedule II controlled substance.

(iii) An original or new prescription is not required from the prescriber by law.

(iv) The pharmacist transferring the prescription cancels the original prescription in his records and indicates on the prescription records to whom the prescription was transferred, including the name of the pharmacy, the date of transfer and the name or initials of the transferring pharmacist.

(v) The pharmacist receiving the transferred prescription:

(A) Notes on the prescription that it is a transferred prescription.

(B) Records all of the following on the prescription records in addition to other information required by law:

(I) Date of issuance of original prescription.

(II) Date of original filing of prescription.

(III) Original number of refills authorized on prescription.

(IV) Complete refill record from original prescription.

(V) Number of valid refills remaining.

(C) Notes the location and file number of the original prescription.

(D) Notes the name of the pharmacy and pharmacist from whom the prescription was transferred.

(vi) A pharmacist may transfer a prescription to another pharmacist employed by the same corporation without regard to the requirements of subclauses (iv) and (v), provided that both pharmacists have access to the same computerized prescription transfer system which contains the prescription and refill records and incorporates procedures to prevent unauthorized refills.

The Controlled Substance, Drug, Device, and Cosmetic Act

The Pennsylvania Controlled Substance, Drug, Device, and Cosmetic Act, among other things, lists all schedule II controlled substances that are subject to prescription transfer limitations currently set forth in the Pharmacy Act and that House Bill 60 seeks to amend. Concerning what is defined as a schedule II controlled substance under the Controlled Substance, Drug, Device, and Cosmetic Act:

(2) Schedule II--In determining that a substance comes within this schedule, the secretary shall find: a high potential for abuse, currently accepted medical use in the United States, or currently accepted medical use with severe restrictions, and abuse may lead to severe psychic or physical dependence. The following controlled substances are included in this schedule:

(i) Any of the following substances, of any quantity, except those narcotics specifically excepted or listed in other schedules, whether produced directly or indirectly by extraction from substances of vegetable origin, or independently by means of chemical synthesis, or by combination of extraction and chemical synthesis:

1. Opium and opiate, and any salt, compound, derivative, or preparation of opium or opiate, including hydrocodone, morphine and oxycodone.

2. Any salt, compound, derivative, or preparation thereof which is chemically equivalent or identical with any of the substances referred to in subclause 1, except that these substances shall not include the isoquinoline alkaloids of opium.

3. Opium poppy and poppy straw.

4. Coca leaves and any salt, compound, derivative, or preparation of coca leaves, and any salt, compound, derivative, or preparation thereof which is chemically equivalent or identical with any of these substances, but shall not include decocainized coca leaves or extracts of coca leaves, which extracts do not contain cocaine or ecgonine.

((i) amended June 8, 2016, P.L.258, No.37)

(ii) Any of the following opiates, including their isomers, esters, ethers, salts, and salts of isomers, esters and ethers, of any quantity, unless specifically excepted or listed in another schedule, whenever the existence of such isomers, esters, ethers and salts is possible within the specific chemical designation:

1. Alphaprodine.

2. Anileridine.

3. Bezitramide.

4. Dihydrocodeine.

5. Diphenoxylate.

6. Fentanyl.

7. Isomethadone.

8. Levomethorphan.

9. Levorphanol.

10. Metazocine.

11. Methadone.

12. Methadone-Intermediate, 4-cyano-2-dimethylamino-4, 4-diphenyl butane.

13. Moramide-Intermediate, 2-methyl-3-morpholino-1, 1-diphenyl-propane-carboxylic acid.

14. Pethidine.

15. Pethidine-Intermediate-A, 4-cyano-1-methyl-4-phenylpiperidine.

16. Pethidine-Intermediate-B, ethyl-4-phenylpiperidine-4-carboxylate.

17. Pethidine-Intermediate-C, 1-methyl-4-henylpiperidine-4-carboxylic acid.

18. Phenazocine.

19. Piminodine.

20. Racemethorphan.

21. Racemorphan.

22. Carfentanil. (22. added Nov. 25, 2020, P.L.1190, No.117)

(iii) Unless specifically excepted or unless listed in another schedule, any material, compound, mixture or preparation which contains any quantity of the following substances:

1. Amphetamine, its salts, optical isomers, and salts of its optical isomers.

2. Phenmetrazine and its salts.

3. Methylphenidate.

4. Methamphetamine including its salts, isomers and salts of isomers.

5. Lisdexamfetamine.

((iii) amended June 8, 2016, P.L.258, No.37)

(iv) The phrase "opiates" as used in section 4 of this act and elsewhere throughout the act shall not include the dextrorotatory isomer of 3-methoxy-n-methylmorphinan and its salts, but does include its racemic and levorotatory forms.

(v) Any material, compound, mixture, or preparation unless specifically excepted which contains any quantity of:

1. Phencyclidine.

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

N/A.

PRINTER'S NO. 37

THE GENERAL ASSEMBLY OF PENNSYLVANIA

HOUSE BILL

No. 60 Session of 2025

INTRODUCED BY BOROWSKI, GIRAL, VENKAT, GUENST, PIELLI, PROBST, SANCHEZ, HOWARD, KHAN, CEPEDA-FREYTIZ, SHUSTERMAN, DONAHUE AND HILL-EVANS, JANUARY 10, 2025

REFERRED TO COMMITTEE ON HEALTH, JANUARY 10, 2025

AN ACT

Amending the act of September 27, 1961 (P.L.1700, No.699), entitled "An act relating to the regulation of the practice of pharmacy, including the sales, use and distribution of drugs and devices at retail; and amending, revising, consolidating and repealing certain laws relating thereto," further providing for permit to conduct a pharmacy.

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

Section 1. Section 4(a)(3.1)(ii) of the act of September 27, 1961 (P.L.1700, No.699), known as the Pharmacy Act, is amended to read:

Section 4. Permit to Conduct a Pharmacy.--(a) The State Board of Pharmacy shall issue a permit to any person to conduct a pharmacy who has filed an application therefor, subscribed by the applicant under oath or affirmation, and containing such information as the board may require, and whose proposed pharmacy complies with all requirements of this act, including the following:

* * *

(3.1) Adheres to the following requirements for transferring prescriptions between pharmacies in Pennsylvania:

* * *

(ii) The drug is not a Schedule II controlled substance, except for a drug that may be transfered between pharmacies under Federal law or regulation.

* * *

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

LEGISLATIVE REFERENCE BUREAU

AMENDMENTS TO HOUSE BILL NO. 60

Sponsor:

Printer's No. 37

Amend Bill, page 1, lines 9 through 11, by striking out all of said lines and inserting

Section 1. Section 4(a)(3.1)(i) and (ii) of the act of September 27, 1961 (P.L.1700, No.699), known as the Pharmacy Act, are amended to read:

Amend Bill, page 2, line 3, by striking out all of said line and inserting

[(i) The prescription is for a drug which is lawfully refillable.]

Amend Bill, page 2, line 4, by inserting a bracket before "The"

Amend Bill, page 2, lines 4 through 6, by striking out the comma in line 4, all of line 5 and "under Federal law or regulation" in line 6

Amend Bill, page 2, line 6, by inserting after "regulation."

] The drug is not excluded from being transferred between pharmacies by Federal law or regulation, including 21 CFR 1306.08 (relating to electronic prescriptions).

HOUSE OF REPRESENTATIVES
DEMOCRATIC COMMITTEE BILL ANALYSIS

Bill No:	HB0157 PN0099	**Prepared By:**	Elsa Woodarek (717) 705-1875
Committee:	Health		
Sponsor:	Rapp, Kathy	**Executive Director:**	Erika Fricke
Date:	1/15/2025		

A. Brief Concept

Establishes the "Rural Health Care Grant Program" to pay for healthcare practitioners' education debt.

C. Analysis of the Bill

House Bill 157 is a freestanding act that creates the **Rural Health Care Grant Program**, which provides grants to help pay off the professional education debt of physicians, nurses, midwives, or nurse-midwives working for healthcare entities in rural or medically underserved areas.

Under the bill, independent entities that are not affiliated with any larger healthcare system, will receive priority for grants. No entity can receive more than $250,000 in one calendar year. Grants will be dispersed in increments of $10,000 until the maximum of $250,000 is reached.

Physicians, nurses, nurse-midwives and midwives employed at a birth center, a federally qualified health center, a rural health clinic, general acute care hospital or specialty hospital that is located in a rural county or a medically underserved area are eligible to receive grants. In order to accept an award, a practitioner must work a minimum of 3 years for the entity, be licensed as a practitioner in PA, start within 6 months of accepting a position and be employed as a full-time employee.

Entities must apply to the department following the department's specified process. The department will notify applicants within 60 days about the approval or denial of their application.

Grant awards are not considered taxable income under the Tax Reform Code of 1971 (P.L.6, No.2).

If an entity or practitioner fails to meet the program's requirements, they must repay the grant amount with interest. The department, entity and practitioner should work together to resolve any issues to avoid non-compliance. Entities may require practitioners to sign an agreement to ensure compliance with this act.

Reports:

Department Responsibilities

- Must publish a report that includes the following information:
  - The number of grants awarded.
  - The number of practitioners who received debt assistance.
  - The license type and practice area of each practitioner.
  - The name and address of each entity that received a grant under this act.
  - The amount of each grant awarded.
  - The total amount distributed each calendar year.
  - An aggregate total for each designated medically underserved area or rural county where a practitioner received debt assistance through this program.
- The report must be published on the department's website as well as submitted to the chair and minority chair of the Health Committee of the House of Representatives, Health

and Human Services Committee of the Senate, Appropriations Committee of the House of Representatives, and Appropriations Committee of the Senate.
- After all funds are distributed, the department shall publish a final report within six months.

Entity Responsibilities

- Report the start date of employment for each practitioner who receives grant funding to the department.
- Provide a receipt to practitioners for the education debt payments made on their behalf.
- Within 30 days of sending payments, entities must report the following to the department:
  - The date and amount of each payment.
  - The name and address of the creditor or payee.
  - The names of practitioners whose debt was paid.

Key Terms

"Designated medically underserved area" refers to any of the following: (1) An area designated by the Secretary of Health as a primary health care practitioner shortage area using criteria which take into account the special barriers to the provision of health care services in a rural or inner-city area. (2) An area designated by the United States Department of Health and Human Services as a medically underserved area, a medically underserved population or a health professional shortage area. (3) An area designated by the United States Department of Health and Human Services as a health manpower shortage area. (defined by the Children's Health Care Act, Dec. 2nd, 1992 (P.L.741, No.113))

"Entity" includes a birth center, a federally qualified health center, a rural health clinic, or a hospital.

"Full-time" is a practitioner who works on average more than 30 hours per week or more than 130 hours per month.

"Hospital" describes a general acute care or specialty hospital located in a designated medically underserved area or rural county.

"Rural County" is a county in which the population density is less than 284 persons per square mile as defined by the Center for Rural Pennsylvania.

Effective Date:

120 days.

G. Relevant Existing Laws

The Children's Health Care Act established the Primary Care Loan Repayment Program which provides loans to practitioners serving in medically underserved areas. A practitioner working in an inpatient facility or entity that does not provide primary or preventive care is ineligible for the program, and being located in a rural county is not an automatic qualifier. Whereas funding is disbursed to the practitioner in the Primary Care Loan Repayment Program, HB2382 would disburse money to the entity. The Primary Care Loan Repayment program is also more competitive since practitioners other than physicians, nurse-midwives, and nurses can apply.

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

HB 2382 (Rapp) of 2023-2024 passed the Health Committee (25-0) and received no further consideration.

PRINTER'S NO. 99

THE GENERAL ASSEMBLY OF PENNSYLVANIA

HOUSE BILL

No. 157 Session of 2025

INTRODUCED BY RAPP, FRANKEL, TWARDZIK, SANCHEZ, ZIMMERMAN, VENKAT, HOWARD, KHAN, CUTLER, GREINER, HILL-EVANS, FREEMAN, PICKETT AND WEBSTER, JANUARY 14, 2025

REFERRED TO COMMITTEE ON HEALTH, JANUARY 14, 2025

AN ACT

Providing for grant awards to entities in rural counties and designated medically underserved areas to pay for the education debt of practitioners employed at the entity.

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

Section 1. Short title.

This act shall be known and may be cited as the Rural Health Care Grant Program Act.

Section 2. Legislative intent.

It is the intent of the General Assembly through this legislation to:

(1) Allow entities in designated medically underserved areas and rural areas to have an opportunity to recruit and retain high quality practitioners.

(2) Have more practitioners available to practice in designated medically underserved areas and rural areas.

(3) Give patients in designated medically underserved areas and rural areas more access to practitioners.

(4) Prevent the possible closure of entities in designated medically underserved areas and rural areas due to practitioner shortages.

Section 3. 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:

"Birth center." As defined in section 802.1 of the act of July 19, 1979 (P.L.130, No.48), known as the Health Care Facilities Act.

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

"Designated medically underserved area." The term shall mean the same as defined under section 1301 of the act of December 2, 1992 (P.L.741, No.113), known as the Children's Health Care Act.

"Education debt." Debt incurred for professional schooling to practice as a practitioner in this Commonwealth.

"Entity." A birth center, a federally qualified health center, a rural health clinic or a hospital.

"Federally qualified health center." As defined in 42 U.S.C. § 1396d(l)(2)(B) (relating to definitions). The term includes a federally qualified health center look-alike.

"Full-time." A practitioner who works on average more than 30 hours per week or more than 130 hours per month.

"Grant." A sum of money that is awarded to an entity by the department under this act.

"Hospital." A general acute care or specialty hospital located in a designated medically underserved area or rural county.

"Licensed practical nurse." An individual licensed to practice practical nursing under the act of March 2, 1956 (1955

P.L.1211, No.376), known as the Practical Nurse Law.

"Midwife or nurse-midwife." As defined in section 2 of the act of December 20, 1985 (P.L.457, No.112), known as the Medical Practice Act of 1985.

"Nurse." A licensed practical nurse or registered nurse.

"Physician." Either:

(1) as defined in section 2 of the act of October 5, 1978 (P.L.1109, No.261), known as the Osteopathic Medical Practice Act; or

(2) as defined in section 2 of the Medical Practice Act of 1985.

"Practitioner." A physician, nurse or midwife or nurse-midwife.

"Program." The Rural Health Care Grant Program established under section 4.

"Registered nurse." An individual licensed to practice professional nursing under the act of May 22, 1951 (P.L.317, No.69), known as The Professional Nursing Law.

"Rural county." A county within this Commonwealth where the population density is less than 284 persons per square mile as defined by the Center for Rural Pennsylvania.

"Rural health clinic." As defined in 42 U.S.C. § 1395x(aa)(2) (relating to definitions) and certified by Medicare.

Section 4. Establishment.

The Rural Health Care Grant Program is established in the department to be administered by the department.

Section 5. Use of money.

(a) Duty of department.--The department shall distribute grants to an entity in accordance with this act from money appropriated for the program by the General Assembly.

(b) Distribution by entity.--An entity shall use the grant awarded under subsection (a) to pay for the education debt of practitioners that the entity employs according to the following:

(1) An entity shall pay the applicable creditor or designated person of the education debt on behalf of the practitioner.

(2) Within 30 days after disbursement of money to the applicable creditor or designated person, an entity shall report to the department the following:

(i) The date the payment was sent to the applicable creditor or designated person.

(ii) The amount of the payment.

(iii) The name and address of the applicable creditor or designated person.

(iv) The names of the practitioners whose education debt was paid by the entity with the grant.

(c) Receipt.--A written or electronic receipt of payment of education debt shall be issued to a practitioner employed by the entity whose education debt was paid by a grant under this act.

Section 6. Grant awards.

(a) Criteria for grant from department.--The department shall award a grant to an entity that is located in a designated medically underserved area or rural county. Priority shall be given to independent entities not owned by, managed by or affiliated with any health care system, a legally separate health care provider or other entity.

(b) Limitation of awards.--

(1) The department may not award more than $250,000 to an entity in one calendar year.

(2) The amount distributed to a practitioner may not exceed the amount owed in education debt.

(c) Entity award.--An entity shall distribute the grant to one or more chosen practitioners who are employed by the entity. In order to receive a payment of education debt, a practitioner must:

(1) Work a minimum of three years for the entity that distributed the grant to pay for education debt.

(2) Be licensed to practice as a practitioner in this Commonwealth under the applicable licensing board of the Department of State.

(3) Begin work within six months of accepting a position with the entity paying for the education debt.

(4) Be employed as a full-time practitioner for the entity providing the grant.

Section 7. Entity application for a grant.

(a) Requirements.--Applications shall:

(1) Be submitted by an entity to the department in a manner the department deems appropriate.

(2) Be available electronically.

(3) Include documentation as deemed necessary by the department.

(b) Certification.--An entity shall certify in good faith that the information provided in the application and all supporting documents and forms are true and accurate in all material aspects. An entity, or an authorized representative of the entity, that knowingly makes a false statement to obtain a grant shall be subject to 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities).

Section 8. Review of application.

(a) Selection.--The department shall select an appropriate number of entities to receive a grant under this act each calendar year, dependent upon the amount of money appropriated for the program by the General Assembly.

(b) Approval or disapproval.--No later than 60 days after an entity's submission or resubmission of an application, the department shall approve or deny the application for a grant. The department shall provide a notice to the entity that:

(1) the application for a grant is approved for an amount determined by the department; or

(2) the application for a grant is denied. The department shall provide its reasons for denial of the application. The entity may resubmit its application based upon the department's reasons for denying the application.

Section 9. Grant agreements.

Upon approval of an application under section 8, the department shall enter into a grant agreement with the entity to award a grant under this act. The grant agreement shall explain the terms and conditions of the grant, including the applicable laws of this Commonwealth and all reporting requirements. The department, an entity and any other party, as deemed necessary by the department, may enter into the grant agreement via electronic signature.

Section 10. Disbursement of grants.

The following shall apply to the disbursement of grants:

(1) The department shall determine the number of grants to be awarded with the money appropriated by the General Assembly.

(2) For approved grants, the department shall award a grant to an entity in increments of $10,000 up to the limit

under section 6(b)(1). The department may award a grant of less than $10,000 if the department determines that a decrease is necessary to preserve adequate funding for more grants.

(3) An entity shall report to the department the initial date of employment for each practitioner who receives payment of education debt and the date of departure from employment for each practitioner, if applicable.

(4) The department shall begin disbursement of grant money to an entity within 90 days after the approval of an entity's application.

Section 11. Reports.

(a) Content.--No later than December 31 of each year, the department shall publish a report on the department's publicly accessible Internet website that contains the following information:

(1) The number of grants awarded under this act.

(2) The number of practitioners who received a payment of their education debt.

(3) The license type and practice area of each practitioner, as applicable.

(4) The name and address of each entity that received a grant under this act.

(5) The amount of each grant awarded.

(6) The total amount of the appropriation distributed each calendar year.

(7) An aggregate total for each designated medically underserved area or rural county where a practitioner awarded grant money is employed by an entity.

(b) Confidentiality.--The name, address and other personal

information of a practitioner who received a payment of education debt from an entity may not be listed on the department's publicly accessible Internet website and may not be considered accessible under the act of February 14, 2008 (P.L.6, No.3), known as the Right-to-Know Law.

(c) Submission.--The department shall submit the report under subsection (a) to the following:

(1) The chair and minority chair of the Appropriations Committee of the Senate.

(2) The chair and minority chair of the Appropriations Committee of the House of Representatives.

(3) The chair and minority chair of the Health and Human Services Committee of the Senate.

(4) The chair and minority chair of the Health Committee of the House of Representatives.

(d) Final report.--After disbursement of all money appropriated for the program, the department shall publish a final report with the information listed under this section within six months.

Section 12. Tax applicability.

Grants awarded under this act may not be considered taxable income to an entity or practitioner under the act of March 4, 1971 (P.L.6, No.2), known as the Tax Reform Code of 1971.

Section 13. Compliance.

(a) Reimbursement for noncompliance.--The department shall determine compliance with the requirements of this act. If an entity or practitioner fails to comply with the requirements of this act, the entity or practitioner shall reimburse the Commonwealth for the amount of the grant received or awarded based on the period of noncompliance, including interest

accrued, as determined by the department based on a determination of which party violated this act. The department, entity and practitioner shall make every effort to resolve conflicts in order to prevent a breach of the program requirements established by the department.

(b) Agreement between entity and practitioner.--An entity that receives a grant under this act may require a practitioner awarded money to enter into an agreement established by the entity and determine compliance, including the timing of disbursement of the grant money, as appropriate to facilitate the purposes and intent of this act and subject to the requirements of this act.

Section 14. Effective date.

This act shall take effect in 120 days.

LEGISLATIVE REFERENCE BUREAU

AMENDMENTS TO HOUSE BILL NO. 157

Sponsor:

Printer's No. 99

Amend Bill, page 2, by inserting between lines 10 and 11

"Dental hygienist." As defined in section 2 of the act of May 1, 1933 (P.L.216, No.76), known as The Dental Law.
"Dentist." An individual licensed in the practice of dentistry under The Dental Law.

Amend Bill, page 3, by inserting between lines 11 and 12

"Practice of dentistry." As defined in section 2 of The Dental Law.

Amend Bill, page 3, line 12, by striking out "or" where it occurs the first time and inserting a comma

Amend Bill, page 3, line 13, by inserting after "midwife"

, dentist or dental hygienist

HOUSE OF REPRESENTATIVES
DEMOCRATIC COMMITTEE BILL ANALYSIS

Bill No:	HB0409 PN0381	**Prepared By:**	Erika Fricke (412) 422-1774
Committee:	Health		
Sponsor:	Kosierowski, Bridget	**Executive Director:**	Erika Fricke
Date:	1/30/2025		

A. Brief Concept

Gives providers one full business day to review patient test results before they are released to the patient. Updates Pennsylvania's patient test results law to accommodate federal requirements.

C. Analysis of the Bill

HB409 removes the existing requirement for diagnostic imaging centers to determine whether test results are "abnormal" and notify patients that they should call their doctor for results. This change aligns with federal rules that mandate patients receive immediate access to their test results.

Under the bill, diagnostic imaging centers conducting non-routine tests must inform patients that they can access their results through their electronic health record as soon as they are available. For patients who do not have easy access to their electronic health records, mailed copies of the results can be requested. This notification is not required for patients receiving follow-up for a chronic condition, routine pregnancy imaging, those in the hospital, or patients who receive results at the time of service.

This bill establishes a grace period for providers to review test results before they are released to patients. Under the federal CURES act, results may be released to both patients and their ordering providers nearly simultaneously. this legislation delays the release of results for up to one business day in cases involving a cancer diagnosis or a significant genetic result.

If the results are provided to the patient at the time of service, no delay is required.

This legislation does not override state laws that require in-person counseling when results are received.

The Department of Health must review that facilities have policies in place regarding the release of test results.

Effective Date:

60 days.

G. Relevant Existing Laws

Patient Test Result Information Act (Act 112 of 2018) requires diagnostic imaging centers to provide notices to patients whose results are abnormal.

The Confidentiality of HIV-Related Information Act (Act 148 of 1990) requires anyone receiving a positive test-result for HIV to have the opportunity to receive face-to-face counseling to discuss the results and services available.

The Cures Act section 4004 amended the Public Health Services Act to allow for investigating and applying penalties for information blocking. Except for specific exceptions, health information must be shared with patients, and cannot be delayed. However, the law and rules

explicitly exclude conduct required by law from the requirements. State laws related to information would not be considered information blocking. (Section 3022(a)(1)(A) of the PHSA and 45 CFR 171.103(a)(1)).

Information blocking under the CURES Act is defined as conduct that "is likely to interfere with, prevent, or materially discourage access, exchange, or use of electronic health information."

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

House Bill 1956 passed the house unanimously last cycle.

PRINTER'S NO. 381

THE GENERAL ASSEMBLY OF PENNSYLVANIA

HOUSE BILL

No. 409 Session of 2025

INTRODUCED BY KOSIEROWSKI, HILL-EVANS, VENKAT, DONAHUE, SANCHEZ, FREEMAN, NEILSON, RABB, WARREN, GIRAL, PROBST, STEELE, OTTEN, D. WILLIAMS, MAYES, KENYATTA, GUENST, MERSKI AND BOYD, JANUARY 29, 2025

REFERRED TO COMMITTEE ON HEALTH, JANUARY 29, 2025

AN ACT

Amending the act of October 24, 2018 (P.L.719, No.112), entitled "An act providing for notification of patient test results to be sent directly to a patient or the patient's designee; and providing for duties of the Department of Health," further providing for definitions, for test results and for duties of Department of Health.

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

Section 1. Sections 2, 3 and 4 of the act of October 24, 2018 (P.L.719, No.112), known as the Patient Test Result Information Act, are amended to read:

Section 2. 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:

"Chronic condition." An illness that frequently recurs or persists for a period in excess of three months.

"Diagnostic imaging service." A medical imaging test performed on a patient that is intended to diagnose the presence

or absence of a disease, including, but not limited to, a malignancy. The term does not include a nonimaging study, including an electrocardiogram, standard electrocardiogram treadmill stress test, cardiac monitor, pulmonary function test or similar test.

"Diagnostic radiograph." A projectional radiograph that acquires an image or digital image with x-rays to produce a high contrast, two-dimensional image, otherwise known as an x-ray.

"Health care practitioner." As defined in section 103 of the act of July 19, 1979 (P.L.130, No.48), known as the Health Care Facilities Act.

["Significant abnormality." A finding by a diagnostic imaging service of an abnormality or anomaly which would cause a reasonably prudent person to seek additional or follow-up medical care within three months.]

Section 3. Test results.

[(a) General rule.--When, in the judgment of the entity performing a diagnostic imaging service, a significant abnormality may exist, the entity performing the diagnostic imaging service shall directly notify the patient or the patient's designee by providing notice that the entity has completed a review of the test performed on the patient and has sent results to the health care practitioner who ordered the diagnostic imaging service. The notice shall include all of the following:

(1) The name of the ordering health care practitioner.

(2) The date the test was performed.

(3) The date the results were sent to the ordering health care practitioner.

(4) The following statements:

You are receiving this notice as a result of a determination by your diagnostic imaging service that further discussions of your test results are warranted and would be beneficial to you.

The complete results of your test or tests have been or will be sent to the health care practitioner that ordered the test or tests. It is recommended that you contact your health care practitioner to discuss your results as soon as possible.

(5) The contact information necessary for the patient to obtain a full report.]

(a.1) Written notice at time of service.--The entity performing the diagnostic imaging service shall provide written notice to the patient or the patient's designee at the time of the diagnostic imaging service. The notice shall include the following statement:

Your test results will be made available to you once the results are ready. You can access your test results online through your electronic health record (EHR) patient portal. If you do not have access to your online patient portal, you can request that your test results be delivered to you by mail. You may be charged a reasonable fee for the administrative costs of mailing the test results.

(b) Exceptions.--The following shall be exempted from the requirements of subsection [(a)] (a.1):

(1) Routine obstetrical ultrasounds used to monitor the development of a fetus.

(2) Diagnostic imaging services performed on a patient who is being treated on an inpatient basis [or] in an

emergency [room] department or observation unit of a hospital.

(3) Diagnostic radiographs.

(4) Diagnostic imaging services performed on a patient with a chronic condition if the patient has previously received notice of the chronic condition.

(5) Diagnostic imaging services test results provided to a patient or a patient's designee at the time of the test.

[(c) Time.--Except as provided under subsection (d)(2)(v), no later than 20 days after the date the results were sent to the ordering health care practitioner as provided under subsection (a)(3), the entity performing the diagnostic imaging service shall provide the patient or patient's designee with the notice under subsection (a).

(d) Method of transmittal.--

(1) The notice under subsection (a) shall be provided in a manner deemed acceptable by the patient or the patient's designee.

(2) A notice provided under subsection (a) shall be presumed to comply with this act if:

(i) mailed in a properly addressed and stamped letter through the United States Postal Service;

(ii) sent electronically by e-mail;

(iii) sent by automatic alert from an electronic medical record system that the notice under subsection (a) has been posted to the patient's electronic medical record that is presently viewable;

(iv) sent by facsimile; or

(v) provided directly to the patient at the time of service, so long as the patient acknowledges the receipt

of the results and signs the patient's medical record accordingly.

(e) Construction.--

(1) Nothing in this act shall be construed to require an entity to provide a patient or patient's designee the notice under subsection (a) if the results are provided to the patient or patient's designee by the health care practitioner at the time of the test.

(2) Nothing in this act shall be construed to prohibit an entity from providing a patient with:

(i) the summary of a diagnostic imaging service report, otherwise known as an impression or conclusion; or

(ii) the complete results of the diagnostic imaging service provided to the ordering health care practitioner.]

(f) Disclosure of test results.--Except as provided under subsection (g), the following test results and any other related results shall not be disclosed to a patient as part of the patient's electronic health record, and in the case of a clinical laboratory test result or pathology report shall not be disclosed by the person or entity that administers and controls the patient's electronic health record, until one full business day has elapsed after the results are finalized, unless the ordering health care practitioner directs the release of the results before the end of that period:

(1) Pathology reports or radiology reports that have a reasonable likelihood of showing a finding of malignancy.

(2) Tests that could reveal genetic markers.

(g) Exception.--The prohibition under subsection (f) shall

not apply if the test results are provided to a patient or the patient's designee at the time of the test.

(h) Policies and procedures.--A health care facility, clinical laboratory or an entity performing a diagnostic imaging service shall develop and implement policies and procedures for providing patient test results in accordance with this section.

(i) Face-to-face requirements.--Nothing in this act shall be construed to repeal any law of this Commonwealth that requires a health care practitioner to conduct a face-to-face meeting or counseling session with a patient prior to a test result being disclosed to the patient or being posted in the patient's electronic health record.

Section 4. Duties of Department of Health.

(a) Reviews and complaints.--The Department of Health shall[:

(1) in accordance with law, conduct compliance reviews as part of the inspection performed by the department or an accrediting organization and investigate complaints filed relating to the requirements of section 3; and

(2) establish a complaint procedure, which shall be made available on the department's publicly accessible Internet website.] conduct compliance reviews on health care facilities and clinical laboratories licensed or permitted by the department.

(b) Limitation.--The Department of Health shall limit the scope of the compliance reviews under subsection (a) to determining whether policies and procedures have been developed and implemented in accordance with section 3(h).

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

LEGISLATIVE REFERENCE BUREAU

AMENDMENTS TO HOUSE BILL NO. 409

Sponsor:

Printer's No. 381

Amend Bill, page 5, line 27, by striking out "or" and inserting a comma

Amend Bill, page 5, line 27, by inserting after "reports" where it occurs the second time

 or clinical laboratory tests

Amend Bill, page 6, lines 3 and 4, by striking out ", clinical laboratory"

Amend Bill, page 6, line 23, by striking out "and clinical laboratories licensed or permitted" and inserting

 licensed

HOUSE OF REPRESENTATIVES
DEMOCRATIC COMMITTEE BILL ANALYSIS

Bill No:	HR0031 PN0338	**Prepared By:**	Elsa Woodarek (717) 705-1875
Committee:	Health		
Sponsor:	Matzie, Robert	**Executive Director:**	Erika Fricke
Date:	1/29/2025		

A. Brief Concept

House Resolution 31 recognizes the week of March 9 through 15, 2025, as "Multiple Sclerosis (mul·ti·ple scle·ro·sis) Awareness Week" in Pennsylvania.

C. Analysis of the Bill

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

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

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

Effective Date:

N/A.

G. Relevant Existing Laws

N/A.

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

2023-24 Session

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

PRINTER'S NO. 338

THE GENERAL ASSEMBLY OF PENNSYLVANIA

HOUSE RESOLUTION

No. 31 Session of 2025

INTRODUCED BY MATZIE, VENKAT, D. MILLER, STEELE, DEASY, SANCHEZ, HARKINS, McNEILL, MALAGARI, KENYATTA, GIRAL, BURGOS, DONAHUE, NEILSON, HILL-EVANS, GALLAGHER, SCHLOSSBERG, GREEN, MADDEN, CEPEDA-FREYTIZ, CERRATO, PICKETT, BERNSTINE, COOK, REICHARD AND HEFFLEY, JANUARY 28, 2025

REFERRED TO COMMITTEE ON HEALTH, JANUARY 28, 2025

A RESOLUTION

Recognizing the week of March 9 through 15, 2025, as "Multiple Sclerosis Awareness Week" in Pennsylvania.

WHEREAS, Multiple sclerosis is a neurological disease of the central nervous system affecting an estimated 2.3 million people; and

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

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

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

WHEREAS, Since 1946, the National Multiple Sclerosis Society

has been a driving force of multiple sclerosis research, relentlessly pursuing prevention, treatments and a cure by investing more than $1 billion in groundbreaking research; and

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

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

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

RESOLVED, That the House of Representatives recognize the week of March 9 through 15, 2025, as "Multiple Sclerosis Awareness Week" in Pennsylvania; and be it further

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

HOUSE OF REPRESENTATIVES
DEMOCRATIC COMMITTEE BILL ANALYSIS

Bill No:	HR0033 PN0340	**Prepared By:**	Elsa Woodarek (717) 705-1875
Committee:	Health		
Sponsor:	Matzie, Robert	**Executive Director:**	Erika Fricke
Date:	1/29/2025		

A. Brief Concept

House Resolution 33 recognizes April 2025 as "Limb Loss Awareness Month" in Pennsylvania.

C. Analysis of the Bill

More than 2 million Americans have undergone amputation, with another 28 million individuals at risk for amputation. Limb loss is a lifetime condition and can result in emotional, physical and financial stress. Continuing pain, phantom limb phenomena and emotional trauma can complicate recovery. Traumatic injury accounts for about 45% of all amputations. About 54% of all surgical amputations result from complications of vascular diseases and other conditions that affect blood flow, such as diabetes and peripheral arterial disease (PAD).

Individuals suffering limb loss may benefit from prosthetic limbs. Prosthetic limbs mimic the movements of natural limbs, but may feel awkward to use at first and can be quite costly and often need to be replaced every few years.

In the United States:

- An estimated 2.1 million people are living with limb loss.
- More than 507 people lose a limb each day.
- An estimated 3.6 million people are projected to be living with limb loss by 2050.
- The most common age range for amputations is 45 to 64 (46 percent of Americans). The second most common range is 65 to 84 (36 percent of Americans).
- Men experience limb loss in significantly higher numbers than women — 69 percent of amputees are men, while 31 percent are women.
- Upper limb amputations are less common than lower limb ones (35 percent upper limbs versus 65 percent lower limbs).
- Those with diabetes are 8 to 24 times more likely to undergo a lower limb amputation than those who do not have diabetes, according to the American Academy of Physical Medicine and Rehabilitation (AAPMR).

Effective Date:

N/A.

G. Relevant Existing Laws

N/A.

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

2023-24 Session

HR 299: Recognizes April 2024 as "Limb Loss Awareness Month" in Pennsylvania. Adopted on April 16th, 2024 (200-1.)

PRINTER'S NO. 340

THE GENERAL ASSEMBLY OF PENNSYLVANIA

HOUSE RESOLUTION

No. 33 Session of 2025

INTRODUCED BY MATZIE, VENKAT, D. MILLER, DEASY, HARKINS, SANCHEZ, MALAGARI, GIRAL, BURGOS, NEILSON, HILL-EVANS, HOWARD, SCHLOSSBERG, GREEN, MADDEN, CEPEDA-FREYTIZ AND MAYES, JANUARY 28, 2025

REFERRED TO COMMITTEE ON HEALTH, JANUARY 28, 2025

A RESOLUTION

Recognizing the month of April 2025 as "Limb Loss Awareness Month" in Pennsylvania.

WHEREAS, More than 2 million Americans of all ages, races and genders have had amputations, and another 28 million Americans are at risk for amputation; and

WHEREAS, Each day, more than 300 Americans lose a limb; and

WHEREAS, Limb loss is a lifetime condition, and the general public is largely unaware of the many challenges faced by the amputee community; and

WHEREAS, Limb loss can result in emotional, physical and financial stress; and

WHEREAS, The leading causes of amputation are vascular disease, trauma and cancer; and

WHEREAS, Prosthetic devices can be quite costly and often need to be replaced every few years; and

WHEREAS, Individuals afflicted with limb loss must overcome many challenges; and

WHEREAS, The physical effects of limb loss may be the most visible, but many times the emotional difficulties surpass the physical impediments; therefore be it

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

RESOLVED, That the House of Representatives encourage all Pennsylvanians to recognize the importance of this month, celebrate individuals with limb loss who are living full and productive lives, express gratitude to caregivers who are a source of support and motivation and salute combat amputees who have lost their limbs in service to our country.

HOUSE OF REPRESENTATIVES
DEMOCRATIC COMMITTEE BILL ANALYSIS

Bill No:	HR0040 PN0364	**Prepared By:**	Elsa Woodarek (717) 705-1875
Committee:	Health		
Sponsor:	Ortitay, Jason	**Executive Director:**	Erika Fricke
Date:	1/30/2025		

A. Brief Concept

House Resolution 40 recognizes October 2025 as "Dyslexia Awareness Month" in Pennsylvania.

C. Analysis of the Bill

In recognizing "Dyslexia Awareness Month," HR 40 references the following information:

- Dyslexia is a specific learning disability that is neurological in origin and characterized by difficulties with accurate and/or fluent word recognition, poor spelling and decoding abilities.
- Dyslexia affects one in five individuals, impacting people of all ages, races and socioeconomic backgrounds.
- It is vital to provide support and resources for educators, parents and individuals affected by dyslexia.
- Recognizing the month of October 2024 as "Dyslexia Awareness Month" promotes awareness, understanding and advocacy for those affected by dyslexia.

Effective Date:

N/A.

G. Relevant Existing Laws

N/A.

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

2023-24 Session

HR 500: Recognizes October 2024 as "Dyslexia Awareness Month" in Pennsylvania. Reported out of the health committee on October 2nd, 2024 and did not receive a floor vote.

PRINTER'S NO. 364

THE GENERAL ASSEMBLY OF PENNSYLVANIA

HOUSE RESOLUTION

No. 40 Session of 2025

INTRODUCED BY ORTITAY, VENKAT, CONKLIN, M. MACKENZIE, HEFFLEY, KHAN, MARCELL, HADDOCK, NEILSON, DELLOSO, MERSKI, CIRESI, FREEMAN, FLEMING, OTTEN, REICHARD AND HOHENSTEIN, JANUARY 28, 2025

REFERRED TO COMMITTEE ON HEALTH, JANUARY 28, 2025

A RESOLUTION

Recognizing the month of October 2025 as "Dyslexia Awareness Month" in Pennsylvania.

WHEREAS, Dyslexia is a specific learning disability that is neurological in origin and characterized by difficulties with accurate and/or fluent word recognition, poor spelling and decoding abilities; and

WHEREAS, Dyslexia affects one in five individuals, impacting people of all ages, races and socioeconomic backgrounds; and

WHEREAS, Increased awareness and understanding of dyslexia can lead to early diagnosis and intervention, significantly improving the educational and life outcomes for individuals with dyslexia; and

WHEREAS, It is vital to provide support and resources for educators, parents and individuals affected by dyslexia to help them achieve their full potential; and

WHEREAS, Recognizing the month of October 2025 as "Dyslexia Awareness Month" promotes awareness, understanding and advocacy

for those affected by dyslexia; therefore be it

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

RESOLVED, That the House of Representatives commit to raising awareness, supporting early diagnosis and providing resources to support individuals with dyslexia and their families.