



HOUSE HEALTH COMMITTEE

VOTING MEETING

AGENDA

Wednesday, March 27th, 2024

9:00 am

Room G-50 Irvis Office Building
Harrisburg, PA

1. Call to Order

2. Attendance

3. Legislation to be Considered:

HB2084 PN2665 (Briggs)

An Act amending the act of December 14, 1992 (P.L.1116, No.145), known as the Wholesale Prescription Drug Distributors License Act, further providing for definitions.

A03752 (Frankel)

Creates additional requirements and exemptions for virtual manufacturers.

HB1633 PN1960 (Frankel)

An Act prohibiting the enforcement of certain noncompete covenants entered by health care practitioners and employers.

A03789 (Venkat)

Clarifies and adds applicability of the underlying bill.

A03756 (Rapp)

Provides exceptions for noncompete covenants if they meet specific requirements.

SB668 PN1180 (J. Ward)

An Act amending the act of July 19, 1979 (P.L.130, No.48), known as the Health Care Facilities Act, providing for certified medication aides; and imposing duties on the Department of Education.

A03757 (Frankel)

Adds education requirements and sets limitations.

HR312 PN2565 (Schlossberg)

A Resolution designating the week of May 5 through 11, 2024, as "Tardive Dyskinesia Awareness Week" in Pennsylvania.

HR325 PN2623 (Briggs)

A Resolution recognizing the month of March 2024 as "National Athletic Training Month" in Pennsylvania.

HR341 PN2717 (Deasy)

A Resolution recognizing May 17, 2024, as "Necrotizing Enterocolitis (NEC) Day" in Pennsylvania.

HR349 PN2768 (Schlegel)

A Resolution Designating April 2024 as "Retinal Blindness Awareness Month" in Pennsylvania.

4. Adjournment

HOUSE OF REPRESENTATIVES DEMOCRATIC COMMITTEE BILL ANALYSIS

Bill No:	HB2084 PN2665	Prepared By:	Erika Fricke (412) 422-1774
Committee:	Health	Executive Director:	Erika Fricke
Sponsor:	Briggs, Tim		
Date:	3/20/2024		

A. Brief Concept

Adds virtual manufacturing to the list of distributors licensed by the Wholesale Prescription Drugs Distributor License Act.

C. Analysis of the Bill

House Bill 2084 amends the [Wholesale Prescription Drug Distributors Licensing Act](#) to create the definition of "virtual manufacturer" and adds it to the list of companies licensed by the Act.

A virtual manufacturer is defined as an entity responsible for the sourcing of ingredients, production and distribution of prescription drugs, without actually ever handling the product.

This legislation allows virtual manufacturers to be licensed as distributors by the Commonwealth.

Effective Date:

60 days.

G. Relevant Existing Laws

Pennsylvania has no licensure for virtual manufacturers, instead issuing a "certificate of record."

The wholesale prescription drugs distributor license act provides a license for a "wholesale distributor of prescription drugs," defined as follows:

A person who operates a facility from which a person engages in the wholesale distribution of prescription drugs, including, but not limited to, manufacturers, repackers, own-label distributors, private-label distributors or jobbers, warehouses, including manufacturers' and distributors' warehouses, chain drug warehouses and wholesale drug warehouses, independent wholesale drug traders and retail pharmacies that conduct wholesale distributions.

The term would not include a license for a company that manages the production and sale, but does not ever actually touch, a prescription drug.

The Controlled Substance, Drug, Device and Cosmetic Act

The [Controlled Substance, Drug, Device and Cosmetic Act](#) provides licenses for "manufacturers" of prescription drugs.

"Manufacture" means the production, preparation, propagation, compounding, conversion or processing of a controlled substance, other drug or device or the packaging or repackaging of such substance or article, or the labeling or relabeling of the commercial container of such substance or article, but does not include the activities of a practitioner who, as an incident to his administration or dispensing such substance or article in the course of his professional practice, prepares, compounds, packages or labels such substance or article. The term

"manufacturer" means a person who manufactures a controlled substance, other drug or device.

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

N/A.

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HOUSE OF REPRESENTATIVES

DEMOCRATIC COMMITTEE AMENDMENT REPORT

HB2084 - PN2665 (Briggs, Tim)

Adds virtual manufacturing to the list of distributors licensed by the Wholesale Prescription Drugs Distributor License Act.

A-03752 (Frankel, Dan)

Ensures that only legitimate businesses are able to receive licenses as virtual manufacturers by requiring the following:

- the business must have a label code from the FDA
- the virtual manufacturer must meet, state, local and federal business registration requirements
- The applicant must submit a surety bond of \$100,000 to the Department.

The virtual manufacturer is not required to meet standards related to size and maintenance of facility, security, storage, examination of material and returned, damaged and outdated drugs so long as these requirements are met in the locations where the drugs are actually held.

LEGISLATIVE REFERENCE BUREAU

AMENDMENTS TO HOUSE BILL NO. 2084

Sponsor: *Frankel #23*

Printer's No. 2665

1 Amend Bill, page 1, line 6, by striking out the period after
2 "definitions" and inserting
3 , for license application and for storage, handling and
4 recordkeeping.

5 Amend Bill, page 1, lines 19 and 20; page 2, lines 1 through
6 3; by striking out all of said lines on said pages and inserting
7 "Virtual manufacturer." A person with a place of business
8 located in this Commonwealth in the business of manufacturing
9 and distributing a drug or medical device that:

10 (1) Holds the drug or device approval and label code or
11 is otherwise identified on the product label from the United
12 States Food and Drug Administration.

13 (2) At no time takes physical possession of any drug or
14 device in this Commonwealth.

15 Amend Bill, page 2, line 14, by striking out all of said line
16 and inserting

17 Section 2. Section 5(a) of the act is amended by adding
18 paragraphs and the section is amended by adding a subsection to
19 read:

20 Section 5. License application.

21 (a) Information on application.--An applicant for a license
22 shall provide the following information on a license application
23 form approved by the department:

24 * * *

25 (1.1) Documentation showing compliance with all Federal,
26 State and local business registration requirements.

27 * * *

28 (6.1) A surety bond in accordance with subsection (a.1).

29 * * *

30 (a.1) Bond requirement.--The applicant or owner shall submit
31 a surety bond of \$100,000 to the department with an application.
32 The department may reduce the amount of the surety bond if the
33 annual gross receipts is expected to be under \$10,000,000 at the
34 facility location. The surety bond may not be reduced to less

1 than \$25,000.

2 * * *

3 Section 3. Section 6(a) of the act is amended and the
4 section is amended by adding a subsection to read:

5 Section 6. Storage, handling and recordkeeping.

6 (a) Minimum requirements.--[Licensees] Except as provided
7 under subsection (a.1), licensees and [their] the licensees'
8 officers, agents, representatives and employees shall satisfy
9 the minimum requirements of this section for the storage and
10 handling of prescription drugs and for the establishment and
11 maintenance of prescription drug distribution records.

12 (a.1) Virtual manufacturers.--The following requirements
13 apply to virtual manufacturers:

14 (1) A virtual manufacturer shall be exempt from the
15 minimum requirements under subsections (b), (c), (d), (e),
16 (f) and (j) at the virtual manufacturer's principal place of
17 business listed on an application that was submitted to the
18 department under section 5(a)(1) where no drug or devices are
19 physically stored or handled.

20 (2) A virtual manufacturer shall ensure that the minimum
21 requirements under subsections (b), (c), (d), (e), (f) and
22 (j) are met at any locations or contract facilities where any
23 drug or medical devices are physically stored or handled on
24 the virtual manufacturer's behalf.

25 * * *

26 Section 4. This act shall take effect in 180 days.

THE GENERAL ASSEMBLY OF PENNSYLVANIA

HOUSE BILL

No. 2084 Session of 2024

INTRODUCED BY BRIGGS, SANCHEZ, HILL-EVANS, MALAGARI AND DALEY,
MARCH 6, 2024

REFERRED TO COMMITTEE ON HEALTH, MARCH 6, 2024

AN ACT

1 Amending the act of December 14, 1992 (P.L.1116, No.145),
2 entitled "An act providing minimum standards, terms and
3 conditions for the licensing of persons who engage in
4 wholesale distributions in interstate commerce of
5 prescription drugs; and making a repeal," further providing
6 for definitions.

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

9 Section 1. The definition of "wholesale distributor of
10 prescription drugs" in section 3 of the act of December 14, 1992
11 (P.L.1116, No.145), known as the Wholesale Prescription Drug
12 Distributors License Act, is amended and the section is amended
13 by adding a definition to read:

14 Section 3. Definitions.

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

18 * * *

19 "Virtual manufacturer." A person in the business of
20 manufacturing or distributing a controlled substance, other drug

1 or device and who has a principal place of business located in
2 this Commonwealth, but at no time takes physical possession of
3 any controlled substance in this Commonwealth.

4 * * *

5 "Wholesale distributor of prescription drugs." A person who
6 operates a facility from which a person engages in the wholesale
7 distribution of prescription drugs, including, but not limited
8 to, manufacturers, virtual manufacturers, repackers, own-label
9 distributors, private-label distributors or jobbers, warehouses,
10 including manufacturers' and distributors' warehouses, chain
11 drug warehouses and wholesale drug warehouses, independent
12 wholesale drug traders and retail pharmacies that conduct
13 wholesale distributions.

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

HOUSE OF REPRESENTATIVES DEMOCRATIC COMMITTEE BILL ANALYSIS

Bill No:	HB1633 PN1960	Prepared By:	Jessica Wood (717) 705-1875
Committee:	Health	Executive Director:	Erika Fricke
Sponsor:	Frankel, Dan		
Date:	2/21/2024		

A. Brief Concept

Prohibits employers from entering into noncompete covenants with health care providers that would prevent them from practicing healthcare in the Commonwealth after separation.

C. Analysis of the Bill

House Bill 1633 seeks to improve continuity of care between patients and their health care practitioners and entice health care practitioners to the Commonwealth by restricting noncompete clauses in employer agreements.

This bill is applicable to all health care practitioners who are licensed, permitted, certified, or registered by the Commonwealth to practice some form of "healing arts". This includes any practitioner who is licensed to diagnose and treat disease or ailments.

A noncompete covenant pertains to any agreement that would prevent a health care practitioner from practicing either with another competing employer or independently for a period of time after separation with their current employer. Noncompete agreements adopted after the bill's effective date would be void and unenforceable. For noncompete agreements valid prior to effective date, the agreement is voided when the practitioner renews either their license, registration, or certification.

Employers are permitted to include clauses in the contract that would require a practitioner to pay back expenses over a period up to 5 years that were incurred for their recruitment and training, so long as the separation is voluntary.

Patient notification of the practitioner's new employer and how they may remain a patient of the practitioner, or how they can be assigned a new practitioner at the current practice must be given within 90 days of the practitioner's termination of employment.

Effective Date:

Immediately, section 4.

30 days, all other sections.

G. Relevant Existing Laws

There is currently no statute regarding non-competes.

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

[HB0681](#), 2021-22 Legislative Session. Passed out of Health/Appropriations Committees 24-1, Schemel "no" vote. Tabled.

[HB2636](#) was introduced in the 2019-20 Legislative Session, [HB0788](#) in 2017-18 Legislative Session, [HB0336](#) in 2015-16 Legislative Session, and [HB2342](#) in 2013-14 Legislative Session. None received consideration.

Additionally, [HB0171](#) from the 2021-22 session, [HB0601](#) in 2019-20 session, [HB0745](#) in 2015-16 session, and [HB2327](#) in session 2013-14 similarly addressed noncompete agreements for health care providers.

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**HOUSE OF REPRESENTATIVES
DEMOCRATIC COMMITTEE AMENDMENT REPORT**

HB1633 - PN1960 (Frankel, Dan)

Prohibits employers from entering into noncompete covenants with health care providers that would prevent them from practicing healthcare in the Commonwealth after separation.

A-03756 (Rapp, Kathy)

Health care practitioners are exempt from the prohibition on restrictive covenants if they are employed by health care facilities in 6th, 7th or 8th class counties.

Restrictive covenants can only apply for a geographic restriction of 45 miles and last for two years. They only apply to the primary health care facility where an employee worked.

A-03789 (Venkat, Arvind)

Adds LPNs to the list of providers covered by the restriction on non-competes.

Ensures that any funds recovered by employers are considered "reasonable."

Limits the information requirement to providers with an outpatient relationship with a patient.

LEGISLATIVE REFERENCE BUREAU

AMENDMENTS TO HOUSE BILL NO. 1633

Sponsor: Venkat #30

Printer's No. 1960

- 1 Amend Bill, page 2, line 25, by striking out "primary"
- 2 Amend Bill, page 2, line 29, by inserting after "Act."
3 The term includes a licensed practical nurse.
- 4 Amend Bill, page 3, line 20, by striking out ", whichever
5 occurs first"
- 6 Amend Bill, page 3, line 23, by striking out "entered into
7 prior to the effective date of this section"
- 8 Amend Bill, page 3, line 24, by inserting after "recover"
9 reasonable
- 10 Amend Bill, page 4, line 7, by inserting after "patients"
11 seen within the past year
- 12 Amend Bill, page 4, line 9, by inserting after "future"
13 , if known
- 14 Amend Bill, page 4, by inserting between lines 16 and 17
15 (c) Applicability.--The notification requirement shall apply
16 to a physician, certified registered nurse practitioner or
17 physician assistant with an ongoing outpatient relationship with
18 the patient.

LEGISLATIVE REFERENCE BUREAU

AMENDMENTS TO HOUSE BILL NO. 1633

Sponsor: *Rapp #65*

Printer's No. 1960

- 1 Amend Bill, page 3, line 11, by inserting after
- 2 "Enforceability.--"
- 3 Except as provided under subsection (b), the following shall
- 4 apply:
- 5 Amend Bill, page 3, by inserting between lines 20 and 21
- 6 (b) Exception.--An employer may enforce a noncompete
- 7 covenant if all of the following apply:
- 8 (1) The primary health care facility or office where the
- 9 health care practitioner is employed is located in a county
- 10 of the sixth, seventh or eighth class.
- 11 (2) The geographic restriction is less than a 45-mile
- 12 radius from the primary health care facility or office.
- 13 (3) The length of the noncompete covenant is no more
- 14 than two years.
- 15 Amend Bill, page 3, line 21, by striking out "(b)" and
- 16 inserting
- 17 (c)



THE GENERAL ASSEMBLY OF PENNSYLVANIA

HOUSE BILL**No. 1633** Session of
2023

INTRODUCED BY FRANKEL, VENKAT, HILL-EVANS, MADDEN, DELLOSO,
PISCIOTTANO, SANCHEZ, KEEFER, FIEDLER, CIRESI, KRAJEWSKI,
FREEMAN, SHUSTERMAN, MALAGARI, N. NELSON, KHAN, INNAMORATO
AND D. WILLIAMS, AUGUST 29, 2023

REFERRED TO COMMITTEE ON HEALTH, AUGUST 29, 2023

AN ACT

1 Prohibiting the enforcement of certain noncompete covenants
2 entered into by health care practitioners and employers.

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

5 Section 1. Short title.

6 This act shall be known and may be cited as the Fair
7 Contracting for Health Care Practitioners Act.

8 Section 2. Legislative intent.

9 The General Assembly finds and declares as follows:

10 (1) Patient access to health care in this Commonwealth
11 often depends on geography, transportation and availability
12 of practitioners.

13 (2) Seventy-five percent of physicians are employed by
14 hospitals, health care systems or corporate entities.

15 (3) Consolidated hospital systems increasingly stretch
16 over broad geographic regions, meaning that a hospital

1 network's noncompete clause can prevent health care
2 practitioners from practicing in large areas of this
3 Commonwealth, well beyond their initial employment location.

4 (4) Noncompete covenants in health care inhibit
5 competition that benefits employees and patients and can
6 deter needed health care practitioners from wanting to
7 practice in Pennsylvania.

8 (5) Providers constrained by noncompete covenants have
9 less freedom of practice for fear of losing employment and
10 being unable to work in their profession.

11 (6) Most rural areas of Pennsylvania can be considered
12 health care deserts in which patients must travel two or
13 three hours for their basic health care needs.

14 (7) Continuity of care is a fundamental public policy
15 goal that can help patients achieve their health care goals
16 and build trust with their health care practitioners.

17 (8) This Commonwealth cannot afford to continue losing
18 health care practitioners to surrounding states and must do
19 more to attract and retain them.

20 Section 3. Definitions.

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

24 "Employer." A person or group of persons that employ a
25 health care practitioner at a primary health care facility or
26 office.

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

30 "Noncompete covenant." An agreement that is entered into

1 between an employer and a health care practitioner in this
2 Commonwealth and is designed to impede the ability of the health
3 care practitioner to work independently or for a competing
4 employer.

5 "Patient." An individual to whom a health care practitioner
6 rendered professional services in the health care practitioner's
7 scope of practice for which compensation has been received by
8 the health care practitioner, regardless of the source of the
9 compensation.

10 Section 4. Noncompete covenants.

11 (a) Enforceability.--

12 (1) A noncompete covenant entered into or amended on or
13 after the effective date of this section is deemed contrary
14 to public policy and is void and unenforceable by an
15 employer.

16 (2) A noncompete covenant entered into or amended prior
17 to the effective date of this section is void and
18 unenforceable upon the renewal of a health care
19 practitioner's license, registration or certification within
20 this Commonwealth, whichever occurs first.

21 (b) Construction.--Nothing in this section shall be
22 construed to prohibit the enforcement of a contract provision
23 entered into prior to the effective date of this section that
24 allows an employer to recover expenses from a health care
25 practitioner, if the expenses are:

26 (1) Directly attributable to the health care
27 practitioner and accrued within the three years prior to
28 separation, unless separation is caused by dismissal of the
29 health care practitioner.

30 (2) Related to relocation, training and establishment of

1 a patient base.

2 (3) Amortized over a period of up to five years from the
3 date of separation by the health care practitioner.

4 Section 5. Notification.

5 (a) Patient notification.--Following the departure of a
6 health care practitioner from an employer, the employer shall
7 notify the health care practitioner's patients of the following:

8 (1) Where the health care practitioner will be rendering
9 services in the future.

10 (2) How the patient may:

11 (i) continue as a patient of the health care
12 practitioner; or

13 (ii) be assigned a new health care practitioner
14 within the existing employer.

15 (b) Time period.--The employer shall provide the notice
16 within 90 days of the health care practitioner's departure.

17 Section 6. Effective date.

18 This act shall take effect as follows:

19 (1) This section and section 4 shall take effect
20 immediately.

21 (2) The remainder of this act shall take effect in 30
22 days.

HOUSE OF REPRESENTATIVES DEMOCRATIC COMMITTEE BILL ANALYSIS

Bill No:	SB0668 PN1180	Prepared By:	Erika Fricke (412) 422-1774
Committee:	Health	Executive Director:	Erika Fricke
Sponsor:	Ward, Judy		
Date:	3/8/2024		

A. Brief Concept

Creates a medication aide certificate for nurse aides in long-term care facilities.

C. Analysis of the Bill

Senate Bill 668 creates a certification for medication aides working in long-term care facilities, allowing them to administer oral, ophthalmic, transdermal, otic, rectal, inhaled, vaginal, enteral, or topical medication.

In order to become qualified as a certified medication aide, staff must complete 40 hours of training and pass a state-designed test. Certified medication aide staff hours will count toward hours of direct resident care required under 28 Pa. Code § 211.12 *but will not be considered for nurse aide ratios or LPN ratios.*

Training and qualifications:

A medication aide must:

- Be currently listed on the nurse aide registry;
- Have completed one year of experience in a facility;
- Complete the 40-hour training program and pass the test with a score of 80 percent;
- Demonstrate knowledge of medication administration;
- Must be found competent by an instructor to administer medications.

To maintain a certification, every two years, the medication aide must:

- Complete 12 hours of continuing education, including a medication error prevention course;
- Get written reauthorization from the instructor.

Each year, the long-term care facility will assess the skills of the certified medication aides.

Training program:

The Department of Education will develop a training program, with input from stakeholders. It must cover the role of the prescribing provider, individual right of refusal, infection control, categories of medications and their effects, poisoning and overdose management, medication storage and disposal, communication about medications, and the six principles of medication administration. The training program must include an exam.

Long-term care facilities may offer the training program to nursing aides. The program may be suspended based on adequacy and effectiveness. It may not be suspended based on surveyors concerns about the operation of the facility.

The training program will satisfy the medication administration training requirements for personal care homes and assisted living facilities.

Limitations on care provision:

Certified medication aides may not:

- Administer controlled substances;
- Accept prescriptions;
- Take responsibility for or administer medication by medication pumps;
- Administer medications or other fluids by tube or feeding bags or change those bags;
- Administer medications by the following routes:
 - (i) Central lines.
 - (ii) Colostomy.
 - (iii) Intramuscular.
 - (iv) Intrathecal.
 - (v) Intravenous.
 - (vi) Nasogastric.
 - (vii) Nonmetered inhaler.
 - (viii) Subcutaneous injection.
 - (ix) Intradermal.
 - (x) Urethral.
 - (xi) Epidural.
 - (xii) Endotracheal.
- Administer the following kinds of medications:
 - (i) Barium and other diagnostic contrast media.
 - (ii) Chemotherapeutic agents, except oral maintenance therapy.
- Act as a clinical teaching associate.

Report

The Health Department will report annually on the number of programs, instructors, certified medication aides, hours of instruction, and pass and recertification rates for the program. The report must be sent to the Chairs of Aging and Youth in the Senate, Aging and Older Adult Services in the House, Health and Human Services in the Senate and Health Committee in the House.

Effective Date:

180 days.

G. Relevant Existing Laws

Laws and regulations around nurse aides and LPNs:

No current PA certification exists for nurse aides in nursing homes.

- According to 28 pa code 201.3 a nurse aide is an individual meeting federal requirements and provides "nursing or nursing-related services to residents in a facility who:
 - (i) Does not have a license to practice professional or practical nursing in this Commonwealth.
 - (ii) Does not volunteer services for no pay.
 - (iii) Has met the requisite training and competency evaluation requirements as defined in 42 CFR 483.35 (relating to nursing services).
 - (iv) Appears on the Commonwealth's Nurse Aide Registry.
 - (v) Has no substantiated findings of abuse, neglect or misappropriation of resident property recorded in the Nurse Aide Registry."
- Federal requirements for nurse aides include 100 hours of training for a new nurses' aide.

49 Pa Code section 21.158 provides for Licensed Practical Nurses, including the requirement for 1,500 hours of education within 12 months.

Medication administration in personal care homes and assisted-living facilities:

55 Pa Code section 2800 permits assisted living residences and personal care homes to allow for staff who've passed a Department-approved medications administration course. They are only allowed to administer oral, topical, eye, nose, ear drops and epinephrine injections. With additional training, they may administer insulin.

Hours for direct patient care

Under 28 Pa. Code § 211.12 (relating to nursing services) the following are the requirements for direct patient care:

(i) A minimum number of general nursing care hours shall be provided for each 24-hour period as follows:

(1) Effective July 1, 2023, the total number of hours of general nursing care provided in each 24-hour period shall, when totaled for the entire facility, be a minimum of 2.87 hours of direct resident care for each resident.

(2) Effective July 1, 2024, the total number of hours of general nursing care provided in each 24-hour period shall, when totaled for the entire facility, be a minimum of 3.2 hours of direct resident care for each resident.

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

N/A.

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LEGISLATIVE REFERENCE BUREAU

AMENDMENTS TO SENATE BILL NO. 668

Sponsor: *Frankel #23*

Printer's No. 1180

1 Amend Bill, page 2, line 6, by striking out "An individual
2 trained to" and inserting

3 A registered nurse approved by the department to train and

4 Amend Bill, page 2, by inserting between lines 12 and 13

5 "Nurse aide." As defined in 42 CFR 483.5 (relating to
6 definitions).

7 "Pro re nata medication." The prescription of medications
8 whose administration should be based on patients' immediate
9 needs rather than at predetermined administration times.

10 Amend Bill, page 2, lines 16 through 20, by striking out all
11 of said lines and inserting

12 (1) Be a nurse aide currently listed on the Pennsylvania
13 Nurse Aide Registry, be eligible for hiring as a nurse aide
14 under 42 CFR 483.12(a)(3)(ii) (relating to freedom from
15 abuse, neglect and exploitation) and not have had a
16 certification under this chapter revoked. A nurse aide who
17 has successfully had a neglect annotation removed from the
18 nurse aide's listing on the Pennsylvania Nurse Aide Registry
19 under 42 U.S.C. § 1396r(g)(1)(D) (relating to requirements
20 for nursing facilities) shall not be prohibited from being
21 eligible for certification.

22 (2) During the previous two years, have at least 1,000
23 hours of experience working as a nurse aide in a single long-
24 term care nursing facility.

25 (3) Receive a formal written recommendation for
26 certified medication aide training by the director of nursing
27 of the long-term care facility identified in paragraph (2),
28 and submit the recommendation to the department. The
29 recommendation must include a statement certifying that the
30 individual has satisfied the experience requirement under
31 paragraph (2).

32 Amend Bill, page 2, line 21, by striking out "(3)" and
33 inserting

1 (4)

2 Amend Bill, page 2, lines 29 and 30; page 3, lines 1 and 2;
3 by striking out all of said lines on said pages and inserting

4 (a) Permissible medication delivery.--A certified medication
5 aide may administer, under the supervision of a physically on-
6 site registered nurse or licensed practical nurse authorized by
7 a registered nurse, oral, transdermal, ophthalmic, otic, inhaled
8 or topical medication to a resident of a long-term care nursing
9 facility. The following apply:

10 (1) The supervising registered nurse or licensed
11 practical nurse authorized by a registered nurse shall be
12 physically on-site and available to the certified medication
13 aide.

14 (2) The certified medication aide may only administer
15 medications to a resident of a long-term care nursing
16 facility whose clinical status is considered stable.

17 (3) No more than two certified medication aides may be
18 supervised by a registered nurse or licensed practical nurse
19 authorized by a registered nurse.

20 (4) A certified medication aide may administer a pro re
21 nata medication according to a physician's, nurse
22 practitioner's or physician assistant's orders with a
23 registered nurse on-site. Certified medication aides shall
24 document every administration of a pro re nata medication and
25 symptoms precipitating administration.

26 Amend Bill, page 3, line 8, by striking out "gastronomy" and
27 inserting

28 gastrostomy

29 Amend Bill, page 3, line 10, by striking out "gastronomy" and
30 inserting

31 gastrostomy

32 Amend Bill, page 3, by inserting between lines 27 and 28

33 (xiii) Rectal.

34 (xiv) Vaginal.

35 (xv) Enteral.

36 Amend Bill, page 4, by inserting between lines 5 and 6

37 (9) Administer the first dose of any new medication to a
38 resident of a long-term care nursing facility.

39 (10) Calculate or adjust a medication dose prescribed by
40 a physician, nurse practitioner or physician assistant.

41 (11) Delegate the administration of medication.

42 (12) Administer medication without the supervision of a

1 registered nurse or a licensed practical nurse authorized by
2 a registered nurse who is physically on-site and available to
3 the certified medication aide.

4 Amend Bill, page 4, line 11, by inserting after "facility."

5 Prior to operating a training program authorized under this
6 section, a long-term care nursing facility shall contract with
7 an instructor approved by the department.

8 Amend Bill, page 4, line 14, by striking out "40" and

9 inserting

10 80

11 Amend Bill, page 4, lines 14 and 15, by striking out "and

12 clinical" and inserting

13 instruction and

14 Amend Bill, page 4, by inserting between lines 16 and 17

15 (2) Include a minimum of 20 hours of skills and
16 demonstration, which shall include:

17 (i) ten hours of clinical observation and skills
18 demonstration under the direct supervision of a
19 supervising registered nurse or licensed practical nurse
20 authorized by a registered nurse in a long-term care
21 nursing facility; and

22 (ii) ten hours in a skills demonstration laboratory.

23 Amend Bill, page 4, line 17, by striking out "(2)" and

24 inserting

25 (3)

26 Amend Bill, page 4, line 19, by striking out "(3)" and

27 inserting

28 (4)

29 Amend Bill, page 5, line 12, by striking out "(4)" and

30 inserting

31 (5)

32 Amend Bill, page 5, line 15, by striking out "An instructor"

33 and inserting

34 The Department of Health

35 Amend Bill, page 5, line 21, by striking out "(a)(4)" and

1 inserting

2 (a) (5)

3 Amend Bill, page 6, lines 2 through 11, by striking out all
4 of said lines and inserting

5 (c) Renewal of certification.--A certified medication aide
6 shall be required to renew a certification no less than every
7 two years or by the last day of the 24th month from the date of
8 the prior certification. The following shall apply:

9 (1) Renewal shall include:

10 (i) Proof of completion of 12 hours of continuing
11 education per year, clinical competency demonstration and
12 a medication errors prevention course which shall be
13 developed by the department.

14 (ii) A recertification letter written by an
15 instructor recommending the certified medication aide for
16 renewal.

17 (2) A certified medication aide shall submit an online
18 completed recertification application to the Department of
19 Health.

20 Amend Bill, page 6, lines 15 through 22, by striking out all
21 of said lines and inserting

22 (e) Certification sanction authorization.--The Department of
23 Health may revoke or suspend a certified medication aide's
24 certification, or otherwise sanction a certified medication aide
25 for any of the following reasons:

26 (1) Failure to complete a timely renewal.

27 (2) Receiving an annotation on the nurse aide's listing
28 on the Pennsylvania Nurse Aide Registry under 42 U.S.C. §
29 1396r(g)(1)(C) (relating to requirements for nursing
30 facilities) for abuse, neglect or misappropriation.

31 (3) Failure to properly administer medication.

32 (4) Lack of physical or mental ability to provide
33 adequate services.

34 (5) Deceptive or fraudulent procurement or
35 representation of certification or for making misleading,
36 deceptive or untrue representations to secure or aid or abet
37 another individual to secure a certification.

38 (6) Willful or negligent misconduct in providing care or
39 practicing beyond certification authorization.

40 (7) Practicing without a current certification.

41 (8) Conviction of any offense listed in 22 Pa. Code §
42 701.13 (relating to nonacceptance of certain applicants).

43 (9) Having a certification or other authorization to
44 practice a profession or occupation revoked, suspended or
45 subjected to other disciplinary sanction.

46 (f) Sanctions.--

1 (1) The Department of Health may order one or more of
2 the following against a certified medication aide for a
3 reason listed under subsection (e):

4 (i) Revoke a certification.

5 (ii) Require a certified medication aide to take
6 educational courses.

7 (iii) Impose a civil penalty not exceeding \$500 on
8 the facility for each incident in which the certified
9 medication aide engages in conduct that constitutes a
10 basis for discipline. Penalty money shall be treated as
11 civil money penalties.

12 (2) No disciplinary action against a certified
13 medication aide shall prevent or otherwise prohibit the
14 Department of Health from annotating a nurse aide under 42
15 U.S.C. § 1396r(g)(1)(C) for abuse, neglect or
16 misappropriation.

17 (g) Suspension and termination of medication aide training
18 program.--The department may suspend or terminate a long-term
19 care nursing facility's medication aide training program for any
20 of the following reasons:

21 (1) Failure to properly administer the training program.

22 (2) Failure to properly supervise a certified medication
23 aide.

24 (3) Fraudulently certifying a medication aide.

25 (4) Failure to properly report to the Department of
26 Health under section 805-C(c).

27 Amend Bill, page 7, line 14, by inserting after "facility."

28 The completed competency review shall be submitted to the
29 Department of Health.

30 (c) Reporting.--A long-term care nursing facility that
31 employs a certified medication aide shall report to the
32 Department of Health any act committed by a certified medication
33 aide which qualifies for discipline under section 804-C(e) and
34 any act which is required to be reported under 28 Pa. Code §
35 51.3 (relating to notification).

36 Amend Bill, page 7, line 15, by striking out "(c)" and
37 inserting

38 (d)

39 Amend Bill, page 7, line 21, by striking out "and" and
40 inserting

41 , registered nurse ratios or

42 Amend Bill, page 7, line 23, by striking out "(D)" and
43 inserting

44 (e)

1 Amend Bill, page 8, by inserting between lines 18 and 19

2 (c) Filing of report.--The department shall submit the
3 annual report for a period of five years beginning one year
4 after the effective date of this subsection.

5 Section 807-C. Regulations.

6 The department, in consultation with the Department of Health
7 and the Department of State, may promulgate regulations as
8 necessary to implement this chapter.

9 Amend Bill, page 8, line 19, by striking out "180 days" and
10 inserting

11 one year

THE GENERAL ASSEMBLY OF PENNSYLVANIA

SENATE BILL

No. 668 Session of
2023

INTRODUCED BY J. WARD, COLLETT, SCHWANK, BOSCOLA, COMITTA,
HAYWOOD, BREWSTER, CAPPELLETTI, BAKER AND ROBINSON,
MAY 2, 2023

SENATOR BROOKS, HEALTH AND HUMAN SERVICES, AS AMENDED,
OCTOBER 24, 2023

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," providing for certified
10 medication aides; and imposing duties on the Department of
11 Education.

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

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

17 CHAPTER 8-C

18 CERTIFIED MEDICATION AIDES

19 Section 801-C. Definitions.

20 The following words and phrases when used in this chapter
21 shall have the meanings given to them in this section unless the

1 context clearly indicates otherwise:

2 "Certified medication aide." An individual certified under
3 section 804-C.

4 "Department." The Department of Education of the
5 Commonwealth.

6 "Instructor." An individual trained to certify medication
7 aides under section 804-C.

8 "Long-term care nursing facility." As defined in section
9 802.1.

10 "Medication aide training program." The program developed by
11 the department under section 804-C(a) for certification as a
12 medication aide.

13 Section 802-C. Requirements.

14 (a) Qualifications.--To be a certified medication aide, an
15 individual must:

16 (1) Be a nurse aide with a valid listing on the
17 Pennsylvania Nurse Aide Registry.

18 (2) Have at least one year of consecutive experience
19 working as a nurse aide in a single long-term care nursing
20 facility.

21 (3) Have successfully completed the medication aide
22 training program and met the requisite training and
23 competency evaluation requirements.

24 (b) Certification by instructor.--To practice as a certified
25 medication aide, an individual must meet the qualifications
26 under subsection (a) and be certified by an instructor as
27 provided under section 804-C.

28 Section 803-C. Administration of medication.

29 (a) Permissible medication delivery.--A certified medication
30 aide may administer oral, transdermal, ophthalmic, otic, rectal,

1 vaginal, inhaled, enteral or topical medication to a resident of
2 a long-term care nursing facility.

3 (b) Impermissible medication delivery.--A certified
4 medication aide may not:

5 (1) Administer a controlled substance under section 4 of
6 the act of April 14, 1972 (P.L.233, No.64), known as The
7 Controlled Substance, Drug, Device and Cosmetic Act.

8 (2) Administer medications by gastronomy or jejunostomy
9 tubes.

10 (3) Add fluid to established gastronomy or jejunostomy
11 tube feedings or change established tube feeding bags.

12 (4) Accept verbal or telephone orders for medication
13 from a licensed health care professional who is authorized to
14 independently diagnose and treat.

15 (5) Administer medication by the following routes:

16 (i) Central lines.

17 (ii) Colostomy.

18 (iii) Intramuscular.

19 (iv) Intrathecal.

20 (v) Intravenous.

21 (vi) Nasogastric.

22 (vii) Nonmetered inhaler.

23 (viii) Subcutaneous injection.

24 (ix) Intradermal.

25 (x) Urethral.

26 (xi) Epidural.

27 (xii) Endotracheal.

28 (6) Administer the following kinds of medications:

29 (i) Barium and other diagnostic contrast media.

30 (ii) Chemotherapeutic agents, except oral

1 maintenance chemotherapy.

2 (7) Administer medication by, nor assume responsibility
3 for, medication pumps, including client-controlled analgesia.

4 (8) Act as a clinical teaching associate to a student in
5 a medication aide training program.

6 Section 804-C. Medication aide training program and
7 certification.

8 (a) Development.--The department shall develop a medication
9 aide training program for an individual to become a certified
10 medication aide, which may be offered by a long-term care
11 nursing facility. The department shall include input from
12 industry stakeholders on the development and implementation of
13 the program. The program under this section must:

14 (1) Include a minimum of 40 hours of classroom and
15 clinical training, exclusive of testing or instructor
16 evaluation of whether the individual is competent.

17 (2) Be conducted by an approved instructor and utilize
18 the State-approved written curriculum and test.

19 (3) Cover the following topics:

20 (i) The role, responsibilities and performance of
21 the prescribing provider in the medication administration
22 process.

23 (ii) The rights of the individual regarding
24 accepting or refusing medications.

25 (iii) Principles of infection control as they relate
26 to medication administration.

27 (iv) Categories of medications and their effects.

28 (v) Effective management of poisoning or medication
29 overdose.

30 (vi) Storage and disposal of medications.

1 (vii) Communications with individuals or guardians,
2 if applicable, about the individual's medications.

3 (viii) The six principles of medication
4 administration, including:

5 (A) The correct medication.

6 (B) The correct dosage of the medication.

7 (C) The medication to the correct individual.

8 (D) The medication at the correct time.

9 (E) The medication to the individual by the
10 correct method.

11 (F) The accurate documentation.

12 (4) Include a medication aide training examination that
13 requires the demonstration of the requisite knowledge and
14 skills to serve as a certified medication aide.

15 (b) Certification.--An instructor shall issue certification
16 to an individual to practice as a certified medication aide if
17 the individual:

18 (1) Successfully completes the medication aide training
19 program.

20 (2) Scores 80% or higher on the examination under
21 subsection (a) (4).

22 (3) Demonstrates knowledge of the following pertaining
23 to administering medications:

24 (i) The name of the medication.

25 (ii) The reason for the medication's use.

26 (iii) Any side effects or adverse reactions.

27 (iv) Any special instructions such as giving certain
28 fluids, checking pulse rate or monitoring blood levels.

29 (4) Following direct observation by an instructor, has
30 been found competent to be authorized to administer

1 medications.

2 (c) Reauthorization.--A certified medication aide shall be
3 reauthorized to administer medications at least every two years
4 or by the last day of the 24th month from the date of the prior
5 authorization. Reauthorization of a certified medication aide
6 shall include:

7 (1) Annual completion of 12 hours of continuing
8 education, clinical competency demonstration and a medication
9 errors prevention course, which shall be developed by the
10 department.

11 (2) A written reauthorization by an instructor.

12 (d) Authorization.--Authorization to practice as a certified
13 medication aide shall be valid in any long-term care nursing
14 facility.

15 (e) Suspension of medication aide training program.--

16 (1) A long-term care nursing facility's medication aide
17 training program may be suspended for cause based on the
18 adequacy and effectiveness of the medication aide training
19 program.

20 (2) A long-term care nursing facility's medication aide
21 training program may not be suspended based on surveys or
22 operations of the long-term care nursing facility.

23 Section 805-C. Employment of certified medication aides.

24 (a) Authorization.--A long-term care nursing facility may
25 employ a certified medication aide for the purpose of performing
26 the technical aspects of the medication administration in
27 accordance with this chapter. THE FOLLOWING SHALL APPLY:

28 (1) THE CERTIFIED MEDICATION AIDE TRAINING PROGRAM
29 ESTABLISHED UNDER SECTION 804-C(A) SHALL FULFILL THE
30 REQUIREMENTS OF MEDICATION ADMINISTRATION TRAINING AS

<--

1 SPECIFIED IN 55 PA. CODE §§ 2800.190(A) (RELATING TO
2 MEDICATION ADMINISTRATION TRAINING) AND 2600.190(A) (RELATING
3 TO MEDICATION ADMINISTRATION TRAINING) FOR ASSISTED LIVING
4 RESIDENCES AND PERSONAL CARE HOMES.

5 (2) AN ASSISTED LIVING RESIDENCE AS DEFINED IN 55 PA.
6 CODE § 2800.4 (RELATING TO DEFINITIONS) AND PERSONAL CARE
7 HOMES AS DEFINED IN 55 PA. CODE § 2600.4 (RELATING TO
8 DEFINITIONS) MAY EMPLOY A CERTIFIED MEDICATION AIDE THAT HAS
9 SUCCESSFULLY COMPLETED THE MEDICATION AIDE TRAINING PROGRAM
10 IN ACCORDANCE WITH THIS CHAPTER.

11 (b) Competency review.--A long-term care nursing facility
12 shall annually conduct a comprehensive clinical skills
13 competency review of each certified medication aide employed by
14 the long-term care nursing facility.

15 (c) Computation.--A certified medication aide employed by a
16 long-term care nursing facility shall:

17 (1) Be included in computing the hours of direct
18 resident care under 28 Pa. Code § 211.12 (relating to nursing
19 services).

20 (2) Not be included in the computing of nurse aide
21 ratios and licensed practical nurse ratios under 28 Pa. Code
22 § 211.12.

23 (D) REGISTRY.--NURSE AIDES MEETING THE ELIGIBILITY CRITERIA <--
24 IN SECTION 802-C(A) SHALL BE DESIGNATED AS CERTIFIED MEDICATION
25 AIDES ON THE PENNSYLVANIA NURSE AIDE REGISTRY.

26 Section 806-C. Annual report.

27 (a) Submission.--The department shall submit an annual
28 report to:

29 (1) The chairperson and minority chairperson of the
30 Aging and Youth Committee of the Senate.

1 (2) The chairperson and minority chairperson of the
2 Aging and Older Adult Services Committee of the House of
3 Representatives.

4 (3) The chairperson and minority chairperson of the
5 Health and Human Services Committee of the Senate.

6 (4) The chairperson and minority chairperson of the
7 Health Committee of the House of Representatives.

8 (b) Contents.--The report shall include:

9 (1) The number and location of medication aide training
10 programs approved by the department.

11 (2) The number of nurse aides currently certified as
12 medication aides.

13 (3) The number of approved instructors available to
14 support the program.

15 (4) Pass rates for the training examination.

16 (5) Recertification rates.

17 (6) The number of hours of training each program
18 requires.

19 Section 2. This act shall take effect in 180 days.

HOUSE OF REPRESENTATIVES

DEMOCRATIC COMMITTEE BILL ANALYSIS

Bill No: HR0312 PN2565
Committee: Health
Sponsor: Schlossberg, Mike
Date: 3/19/2024

Prepared By: Patrick O'Rourke
(717) 787-4296,6711
Executive Director: Erika Fricke

A. Brief Concept

House Resolution 312 designates the week of May 5-11, 2024 as "Tardive Dyskinesia Awareness Week".

C. Analysis of the Bill

Tardive dyskinesia (TD) is a disorder that involves involuntary movements. Tardive means delayed and dyskinesia means abnormal movement.

Symptoms of TD include uncontrollable movements of the face and body such as:

- Facial grimacing (commonly involving lower facial muscles).
- Finger movement (piano playing movements).
- Rocking or thrusting of the pelvis (duck-like gait).
- Jaw swinging.
- Repetitive chewing.
- Rapid eye blinking.
- Tongue thrusting.
- Restlessness.

TD is a serious side effect that occurs when you take medicines called neuroleptics that are used to treat mental health problems, and can occur when they are taken for many months or years.

Medicines that most commonly cause this disorder are older antipsychotics, including:

- Chlorpromazine.
- Fluphenazine.
- Haloperidol.
- Perphenazine.
- Prochlorperazine.
- Thioridazine.
- Trifluoperazine.

When TD is diagnosed, the health care provider will either have you stop the medicine slowly or switch to another one.

If TD is mild or moderate, various medicines may be tried. A dopamine-depleting medicine, tetrabenazine is most effective treatment for TD. If diagnosed early, TD may be reversed by stopping the medicine that caused the symptoms. Even if the medicine is stopped, the involuntary movements may become permanent, and in some cases, may become worse.

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. 312 Session of 2024

INTRODUCED BY SCHLOSSBERG, KINSEY, HILL-EVANS, SANCHEZ, HADDOCK,
MALAGARI, NEILSON, DALEY, KHAN AND DELLOSO, FEBRUARY 5, 2024

REFERRED TO COMMITTEE ON HEALTH, FEBRUARY 5, 2024

A RESOLUTION

1 Designating the week of May 5 through 11, 2024, as "Tardive
2 Dyskinesia Awareness Week" in Pennsylvania.

3 WHEREAS, Many people with serious mental health conditions,
4 such as bipolar disorder, major depressive disorder,
5 schizophrenia and schizoaffective disorder, or with
6 gastrointestinal disorders, including gastroparesis, upset
7 stomach, nausea and vomiting, may be treated with medications
8 that work as dopamine receptor blocking agents (DRBAs),
9 including antipsychotics and antiemetics; and

10 WHEREAS, While ongoing treatment with these medications can
11 be necessary, prolonged use is associated with tardive
12 dyskinesia (TD), an involuntary movement disorder that is
13 characterized by uncontrollable, abnormal and repetitive
14 movements of the face, torso, limbs, fingers or toes; and

15 WHEREAS, Even mild symptoms of TD can impact people
16 physically, socially and emotionally; and

17 WHEREAS, It is estimated that TD affects approximately
18 600,000 people in the United States and approximately 65% of

1 people with TD have not been diagnosed, making it important to
2 raise awareness about the symptoms; and

3 WHEREAS, It is important that people taking DRBA medication
4 be monitored for TD by a health care provider; and

5 WHEREAS, The American Psychiatric Association recommends
6 regular screenings for TD; and

7 WHEREAS, Clinical research has led to approval of treatments
8 for adults with TD by the United States Food and Drug
9 Administration; and

10 WHEREAS, Recognition and treatment of TD can make a positive
11 impact in the lives of many people experiencing psychotic and
12 mood disorders; and

13 WHEREAS, The House of Representatives wants to raise
14 awareness of TD among the public and medical community;
15 therefore be it

16 RESOLVED, That the House of Representatives designate the
17 week of May 5 through 11, 2024, as "Tardive Dyskinesia Awareness
18 Week" in Pennsylvania; and be it further

19 RESOLVED, That the House of Representatives encourage people
20 in this Commonwealth and across the United States to become
21 better informed about and aware of tardive dyskinesia.

HOUSE OF REPRESENTATIVES

DEMOCRATIC COMMITTEE BILL ANALYSIS

Bill No: HR0325 PN2623
Committee: Health
Sponsor: Briggs, Tim
Date: 3/19/2024

Prepared By: Patrick O'Rourke
(717) 787-4296,6711
Executive Director: Erika Fricke

A. Brief Concept

House Resolution 325 recognizes the month of March 2024 as "National Athletic Training Month".

C. Analysis of the Bill

The Pennsylvania Athletic Trainers Society (PATS) was founded in 1976 and include of 3,000 members in the Commonwealth. The National Athletic Trainers' Association (NATA) was founded in 1950 and presently has over 38,000 members.

NATA members are concerned with the role of athletic training as a health care service, covering areas including injury and illness prevention, wellness promotion and education, emergent care, examination and clinical diagnosis, therapeutic intervention and rehabilitation of injuries and medical conditions.

NATA members are employed in a number of settings, including professional sports, colleges and universities, high schools, clinics and hospitals, corporate and industrial settings, performing arts and every branch of the United States military.

Effective Date:

N/A.

G. Relevant Existing Laws

N/A.

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

2023-24 Legislative Session

- [SR 79](#) (Muth)
 - Introduced and referred to Senate Rules and Executive Nominations Committee on March 28, 2023.

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THE GENERAL ASSEMBLY OF PENNSYLVANIA

HOUSE RESOLUTION

No. 325 Session of 2024

INTRODUCED BY BRIGGS, SCHLOSSBERG, KINSEY, SANCHEZ, DALEY,
CABELL AND NEILSON, FEBRUARY 22, 2024

REFERRED TO COMMITTEE ON HEALTH, FEBRUARY 22, 2024

A RESOLUTION

1 Recognizing the month of March 2024 as "National Athletic
2 Training Month" in Pennsylvania.

3 WHEREAS, The Pennsylvania Athletic Trainers' Society was
4 founded in 1976 as an organization committed to the education of
5 its members and the enhancement of the profession of athletic
6 training; and

7 WHEREAS, Licensed athletic trainers have a long history of
8 providing quality health care based on evidence-based knowledge
9 and skills acquired through their nationally regulated
10 educational processes; and

11 WHEREAS, Athletic trainers are highly skilled health care
12 professionals who specialize in immediate acute and emergency
13 care, examination, assessment and diagnosis, injury prevention,
14 risk management, therapeutic intervention and rehabilitation of
15 injury and illness; and

16 WHEREAS, Athletic trainers take part in health care
17 administration, research, guidance and compassionate care for
18 all; and

1 WHEREAS, The National Athletic Trainers' Association
2 represents and supports more than 36,000 members of the athletic
3 training profession employed in many settings, including
4 professional sports, colleges and universities, high schools,
5 clinics and hospitals, corporate and industrial settings,
6 performing arts and every branch of the United States military
7 working together to promote and practice the profession of
8 athletic training, including more than 3,000 athletic trainers
9 in this Commonwealth; and

10 WHEREAS, Leading organizations concerned with athletic
11 training and health care have united in a common commitment to
12 raise public awareness of the importance of the profession of
13 athletic training and the role of athletic trainers in the
14 provision of quality health care services; and

15 WHEREAS, Efforts such as these will improve health care for
16 patients and promote licensed athletic trainers as health
17 professionals; therefore be it

18 RESOLVED, That the House of Representatives recognize the
19 month of March 2024 as "National Athletic Training Month" in
20 Pennsylvania and urge the residents of this Commonwealth to
21 learn more about the importance of athletic training.

HOUSE OF REPRESENTATIVES

DEMOCRATIC COMMITTEE BILL ANALYSIS

Bill No: HR0341 PN2717
Committee: Health
Sponsor: Deasy, Daniel
Date: 3/19/2024

Prepared By: Patrick O'Rourke
(717) 787-4296,6711
Executive Director: Erika Fricke

A. Brief Concept

House Resolution 341 recognizes May 17, 2024 as "Necrotizing Enterocolitis (NEC) Day".

C. Analysis of the Bill

Necrotizing enterocolitis (NEC) is the death of tissue in the intestine. It occurs most often in premature or sick babies.

NEC occurs when the lining of the intestinal wall dies. This problem nearly always develops in an infant who is ill or premature. It is likely to occur while the infant is still in the hospital. Approximately 7% of premature babies develop NEC and, of those, about 25% do not survive. The exact cause of this disorder is unknown.

Babies at higher risk for the condition include:

- Premature infants.
- Infants who are fed formula rather than human milk. (Human milk contains growth factors, antibodies and immune cells which may help prevent the problem.)
- Infants in a nursery where an outbreak has occurred.
- Infants who have received blood exchange transfusions or have been seriously ill.

Symptoms may come on slowly or suddenly, and may include:

- Abdominal bloating
- Blood in the stool
- Diarrhea
- Feeding problems
- Lack of energy
- Unstable body temperature
- Unstable breathing, heart rate, or blood pressure
- Vomiting

Treatment for a baby who may have NEC most often includes:

- Halting enteral (GI tract) feedings.
- Relieving gas in the bowel by inserting a tube in the stomach.
- Giving IV fluids and nutrition.
- Giving IV antibiotics.
- Monitoring the condition with abdominal x-rays, blood tests, and measurement of blood gases.

Complications may include:

- Peritonitis.
- Sepsis.
- Intestinal perforation.
- Intestinal stricture.

- Liver problems from prolonged inability to tolerate enteral feeds and need for parenteral (IV) nutrition.
- Short bowel syndrome if a large amount of intestine is lost.

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. 341 Session of
2024

INTRODUCED BY DEASY, McANDREW, MERSKI, GIRAL AND KINSEY,
MARCH 18, 2024

REFERRED TO COMMITTEE ON HEALTH, MARCH 18, 2024

A RESOLUTION

1 Recognizing May 17, 2024, as "Necrotizing Enterocolitis (NEC)
2 Day" in Pennsylvania.

3 WHEREAS, Necrotizing enterocolitis (NEC) is the most common
4 cause of death in hospitalized premature infants after two weeks
5 of age; and

6 WHEREAS, Babies born prematurely or with a medical
7 complication, like congenital heart disease, are most at risk of
8 NEC; and

9 WHEREAS, Roughly 7% of premature babies develop NEC and, of
10 those, about 25% do not survive; and

11 WHEREAS, Cash Owen Finegan, a Pennsylvania premature baby,
12 son of Shannan and Cassius Finegan, lived for 68 brave days
13 before succumbing to NEC complications; and

14 WHEREAS, NEC causes a severe inflammatory process that can
15 lead to intestinal tissue damage and death and, once NEC is
16 diagnosed, many babies only live for a few hours or days; and

17 WHEREAS, Surgery for NEC is not curative, and the babies who
18 survive often have lifelong neurological and nutritional

1 complications; and

2 WHEREAS, NEC results in approximately \$5 billion in
3 hospitalization expenses per year; and

4 WHEREAS, Breast milk is one of the most effective ways to
5 help prevent NEC in medically fragile infants; and

6 WHEREAS, When the mother's milk is unavailable, pasteurized
7 donor human milk is the next-safest option for babies at risk of
8 NEC; and

9 WHEREAS, Although the risk of NEC cannot be fully eliminated
10 and there are not yet sure ways to stop or cure NEC,
11 preventative measures are effective at reducing risks; and

12 WHEREAS, NEC can develop in both premature babies and babies
13 born at term, and more data is desperately needed to better
14 understand how and why it occurs at all; and

15 WHEREAS, Disparities and variation in care lead to Black
16 infants being disproportionately affected by, and dying from,
17 NEC compared to White infants; and

18 WHEREAS, The NEC Society is a nonprofit organization founded
19 and led by a bereaved mother whose son died from complications
20 of NEC and is the world's leading charity working to accelerate
21 NEC research, education and advocacy; and

22 WHEREAS, Working toward awareness and a cure is how this
23 devastating neonatal disease can be eradicated; and

24 WHEREAS, To build a world without NEC and improve outcomes
25 for infants and families, we must bring Pennsylvanians together
26 to raise awareness about this devastating neonatal disease;
27 therefore be it

28 RESOLVED, That the House of Representatives recognize May 17,
29 2024, as "Necrotizing Enterocolitis (NEC) Day" in Pennsylvania
30 to help raise awareness of this devastating disease that has

1 taken the lives of our littlest far too soon.

HOUSE OF REPRESENTATIVES

DEMOCRATIC COMMITTEE BILL ANALYSIS

Bill No: HR0349 PN2768
Committee: Health
Sponsor: Schlegel, John
Date: 3/26/2024

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A. Brief Concept

House Resolution 349 recognizes April 2024 as "Retinal Blindness Awareness Month."

B. Committee Votes

N/A.

C. Analysis of the Bill

Retinal diseases vary widely, but most of them cause visual symptoms. Retinal diseases can affect any part of the retina, a thin layer of tissue on the inside back wall of the eye.

Common retinal diseases and conditions include:

- **Retinal tear.** A retinal tear occurs when the clear, gel-like substance in the center of your eye, called vitreous, shrinks and tugs on the thin layer of tissue lining the back of your eye, called the retina. This can cause a tear in the retinal tissue. It's often accompanied by the sudden onset of symptoms such as floaters and flashing lights.
- **Retinal detachment.** A retinal detachment is defined by the presence of fluid under the retina. This usually occurs when fluid passes through a retinal tear, causing the retina to lift away from the underlying tissue layers.
- **Diabetic retinopathy.** If you have diabetes, the tiny blood vessels in the back of your eye can deteriorate and leak fluid into and under the retina. This causes the retina to swell, which may blur or distort your vision. Or you may develop new, irregular capillaries that break and bleed. This also worsens your vision.
- **Epiretinal membrane.** Epiretinal membrane is a delicate tissue-like scar or membrane that looks like crinkled cellophane lying on top of the retina. This membrane pulls up on the retina, which distorts your vision. Objects may appear blurred or crooked.
- **Macular hole.** A macular hole is a small defect in the center of the retina at the back of the eye, called the macula. The hole may develop from atypical traction between the retina and the vitreous, or it may follow an injury to the eye.
- **Macular degeneration.** In macular degeneration, the center of the retina begins to deteriorate. This causes symptoms such as blurred central vision or a blind spot in the center of the visual field. There are two types — wet macular degeneration and dry macular degeneration. Many people will first have the dry form, which can progress to the wet form in one or both eyes.
- **Retinitis pigmentosa.** Retinitis pigmentosa is an inherited degenerative disease. It slowly affects the retina and causes loss of night and side vision.

Effective Date:

N/A.

D. Third Party Feedback

N/A.

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

N/A.

F. Key Points

N/A.

G. Relevant Existing Laws

N/A.

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THE GENERAL ASSEMBLY OF PENNSYLVANIA

HOUSE RESOLUTION

No. 349 Session of 2024

INTRODUCED BY SCHLEGEL, PICKETT, JOZWIAK, KINSEY, NEILSON,
MIHALEK, DALEY AND DIAMOND, MARCH 25, 2024

REFERRED TO COMMITTEE ON HEALTH, MARCH 25, 2024

A RESOLUTION

1 Recognizing the month of April 2024 as "Retinal Blindness
2 Awareness Month" in Pennsylvania.

3 WHEREAS, Retinal diseases can affect any part of the retina;
4 and

5 WHEREAS, There are multiple retinal diseases that can result
6 in blindness, including Retinitis Pigmentosa (RP); and

7 WHEREAS, RP is a group of rare eye diseases that make light-
8 detecting cells in the retina break down over time; and

9 WHEREAS, RP is a genetic degenerative condition that causes
10 progressive vision loss and usually develops in childhood or
11 adolescence; and

12 WHEREAS, The rate of progression and degree of vision loss
13 varies by individual and depends on the form of the condition;
14 and

15 WHEREAS, Mutations in many different genes are known to cause
16 RP; and

17 WHEREAS, An estimated 100,000 people in the United States
18 suffer from RP, which makes RP the most common type of inherited

1 eye disease; and

2 WHEREAS, One of the earliest signs of RP is night blindness,
3 which is often followed by loss of peripheral vision; and

4 WHEREAS, Other symptoms can include loss of central vision,
5 loss of color perception and sensitivity to bright light; and

6 WHEREAS, Severe cases of RP can lead to legal or complete
7 blindness; and

8 WHEREAS, Though uncommon, RP can occur as part of other
9 conditions, including Usher syndrome and Bardet-Biedl syndrome;
10 and

11 WHEREAS, Regular eye exams are important to detect and
12 monitor early symptoms of RP; and

13 WHEREAS, Due to the variety of genetic mutations associated
14 with RP, there is no single treatment for the disease; and

15 WHEREAS, Genetic testing can help with attaining an accurate
16 diagnosis by determining the exact mutation causing RP; and

17 WHEREAS, An individual with an accurate diagnosis is in a
18 better position to understand which emerging treatment options
19 may be appropriate for the individual's condition; and

20 WHEREAS, Some medications and supplements can be useful in
21 treating certain forms of RP; and

22 WHEREAS, Low vision aids and rehabilitation programs can
23 improve visual performance and help people living with RP learn
24 to manage their condition; and

25 WHEREAS, Researchers are studying new gene therapies,
26 medications and treatments to prevent and reverse vision loss
27 caused by different forms of RP; therefore be it

28 RESOLVED, That the House of Representatives recognize the
29 month of April 2024 as "Retinal Blindness Awareness Month" in
30 Pennsylvania; and be it further

1 RESOLVED, That the House of Representatives recognize the
2 need to increase awareness and understanding of RP and to
3 support early diagnosis and improved treatment of RP.

