



HOUSE HEALTH COMMITTEE

VOTING MEETING

Wednesday, June 17th, 2026

10:00am

Room 205, Ryan Office Building
Harrisburg, PA

1. Call to Order

2. Attendance

3. **HB2378 PN3181 (Madden)**

An Act amending the act of July 15, 2004 (P.L.731, No.85), known as the Elderly Immunization Act, to change the age of eligibility for the influenza vaccine.

A-03661 (Frankel) Requires RSV vaccine be offered at age 75 and pneumococcal vaccine be offered at age 50.

HR528 PN3413 (Cooper)

A Resolution directing the Joint State Government Commission to conduct a study on pediatric acute-onset neuropsychiatric syndrome and pediatric autoimmune neuropsychiatric disorders associated with streptococcal infections.

A-03651 (M. Brown) Adds study advisors and topics for examination in the study.

HB2614 PN3566 (Kosierowski)

An Act amending Title 35 (Health and Safety) of the Pennsylvania Consolidated Statutes, creating a prohibition on DEHP in certain medical equipment

A-03676 (Kosierowski) Changes the deadline for companies to inform clients they are seeking an extension.

HB2621 PN3561 (Shusterman)

An Act amending the act of April 9, 1929 (P.L.177, No.175), known as The Administrative Code of 1929, in powers and duties of the Department of Health and its departmental administrative and advisory boards, providing for Pregnancy Risk Assessment Monitoring System.

A-03660 (Shusterman) Changes the name of the survey to the "Survey to Assess Maternal and Infant Outcome Measures" and allows for research and reports.

HR532 PN3422 (Gallagher)

A Resolution recognizing October 24, 2026, as "Acupuncture and Herbal Medicine Day" in Pennsylvania.

HR546 PN3475 (Moul)

A Resolution recognizing the week of September 28 through October 4, 2026, as "Frontotemporal Degeneration Awareness Week" in Pennsylvania.

HR568 PN3605 (McAndrew)

A Resolution designating June 23, 2026, as "Dravet Syndrome Awareness Day" in Pennsylvania.

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

HOUSE OF REPRESENTATIVES

DEMOCRATIC COMMITTEE BILL ANALYSIS

Bill No:	HB2378 PN3181	Prepared By:	Abigail Bergson-Conklin (717) 705-1875
Committee:	Health	Executive Director:	Erika Fricke
Sponsor:	Madden, Maureen		
Date:	6/5/2026		

A. Brief Concept

Updates who would be offered the vaccines for flu and pneumonia after a hospital stay or as part of the ongoing medical care. The age for pneumococcal vaccine remains 65 years old, and the age for influenza vaccine is reduced to 50.

C. Analysis of the Bill

HB2378 renames the "Elderly Immunization Act" of July 15, 2004 the "Elderly and High Risk Immunization Act" and expands who should be offered vaccines for influenza virus to those who are deemed "high-risk," which includes people 50 and older in the case of influenza.

Under the legislation patients who have been hospitalized for 24 hours, or who are receiving care in a doctor's office, public health clinic, hemodialysis center, hospital specialty-care clinic or outpatient rehabilitation program must be offered the vaccinations if they are:

- 1) 65 years or older for pneumococcal vaccination
- 2) 50 years or older for influenza vaccination

Effective Date:

Effective in 60 days

G. Relevant Existing Laws

Act No. 85 of 2004 (SB 769), requires vaccines for the flu or pneumonia be offered to people 65 and older who are admitted to the hospital for over 24 hours for a medical emergency unrelated to the flu or pneumococcal disease.

Physician's offices, public health clinics, hemodialysis centers, hospital specialty-care clinics and outpatient rehabilitation programs should also offer the vaccines to patients if available. If not, patients should receive information on how they can obtain the vaccine.

The flu vaccine should be offered during October, November, and December if vaccine is still available. The vaccine for pneumonia should be available year-round.

Providers should check for contra-indications before administering the vaccine and assess whether the patient has already received a vaccine.

Vaccinations must be documented in the patient's chart.

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

2025 SB0196

2023 SB1303

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

THE GENERAL ASSEMBLY OF PENNSYLVANIA

HOUSE BILL

No. 2378 Session of
2026

INTRODUCED BY MADDEN, PARKER, WAXMAN, SAMUELSON, GUENST, HILL-
EVANS, SANCHEZ, FREEMAN, VENKAT AND HANBIDGE, APRIL 10, 2026

REFERRED TO COMMITTEE ON HEALTH, APRIL 14, 2026

AN ACT

1 Amending the act of July 15, 2004 (P.L.731, No.85), entitled "An
2 act providing for immunization against the influenza virus
3 and pneumococcal disease for elderly persons," further
4 providing for definitions; and making editorial changes.

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

7 Section 1. The title and section 1 of the act of July 15,
8 2004 (P.L.731, No.85), known as the Elderly Immunization Act,
9 are amended to read:

10 AN ACT

11 Providing for immunization against the influenza virus and
12 pneumococcal disease for elderly and high risk persons.

13 Section 1. Short title.

14 This act shall be known and may be cited as the Elderly and
15 High Risk Immunization Act.

16 Section 2. The definition of "eligible person" in section 2
17 of the act is amended to read:

18 Section 2. Definitions.

19 The following words and phrases when used in this act shall

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

3 * * *

4 "Eligible person." A person:

5 (1) 65 years of age or older[.] for pneumococcal
6 vaccination.

7 (2) 50 years of age or older for influenza vaccination.

8 * * *

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

LEGISLATIVE REFERENCE BUREAU

AMENDMENTS TO HOUSE BILL NO. 2378

Sponsor:

Printer's No. 3181

1 Amend Bill, page 1, line 4, by inserting after "definitions"
2 , for vaccination offered to eligible persons and for
3 responsibilities of department

4 Amend Bill, page 2, line 5, by inserting a bracket before
5 "65"

6 Amend Bill, page 2, line 5, by inserting after "65"

7] 50

8 Amend Bill, page 2, by inserting between lines 7 and 8

9 (3) 75 years of age or older for respiratory syncytial
10 virus.

11 Amend Bill, page 2, by inserting between lines 8 and 9

12 Section 3. Sections 3 and 4 of the act are amended to read:
13 Section 3. Vaccination offered to eligible persons.

14 (a) General rule.--When an eligible person is admitted to a
15 hospital for a period of more than 24 hours for a condition
16 unrelated to the influenza virus, respiratory syncytial virus or
17 pneumococcal disease, he or she shall be informed that a
18 vaccination for the influenza virus, respiratory syncytial virus
19 and pneumococcal disease is available and provided the
20 opportunity to receive vaccination against the influenza virus,
21 respiratory syncytial virus and pneumococcal disease prior to
22 discharge from the hospital. Immunization shall be conducted in
23 accordance with the recommendations of the Advisory Committee on
24 Immunization Practices of the Centers for Disease Control and
25 Prevention.

26 (b) Other facilities to offer vaccination.--Vaccination for
27 the influenza virus, respiratory syncytial virus and
28 pneumococcal disease shall also be offered to an eligible person
29 at facilities providing ongoing medical care to the extent
30 possible as determined by the facility. If the facility
31 determines it is not possible to provide the vaccine,
32 information shall be provided to the patient on other options
33 for obtaining the vaccine.

1 (c) Time frame for availability of influenza, respiratory
2 syncytial virus and pneumococcal vaccine.--

3 (1) The influenza vaccine shall be made available for
4 eligible persons during the months of October and November.
5 Vaccination efforts may continue into December and later
6 based on availability of the vaccine.

7 (2) The pneumococcal [vaccine] and respiratory syncytial
8 virus vaccines shall be available for eligible persons.

9 (d) Protocols.--Vaccines may be administered under
10 institution-approved or physician-approved protocols after an
11 assessment has been made for contraindications.

12 (e) Responsibility of person administering vaccine.--It
13 shall be the responsibility of the person administering the
14 vaccine to inquire as to whether the eligible person has already
15 received a vaccination against the influenza virus, respiratory
16 syncytial virus or pneumococcal disease.

17 (f) Documentation of vaccine.--Receipt of the vaccination
18 shall be documented on the patient's chart and made a part of
19 the patient's permanent record at the hospital or other
20 facility.

21 Section 4. Responsibilities of department.

22 (a) Promulgation of regulations.--The department may
23 promulgate regulations relating to this act, taking into
24 consideration the recommendations of the Advisory Committee on
25 Immunization Practices of the Centers for Disease Control and
26 Prevention.

27 (b) Educational materials.--The department shall make
28 available educational and informational materials to all
29 hospitals and other facilities providing ongoing medical care
30 concerning vaccination against the influenza virus, respiratory
31 syncytial virus and pneumococcal disease.

32 Amend Bill, page 2, line 9, by striking out "3" and inserting

33 4

THE GENERAL ASSEMBLY OF PENNSYLVANIA

HOUSE BILL

No. 2378 Session of
2026

INTRODUCED BY MADDEN, PARKER, WAXMAN, SAMUELSON, GUENST, HILL-
EVANS, SANCHEZ, FREEMAN, VENKAT AND HANBIDGE, APRIL 10, 2026

REFERRED TO COMMITTEE ON HEALTH, APRIL 14, 2026

AN ACT

1 Amending the act of July 15, 2004 (P.L.731, No.85), entitled "An
2 act providing for immunization against the influenza virus
3 and pneumococcal disease for elderly persons," further
4 | providing for definitions, for vaccination offered to
5 | eligible persons and for responsibilities of department; and
6 making editorial changes.

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

9 Section 1. The title and section 1 of the act of July 15,
10 2004 (P.L.731, No.85), known as the Elderly Immunization Act,
11 are amended to read:

AN ACT

13 Providing for immunization against the influenza virus and
14 pneumococcal disease for elderly and high risk persons.

15 Section 1. Short title.

16 This act shall be known and may be cited as the Elderly and
17 High Risk Immunization Act.

18 Section 2. The definition of "eligible person" in section 2
19 of the act is amended to read:

20 Section 2. Definitions.

A03661 Amendment in Context

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

4 * * *

5 "Eligible person." A person:

6 (1) [65] 50 years of age or older[.] for pneumococcal
7 vaccination.

8 (2) 50 years of age or older for influenza vaccination.

9 (3) 75 years of age or older for respiratory syncytial
10 virus.

11 * * *

12 Section 3. Sections 3 and 4 of the act are amended to read:

13 Section 3. Vaccination offered to eligible persons.

14 (a) General rule.--When an eligible person is admitted to a
15 hospital for a period of more than 24 hours for a condition
16 unrelated to the influenza virus, respiratory syncytial virus or
17 pneumococcal disease, he or she shall be informed that a
18 vaccination for the influenza virus, respiratory syncytial virus
19 and pneumococcal disease is available and provided the
20 opportunity to receive vaccination against the influenza virus,
21 respiratory syncytial virus and pneumococcal disease prior to
22 discharge from the hospital. Immunization shall be conducted in
23 accordance with the recommendations of the Advisory Committee on
24 Immunization Practices of the Centers for Disease Control and
25 Prevention.

26 (b) Other facilities to offer vaccination.--Vaccination for
27 the influenza virus, respiratory syncytial virus and
28 pneumococcal disease shall also be offered to an eligible person
29 at facilities providing ongoing medical care to the extent
30 possible as determined by the facility. If the facility

A03661 Amendment in Context

1 determines it is not possible to provide the vaccine,
2 information shall be provided to the patient on other options
3 for obtaining the vaccine.

4 (c) Time frame for availability of influenza, respiratory
5 syncytial virus and pneumococcal vaccine.--

6 (1) The influenza vaccine shall be made available for
7 eligible persons during the months of October and November.
8 Vaccination efforts may continue into December and later
9 based on availability of the vaccine.

10 (2) The pneumococcal [vaccine] and respiratory syncytial
11 virus vaccines shall be available for eligible persons.

12 (d) Protocols.--Vaccines may be administered under
13 institution-approved or physician-approved protocols after an
14 assessment has been made for contraindications.

15 (e) Responsibility of person administering vaccine.--It
16 shall be the responsibility of the person administering the
17 vaccine to inquire as to whether the eligible person has already
18 received a vaccination against the influenza virus, respiratory
19 syncytial virus or pneumococcal disease.

20 (f) Documentation of vaccine.--Receipt of the vaccination
21 shall be documented on the patient's chart and made a part of
22 the patient's permanent record at the hospital or other
23 facility.

24 Section 4. Responsibilities of department.

25 (a) Promulgation of regulations.--The department may
26 promulgate regulations relating to this act, taking into
27 consideration the recommendations of the Advisory Committee on
28 Immunization Practices of the Centers for Disease Control and
29 Prevention.

30 (b) Educational materials.--The department shall make

A03661 Amendment in Context

1 available educational and informational materials to all
2 hospitals and other facilities providing ongoing medical care
3 concerning vaccination against the influenza virus, respiratory
4 syncytial virus and pneumococcal disease.

5 Section ~~3~~ 4. This act shall take effect in 60 days.

HOUSE OF REPRESENTATIVES

DEMOCRATIC COMMITTEE BILL ANALYSIS

Bill No: HR0528 PN3413
Committee: Health
Sponsor: Cooper, Jill
Date: 6/5/2026

Prepared By: Abigail Bergson-Conklin
(717) 705-1875
Executive Director: Erika Fricke

A. Brief Concept

Directs the Joint State Government Commission to conduct a study on pediatric acute-onset neuropsychiatric syndrome (PANS) and pediatric autoimmune neuropsychiatric disorders associated with streptococcal infections (PANDAS).

C. Analysis of the Bill

Pediatric acute-onset neuropsychiatric syndrome (PANS) and pediatric autoimmune neuropsychiatric disorders associated with streptococcal infections (PANDAS) are defined as immune mediated disorders triggered by many different infections which can cause sudden and severe neuropsychiatric symptoms, like obsessive-compulsive behaviors, tics, anxiety, restricted eating, mood swings and cognitive deterioration. The resolution states that there are several treatments available for PANS and PANDAS that can lead to a full recovery if administered quickly, but people frequently face limited or delayed access due to numerous issues, including:

- 1) Inconsistent insurance coverage
- 2) Limited number of healthcare providers with specialized training in the diagnosis and treatment of PANS and PANDAS
- 3) Misdiagnosis with primary psychiatric disorders
- 4) Lack of State laws that mandate insurance coverage for PANS and PANDAS treatments
- 5) Lack of PANS and PANDAS resources and recommendations from The Pennsylvania Rare Disease Advisory Council (PARDAC) advisory board

To address these issues, HR0528 directs the Joint State Government Commission, in consultation with PARDAC, statewide medical organizations, national experts, Commonwealth insurers, rare disease advocacy groups, and health care access groups, to conduct a study on PANS and PANDAS to examine:

- 1) Which insurers, if any, currently cover treatments
- 2) Existing resources provided by the Commonwealth regarding PANS and PANDAS
- 3) An estimate of the number of health care practitioners who treat PANS and PANDAS across this Commonwealth
- 4) The most common misdiagnoses and the impact of them on patient outcomes
- 5) Legislative and policy actions taken by other states to address PANS and PANDAS
- 6) Recommendations for Pennsylvania and any other information deemed necessary

Effective Date:

Report on findings must be issued no later than 18 months after adoption of this resolution and copies must be distributed to the Department of Health, the Insurance Department and the organizations consulted in the study.

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. 528 Session of
2026

INTRODUCED BY COOPER, BRIGGS, PASHINSKI, STEELE, STRUZZI,
BRENNAN AND C. WILLIAMS, MAY 14, 2026

REFERRED TO COMMITTEE ON HEALTH, MAY 14, 2026

A RESOLUTION

1 Directing the Joint State Government Commission to conduct a
2 study on pediatric acute-onset neuropsychiatric syndrome and
3 pediatric autoimmune neuropsychiatric disorders associated
4 with streptococcal infections.

5 WHEREAS, Pediatric acute-onset neuropsychiatric syndrome
6 (PANS) and pediatric autoimmune neuropsychiatric disorders
7 associated with streptococcal infections (PANDAS) are immune-
8 mediated disorders triggered by many different infections, such
9 as streptococcal infections, which cause sudden and severe
10 neuropsychiatric symptoms, including obsessive-compulsive
11 behaviors, tics, anxiety, restricted eating, mood swings and
12 cognitive deterioration; and

13 WHEREAS, The true lifetime prevalence of PANS and PANDAS is
14 not known and frequent misdiagnosis makes it difficult to
15 estimate the number of people affected; and

16 WHEREAS, Effective treatments for PANS and PANDAS, including
17 antibiotics, anti-inflammatory therapies and intravenous
18 immunoglobulin (IVIG), can lead to full recovery if administered
19 promptly but patients often experience limited or delayed access

1 to these treatments because of inconsistent insurance coverage
2 and a shortage of knowledgeable health care providers; and

3 WHEREAS, The Pennsylvania Rare Disease Advisory Council
4 (PARDAC) serves as an advisory board to the General Assembly and
5 other State and private agencies that provide services to or are
6 charged with the care of individuals with rare diseases but has
7 not yet issued specific resources or recommendations on PANS and
8 PANDAS; and

9 WHEREAS, A limited number of health care practitioners in
10 this Commonwealth have specialized training in the diagnosis and
11 treatment of PANS and PANDAS, which creates significant barriers
12 to timely and appropriate care for affected patients and
13 families across this Commonwealth; and

14 WHEREAS, Patients affected by PANS and PANDAS are frequently
15 misdiagnosed with primary psychiatric disorders such as
16 obsessive-compulsive disorder, attention-deficit/hyperactivity
17 disorder, oppositional defiant disorder, Tourette's syndrome,
18 autism spectrum disorder, avoidant or restrictive food intake
19 disorder, anorexia, major depressive disorder, generalized
20 anxiety disorder or bipolar disorder, which leads to delayed
21 treatment and prolonged suffering; and

22 WHEREAS, There are no State laws that mandate insurance
23 coverage for PANS and PANDAS treatments, unlike 22 states that
24 offer some insurance coverage and at least 15 states, including
25 Illinois, Massachusetts, Virginia and California, that have
26 enacted laws requiring coverage for diagnosis and therapies such
27 as IVIG; and

28 WHEREAS, A comprehensive study is necessary to address gaps
29 in awareness, resources, insurance coverage, provider capacity
30 and policy in order to better support affected patients and

1 families across this Commonwealth; therefore be it

2 RESOLVED, That the House of Representatives direct the Joint
3 State Government Commission to conduct a study on pediatric
4 acute-onset neuropsychiatric syndrome and pediatric autoimmune
5 neuropsychiatric disorders associated with streptococcal
6 infections in this Commonwealth; and be it further

7 RESOLVED, That the Joint State Government Commission, in
8 conducting the study, examine all of the following:

9 (1) Which insurers, if any, currently cover treatments
10 for PANS and PANDAS, including diagnostic tests, antibiotics,
11 anti-inflammatory medications and immunomodulatory therapies
12 such as IVIG.

13 (2) Existing resources provided by the Commonwealth
14 regarding PANS and PANDAS, including any initiatives, funding
15 or guidance from PARDAC.

16 (3) An estimate of the number of health care
17 practitioners who treat PANS and PANDAS across this
18 Commonwealth, including pediatricians, neurologists,
19 immunologists and psychiatrists with relevant expertise.

20 (4) The most common misdiagnoses for PANS and PANDAS and
21 the impact of those misdiagnoses on patient outcomes.

22 (5) Legislative and policy actions taken by other states
23 to address PANS and PANDAS, including insurance mandates,
24 mandated provider education, awareness campaigns and advisory
25 councils.

26 (6) Recommendations for legislation or policy changes in
27 this Commonwealth to improve diagnosis, treatment access,
28 insurance coverage, provider education and support services
29 for PANS and PANDAS.

30 (7) Any other information that the Joint State

1 Government Commission deems necessary for the completion of
2 the study;

3 and be it further

4 RESOLVED, That the Joint State Government Commission, in
5 carrying out the study, consult with PARDAC, Statewide medical
6 organizations, such as the Pennsylvania Medical Society and the
7 Pennsylvania Chapter of the American Academy of Pediatrics,
8 national experts in PANS, including the PANS Research Consortium
9 at Stanford, health insurers that operate in this Commonwealth,
10 rare disease advocacy groups, such as PANDAS/PANS Parents of
11 Pennsylvania, the PANDAS Physicians Network and the Alliance to
12 Solve PANS and Immune-Related Encephalopathies, and health care
13 access groups, such as the Pennsylvania Health Access Network,
14 to develop evidence-based recommendations for inclusion in the
15 study report; and be it further

16 RESOLVED, That the Joint State Government Commission issue a
17 report of its findings and recommendations to the House of
18 Representatives no later than 18 months after the adoption of
19 this resolution; and be it further

20 RESOLVED, That copies of this resolution be transmitted to
21 the Department of Health, the Insurance Department and the
22 organizations consulted in the study.

LEGISLATIVE REFERENCE BUREAU

AMENDMENTS TO HOUSE RESOLUTION NO. 528

Sponsor:

Printer's No. 3413

1 Amend Resolution, page 1, lines 1 through 19; pages 2 and 3,
2 lines 1 through 30; page 4, lines 1 through 22; by striking out
3 all of said lines on said pages and inserting

4 Directing the Joint State Government Commission to conduct a
5 study on pediatric acute-onset neuropsychiatric syndrome and
6 pediatric autoimmune neuropsychiatric disorders associated
7 with streptococcal infections.

8 WHEREAS, Pediatric acute-onset neuropsychiatric syndrome
9 (PANS) and pediatric autoimmune neuropsychiatric disorders
10 associated with streptococcal infections (PANDAS), a subset of
11 PANS, are considered immune-mediated disorders that may be
12 triggered by different infections, including streptococcal
13 infections, and that may cause sudden and severe
14 neuropsychiatric symptoms, including obsessive-compulsive
15 behaviors, tics, anxiety, restricted eating, mood swings and
16 cognitive deterioration; and

17 WHEREAS, The American Academy of Pediatrics clinical report
18 on PANS noted that PANS is difficult to diagnose due to the lack
19 of disease-specific biomarkers, strong evidence for pathogenic
20 causes or consensus on treatment; and

21 WHEREAS, The American Academy of Pediatrics noted that the
22 evidence base for PANS encompasses multiple subspecialties,
23 including child and adolescent psychiatry, pediatric
24 rheumatology, pediatric neurology, pediatric infectious
25 diseases, pediatric immunology and developmental-behavioral
26 pediatrics; and

27 WHEREAS, The true lifetime prevalence of PANS and PANDAS is
28 not known, and difficulty in diagnosis makes it difficult to
29 estimate the number of individuals affected; and

30 WHEREAS, Some providers believe that effective treatments for
31 PANS and PANDAS, including psychiatric and behavioral
32 interventions, antibiotics, anti-inflammatory therapies and
33 intravenous immunoglobulin, can lead to full recovery; and

34 WHEREAS, A limited number of health care practitioners in
35 this Commonwealth have specialized training in the diagnosis and
36 treatment of PANS and PANDAS, which may create barriers to
37 timely and appropriate care for affected patients and families

1 across this Commonwealth; and

2 WHEREAS, Insurance coverage for PANS may not cover all
3 preferred treatments; and

4 WHEREAS, Twenty-two states offer some insurance coverage for
5 PANS and PANDAS, and at least 15 states have enacted laws
6 requiring coverage for diagnosis and therapies, including
7 intravenous immunoglobulin; and

8 WHEREAS, A comprehensive study is necessary to address gaps
9 in awareness, resources, insurance coverage, provider capacity
10 and policy in order to better support affected patients and
11 families across this Commonwealth; therefore be it

12 RESOLVED, That the House of Representatives direct the Joint
13 State Government Commission to conduct a study on pediatric
14 acute-onset neuropsychiatric syndrome and pediatric autoimmune
15 neuropsychiatric disorders associated with streptococcal
16 infections in this Commonwealth; and be it further

17 RESOLVED, That the Joint State Government Commission, in
18 conducting the study, examine all of the following:

19 (1) Which insurers, if any, currently cover offered
20 treatments for PANS and PANDAS, including psychiatric and
21 behavioral interventions, diagnostic tests, antibiotics,
22 anti-inflammatory medications and immunomodulatory therapies,
23 including intravenous immunoglobulin.

24 (2) Insurance company decision making regarding coverage
25 for treatments of PANS and PANDAS, including the
26 justification for coverage decisions.

27 (3) An estimate of the number of health care
28 practitioners who treat PANS and PANDAS across this
29 Commonwealth, including pediatricians, neurologists,
30 rheumatologists, immunologists and psychiatrists with
31 relevant expertise.

32 (4) The estimated length of time between the onset of
33 symptoms and a diagnosis of PANS.

34 (5) Legislative and policy actions taken by other states
35 to address PANS and PANDAS, including insurance mandates,
36 mandated provider education, awareness campaigns and advisory
37 councils.

38 (6) Recommendations for legislation or policy changes in
39 this Commonwealth to improve appropriate diagnosis, treatment
40 access, insurance coverage, provider education and support
41 services for PANS.

42 (7) Any other information that the Joint State
43 Government Commission deems necessary for the completion of
44 the study;

45 and be it further

46 RESOLVED, That the Joint State Government Commission, in
47 carrying out the study, consult with Statewide medical
48 organizations, including the Pennsylvania Medical Society and
49 the Pennsylvania Chapter of the American Academy of Pediatrics,
50 pediatric providers, including child and adolescent
51 psychiatrists, pediatric rheumatologists, pediatric infectious

1 disease experts, pediatric immunologists, developmental-
2 behavioral pediatricians and pediatric neurologists, national
3 experts in PANS, including the Stanford Immune Behavioral
4 Health/PANS Program, health insurers that operate in this
5 Commonwealth, rare disease advocacy groups, including
6 PANDAS/PANS Parents of Pennsylvania, the PANDAS Physicians
7 Network and ASPIRE, the Alliance to Solve PANS and Immune-
8 Related Encephalopathies, and health care access groups,
9 including the Pennsylvania Health Access Network, to develop
10 evidence-based recommendations for inclusion in the study
11 report; and be it further

12 RESOLVED, That the Joint State Government Commission issue a
13 report of its findings and recommendations to the House of
14 Representatives no later than 18 months after the adoption of
15 this resolution; and be it further

16 RESOLVED, That, upon issuance of the report required under
17 this resolution, copies of the report be transmitted to the
18 Department of Health, the Insurance Department and the
19 organizations consulted in the study.

THE GENERAL ASSEMBLY OF PENNSYLVANIA

HOUSE RESOLUTION

No. 528 Session of
2026INTRODUCED BY COOPER, BRIGGS, PASHINSKI, STEELE, STRUZZI,
BRENNAN AND C. WILLIAMS, MAY 14, 2026

REFERRED TO COMMITTEE ON HEALTH, MAY 14, 2026

A RESOLUTION

~~Directing the Joint State Government Commission to conduct a study on pediatric acute onset neuropsychiatric syndrome and pediatric autoimmune neuropsychiatric disorders associated with streptococcal infections.~~

~~WHEREAS, Pediatric acute onset neuropsychiatric syndrome (PANS) and pediatric autoimmune neuropsychiatric disorders associated with streptococcal infections (PANDAS) are immune-mediated disorders triggered by many different infections, such as streptococcal infections, which cause sudden and severe neuropsychiatric symptoms, including obsessive-compulsive behaviors, tics, anxiety, restricted eating, mood swings and cognitive deterioration; and~~

~~WHEREAS, The true lifetime prevalence of PANS and PANDAS is not known and frequent misdiagnosis makes it difficult to estimate the number of people affected; and~~

~~WHEREAS, Effective treatments for PANS and PANDAS, including antibiotics, anti-inflammatory therapies and intravenous immunoglobulin (IVIG), can lead to full recovery if administered promptly but patients often experience limited or delayed access~~

A03651 Amendment in Context

1 ~~to these treatments because of inconsistent insurance coverage~~
2 ~~and a shortage of knowledgeable health care providers; and~~

3 ~~WHEREAS, The Pennsylvania Rare Disease Advisory Council~~
4 ~~(PARDAC) serves as an advisory board to the General Assembly and~~
5 ~~other State and private agencies that provide services to or are~~
6 ~~charged with the care of individuals with rare diseases but has~~
7 ~~not yet issued specific resources or recommendations on PANS and~~
8 ~~PANDAS; and~~

9 ~~WHEREAS, A limited number of health care practitioners in~~
10 ~~this Commonwealth have specialized training in the diagnosis and~~
11 ~~treatment of PANS and PANDAS, which creates significant barriers~~
12 ~~to timely and appropriate care for affected patients and~~
13 ~~families across this Commonwealth; and~~

14 ~~WHEREAS, Patients affected by PANS and PANDAS are frequently~~
15 ~~misdiagnosed with primary psychiatric disorders such as~~
16 ~~obsessive compulsive disorder, attention deficit/hyperactivity~~
17 ~~disorder, oppositional defiant disorder, Tourette's syndrome,~~
18 ~~autism spectrum disorder, avoidant or restrictive food intake~~
19 ~~disorder, anorexia, major depressive disorder, generalized~~
20 ~~anxiety disorder or bipolar disorder, which leads to delayed~~
21 ~~treatment and prolonged suffering; and~~

22 ~~WHEREAS, There are no State laws that mandate insurance~~
23 ~~coverage for PANS and PANDAS treatments, unlike 22 states that~~
24 ~~offer some insurance coverage and at least 15 states, including~~
25 ~~Illinois, Massachusetts, Virginia and California, that have~~
26 ~~enacted laws requiring coverage for diagnosis and therapies such~~
27 ~~as IVIG; and~~

28 ~~WHEREAS, A comprehensive study is necessary to address gaps~~
29 ~~in awareness, resources, insurance coverage, provider capacity~~
30 ~~and policy in order to better support affected patients and~~

A03651 Amendment in Context

1 ~~families across this Commonwealth; therefore be it~~

2 ~~RESOLVED, That the House of Representatives direct the Joint~~
3 ~~State Government Commission to conduct a study on pediatric~~
4 ~~acute-onset neuropsychiatric syndrome and pediatric autoimmune-~~
5 ~~neuropsychiatric disorders associated with streptococcal~~
6 ~~infections in this Commonwealth; and be it further~~

7 ~~RESOLVED, That the Joint State Government Commission, in~~
8 ~~conducting the study, examine all of the following:~~

9 ~~(1) Which insurers, if any, currently cover treatments~~
10 ~~for PANS and PANDAS, including diagnostic tests, antibiotics,~~
11 ~~anti-inflammatory medications and immunomodulatory therapies~~
12 ~~such as IVIG.~~

13 ~~(2) Existing resources provided by the Commonwealth~~
14 ~~regarding PANS and PANDAS, including any initiatives, funding~~
15 ~~or guidance from PARDAC.~~

16 ~~(3) An estimate of the number of health care~~
17 ~~practitioners who treat PANS and PANDAS across this~~
18 ~~Commonwealth, including pediatricians, neurologists,~~
19 ~~immunologists and psychiatrists with relevant expertise.~~

20 ~~(4) The most common misdiagnoses for PANS and PANDAS and~~
21 ~~the impact of those misdiagnoses on patient outcomes.~~

22 ~~(5) Legislative and policy actions taken by other states~~
23 ~~to address PANS and PANDAS, including insurance mandates,~~
24 ~~mandated provider education, awareness campaigns and advisory~~
25 ~~councils.~~

26 ~~(6) Recommendations for legislation or policy changes in~~
27 ~~this Commonwealth to improve diagnosis, treatment access,~~
28 ~~insurance coverage, provider education and support services~~
29 ~~for PANS and PANDAS.~~

30 ~~(7) Any other information that the Joint State~~

A03651 Amendment in Context

~~Government Commission deems necessary for the completion of the study;~~

~~and be it further~~

~~RESOLVED, That the Joint State Government Commission, in carrying out the study, consult with PARDAC, Statewide medical organizations, such as the Pennsylvania Medical Society and the Pennsylvania Chapter of the American Academy of Pediatrics, national experts in PANS, including the PANS Research Consortium at Stanford, health insurers that operate in this Commonwealth, rare disease advocacy groups, such as PANDAS/PANS Parents of Pennsylvania, the PANDAS Physicians Network and the Alliance to Solve PANS and Immune Related Encephalopathies, and health care access groups, such as the Pennsylvania Health Access Network, to develop evidence based recommendations for inclusion in the study report; and be it further~~

~~RESOLVED, That the Joint State Government Commission issue a report of its findings and recommendations to the House of Representatives no later than 18 months after the adoption of this resolution; and be it further~~

~~RESOLVED, That copies of this resolution be transmitted to the Department of Health, the Insurance Department and the organizations consulted in the study.~~

Directing the Joint State Government Commission to conduct a study on pediatric acute-onset neuropsychiatric syndrome and pediatric autoimmune neuropsychiatric disorders associated with streptococcal infections.

WHEREAS, Pediatric acute-onset neuropsychiatric syndrome (PANS) and pediatric autoimmune neuropsychiatric disorders associated with streptococcal infections (PANDAS), a subset of PANS, are considered immune-mediated disorders that may be triggered by different infections, including streptococcal infections, and that may cause sudden and severe

A03651 Amendment in Context

1 neuropsychiatric symptoms, including obsessive-compulsive
2 behaviors, tics, anxiety, restricted eating, mood swings and
3 cognitive deterioration; and

4 WHEREAS, The American Academy of Pediatrics clinical report
5 on PANS noted that PANS is difficult to diagnose due to the lack
6 of disease-specific biomarkers, strong evidence for pathogenic
7 causes or consensus on treatment; and

8 WHEREAS, The American Academy of Pediatrics noted that the
9 evidence base for PANS encompasses multiple subspecialties,
10 including child and adolescent psychiatry, pediatric
11 rheumatology, pediatric neurology, pediatric infectious
12 diseases, pediatric immunology and developmental-behavioral
13 pediatrics; and

14 WHEREAS, The true lifetime prevalence of PANS and PANDAS is
15 not known, and difficulty in diagnosis makes it difficult to
16 estimate the number of individuals affected; and

17 WHEREAS, Some providers believe that effective treatments for
18 PANS and PANDAS, including psychiatric and behavioral
19 interventions, antibiotics, anti-inflammatory therapies and
20 intravenous immunoglobulin, can lead to full recovery; and

21 WHEREAS, A limited number of health care practitioners in
22 this Commonwealth have specialized training in the diagnosis and
23 treatment of PANS and PANDAS, which may create barriers to
24 timely and appropriate care for affected patients and families
25 across this Commonwealth; and

26 WHEREAS, Insurance coverage for PANS may not cover all
27 preferred treatments; and

28 WHEREAS, Twenty-two states offer some insurance coverage for
29 PANS and PANDAS, and at least 15 states have enacted laws
30 requiring coverage for diagnosis and therapies, including

A03651 Amendment in Context

1 intravenous immunoglobulin; and

2 WHEREAS, A comprehensive study is necessary to address gaps
3 in awareness, resources, insurance coverage, provider capacity
4 and policy in order to better support affected patients and
5 families across this Commonwealth; therefore be it

6 RESOLVED, That the House of Representatives direct the Joint
7 State Government Commission to conduct a study on pediatric
8 acute-onset neuropsychiatric syndrome and pediatric autoimmune
9 neuropsychiatric disorders associated with streptococcal
10 infections in this Commonwealth; and be it further

11 RESOLVED, That the Joint State Government Commission, in
12 conducting the study, examine all of the following:

13 (1) Which insurers, if any, currently cover offered
14 treatments for PANS and PANDAS, including psychiatric and
15 behavioral interventions, diagnostic tests, antibiotics,
16 anti-inflammatory medications and immunomodulatory therapies,
17 including intravenous immunoglobulin.

18 (2) Insurance company decision making regarding coverage
19 for treatments of PANS and PANDAS, including the
20 justification for coverage decisions.

21 (3) An estimate of the number of health care
22 practitioners who treat PANS and PANDAS across this
23 Commonwealth, including pediatricians, neurologists,
24 rheumatologists, immunologists and psychiatrists with
25 relevant expertise.

26 (4) The estimated length of time between the onset of
27 symptoms and a diagnosis of PANS.

28 (5) Legislative and policy actions taken by other states
29 to address PANS and PANDAS, including insurance mandates,
30 mandated provider education, awareness campaigns and advisory

A03651 Amendment in Context

1 councils.

2 (6) Recommendations for legislation or policy changes in
3 this Commonwealth to improve appropriate diagnosis, treatment
4 access, insurance coverage, provider education and support
5 services for PANS.

6 (7) Any other information that the Joint State
7 Government Commission deems necessary for the completion of
8 the study;

9 and be it further

10 RESOLVED, That the Joint State Government Commission, in
11 carrying out the study, consult with Statewide medical
12 organizations, including the Pennsylvania Medical Society and
13 the Pennsylvania Chapter of the American Academy of Pediatrics,
14 pediatric providers, including child and adolescent
15 psychiatrists, pediatric rheumatologists, pediatric infectious
16 disease experts, pediatric immunologists, developmental-
17 behavioral pediatricians and pediatric neurologists, national
18 experts in PANS, including the Stanford Immune Behavioral
19 Health/PANS Program, health insurers that operate in this
20 Commonwealth, rare disease advocacy groups, including
21 PANDAS/PANS Parents of Pennsylvania, the PANDAS Physicians
22 Network and ASPIRE, the Alliance to Solve PANS and Immune-
23 Related Encephalopathies, and health care access groups,
24 including the Pennsylvania Health Access Network, to develop
25 evidence-based recommendations for inclusion in the study
26 report; and be it further

27 RESOLVED, That the Joint State Government Commission issue a
28 report of its findings and recommendations to the House of
29 Representatives no later than 18 months after the adoption of
30 this resolution; and be it further

A03651 Amendment in Context

1 RESOLVED, That, upon issuance of the report required under
2 this resolution, copies of the report be transmitted to the
3 Department of Health, the Insurance Department and the
4 organizations consulted in the study.

HOUSE OF REPRESENTATIVES

DEMOCRATIC COMMITTEE BILL ANALYSIS

Bill No:	HB2614 PN3566	Prepared By:	Erika Fricke (412) 422-1774
Committee:	Health	Executive Director:	Erika Fricke
Sponsor:	Kosierowski, Bridget		
Date:	6/14/2026		

A. Brief Concept

Prohibits the manufacturing, sale or distribution of intravenous tubing or bags containing Di(2-ethylhexyl) phthalate (DEHP) or another orthophthalate.

C. Analysis of the Bill

HB2614 adds Chapter 58A related to Medical Devices to Title 35 (Health and Safety)

Prohibition on DEHP

The bill creates a subchapter prohibiting the use of certain chemicals in medical devices. This bill bans the use of DEHP or ortho-phthalates from use in those containers used to administer fluids to patients in a hospital, outpatient facility, or healthcare facility.

The ban on the manufacture, sale, or distribution of containers with Di(2-ethylhexyl) phthalate (DEHP) begins on January 1, 2030.

The ban on the manufacture, sale, or distribution of intravenous (IV) tubes with DEHP begins on January 1, 2035.

DEHP may not be substituted with another ortho-phthalate.

DEHP that is added unintentionally, (not included in order to enhance the product), may not be present in the product above .1 percent weight per weight (w/w), where the mass of the DEHP is not more than .1 percent of the mass of the solution.

Exemptions and extensions

Human blood collection and storage bags are exempted from the prohibition

Apheresis and cell therapy blood kits and bags, including tubing, are exempted from the prohibition.

A company that is awaiting United States Food and Drug Administration (FDA) approval for DEHP-free containers, or who don't yet have the appropriate equipment to manufacture DEHP-free requirements may seek a two-year extension to continue to manufacture and sell containers with DEHP, until January 1, 2032.

In order to qualify for the extension, the company must notify it's customers by July 1 of this year that it has begun developing DEHP-free containers and provide notice to customers in the Commonwealth and on the Internet by 2028 that it won't meet the 2030 deadline.

Effective Date:

90 days

G. Relevant Existing Laws

No state law prohibitions exist on DEHP in IV bags

Title 16, Chapter II, Subchapter B, part 1308 prohibits DEHP in children's toys.

§ 1308.1 Prohibited children's toys and child care articles containing specified phthalates and testing requirements.

Section 108(a) of the Consumer Product Safety Improvement Act of 2008 (CPSIA) permanently prohibits any children's toy or child care article that contains concentrations of more than 0.1 percent of di-(2-ethylhexyl) phthalate (DEHP), dibutyl phthalate (DBP), or benzyl butyl phthalate (BBP). In accordance with section 108(b)(3) of the CPSIA, 16 CFR part 1307 prohibits any children's toy or child care article that contains concentrations of more than 0.1 percent of diisononyl phthalate (DINP), diisobutyl phthalate (DIBP), di-n-pentyl phthalate (DPENP), di-n-hexyl phthalate (DHEXP), or dicyclohexyl phthalate (DCHP) is prohibited. Materials used in children's toys and child care articles subject to section 108(a) of the CPSIA and 16 CFR part 1307 must comply with the third party testing requirements of section 14(a) (2) of the Consumer Product Safety Act (CPSA), unless listed in § 1308.2.

[83 FR 3585, Jan. 26, 2018, as amended at 83 FR 34765, July 23, 2018]

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

SB1301 from 2023

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

THE GENERAL ASSEMBLY OF PENNSYLVANIA

HOUSE BILL

No. 2614 Session of
2026

INTRODUCED BY KOSIEROWSKI, ISAACSON, HILL-EVANS, HANBIDGE,
BRENNAN, SANCHEZ, RIVERA, BOROWSKI, VENKAT, PROBST,
SHUSTERMAN, STEELE, GUENST, DONAHUE, K. HARRIS, MAYES,
CEPEDA-FREYTIZ, PASHINSKI, GREEN, GUZMAN, WAXMAN, OTTEN,
MADDEN AND KAZEEM, JUNE 8, 2026

REFERRED TO COMMITTEE ON HEALTH, JUNE 9, 2026

AN ACT

1 Amending Title 35 (Health and Safety) of the Pennsylvania
2 Consolidated Statutes, providing for medical devices.

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

5 Section 1. Title 35 of the Pennsylvania Consolidated
6 Statutes is amended by adding a chapter to read:

7 CHAPTER 58A

8 MEDICAL DEVICES

9 Subchapter

10 A. Preliminary Provisions (Reserved)

11 B. Prohibited Chemicals in Medical Devices

12 SUBCHAPTER A

13 PRELIMINARY PROVISIONS

14 (Reserved)

15 SUBCHAPTER B

16 PROHIBITED CHEMICALS IN MEDICAL DEVICES

1 Sec.

2 58A11. Scope of subchapter.

3 58A12. Legislative findings and declarations.

4 58A13. Definitions.

5 58A14. Prohibitions.

6 § 58A11. Scope of subchapter.

7 This subchapter relates to prohibited chemicals in medical
8 devices.

9 § 58A12. Legislative findings and declarations.

10 The General Assembly finds and declares as follows:

11 (1) DEHP and other ortho-phthalates are toxic chemicals
12 and used primarily to produce flexibility in plastics, mainly
13 polyvinyl chloride.

14 (2) DEHP is the most common plasticizer used in medical
15 devices, including intravenous solution containers, which are
16 also known as IV bags, and intravenous tubing.

17 (3) Over the course of its shelf life, DEHP leaches from
18 plastic containers such as medical devices into a simulant.

19 (4) DEHP is classified as an endocrine-disrupting
20 compound because it can:

21 (i) Interfere with the hormonal system in humans and
22 animals.

23 (ii) Mimic or block the actions of hormones, leading
24 to adverse effects on reproductive health, development
25 and metabolism.

26 (5) Studies have suggested a potential link between DEHP
27 exposure and certain types of cancer, including breast,
28 liver, lung and testicular cancer.

29 (6) The United States Environmental Protection Agency
30 has determined that DEHP is a probable human carcinogen.

1 (7) DEHP exposure:

2 (i) Has been associated with adverse effects on
3 reproductive organs and fertility.

4 (ii) Can disrupt normal reproductive development,
5 reduce sperm quality and affect hormone levels in both
6 males and females.

7 (8) DEHP is metabolized in the liver and can accumulate
8 in the body over time. Prolonged exposure to high levels of
9 DEHP has been shown to cause liver and kidney damage in
10 animal studies.

11 (9) Inhalation or ingestion of DEHP can cause
12 respiratory irritation and allergic reactions in some
13 individuals, particularly those with preexisting respiratory
14 conditions or sensitivities.

15 (10) The leaching of DEHP from medical devices at
16 varying concentrations has been linked to multidrug
17 resistance in breast cancer cells, inhibiting the
18 effectiveness of breast cancer drugs. This phenomenon has
19 been observed at both high and low concentrations of DEHP,
20 highlighting the potential impact of DEHP leaching on cancer
21 treatment outcomes.

22 (11) Exposure to DEHP has been linked to multidrug
23 resistance in triple-negative breast cancer cells, inhibiting
24 the apoptosis mechanism induced by breast cancer drugs, such
25 as tamoxifen, and increasing cell proliferation.

26 (12) DEHP has been suggested to serve as a mitogenic
27 factor for estrogen receptor-positive breast cancer cells,
28 potentially making them multidrug resistant.

29 § 58A13. Definitions.

30 The following words and phrases when used in this subchapter

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

3 "DEHP." Di(2-ethylhexyl) phthalate (Chemical Abstracts
4 Service Registry Number 117-81-7).

5 "Intentionally added DEHP." DEHP that a manufacturer has
6 intentionally added to a product and that has a functional or
7 technical effect on the product.

8 "Intravenous solution container." A container used to house
9 medicine, fluid or nutrition therapy that is intravenously
10 delivered to a patient in a hospital, outpatient facility or
11 other health care facility.

12 "Intravenous tubing." Tubing used to administer fluids,
13 medication or nutrients directly to an individual.

14 "Ortho-phthalate." A class of chemicals that are esters of
15 ortho-phthalic acid, including DEHP or any of the following:

16 (1) Benzyl butyl phthalate (BBP) (Chemical Abstracts
17 Service Registry Number 85-68-7).

18 (2) Dibutyl phthalate (DBP) (Chemical Abstracts Service
19 Registry Number 84-74-2).

20 (3) Dicyclohexyl phthalate (DCHP) (Chemical Abstracts
21 Service Registry Number 84-61-7).

22 (4) Diethyl phthalate (DEP) (Chemical Abstracts Service
23 Registry Number 84-66-2).

24 (5) Diisobutyl phthalate (DIBP) (Chemical Abstracts
25 Service Registry Number 84-69-5).

26 (6) Diisodecyl phthalate (DIDP) (Chemical Abstracts
27 Service Registry Number 26761-40-0).

28 (7) Diisononyl phthalate (DINP) (Chemical Abstracts
29 Service Registry Number 28553-12-0).

30 (8) Di-n-hexyl phthalate (DnHP) (Chemical Abstracts

1 Service Registry Number 84-75-3).

2 (9) Di-n-octyl phthalate (DNOP) (Chemical Abstracts
3 Service Registry Number 117-84-0).

4 (10) Di-n-pentyl phthalate (DnPP) (Chemical Abstracts
5 Service Registry Number 131-18-0).

6 (11) Diisoheptyl phthalate (DIHP) (Chemical Abstracts
7 Service Registry Number 71888-89-6).

8 "Unintentionally added DEHP." DEHP in an intravenous
9 solution container or intravenous tubing product that is not
10 used for functional or technical effect on the product.

11 § 58A14. Prohibitions.

12 (a) Intravenous solution containers.--Except as provided
13 under subsection (f), beginning January 1, 2030, a person may
14 not manufacture, sell or distribute intravenous solution
15 containers made with intentionally added DEHP.

16 (b) Intravenous tubing.--Beginning January 1, 2035, a person
17 may not manufacture, sell or distribute intravenous tubing made
18 with intentionally added DEHP.

19 (c) Replacement.--A person may not replace DEHP with another
20 ortho-phthalate in a new or revised medical device.

21 (d) Unintentionally added DEHP.--An intravenous solution
22 container or intravenous tubing product may not have
23 unintentionally added DEHP present at a quantity at or above
24 0.1% weight per weight (w/w).

25 (e) Exemptions.--The following items, as described in 21 CFR
26 (relating to food and drugs), are exempt from the provisions of
27 this section:

28 (1) Human blood collection and storage bags.

29 (2) Apheresis and cell therapy blood kits and bags,
30 including integral tubing.

1 (f) Extension.--A person, due to pending United States Food
2 and Drug Administration approval for the DEHP-free intravenous
3 solution container or due to the manufacturer not having
4 adequate equipment to manufacture the DEHP-free intravenous
5 solution container, shall meet the requirement under subsection
6 (a) by January 1, 2032, if all of the following conditions are
7 met:

8 (1) The person notified its customers in this
9 Commonwealth, no later than July 1, 2026, that the person has
10 commenced development of the DEHP-free intravenous solution
11 container to meet the requirements of this section.

12 (2) The person provides notice to its customers in this
13 Commonwealth and posts to its publicly accessible Internet
14 website, no later than January 1, 2028, that the person will
15 not meet the deadline imposed under subsection (a).

16 Section 2. This act shall take effect in 90 days.

LEGISLATIVE REFERENCE BUREAU

AMENDMENTS TO HOUSE BILL NO. 2614

Sponsor:

Printer's No. 3566

1 Amend Bill, page 6, line 9, by striking out "July 1" and
2 inserting
3 December 31

THE GENERAL ASSEMBLY OF PENNSYLVANIA

HOUSE BILL

No. 2614 Session of
2026

INTRODUCED BY KOSIEROWSKI, ISAACSON, HILL-EVANS, HANBIDGE,
BRENNAN, SANCHEZ, RIVERA, BOROWSKI, VENKAT, PROBST,
SHUSTERMAN, STEELE, GUENST, DONAHUE, K. HARRIS, MAYES,
CEPEDA-FREYTIZ, PASHINSKI, GREEN, GUZMAN, WAXMAN, OTTEN,
MADDEN AND KAZEEM, JUNE 8, 2026

REFERRED TO COMMITTEE ON HEALTH, JUNE 9, 2026

AN ACT

1 Amending Title 35 (Health and Safety) of the Pennsylvania
2 Consolidated Statutes, providing for medical devices.

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

5 Section 1. Title 35 of the Pennsylvania Consolidated
6 Statutes is amended by adding a chapter to read:

7 CHAPTER 58A

8 MEDICAL DEVICES

9 Subchapter

10 A. Preliminary Provisions (Reserved)

11 B. Prohibited Chemicals in Medical Devices

12 SUBCHAPTER A

13 PRELIMINARY PROVISIONS

14 (Reserved)

15 SUBCHAPTER B

16 PROHIBITED CHEMICALS IN MEDICAL DEVICES

1 Sec.

2 58A11. Scope of subchapter.

3 58A12. Legislative findings and declarations.

4 58A13. Definitions.

5 58A14. Prohibitions.

6 § 58A11. Scope of subchapter.

7 This subchapter relates to prohibited chemicals in medical
8 devices.

9 § 58A12. Legislative findings and declarations.

10 The General Assembly finds and declares as follows:

11 (1) DEHP and other ortho-phthalates are toxic chemicals
12 and used primarily to produce flexibility in plastics, mainly
13 polyvinyl chloride.

14 (2) DEHP is the most common plasticizer used in medical
15 devices, including intravenous solution containers, which are
16 also known as IV bags, and intravenous tubing.

17 (3) Over the course of its shelf life, DEHP leaches from
18 plastic containers such as medical devices into a simulant.

19 (4) DEHP is classified as an endocrine-disrupting
20 compound because it can:

21 (i) Interfere with the hormonal system in humans and
22 animals.

23 (ii) Mimic or block the actions of hormones, leading
24 to adverse effects on reproductive health, development
25 and metabolism.

26 (5) Studies have suggested a potential link between DEHP
27 exposure and certain types of cancer, including breast,
28 liver, lung and testicular cancer.

29 (6) The United States Environmental Protection Agency
30 has determined that DEHP is a probable human carcinogen.

A03676 Amendment in Context

1 (7) DEHP exposure:

2 (i) Has been associated with adverse effects on
3 reproductive organs and fertility.

4 (ii) Can disrupt normal reproductive development,
5 reduce sperm quality and affect hormone levels in both
6 males and females.

7 (8) DEHP is metabolized in the liver and can accumulate
8 in the body over time. Prolonged exposure to high levels of
9 DEHP has been shown to cause liver and kidney damage in
10 animal studies.

11 (9) Inhalation or ingestion of DEHP can cause
12 respiratory irritation and allergic reactions in some
13 individuals, particularly those with preexisting respiratory
14 conditions or sensitivities.

15 (10) The leaching of DEHP from medical devices at
16 varying concentrations has been linked to multidrug
17 resistance in breast cancer cells, inhibiting the
18 effectiveness of breast cancer drugs. This phenomenon has
19 been observed at both high and low concentrations of DEHP,
20 highlighting the potential impact of DEHP leaching on cancer
21 treatment outcomes.

22 (11) Exposure to DEHP has been linked to multidrug
23 resistance in triple-negative breast cancer cells, inhibiting
24 the apoptosis mechanism induced by breast cancer drugs, such
25 as tamoxifen, and increasing cell proliferation.

26 (12) DEHP has been suggested to serve as a mitogenic
27 factor for estrogen receptor-positive breast cancer cells,
28 potentially making them multidrug resistant.

29 § 58A13. Definitions.

30 The following words and phrases when used in this subchapter

A03676 Amendment in Context

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

3 "DEHP." Di(2-ethylhexyl) phthalate (Chemical Abstracts
4 Service Registry Number 117-81-7).

5 "Intentionally added DEHP." DEHP that a manufacturer has
6 intentionally added to a product and that has a functional or
7 technical effect on the product.

8 "Intravenous solution container." A container used to house
9 medicine, fluid or nutrition therapy that is intravenously
10 delivered to a patient in a hospital, outpatient facility or
11 other health care facility.

12 "Intravenous tubing." Tubing used to administer fluids,
13 medication or nutrients directly to an individual.

14 "Ortho-phthalate." A class of chemicals that are esters of
15 ortho-phthalic acid, including DEHP or any of the following:

16 (1) Benzyl butyl phthalate (BBP) (Chemical Abstracts
17 Service Registry Number 85-68-7).

18 (2) Dibutyl phthalate (DBP) (Chemical Abstracts Service
19 Registry Number 84-74-2).

20 (3) Dicyclohexyl phthalate (DCHP) (Chemical Abstracts
21 Service Registry Number 84-61-7).

22 (4) Diethyl phthalate (DEP) (Chemical Abstracts Service
23 Registry Number 84-66-2).

24 (5) Diisobutyl phthalate (DIBP) (Chemical Abstracts
25 Service Registry Number 84-69-5).

26 (6) Diisodecyl phthalate (DIDP) (Chemical Abstracts
27 Service Registry Number 26761-40-0).

28 (7) Diisononyl phthalate (DINP) (Chemical Abstracts
29 Service Registry Number 28553-12-0).

30 (8) Di-n-hexyl phthalate (DnHP) (Chemical Abstracts

A03676 Amendment in Context

1 Service Registry Number 84-75-3).

2 (9) Di-n-octyl phthalate (DNOP) (Chemical Abstracts
3 Service Registry Number 117-84-0).

4 (10) Di-n-pentyl phthalate (DnPP) (Chemical Abstracts
5 Service Registry Number 131-18-0).

6 (11) Diisoheptyl phthalate (DIHP) (Chemical Abstracts
7 Service Registry Number 71888-89-6).

8 "Unintentionally added DEHP." DEHP in an intravenous
9 solution container or intravenous tubing product that is not
10 used for functional or technical effect on the product.

11 § 58A14. Prohibitions.

12 (a) Intravenous solution containers.--Except as provided
13 under subsection (f), beginning January 1, 2030, a person may
14 not manufacture, sell or distribute intravenous solution
15 containers made with intentionally added DEHP.

16 (b) Intravenous tubing.--Beginning January 1, 2035, a person
17 may not manufacture, sell or distribute intravenous tubing made
18 with intentionally added DEHP.

19 (c) Replacement.--A person may not replace DEHP with another
20 ortho-phthalate in a new or revised medical device.

21 (d) Unintentionally added DEHP.--An intravenous solution
22 container or intravenous tubing product may not have
23 unintentionally added DEHP present at a quantity at or above
24 0.1% weight per weight (w/w).

25 (e) Exemptions.--The following items, as described in 21 CFR
26 (relating to food and drugs), are exempt from the provisions of
27 this section:

28 (1) Human blood collection and storage bags.

29 (2) Apheresis and cell therapy blood kits and bags,
30 including integral tubing.

A03676 Amendment in Context

1 (f) Extension.--A person, due to pending United States Food
2 and Drug Administration approval for the DEHP-free intravenous
3 solution container or due to the manufacturer not having
4 adequate equipment to manufacture the DEHP-free intravenous
5 solution container, shall meet the requirement under subsection
6 (a) by January 1, 2032, if all of the following conditions are
7 met:

8 (1) The person notified its customers in this
9 Commonwealth, no later than ~~July 1~~ December 31, 2026, that
10 the person has commenced development of the DEHP-free
11 intravenous solution container to meet the requirements of
12 this section.

13 (2) The person provides notice to its customers in this
14 Commonwealth and posts to its publicly accessible Internet
15 website, no later than January 1, 2028, that the person will
16 not meet the deadline imposed under subsection (a).

17 Section 2. This act shall take effect in 90 days.

HOUSE OF REPRESENTATIVES

DEMOCRATIC COMMITTEE BILL ANALYSIS

Bill No:	HB2621 PN3561	Prepared By:	Patrick O'Rourke (717) 787-4296
Committee:	Health	Executive Director:	Erika Fricke
Sponsor:	Shusterman, Melissa		
Date:	6/9/2026		

A. Brief Concept

Establishes the Pregnancy Risk Assessment Monitoring System (PRAMS) within the Department of Health (DOH).

C. Analysis of the Bill

Amends the Administrative Code of 1929 to add a section requiring the Department of Health to establish a Pregnancy Risk Assessment Monitoring System (PRAMS) to collect and analyze data to promote maternal and child health in Pennsylvania.

PRAMS includes a survey of new parents to understand preconception and postpartum behaviors, attitudes and experiences.

DOH may utilize any available funding for PRAMS, including from Federal appropriations.

DOH may contract with a third-party to conduct the PRAMS survey.

DOH may share PRAMS survey data with researchers, provided that the data being shared does not contain any personally identifiable data (PID).

Effective Date:

60 days.

G. Relevant Existing Laws

From 2006 through 2023 Pennsylvania participated in a cooperative agreement with the Centers for Disease Control and Prevention to participate in the Pregnancy Risk Assessment Monitoring System (PRAMS) as part of a nationwide effort to improve maternal health.

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

N/A.

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

THE GENERAL ASSEMBLY OF PENNSYLVANIA

HOUSE BILL

No. 2621 Session of
2026

INTRODUCED BY SHUSTERMAN, PROBST, PIELLI, HILL-EVANS, SANCHEZ,
HANBIDGE, MAYES, CEPEDA-FREYTIZ, RIVERA, MADDEN, BOROWSKI AND
CIRESI, JUNE 9, 2026

REFERRED TO COMMITTEE ON HEALTH, JUNE 9, 2026

AN ACT

1 Amending the act of April 9, 1929 (P.L.177, No.175), entitled
2 "An act providing for and reorganizing the conduct of the
3 executive and administrative work of the Commonwealth by the
4 Executive Department thereof and the administrative
5 departments, boards, commissions, and officers thereof,
6 including the boards of trustees of State Normal Schools, or
7 Teachers Colleges; abolishing, creating, reorganizing or
8 authorizing the reorganization of certain administrative
9 departments, boards, and commissions; defining the powers and
10 duties of the Governor and other executive and administrative
11 officers, and of the several administrative departments,
12 boards, commissions, and officers; fixing the salaries of the
13 Governor, Lieutenant Governor, and certain other executive
14 and administrative officers; providing for the appointment of
15 certain administrative officers, and of all deputies and
16 other assistants and employes in certain departments, boards,
17 and commissions; providing for judicial administration; and
18 prescribing the manner in which the number and compensation
19 of the deputies and all other assistants and employes of
20 certain departments, boards and commissions shall be
21 determined," in powers and duties of the Department of Health
22 and its departmental administrative and advisory boards,
23 providing for Pregnancy Risk Assessment Monitoring System.

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

26 Section 1. The act of April 9, 1929 (P.L.177, No.175), known
27 as The Administrative Code of 1929, is amended by adding a
28 section to read:

1 Section 2126.1. Pregnancy Risk Assessment Monitoring
2 System.--(a) The Pregnancy Risk Assessment Monitoring System is
3 established in the Department of Health to promote collection,
4 analysis and dissemination of population-based data for the
5 purpose of improving maternal and child health in this
6 Commonwealth. The program shall be administered by the
7 Department of Health.

8 (b) The Department of Health shall facilitate a survey of
9 individuals who have recently experienced a live birth in this
10 Commonwealth to gather data to evaluate preconception and
11 postpartum behaviors, attitudes and experiences of individuals
12 who recently experienced a live birth.

13 (c) The Department of Health may use any funding available,
14 including Federal appropriations, and may contract with third-
15 party entities to fulfill the requirements of this section.

16 (d) The Department of Health may share data with researchers
17 if the Department of Health maintains the confidentiality of
18 personally identifiable information collected under this
19 section.

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

LEGISLATIVE REFERENCE BUREAU

AMENDMENTS TO HOUSE BILL NO. 2621

Sponsor:

Printer's No. 3561

1 Amend Bill, page 1, line 23, by striking out "providing for
2 Pregnancy Risk Assessment Monitoring System" and inserting
3 establishing the Pennsylvania Maternal and Infant Outcome
4 Measures Survey Program

5 Amend Bill, page 2, lines 1 and 2, by striking out "Pregnancy
6 Risk Assessment Monitoring System.--(a) The Pregnancy Risk
7 Assessment Monitoring System" and inserting
8 Survey to Assess Maternal and Infant Outcome Measures.--The
9 Pennsylvania Maternal and Infant Outcome Measures Survey Program

10 Amend Bill, page 2, line 10, by inserting after
11 "preconception"
12 , pregnancy

13 Amend Bill, page 2, line 15, by striking out "to fulfill the
14 requirements" and inserting
15 for the purposes

16 Amend Bill, page 2, line 19, by inserting after "section."
17 The Department of Health may publish de-identified survey
18 data and use de-identified survey data in public reports and may
19 permit the use of de-identified survey data for research
20 purposes.

THE GENERAL ASSEMBLY OF PENNSYLVANIA

HOUSE BILL

No. 2621 Session of
2026

INTRODUCED BY SHUSTERMAN, PROBST, PIELLI, HILL-EVANS, SANCHEZ,
HANBIDGE, MAYES, CEPEDA-FREYTIZ, RIVERA, MADDEN, BOROWSKI AND
CIRESI, JUNE 9, 2026

REFERRED TO COMMITTEE ON HEALTH, JUNE 9, 2026

AN ACT

1 Amending the act of April 9, 1929 (P.L.177, No.175), entitled
2 "An act providing for and reorganizing the conduct of the
3 executive and administrative work of the Commonwealth by the
4 Executive Department thereof and the administrative
5 departments, boards, commissions, and officers thereof,
6 including the boards of trustees of State Normal Schools, or
7 Teachers Colleges; abolishing, creating, reorganizing or
8 authorizing the reorganization of certain administrative
9 departments, boards, and commissions; defining the powers and
10 duties of the Governor and other executive and administrative
11 officers, and of the several administrative departments,
12 boards, commissions, and officers; fixing the salaries of the
13 Governor, Lieutenant Governor, and certain other executive
14 and administrative officers; providing for the appointment of
15 certain administrative officers, and of all deputies and
16 other assistants and employes in certain departments, boards,
17 and commissions; providing for judicial administration; and
18 prescribing the manner in which the number and compensation
19 of the deputies and all other assistants and employes of
20 certain departments, boards and commissions shall be
21 determined," in powers and duties of the Department of Health
22 and its departmental administrative and advisory boards,
23 ~~providing for Pregnancy Risk Assessment Monitoring System~~
24 ~~establishing the Pennsylvania Maternal and Infant Outcome~~
25 ~~Measures Survey Program.~~

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

28 Section 1. The act of April 9, 1929 (P.L.177, No.175), known
29 as The Administrative Code of 1929, is amended by adding a

A03660 Amendment in Context

1 section to read:

2 Section 2126.1. ~~Pregnancy Risk Assessment Monitoring~~
3 ~~System. (a) The Pregnancy Risk Assessment Monitoring System~~
4 ~~Survey to Assess Maternal and Infant Outcome Measures.--The~~
5 ~~Pennsylvania Maternal and Infant Outcome Measures Survey Program~~
6 is established in the Department of Health to promote
7 collection, analysis and dissemination of population-based data
8 for the purpose of improving maternal and child health in this
9 Commonwealth. The program shall be administered by the
10 Department of Health.

11 (b) The Department of Health shall facilitate a survey of
12 individuals who have recently experienced a live birth in this
13 Commonwealth to gather data to evaluate preconception, pregnancy
14 and postpartum behaviors, attitudes and experiences of
15 individuals who recently experienced a live birth.

16 (c) The Department of Health may use any funding available,
17 including Federal appropriations, and may contract with third-
18 party entities ~~to fulfill the requirements for the purposes of~~
19 this section.

20 (d) The Department of Health may share data with researchers
21 if the Department of Health maintains the confidentiality of
22 personally identifiable information collected under this
23 section. ~~The Department of Health may publish de-identified~~
24 ~~survey data and use de-identified survey data in public reports~~
25 ~~and may permit the use of de-identified survey data for research~~
26 ~~purposes.~~

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

HOUSE OF REPRESENTATIVES

DEMOCRATIC COMMITTEE BILL ANALYSIS

Bill No:	HR0532 PN3422	Prepared By:	Abigail Bergson-Conklin (717) 705-1875
Committee:	Health	Executive Director:	Erika Fricke
Sponsor:	Gallagher, Patrick		
Date:	6/10/2026		

A. Brief Concept

Recognizes October 24, 2026, as "Acupuncture and Herbal Medicine Day" in Pennsylvania

C. Analysis of the Bill

Recognizes October 24, 2026, as "Acupuncture and Herbal Medicine Day" in Pennsylvania and encourages Pennsylvania residents to learn more about acupuncture and herbal medicine and their potential benefits.

HR 532 references that acupuncture and herbal medicine have been utilized for thousands of years as components of a comprehensive traditional medical system to treat illness and improve overall well-being. The practice involves stimulating the patient's body by inserting thin needles to improve health outcomes, commonly to treat back and neck pain. The National Certification Board for Acupuncture and Herbal Medicine has been in place since 1982 and is responsible for certifying qualified practitioners of acupuncture and herbal medicine. Millions of Americans have used acupuncture and herbal medicine to address health issues.

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. 532 Session of
2026

INTRODUCED BY GALLAGHER, GIRAL, WAXMAN, SANCHEZ, KHAN, NEILSON,
HOHENSTEIN, MULLINS, DONAHUE, DOUGHERTY, PROKOPIAK, GUZMAN,
BRENNAN, RIVERA, CEPEDA-FREYTIZ AND CERRATO, MAY 20, 2026

REFERRED TO COMMITTEE ON HEALTH, MAY 20, 2026

A RESOLUTION

1 Recognizing October 24, 2026, as "Acupuncture and Herbal
2 Medicine Day" in Pennsylvania.

3 WHEREAS, Acupuncture and herbal medicine have a long and rich
4 history as components of a comprehensive traditional medical
5 system that has been used for thousands of years to diagnose and
6 treat illness, prevent disease and improve well-being; and

7 WHEREAS, Acupuncture involves inserting fine needles into a
8 patient's skin to stimulate the body and promote changes in
9 health, often to address back or neck pain; and

10 WHEREAS, The National Certification Board for Acupuncture and
11 Herbal Medicine has served since 1982 as the body that certifies
12 qualified practitioners of acupuncture and herbal medicine; and

13 WHEREAS, Millions of Americans have used acupuncture to
14 address health issues; and

15 WHEREAS, This Commonwealth has a variety of practitioners who
16 provide acupuncture, including physicians; and

17 WHEREAS, Practitioners of acupuncture and herbal medicine are

1 dedicated to the highest standards of professionalism and
2 maintain these standards through education, credentialing and
3 personal commitment; and

4 WHEREAS, It is vital that individuals in need of medical
5 services understand the full range of available modalities and
6 seek competent and professional care; and

7 WHEREAS, October 24 has been nationally recognized as
8 "Acupuncture and Herbal Medicine Day" since 2002; therefore be
9 it

10 RESOLVED, That the House of Representatives recognize October
11 24, 2026, as "Acupuncture and Herbal Medicine Day" in
12 Pennsylvania; and be it further

13 RESOLVED, That the House of Representatives urge all
14 residents of this Commonwealth to learn more about the potential
15 benefits of acupuncture and herbal medicine.

HOUSE OF REPRESENTATIVES

DEMOCRATIC COMMITTEE BILL ANALYSIS

Bill No:	HR0546 PN3475	Prepared By:	Abigail Bergson-Conklin (717) 705-1875
Committee:	Health	Executive Director:	Erika Fricke
Sponsor:	Moul, Dan		
Date:	6/4/2026		

A. Brief Concept

Designates September 28th through October 4th, 2026 as "Frontotemporal Degeneration Awareness Week."

C. Analysis of the Bill

Frontotemporal degeneration (FTD) is an incurable neurodegenerative disease that can cause impairments to speech, personality, behavior and motor skills. It takes an average of 3.6 years from the start of symptoms to get an accurate diagnosis, and the average life expectancy after symptoms begin is only 7-13 years. FTD is the most common form of dementia for people under 60 but is frequently misdiagnosed due to its early onset and wide range of symptoms. FTD affects an estimated 60,000 people in the United States.

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. 546 Session of
2026

INTRODUCED BY MOUL, COOK, VENKAT, MADDEN, NEILSON, FEE,
HANBIDGE, PASHINSKI, FLICK, GALLAGHER AND ROWE, MAY 29, 2026

REFERRED TO COMMITTEE ON HEALTH, JUNE 1, 2026

A RESOLUTION

1 Recognizing the week of September 28 through October 4, 2026, as
2 "Frontotemporal Degeneration Awareness Week" in Pennsylvania.

3 WHEREAS, Frontotemporal degeneration (FTD) is identified in
4 the National Plan to Address Alzheimer's Disease as a related
5 dementia and included as a priority in the goals and strategies
6 to achieve the vision of a nation free of Alzheimer's disease
7 and related dementias; and

8 WHEREAS, FTD is referenced in the Pennsylvania State Plan for
9 Alzheimer's Disease and Related Disorders, which contains
10 recommendations to define a response to the current and
11 anticipated growth of the number of Pennsylvanians living with
12 Alzheimer's disease and related disorders; and

13 WHEREAS, The Association for Frontotemporal Degeneration
14 reports that FTD is a terminal and incurable neurodegenerative
15 disease affecting the frontal and temporal lobes, causing
16 impairments to speech, personality, behavior and motor skills,
17 which constitutes a major public health concern; and

18 WHEREAS, It takes an average of 3.6 years from the start of

1 symptoms to get an accurate diagnosis of FTD, with average life
2 expectancy of 7 to 13 years after the start of symptoms; and

3 WHEREAS, FTD strikes people as young as 17 years of age and
4 as old as 87 years of age, with the largest percentage of those
5 affected being in their 40s to 60s, rendering people in the
6 prime of life unable to work or function normally; and

7 WHEREAS, FTD represents an estimated 5% to 15% of all
8 dementia cases and is the most common form of dementia for
9 people under 60 years of age; and

10 WHEREAS, FTD is often misdiagnosed as a psychiatric problem
11 or other neurodegenerative disease because of the wide range of
12 cognitive and behavioral symptoms and their young onset; and

13 WHEREAS, FTD imposes average annual costs associated with
14 care and living with the disease that are approximately double
15 those of Alzheimer's disease; and

16 WHEREAS, FTD often affects a person's ability to express
17 emotions and to show affection and empathy for loved ones; and

18 WHEREAS, In the behavioral variant of FTD, a person's sense
19 of social graces and appropriate behavior can be lost, and their
20 personality may be significantly changed; and

21 WHEREAS, In the language variants of FTD, primary progressive
22 aphasia, a person may have trouble producing speech and
23 understanding grammar, lose the meaning of words or become
24 hesitant in their speech and may eventually become mute; and

25 WHEREAS, In the movement variants of FTD, a person may
26 experience muscle weakness, falling, loss of balance, difficulty
27 making speech and difficulty swallowing or choking; and

28 WHEREAS, While there has never been a global epidemiology
29 study of FTD, it is estimated that more than 60,000 people are
30 affected in the United States today; and

1 WHEREAS, The Association for Frontotemporal Degeneration is
2 the leading national organization exclusively focused on the
3 spectrum of FTD disorders with a mission to improve the quality
4 of life of people affected by FTD and drive research to a cure;
5 and

6 WHEREAS, It is imperative that there be greater awareness of
7 this serious disease, and more must be done to increase activity
8 at the national, State and local levels; therefore be it

9 RESOLVED, That the House of Representatives recognize the
10 week of September 28 through October 4, 2026, as "Frontotemporal
11 Degeneration Awareness Week" in Pennsylvania.

HOUSE OF REPRESENTATIVES

DEMOCRATIC COMMITTEE BILL ANALYSIS

Bill No:	HR0568 PN3605	Prepared By:	Abigail Bergson-Conklin (717) 705-1875
Committee:	Health	Executive Director:	Erika Fricke
Sponsor:	McAndrew, Joe		
Date:	6/15/2026		

A. Brief Concept

Designates June 23, 2026, as "Dravet Syndrome Awareness Day" in Pennsylvania.

C. Analysis of the Bill

Dravet syndrome, formerly referred to as severe myoclonic epilepsy of infancy, is a genetic form of epilepsy that is characterized by temperature-sensitive seizures, or febrile seizures.

After their first febrile seizure, the presence of a fever is unnecessary for another to occur, and future seizures could be triggered by any slight change in body temperature. Before having their first seizure, infants develop at a normal pace, but after their first seizure, experience developmental delays and features of autism spectrum disorder.

Dravet syndrome is a rare condition, estimated to affect approximately 20,000 people in the United States, or 1 in 16,000 babies that are born. Patients with the condition face a 15% to 20% mortality rate. Diagnosis of Dravet syndrome can be delayed and often requires expensive genetic testing. HR 568 references that the Dravet Syndrome Foundation has recognized the Epilepsy Neurogenetics Initiative at the Children's Hospital of Philadelphia, or CHOP, as a Dravet Comprehensive Care Center to acknowledge the expertise of CHOP providers in providing comprehensive care for children living with Dravet syndrome.

Effective Date:

N/A.

G. Relevant Existing Laws

N/A.

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

2025-26 Legislative Session

- [HR270 PN2008](#) (McAndrew)
 - Designates June 23, 2025 as "Dravet Syndrome Awareness Day."
 - Referred to House Health on 6/24/2025.

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THE GENERAL ASSEMBLY OF PENNSYLVANIA

HOUSE RESOLUTION

No. 568 Session of
2026

INTRODUCED BY McANDREW, HARKINS, McNEILL, WAXMAN, SANCHEZ,
RIVERA, GUZMAN, PROBST, NEILSON, VENKAT, DEASY, HADDOCK AND
STEELE, JUNE 15, 2026

REFERRED TO COMMITTEE ON HEALTH, JUNE 15, 2026

A RESOLUTION

1 Designating June 23, 2026, as "Dravet Syndrome Awareness Day" in
2 Pennsylvania.

3 WHEREAS, Dravet syndrome, formerly referred to as severe
4 myoclonic epilepsy of infancy, is a genetic form of epilepsy
5 that is characterized by temperature-sensitive seizures; and

6 WHEREAS, These temperature-sensitive seizures, also referred
7 to as febrile seizures, usually begin when an infant is between
8 four months and twelve months of age and may manifest as grand
9 mal seizures that involve convulsive movements of the entire
10 body; and

11 WHEREAS, Many infants with Dravet syndrome first experience a
12 hemiclonic seizure where jerking movements only affect one side
13 of the body, and the seizures are unlikely to stop on their own
14 and can occur in clusters; and

15 WHEREAS, After their first febrile seizure, the presence of a
16 fever is unnecessary for another to occur, and future seizures
17 could be triggered by any slight change in body temperature; and

1 WHEREAS, Before the onset of these seizures, infants with
2 Dravet syndrome reach their developmental milestones in time,
3 but when seizures begin, the infants begin to exhibit
4 developmental delays and features of autism spectrum disorder;
5 and

6 WHEREAS, In addition to seizures, patients with Dravet
7 syndrome may experience severe intellectual and developmental
8 disabilities, motor and speech impairments, behavioral
9 difficulties and sleep abnormalities; and

10 WHEREAS, Diagnosis of Dravet syndrome can be delayed and
11 often requires expensive genetic testing because
12 electroencephalogram and magnetic resonance imaging tests often
13 produce normal results when seizures first appear; and

14 WHEREAS, Genetic testing looks for a pathogenic variant in
15 the SCN1A gene, which can impair the flow of sodium ions into
16 brain neurons to lead to an overactivity of neurons that causes
17 the seizures and epilepsy, but only 90% of children with Dravet
18 syndrome have a mutated SCN1A gene, further complicating
19 diagnosis; and

20 WHEREAS, Dravet syndrome is treated by reducing or
21 eliminating seizures through the use of anticonvulsant drugs and
22 purified forms of cannabidiol that have been approved by the
23 United States Food and Drug Administration, dietary therapy and
24 vagus nerve stimulation in situations where medications are
25 ineffective in controlling seizures; and

26 WHEREAS, Treatment for Dravet syndrome is often also paired
27 with family counseling and support, physical therapy,
28 occupational therapy and speech therapy; and

29 WHEREAS, Dravet syndrome is a rare condition, estimated to
30 affect approximately 20,000 people in the United States, with

1 only 1 in 16,000 babies being born with it; and

2 WHEREAS, Patients with Dravet syndrome face a 15% to 20%
3 mortality rate due to sudden unexpected death in epilepsy,
4 prolonged seizures, seizure-related accidents and infections;
5 and

6 WHEREAS, The Dravet Syndrome Foundation has recognized the
7 Epilepsy Neurogenetics Initiative at the Children's Hospital of
8 Philadelphia, or CHOP, as a Dravet Comprehensive Care Center to
9 acknowledge the expertise of CHOP providers in providing
10 comprehensive care for children living with Dravet syndrome; and

11 WHEREAS, Pennsylvania should take pride in having a Dravet
12 Comprehensive Care Center in our State and in the hardworking
13 physicians and medical professionals that have dedicated their
14 lives and careers to helping children with this genetic
15 neurological condition; and

16 WHEREAS, "Dravet Syndrome Awareness Month" takes place each
17 June in the United States, and "International Dravet Syndrome
18 Awareness Day" is observed on June 23; and

19 WHEREAS, The Dravet Syndrome Foundation is recognizing all
20 those that have been lost to this condition on the sixth annual
21 remembrance day held on June 15, 2026; therefore be it

22 RESOLVED, That the House of Representatives designate June
23 23, 2026, as "Dravet Syndrome Awareness Day" in Pennsylvania.