



HOUSE HEALTH COMMITTEE

VOTING MEETING

Wednesday, June 25th, 2025

9:00am

G-50 Irvis Office Building
Harrisburg, PA

1. Call to Order

2. Attendance

HB446 PN424– (Sanchez) 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 medication offered to patient

Amendment A01274 (Sanchez) Requires hospitals and ambulatory surgical facilities to offer patients the option to take home partially used medications if it aligns with the standard of care, the medication is properly labeled, instructions are provided, and the prescriber or pharmacist offers counseling. Provides licensure and liability protections and updates the definition of “facility-provided medication.”

HB348 PN303– (Bonner) An Act amending the act of June 13, 1967 (P.L.31, No.21), known as the Human Services Code, in departmental powers and duties as to licensing, providing for notice of legal representation for medical assistance.

HR262 PN1960 – (Shusterman) A Resolution designating the month of October 2025 as "Menopause Awareness Month" in Pennsylvania.

HR257 PN1926– (Fleming) A Resolution designating the month of November 2025 as "Diabetes Awareness Month" in Pennsylvania.

HR261 PN1959 – (Weaknecht) A Resolution designating July 22, 2025, as "Hemihyperplasia Awareness Day" in Pennsylvania.

HR264 PN1962 – (Malagari) A Resolution recognizing the month of September 2025 as "Thyroid Cancer 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:	HB0446 PN0424	Prepared By:	Dylan Lindberg
Committee:	Health		717-787-4296 (6240)
Sponsor:	Sanchez, Ben	Executive Director:	Erika Fricke
Date:	2/4/2025		

A. Brief Concept

Allows patients to take unfinished medications home.

C. Analysis of the Bill

House Bill 446 amends the Healthcare Facilities Act to allow patients who were administered and billed for a medication to take any unused portion home if it's part of their continued treatment. A patient cannot be charged extra for taking home the medication.

If the medication is prescribed in an emergency room or operating room, the prescriber must counsel the patient on proper treatment.

Medications under this act allowed to be taken home are: topical antibiotic, antiinflammatory, dilation or glaucoma drop or ointment or nasal spray that a health care facility employee has on standby or that is retrieved from a dispensing system.

Effective Date:

60 days.

G. Relevant Existing Laws

49 Pa Code 27.18(d) requires drugs that are dispensed at retail or outpatient to contain the following information:

- (1) The name, address, telephone number, and DEA number of the pharmacy.
- (2) The name of the patient.
- (3) Full directions for the use of its contents.
- (4) The name of the prescriber.
- (5) The serial number of the prescription and the date originally filled.
- (6) The trade or brand name of the drug, strength, dosage form and quantity dispensed. If a generic drug is dispensed, the manufacturer's name or a suitable abbreviation of the manufacturer's name shall also be shown.
- (7) On controlled substances, the statement: "Caution: Federal law prohibits the transfer of this drug to any person other than the patient for whom it was prescribed."

PA Code Title 49 Chapter 27.18 (v) requires that a drug administered in an inpatient facility, and which is not in a unit dose, the label must include the patient's name, drug name, drug strength, dosing instructions, and lot number.

49 Pa Code 27.19 requires pharmacists to offer counseling to each patient. An order can be written if, in the pharmacist's professional judgement, it will be more effective than oral. Counseling can be conducted by telephone if requested by the patient or if the prescription is delivered to the patient.

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

n/a

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LEGISLATIVE REFERENCE BUREAU

AMENDMENTS TO HOUSE BILL NO. 446

Sponsor: *Sanchez #153*

Printer's No. 424

1 Amend Bill, page 1, lines 18 and 19, by striking out "health
2 care" and inserting

3 hospital or ambulatory surgical

4 Amend Bill, page 1, line 19, by inserting after "any"
5 unused

6 Amend Bill, page 1, lines 20 and 21; page 2, lines 1 through
7 16; by striking out "that is unused shall be offered to the
8 patient at no" in line 20, all of line 21 on page 1 and all of
9 lines 1 through 16 on page 2 and inserting

10 or that would otherwise be discarded after partial use
11 during the episode of care shall be offered to the patient at no
12 additional charge upon discharge if:

13 (1) offering the medication to the patient meets the
14 prescriber's standard of care; and

15 (2) the prescriber determines that the facility-provided
16 medication is required for continuing treatment.

17 (b) Duties when dispensing medication.--Notwithstanding any
18 other provision of law, when a facility-provided medication is
19 dispensed in accordance with subsection (a), the following
20 apply:

21 (1) A facility-provided medication that contains a label
22 with the same information used during institutional
23 administration as required under 49 Pa. Code § 27.18(v)
24 (relating to standards of practice) shall fulfill the
25 labeling requirements under the act of September 27, 1961
26 (P.L.1700, No.699), known as the "Pharmacy Act," the act of
27 April 14, 1972 (P.L.233, No.64), known as "The Controlled
28 Substance, Drug, Device and Cosmetic Act," or regulations
29 promulgated by the State Board of Pharmacy.

30 (2) A prescriber may fulfill the pharmacist counseling
31 requirements under 49 Pa. Code § 27.19(d) or (e) (relating to
32 prospective drug review and patient counseling) by offering
33 to counsel or by counseling a patient or caregiver in

1 accordance with the regulation.

2 (3) A hospital or ambulatory surgical facility shall
3 include, in any discharge instructions, the following:

4 (i) Written instructions for the facility-provided
5 medication's proper use and administration, including the
6 remaining number of doses to the extent quantifiable or
7 calculable.

8 (ii) A phone number to contact the prescriber or
9 pharmacist.

10 (c) Exemption from outpatient dispensing requirements.--A
11 facility-provided medication that is offered or dispensed in
12 accordance with this section shall not be considered outpatient
13 dispensing under the "Pharmacy Act," "The Controlled Substance,
14 Drug, Device and Cosmetic Act" or regulations promulgated by the
15 State Board of Pharmacy.

16 (d) Liability protection.--A prescriber, pharmacist,
17 hospital or ambulatory surgical facility acting in good faith
18 and in accordance with this section shall not be held civilly or
19 administratively liable for any injury or harm resulting from a
20 patient's misuse, nonadherence or failure to follow discharge
21 instructions related to a facility-provided medication, unless
22 the injury or harm results from gross negligence or willful
23 misconduct.

24 Amend Bill, page 2, lines 20 through 24, by striking out "A
25 topical antibiotic, anti" in line 20 and all of lines 21 through
26 24 and inserting

27 A multi-use drug product intended for a single patient that
28 is clinically appropriate for the acute condition causing the
29 hospital or ambulatory surgical facility episode of care and for
30 continued use post-discharge, such as eye drops, ear drops, a
31 topical cream or an emergency inhaler. The term does not include
32 a product that is used intravenously or is a controlled
33 substance.

34 Amend Bill, page 2, line 26, by striking out "or" and
35 inserting
36 and

THE GENERAL ASSEMBLY OF PENNSYLVANIA

HOUSE BILL

No. 446 Session of 2025

INTRODUCED BY SANCHEZ, KHAN, GUENST, GIRAL, PIELLI, HOWARD,
DONAHUE, HADDOCK, HILL-EVANS, FREEMAN, FLEMING, CIRESI,
CERRATO AND GREEN, FEBRUARY 3, 2025

REFERRED TO COMMITTEE ON HEALTH, FEBRUARY 3, 2025

AN ACT

1 Amending the act of July 19, 1979 (P.L.130, No.48), entitled "An
2 act relating to health care; prescribing the powers and
3 duties of the Department of Health; establishing and
4 providing the powers and duties of the State Health
5 Coordinating Council, health systems agencies and Health Care
6 Policy Board in the Department of Health, and State Health
7 Facility Hearing Board in the Department of Justice;
8 providing for certification of need of health care providers
9 and prescribing penalties," in licensing of health care
10 facilities, providing for medication offered to patient.

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

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

16 Section 809.3. Medication offered to patient.

17 (a) General rule.--For a facility-provided medication
18 administered to a patient during an episode of care in a health
19 care facility, any portion of the medication billed to the
20 patient that is unused shall be offered to the patient at no
21 additional charge upon discharge when the medication may be

1 required for continuing treatment.

2 (b) Facility option.--For a facility-provided medication
3 administered to a patient during an episode of care in a health
4 care facility, any portion of the medication that is unused that
5 would otherwise be wasted shall be offered to the patient at no
6 additional charge upon discharge when the medication is required
7 for continuing treatment.

8 (c) Labeling.--A facility-provided medication shall be
9 labeled consistent with labeling requirements under the act of
10 September 27, 1961 (P.L.1700, No.699), known as the "Pharmacy
11 Act."

12 (d) Counseling waived.--If a facility-provided medication is
13 used in an operating room or emergency department setting, the
14 prescriber shall counsel the patient on the medication's proper
15 use and administration and the requirements of pharmacist
16 counseling shall be waived.

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

20 "Facility-provided medication." A topical antibiotic, anti-
21 inflammatory, dilation or glaucoma drop or ointment or nasal
22 spray that a health care facility employee has on standby or
23 that is retrieved from a dispensing system for a specified
24 patient for use during a procedure or visit.

25 "Prescriber." A person that is licensed, registered or
26 otherwise authorized to distribute, dispense or administer a
27 controlled substance, other drug or device in the course of
28 professional practice or research in this Commonwealth. The term
29 does not include a veterinarian.

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

HOUSE OF REPRESENTATIVES

DEMOCRATIC COMMITTEE BILL ANALYSIS

Bill No:	HB0348 PN0303	Prepared By:	Ashlee Reick
Committee:	Human Services		(717) 705-1925,6761
Sponsor:	Bonner	Executive Director:	Imogen Wright
Date:	6/5/2025		

A. Brief Concept

Amends the Human Services Code to require notice to a resident of a nursing home or their designated representative of their right to hire an attorney to assist with applications for Medical Assistance (MA).

C. Analysis of the Bill

House Bill 348 amends the Human Services Code by adding Section 1019 entitled "Notice of Legal Representation for Medical Assistance." Under this bill, a long-term care nursing facility operator shall inform a resident or their designated representative, at the time of admission to the facility, of their right to hire an attorney to assist with applying for Medical Assistance (MA) Long-Term Care (LTC) benefits. The notice shall state that nonlegal agencies and companies, including affiliates of hospitals and long-term care nursing facilities, are not permitted to give legal advice or implement legal strategies to protect the best interests of the resident or their designated representative, as well as that these entities may have a conflict of interest. It shall also include information about contacting county bar associations or the Pennsylvania Legal Aid Network to determine eligibility for free legal assistance for low-income individuals.

The notice shall be in a language or format that allows the resident or designated representative to easily read and understand the notice, and the resident or designated representative's signature at the bottom of the notice shall acknowledge receipt of the notice. The facility operator shall also prominently display the notice in the office and admission area of the facility, and make a copy of the notice available at the same time and in the same manner as a resident agreement.

The bill further requires the Department of Human Services (DHS) to post the notice on the department's publicly accessible Internet website in multiple languages or formats, as deemed necessary by the department, to ensure that residents are able to read and understand the notice.

Effective Date:

Immediately.

G. Relevant Existing Laws

42 U.S.C. § 483.10 (g)(4)(i)(B) requires nursing homes to provide residents with a written description of legal rights, including a description of the requirements and procedures for eligibility for Medicaid, including the right to request an assessment of resources under Section 1924(c) of the Social Security Act, and information regarding Medicare and Medicaid eligibility and coverage.

42 U.S.C. § 1396r (c)(1)(B) requires nursing homes to inform residents of their rights, including procedures for establishing eligibility for medical assistance and the right to request an assessment.

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

The bill was introduced as House Bill 754 in the previous legislative session. It was re-referred by the House Human Services Committee to the House Health Committee on April 26, 2023, and reported out on June 6, 2023, by a vote of 21-0. The bill received final passage in the House on October 18, 2023 (203-0), and was then referred to the Senate Health & Human Services Committee where it received no further action.

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THE GENERAL ASSEMBLY OF PENNSYLVANIA

HOUSE BILL

No. 348 Session of 2025

INTRODUCED BY BONNER, COOPER, HADDOCK, KUZMA, DELLOSO, GAYDOS,
TWARDZIK AND ZIMMERMAN, JANUARY 27, 2025

REFERRED TO COMMITTEE ON HUMAN SERVICES, JANUARY 27, 2025

AN ACT

1 Amending the act of June 13, 1967 (P.L.31, No.21), entitled "An
2 act to consolidate, editorially revise, and codify the public
3 welfare laws of the Commonwealth," in departmental powers and
4 duties as to licensing, providing for notice of legal
5 representation for medical assistance.

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

8 Section 1. The act of June 13, 1967 (P.L.31, No.21), known
9 as the Human Services Code, is amended by adding a section to
10 read:

11 Section 1019. Notice of Legal Representation for Medical
12 Assistance.--(a) A long-term care nursing facility operator
13 shall provide a resident of the facility or a designated
14 representative, at the time of admission to the facility, the
15 following notice:

16 YOU HAVE THE OPTION TO HIRE AN ATTORNEY TO ASSIST WITH
17 APPLYING FOR MEDICAL ASSISTANCE (MEDICAID) LONG-TERM CARE
18 BENEFITS:
19 Relying on a nonlegal service might expose you and your

1 family to unnecessary financial risk. There are nonlegal
2 agencies and companies, including affiliates of hospitals
3 and long-term care nursing facilities, which may offer to
4 prepare and submit a Medicaid application for free or a
5 fee. These entities are not permitted to give legal
6 advice or implement legal strategies that may best
7 protect your interests, and they are not obligated to
8 advise you of your rights. Moreover, these entities may
9 have conflicts of interest. Pennsylvania does not mandate
10 that a Medicaid applicant obtain the assistance of an
11 attorney when completing a Medicaid application. You may,
12 however, seek the assistance of an attorney who is
13 knowledgeable about elder law and Medicaid eligibility
14 rules. You may contact your county bar association's
15 lawyer referral service or the Pennsylvania Legal Aid
16 Network to determine if you are eligible for free legal
17 assistance provided for low-income individuals.

18 (b) The following provisions shall apply to the notice under
19 subsection (a):

20 (1) The notice shall be legible and clear in a language or
21 format to allow a resident of a long-term care nursing facility
22 or a designated representative to easily read and understand the
23 notice. The resident of the facility or a designated
24 representative shall acknowledge receipt of the notice by
25 signing at the bottom of the notice.

26 (2) The facility operator shall provide the notice to the
27 resident of the facility or a designated representative in a
28 manner detached from a resident agreement.

29 (3) The facility operator shall prominently display the
30 notice in the office and admission area of the facility and

1 shall make a copy of the notice available at the same time and
2 in the same manner as a resident agreement.

3 (4) The department shall post the notice on the department's
4 publicly accessible Internet website in multiple languages or
5 formats that it deems necessary to ensure that residents are
6 able to read and understand the notice.

7 (5) A long-term care nursing facility may use the notice
8 posted under paragraph (4) or use its own form, provided that
9 the requirements of subsection (a) are met.

10 (c) As used in this section, the term "designated
11 representative" means the guardian, agent under power of
12 attorney or other responsible party for a resident of a long-
13 term care nursing facility identified in a resident agreement.

14 Section 2. This act shall take effect immediately.

HOUSE OF REPRESENTATIVES

DEMOCRATIC COMMITTEE BILL ANALYSIS

Bill No:	HR0262 PN1960	Prepared By:	Patrick O'Rourke (717) 787-4296,6711
Committee:	Health	Executive Director:	Erika Fricke
Sponsor:	Shusterman, Melissa		
Date:	6/23/2025		

A. Brief Concept

Designating October 2025 as "Menopause Awareness Month."

C. Analysis of the Bill

Menopause is the stage when a woman's ovaries have stopped producing reproductive hormones and is marked by 12 consecutive months have passed without a menstrual period. Menopause is commonly a biological process though induced menopause can result from surgery or medical treatments. Menopause is generally reached between ages 45 and 55, after experiencing perimenopause during the preceding 8 to 10 years.

Common menopause symptoms include weight gain, joint and muscle pain, brain fog, increased risk of depression and anxiety, hot flashes and night sweats, sleep disturbances, changes in sexual function, bone loss, changing cholesterol levels and vaginal and bladder complications. Postmenopausal women have an increased risk for osteoporosis and cardiovascular diseases due to the effects of low estrogen. Available treatments for the symptoms of menopause include hormone replacement therapy, strength training, medication and dietary and lifestyle adjustments

To reduce the risk of osteoporosis and heart disease linked to menopause, prevention measures include hormone replacement therapy, medical screenings for bone and heart health, and healthy lifestyle and dietary changes. However, awareness and education about menopause are lacking—nearly half of women under 40 report receiving no information, and many seek information only after symptoms begin. Additionally, most OB-GYN residency programs lack a dedicated menopause curriculum, and bone density screenings typically aren't provided until age 65 or later.

Effective Date:

N/A.

G. Relevant Existing Laws

N/A.

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

N/A.

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THE GENERAL ASSEMBLY OF PENNSYLVANIA

HOUSE RESOLUTION

No. 262 Session of
2025

INTRODUCED BY SHUSTERMAN, HILL-EVANS, PIELLI, RIVERA, SANCHEZ,
HANBIDGE, CEPEDA-FREYTIZ, MAYES, GILLEN, HOHENSTEIN, PARKER,
D. WILLIAMS AND MADDEN, JUNE 17, 2025

REFERRED TO COMMITTEE ON HEALTH, JUNE 18, 2025

A RESOLUTION

1 Designating the month of October 2025 as "Menopause Awareness
2 Month" in Pennsylvania.

3 WHEREAS, Menopause is the stage of a woman's life that is
4 reached after 12 consecutive months have passed without a
5 menstrual period; and

6 WHEREAS, For many women, menopause is a natural, biological
7 process, though induced menopause can be caused by surgery or
8 medical treatments; and

9 WHEREAS, Women generally achieve menopause between 45 and 55
10 years of age, after experiencing the transition through
11 perimenopause during the 8 to 10 years prior; and

12 WHEREAS, Once menopause is achieved, it signals that a
13 woman's ovaries have stopped producing reproductive hormones and
14 a woman enters the postmenopausal stage for the remainder of her
15 life; and

16 WHEREAS, Common symptoms of menopause include weight gain,
17 joint and muscle pain, brain fog, increased risk of depression

1 and anxiety, hot flashes and night sweats, sleep disturbances,
2 changes in sexual function, bone loss, changing cholesterol
3 levels and vaginal and bladder complications; and

4 WHEREAS, Most women notice a reduction in their symptoms
5 postmenopause, while others may still experience some symptoms
6 for several years; and

7 WHEREAS, From the point of menopause to 60 years of age, most
8 women lose up to 25% of their bone mass due to the effects of
9 low estrogen; and

10 WHEREAS, Due to low estrogen levels, postmenopausal women
11 have an increased risk for osteoporosis and cardiovascular
12 diseases; and

13 WHEREAS, Available treatments for the symptoms of menopause
14 include hormone replacement therapy, strength training,
15 medication and dietary and lifestyle adjustments; and

16 WHEREAS, Prevention measures to reduce a woman's risk of
17 developing osteoporosis and heart disease associated with
18 menopause include hormone replacement therapy, screenings via
19 medical practitioners for bone density and heart health and
20 dietary and lifestyle changes; and

21 WHEREAS, Studies have found that almost half of women under
22 40 years of age reported not being informed at all about
23 menopause, and many had only begun looking for information about
24 it once their symptoms had already started; and

25 WHEREAS, Many obstetric and gynecology residency programs do
26 not have a designated menopause curriculum; and

27 WHEREAS, Most women do not receive bone density screenings
28 until 65 years of age or older; and

29 WHEREAS, More education and awareness must be made available
30 to women, medical professionals and the general public about the

1 symptoms, preventative treatments and risks of menopause and the
2 postmenopausal stage of women's lives so that women can feel
3 empowered to take control of their long-term health and well-
4 being; therefore be it

5 RESOLVED, That the House of Representatives designate the
6 month of October 2025 as "Menopause Awareness Month" in
7 Pennsylvania.

HOUSE OF REPRESENTATIVES

DEMOCRATIC COMMITTEE BILL ANALYSIS

Bill No:	HR0257 PN1926	Prepared By:	Patrick O'Rourke (717) 787-4296,6711
Committee:	Health	Executive Director:	Erika Fricke
Sponsor:	Fleming, Justin		
Date:	6/23/2025		

A. Brief Concept

Designates November 2025 as "Diabetes Awareness Month."

C. Analysis of the Bill

Diabetes is a potentially life threatening disease that occurs when the body fails to process or produce enough insulin. There are two types of diabetes: Type 1 occurs when the pancreas stops producing insulin, Type 2 occurs when the pancreas does not make enough insulin. More than 38 million individuals in the U.S. have the condition, including more than a million adult Pennsylvanians and more than 84 million Americans are at risk of developing Type 2 diabetes.

In the U.S., diabetes is increasing in young and middle-aged adults at an alarming rate, with the disease more common among American Indian or Alaska Native, non-Hispanic Black, Hispanic and Asian individuals than non-Hispanic White individuals. Diabetes it is a leading cause of death in the Commonwealth. One in three adults in this Commonwealth has diabetes or a high risk of having prediabetes, a health condition in which blood glucose levels are higher than normal but not yet high enough to be medically diagnosed as diabetes. Diabetes costs the Commonwealth an estimated \$12.8 billion in annual medical costs and other impacts.

Effective Date:

N/A.

G. Relevant Existing Laws

N/A.

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

2023-24 Legislative Session

- [HR 141, PN 1432](#) (Khan)
 - Recognized November 2023 as "Diabetes Awareness Month."
 - Adopted 11/15/2023 (202-1)

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THE GENERAL ASSEMBLY OF PENNSYLVANIA

HOUSE RESOLUTION

No. 257 Session of
2025

INTRODUCED BY FLEMING, MIHALEK, HILL-EVANS, ISAACSON, VENKAT,
SCHLOSSBERG, HANBIDGE, KHAN, CIRESI, NEILSON, SANCHEZ,
PICKETT, MADSEN, McNEILL, JAMES, CONKLIN, FREEMAN, DONAHUE,
PASHINSKI, REICHARD, DEASY, ZIMMERMAN, CERRATO, GREEN AND
BRENNAN, JUNE 12, 2025

REFERRED TO COMMITTEE ON HEALTH, JUNE 16, 2025

A RESOLUTION

1 Designating the month of November 2025 as "Diabetes Awareness
2 Month" in Pennsylvania.

3 WHEREAS, Diabetes, a serious disease with potentially life-
4 threatening complications, occurs when the body fails to process
5 or produce enough insulin to be used to make energy; and

6 WHEREAS, In the United States, more than 38 million
7 individuals, including more than 1 million adult Pennsylvanians,
8 have been diagnosed with diabetes; and

9 WHEREAS, Type 1 diabetes occurs when the pancreas stops
10 producing insulin, and Type 2 diabetes occurs when the pancreas
11 does not make enough insulin; and

12 WHEREAS, An additional 84 million individuals in the United
13 States are at risk of developing Type 2 diabetes; and

14 WHEREAS, Approximately every 21 seconds, someone in the
15 United States is diagnosed with diabetes; and

16 WHEREAS, Diabetes is increasing in young and middle-aged

adults at an alarming rate, and the disease is more common among American Indian or Alaska Native, non-Hispanic Black, Hispanic and Asian individuals than non-Hispanic White individuals; and

WHEREAS, Diabetes is a leading cause of death in Pennsylvania and is a key driver in many disabling complications that include blindness, kidney failure, heart attacks, strokes and lower limb amputation; and

WHEREAS, One in three adults in this Commonwealth has diabetes or a high risk of having prediabetes, a health condition in which blood glucose levels are higher than normal but not yet high enough to be medically diagnosed as diabetes; and

WHEREAS, The personal toll that diabetes takes is a tremendous one, but the disease also represents an enormous financial burden; and

WHEREAS, Diabetes is the most expensive chronic condition in the United States; and

WHEREAS, A 2017 estimate for the annual medical costs for diagnosed diabetes in Pennsylvania was \$9.3 billion, and further impacts on workers contributed an additional annual cost of \$3.5 billion; and

WHEREAS, One out of every four dollars spent in the United States' health care system is used to treat an individual with diabetes; and

WHEREAS, Much can be done to put a stop to the diabetes epidemic, including improving health care access, coverage and affordability, supporting healthy diets and addressing barriers to good health; therefore be it

RESOLVED, That the House of Representatives designate the month of November 2025 as "Diabetes Awareness Month" in

1 Pennsylvania; and be it further

2 RESOLVED, That the House of Representatives encourage all
3 residents to recognize "Diabetes Awareness Month" in
4 Pennsylvania and be part of the effort to fight and change the
5 trajectory of this deadly disease.

HOUSE OF REPRESENTATIVES

DEMOCRATIC COMMITTEE BILL ANALYSIS

Bill No:	HR0261 PN1959	Prepared By:	Patrick O'Rourke (717) 787-4296,6711
Committee:	Health	Executive Director:	Erika Fricke
Sponsor:	Weaknecht, Eric		
Date:	6/23/2025		

A. Brief Concept

Designates July 22, 2025 as "Hemihyperplasia Awareness Day."

C. Analysis of the Bill

Hemihyperplasia, also called hemihypertrophy, is a congenital disorder causing overgrowth of one side of a child's body. Symptoms vary, and can be difficult to diagnose, but can include difficulty eating, chewing, seeing, and breathing. The most common symptom is a subtle difference between the two sides of the face and other appearance-related concerns occurring as the disease progresses.

Treatment can include suction-assisted lipectomy, excision of excessive skin and subcutaneous tissue, and contouring or reducing facial bones. An orthopedic provider can provide treatment of abnormal limb size to an individual suspected of having hemihyperplasia.

Effective Date:

N/A.

G. Relevant Existing Laws

N/A.

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

2023 Legislative Session

- [HR 124, PN 1341](#) (Jozwiak)
 - Designated 7/22/2023 as "Hemihyperplasia Awareness Day."
 - Adopted 6/29/2023 (201-1).
- [HR 446, PN 3132](#) (Joazwiak)
 - Designated 7/22/2024 as "Hemihyperplasia Awareness Day."
 - Adopted 7/8/2024 (200-1).

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HOUSE OF REPRESENTATIVES

DEMOCRATIC COMMITTEE BILL ANALYSIS

Bill No:	HR0261 PN1959	Prepared By:	Patrick O'Rourke (717) 787-4296,6711
Committee:	Health	Executive Director:	Erika Fricke
Sponsor:	Weaknecht, Eric		
Date:	6/23/2025		

A. Brief Concept

Designates July 22, 2025 as "Hemihyperplasia Awareness Day."

C. Analysis of the Bill

Hemihyperplasia, also called hemihypertrophy, is a congenital disorder causing overgrowth of one side of a child's body. Symptoms vary, and can be difficult to diagnose, but can include difficulty eating, chewing, seeing, and breathing. The most common symptom is a subtle difference between the two sides of the face and other appearance-related concerns occurring as the disease progresses.

Treatment can include suction-assisted lipectomy, excision of excessive skin and subcutaneous tissue, and contouring or reducing facial bones. An orthopedic provider can provide treatment of abnormal limb size to an individual suspected of having hemihyperplasia.

Effective Date:

N/A.

G. Relevant Existing Laws

N/A.

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

2023 Legislative Session

- [HR 124, PN 1341](#) (Jozwiak)
 - Designated 7/22/2023 as "Hemihyperplasia Awareness Day."
 - Adopted 6/29/2023 (201-1).
- [HR 446, PN 3132](#) (Joazwiak)
 - Designated 7/22/2024 as "Hemihyperplasia Awareness Day."
 - Adopted 7/8/2024 (200-1).

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HOUSE OF REPRESENTATIVES

DEMOCRATIC COMMITTEE BILL ANALYSIS

Bill No:	HR0264 PN1962	Prepared By:	Patrick O'Rourke (717) 787-4296,6711
Committee:	Health	Executive Director:	Erika Fricke
Sponsor:	Malagari, Steve		
Date:	6/23/2025		

A. Brief Concept

Recognizes September 2025 as "Thyroid Cancer Awareness Month."

C. Analysis of the Bill

The thyroid gland, located in the front of the neck, produces hormones that regulate metabolism. Thyroid disorders include:

- Hypothyroidism, where the gland underproduces hormones, leading to symptoms like fatigue and weight gain. It's typically treated with synthetic thyroid hormones.
- Hyperthyroidism, where the gland overproduces hormones, causing weight loss, rapid heartbeat, and anxiety. Treatments include medications, radioactive iodine, or surgery.

Thyroid cancer can present with a neck lump, voice changes, or difficulty swallowing. Risk factors include high estrogen levels, radiation exposure, and certain genetic conditions. Papillary thyroid cancer is the most common type, making up 80–85% of cases. In 2025, about 44,020 new cases are expected, with women making up the majority. The average age of diagnosis is 51. Thyroid cancer is often curable with treatment, and has a five-year survival rate of 98.4%. Only 0.4% of cases are fatal.

Overall, about 20 million Americans have a thyroid disorder, with women being five to eight times more likely than men to be affected.

Effective Date:

N/A.

G. Relevant Existing Laws

N/A.

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

N/A.

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THE GENERAL ASSEMBLY OF PENNSYLVANIA

HOUSE RESOLUTION

No. 264 Session of
2025

INTRODUCED BY MALAGARI, HILL-EVANS, VENKAT, GUENST, PIELLI,
SANCHEZ, McNEILL, KHAN, CONKLIN, HOHENSTEIN, MAYES,
GALLAGHER, NEILSON AND CEPEDA-FREYTIZ, JUNE 18, 2025

REFERRED TO COMMITTEE ON HEALTH, JUNE 18, 2025

A RESOLUTION

1 Recognizing the month of September 2025 as "Thyroid Cancer
2 Awareness Month" in Pennsylvania.

3 WHEREAS, The thyroid gland is a butterfly-shaped gland
4 located in the front of the neck that produces the thyroid
5 hormones, which are involved in regulating an individual's
6 metabolism; and

7 WHEREAS, There are a number of conditions that an individual
8 can suffer from if the individual's thyroid is not functioning
9 properly; and

10 WHEREAS, One thyroid condition, hypothyroidism, occurs when
11 the thyroid gland does not produce enough of a thyroid hormone;
12 and

13 WHEREAS, Hypothyroidism can cause a variety of symptoms,
14 including fatigue and unexplained weight gain; and

15 WHEREAS, Treatment of hypothyroidism typically includes the
16 prescription of a synthetic thyroid hormone to restore adequate
17 hormone levels and reduce or eliminate symptoms; and

1 WHEREAS, Another thyroid condition, hyperthyroidism, occurs
2 when the thyroid gland produces too much of a thyroid hormone;
3 and

4 WHEREAS, Symptoms of hyperthyroidism include unintentional
5 weight loss, rapid or irregular heartbeat and increased
6 nervousness, anxiety and irritability; and

7 WHEREAS, A number of medications may be prescribed to treat
8 hyperthyroidism, including radioactive iodine, anti-thyroid
9 medications, beta blockers and even surgery in rare cases; and

10 WHEREAS, Additionally, thyroid cancer is a condition that can
11 be accompanied by symptoms such as a lump in the neck, changes
12 to an individual's voice, difficulty swallowing, pain in the
13 neck and throat and swollen lymph nodes; and

14 WHEREAS, Factors that can increase the risk of thyroid cancer
15 include having higher levels of estrogen, exposure to high
16 levels of radiation and inherited genetic syndromes, such as
17 familial medullary thyroid cancer, multiple endocrine neoplasia,
18 and papillary thyroid cancer; and

19 WHEREAS, Papillary thyroid cancer is the most common type of
20 thyroid cancer with it accounting for 80% to 85% of all thyroid
21 cancer cases; and

22 WHEREAS, The American Cancer Society estimates that there
23 will be 44,020 new cases of diagnosed thyroid cancer in 2025,
24 with 31,350 of those diagnosed being women and 12,670 of those
25 diagnosed being men; and

26 WHEREAS, Thyroid cancer can be diagnosed at any age but the
27 average age is 51 years old; and

28 WHEREAS, Thyroid cancer can typically be cured with treatment
29 or surgery to remove all or most of the thyroid gland; and

30 WHEREAS, Due to how well thyroid cancers respond to

1 treatment, about 0.4% of thyroid cancer cases are fatal and the
2 five-year relative survival rate is 98.4%; and

3 WHEREAS, Approximately 20 million Americans have some form of
4 thyroid disease, with women being five to eight times more
5 likely than men to have thyroid issues; and

6 WHEREAS, It is important to spread awareness of thyroid
7 conditions, cancers and treatments in order to improve diagnosis
8 and treatment outcomes for affected individuals; therefore be it

9 RESOLVED, That the House of Representatives recognize the
10 month of September 2025 as "Thyroid Cancer Awareness Month" in
11 Pennsylvania.