



HOUSE HEALTH COMMITTEE

VOTING MEETING

Wednesday, March 25th, 2026

9:00am

B-31, Main Capitol
Harrisburg, PA

1. Call to Order

2. Attendance

3. **HB1077 PN1195 (Cepeda-Freytiz)**

Establishes the Commission on Children's Vision.

A-02669 (Khan) Adjusts the commission from an ongoing to period review and adjusts membership of commission.

HB2265 PN2963 (Takac)

Requires physician staffing of emergency rooms.

A-02699 (Frankel) Redefines who constitutes an ER physician and exempts existing tele EDs.

HR404 PN2813 (Matzie)

Recognizing April 2026 as "Limb Loss Awareness Month."

HR405 PN2814 (Matzie)

Recognizing May 5, 2026, as "World Asthma Day."

HR414 PN2865 (Markosek)

Recognizing May 9 through 15, 2026, as "National Stuttering Awareness Week."

HR428 PN2978 (T. Davis)

Recognizing April 25, 2026, as "Diabetic Eye Screening Day."

HR430 PN2984 (Delloso)

Designating May 3 through 9, 2026, as "Tardive Dyskinesia Awareness Week."

HR432 PN2986 (Bizarro)

Designating April 2026 as "Donate Life Month" and April 10, 2026, as "Blue and Green Day."

HR435 PN2995 (Shusterman)

Recognizing the month of May 2026 as "Osteoporosis Awareness Month."

HR443 PN3017 (Cepeda-Freytiz)

Recognizing May 2026 as "Mental Health Awareness Month."

HR447 PN3023 (Malagari)

Recognizing April 19 through 25, 2026, as "National Infertility Awareness Week."

HR458 PN3049 (Venkat)

Recognizing April 13 through 19, 2026, as "National Osteopathic Medicine Week."

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

HOUSE OF REPRESENTATIVES

DEMOCRATIC COMMITTEE BILL ANALYSIS

Bill No:	HB1077 PN1195	Prepared By:	Diya Singh (412) 422-1774
Committee:	Health	Executive Director:	Erika Fricke
Sponsor:	Cepeda-Freytiz, Johanny		
Date:	8/11/2025		

A. Brief Concept

Establishes the Commission on Children's Vision.

C. Analysis of the Bill

House Bill 1077 amends [Act 14 of 1949](#) (Public School Code) to establish the Commission on Children's Vision, which will be co-managed by the Pennsylvania Department of Education and the Pennsylvania Department of Health.

Obligations to the Commission

The Department of Education and the Department of Health will create an agreement that outlines their respective responsibilities as agencies to establish and maintain the commission.

The General Assembly will provide administrative support, meeting space and other assistance needed by the commission to carry out its duties.

The Department of Education and the Department of Health will provide the commission with data, research and other information if requested by the commission.

The commission will be funded by money appropriated by the legislature to the Department of Health or Department of Education, and it may accept grants and donations, both public and private, including funds from the federal government.

Commission Composition

The commission will include the Secretary of Education and Secretary of Health (or their designees), plus at least 12 Pennsylvania vision care professionals from local non-profits providing eyeglasses to children. These professionals are appointed jointly by the two secretaries. Initial appointees will randomly draw staggered terms of 1, 2, or 3 years; subsequent appointees serve 3-year terms. The chairmanship alternates annually between the secretaries, starting with the Secretary of Education. An executive director, assigned jointly by both departments, will also serve as director of outreach.

Commission Requirements

- The commission will be responsible for keeping a record of its official actions.
- The first meeting will be held within 30 days after the effective date.
- The commission will hold meetings according to the Chairperson.
- Members will not receive compensation or reimbursement for their service.

Duties of the Commission

The commission will work with vision care professionals to create a statewide plan to provide follow-up vision exams and glasses to all children that need it, make recommendations and review findings related to children's vision care in Pennsylvania, and create a model for statewide programs to provide eye care to students who need it at little to no cost to students - and provide support and coordination to such programs. The commission will also be responsible for issuing a report on the status of these reduced cost/free eye care programs and will submit it to the Governor on December 31st annually.

The report will accomplish the following:

- Outline statewide programs that provide vision screenings, eye exams, follow up eye exams and glasses to students who need them.
- Assess trends and needs in schools that have students who need glasses who do not have them.
- Make recommendations to the Governor and General Assembly to improve children's access to glasses.

Definitions

"School entity" -- refers to any public school (including charter or cyber charter schools), private school, non public school or intermediate unit or area career and technical school.

Effective Date:

60 days.

G. Relevant Existing Laws

Act 14 of 1949, also known as the "Public School Code of 1949" details the operation of Public Schools in Pennsylvania (with certain provisions applicable to private and parochial schools), including school district designations, school finances, school boards and superintendents, and programs related to schools.

[Section 1403.1](#) requires the Department of Health to establish vision screening standards for children entering school for the first time, and every year after that up through fifth grade, and every two years from fifth grade until graduation from 12th grade. A child failing a vision screening must receive a comprehensive examination within 120 days or the start of the next school year.

[Chapter 28 of the Pennsylvania Code \(section 23.4 "Vision screening tests"\)](#), requires that vision tests be conducted annually by a nurse, teacher or medical technician. The Snellen Chart or another Department of Health approved screening device must be used.

[Act 175 of 1929](#) also known as "The Administrative Code of 1929" regulates administrative and executive organizations, and imposes duties on what it means to be a "commission" in the Commonwealth.

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

None.

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. 1077 Session of 2025

INTRODUCED BY CEPEDA-FREYTIZ, HOHENSTEIN, HILL-EVANS, PIELLI, RABB, SANCHEZ, CERRATO, PARKER, PROBST, GIRAL, CURRY, KHAN, D. WILLIAMS, MALAGARI AND O'MARA, APRIL 1, 2025

REFERRED TO COMMITTEE ON HEALTH, APRIL 1, 2025

AN ACT

1 Amending the act of March 10, 1949 (P.L.30, No.14), entitled "An
 2 act relating to the public school system, including certain
 3 provisions applicable as well to private and parochial
 4 schools; amending, revising, consolidating and changing the
 5 laws relating thereto," in school health services,
 6 establishing the Commission on Children's Vision and
 7 providing for duties of Commission on Children's Vision.

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

10 Section 1. The act of March 10, 1949 (P.L.30, No.14), known
 11 as the Public School Code of 1949, is amended by adding a
 12 section to read:

13 Section 1403.2. Commission on Children's Vision.--(a) The
 14 Commission on Children's Vision is established as a departmental
 15 administrative commission under the concurrent authority of the
 16 Department of Education and the Department of Health with all
 17 the powers and duties generally vested in and imposed upon the
 18 commissions under the act of April 9, 1929 (P.L.177, No.175),
 19 known as "The Administrative Code of 1929."

20 (b) The commission shall be administratively housed within

1 the Department of Education and the Department of Health and
2 shall be staffed and supported by the Department of Education
3 and the Department of Health as provided under this section.

4 (c) In order for the commission to fulfill its duties and
5 exercise its authority under this section:

6 (1) An agreement shall be executed between the Department of
7 Education, the Department of Health and the commission, which
8 shall define and delineate the role and responsibility of each
9 agency in assisting the commission in fulfilling its duties
10 under this section.

11 (2) The Department of Education, the Department of Health
12 and the commission shall cooperate in the use of staff, land,
13 building, quarters, facilities and equipment.

14 (d) The commission shall consist of the following members:

15 (1) The Secretary of Education, or a designee.

16 (2) The Secretary of Health, or a designee.

17 (3) No less than twelve vision care professionals that work
18 for local nonprofit organizations that provide eyeglasses to
19 children in this Commonwealth, who shall be jointly appointed by
20 the Secretary of Education and Secretary of Health.

21 (e) To the extent practicable, from members initially
22 appointed under subsection (d) (3), an equal number shall draw
23 lots to serve for a term of three years, for a term of two years
24 and for a term of one year. Thereafter, all members under
25 subsection (d) (3) shall be appointed for a term of three years.
26 Each member under subsection (d) (3) shall continue to serve
27 until a successor is appointed.

28 (f) The chairperson of the commission shall rotate on an
29 annual basis between the Secretary of Education or the Secretary
30 of Health, with the Secretary of Education chairing the first

1 annual rotation.

2 (g) The commission shall keep a record of its official
3 actions and may perform acts and implement policies, procedures
4 and guidelines as may be necessary.

5 (h) The commission shall hold its first meeting within
6 thirty (30) days of the effective date of this subsection.

7 (i) The commission shall hold meetings at the call of the
8 chairperson.

9 (j) The members of the commission may not receive
10 compensation or reimbursement for their service.

11 (k) The General Assembly shall provide administrative
12 support, meeting space and other assistance required by the
13 commission to carry out its duties under this section in
14 cooperation with the Department of Education and Department of
15 Health. The Department of Education and the Department of Health
16 shall provide the commission with data, research and other
17 information upon request by the commission.

18 (l) The commission shall have all of the following powers
19 and duties:

20 (1) Work with vision care professionals in this Commonwealth
21 in developing a Statewide plan to provide follow-up vision
22 examinations and glasses to all children who need follow-up
23 vision examinations and glasses in this Commonwealth.

24 (2) Develop a model for Statewide programs to provide vision
25 screenings, eye examinations, follow-up eye examinations and
26 glasses to students who need them for little to no cost to
27 students and families.

28 (3) Provide support and coordination for Statewide and local
29 activities regarding the programs under clause (2).

30 (4) Review and make findings and recommendations related to

1 children's vision care in this Commonwealth.

2 (5) Consult with and utilize experts to assist in carrying
3 out the duties under this subsection.

4 (6) Investigate, review and issue an annual report on the
5 status of the programs under clause (2) as required under
6 subsection (m).

7 (m) By December 31 each year, the commission shall submit a
8 report to the Governor of the General Assembly on the status of
9 children's access to eye examinations and glasses in this
10 Commonwealth. The report shall include all of the following:

11 (1) Outline Statewide programs that provide vision
12 screenings, eye examinations, follow-up eye examinations and
13 glasses to students who need them and their achievements.

14 (2) Assess the trends and needs in school entities regarding
15 students who need glasses and do not have glasses.

16 (3) Make programming recommendations to help more children
17 who need glasses receive them.

18 (4) Highlight new initiatives and recommend future needs for
19 Statewide programs that provide vision screenings, eye
20 examinations, follow-up eye examinations and glasses to
21 students.

22 (5) Make recommendations to the Governor and the General
23 Assembly regarding legislative or regulatory changes to improve
24 children's access to glasses.

25 (n) The Department of Education and the Department of Health
26 shall provide staff to assist the commission with the
27 commission's duties. The Department of Education and the
28 Department of Health shall assign an executive director of the
29 commission who shall oversee elementary and secondary students'
30 glasses needs in this Commonwealth and serve as the director of

1 outreach for the commission and staff who may be employed on or
2 after the effective date of this subsection.

3 (o) The implementation of this section shall be subject to
4 money appropriated by the General Assembly to the Department of
5 Education or the Department of Health, and the money shall be
6 used to carry out the purposes of this section. The Department
7 of Education and the Department of Health may accept grants and
8 donations from all public and private sources, including the
9 Federal Government, to pay for costs incurred for the
10 implementation and continuance of the provisions of this
11 section.

12 (p) The following words and phrases when used in this
13 section shall have the meanings given to them in this subsection
14 unless context clearly indicates otherwise:

15 "Commission." The Commission for Children's Vision
16 established under this section.

17 "School entity." Any public school, including a charter
18 school or cyber charter school, private school, nonpublic
19 school, intermediate unit or area career and technical school.

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

LEGISLATIVE REFERENCE BUREAU

AMENDMENTS TO HOUSE BILL NO. 1077

Sponsor:

Printer's No. 1195

1 Amend Bill, page 1, line 14, by inserting a period after
2 "established"

3 Amend Bill, page 1, lines 14 through 19, by striking out "as
4 a departmental" in line 14 and all of lines 15 through 19

5 Amend Bill, page 2, line 1, by striking out "Department of
6 Education and the"

7 Amend Bill, page 2, line 1, by inserting a period after
8 "Health"

9 Amend Bill, page 2, lines 1 through 14, by striking out "and"
10 in line 1, all of lines 2 through 13 and "(d)" in line 14 and
11 inserting

12 (c)

13 Amend Bill, page 2, lines 17 through 30; page 3, lines 1
14 through 4; by striking out all of said lines on said pages and
15 inserting

16 (3) The chief of the division of the School Health Program
17 within the Bureau of Community Health Systems of the Department
18 of Health, or a designee.

19 (4) No less than three school nurses, representing urban,
20 rural and suburban school districts, who shall be jointly
21 appointed by the Secretary of Education and the Secretary of
22 Health.

23 (5) No fewer than six vision care professionals
24 representing diverse specialties, including pediatric providers,
25 who shall be jointly appointed by the Secretary of Education and
26 Secretary of Health.

27 (6) Representatives from community organizations that

1 connect children to eyeglasses.

2 (d) The commission shall elect a member to serve as
3 chairperson of the commission.

4 Amend Bill, page 3, line 5, by striking out "(h)" and
5 inserting

6 (e)

7 Amend Bill, page 3, line 7, by striking out "(i)" and
8 inserting

9 (f)

10 Amend Bill, page 3, line 9, by striking out "(j)" and
11 inserting

12 (g)

13 Amend Bill, page 3, lines 11 through 17, by striking out all
14 of said lines and inserting

15 (h) The Department of Education and the Department of Health
16 shall provide the commission with data, research and other
17 information upon request by the commission. The information
18 provided under this subsection may not contain confidential or
19 personally identifiable information.

20 Amend Bill, page 3, line 18, by striking out "(l)" and
21 inserting

22 (i)

23 Amend Bill, page 3, line 22, by striking out "glasses" and
24 inserting

25 eyeglasses

26 Amend Bill, page 3, line 22, by striking out "children" and
27 inserting

28 students

29 Amend Bill, page 3, line 23, by striking out "glasses" and
30 inserting

31 eyeglasses

32 Amend Bill, page 3, line 26, by striking out "glasses" and
33 inserting

1 eyeglasses

2 Amend Bill, page 3, line 30, by inserting after "Review"

3 data and research

4 Amend Bill, page 4, lines 4 through 10, by striking out all
5 of said lines and inserting

6 (6) By December 31 of the first full calendar year after the
7 effective date of this subsection, submit a report on the status
8 of children's access to eye examinations and eyeglasses in this
9 Commonwealth to the Governor, President pro tempore of the
10 Senate, Minority Leader of the Senate, Speaker of the House of
11 Representatives, Minority Leader of the House of
12 Representatives, chair and minority chair of the Education
13 Committee of the Senate, chair and minority chair of the
14 Education Committee of the House of Representatives, chair and
15 minority chair of the Health and Human Services Committee of the
16 Senate and chair and minority chair of the Health Committee of
17 the House of Representatives. The report shall include:

18 Amend Bill, page 4, line 11, by striking out "(1) Outline"
19 and inserting

20 (i) An outline of

21 Amend Bill, page 4, line 13, by striking out "glasses" and
22 inserting

23 eyeglasses

24 Amend Bill, page 4, line 13, by striking out "and their
25 achievements"

26 Amend Bill, page 4, line 14, by striking out "(2) Assess"
27 and inserting

28 (ii) An assessment of

29 Amend Bill, page 4, line 15, by striking out "glasses" where
30 it occurs the first time and inserting

31 eyeglasses

32 Amend Bill, page 4, line 15, by striking out "glasses" where
33 it occurs the second time and inserting

34 eyeglasses

35 Amend Bill, page 4, line 16, by striking out "(3) Make

1 programming" and inserting

2 (iii) Programming

3 Amend Bill, page 4, line 17, by striking out "glasses" and
4 inserting

5 eyeglasses

6 Amend Bill, page 4, lines 18 through 22, by striking out all
7 of lines 18 through 21 and "(5) Make" in line 22 and inserting

8 (iv) An outline of new initiatives implemented by programs
9 that provide vision screenings, eye examinations and eyeglasses
10 to students and note anticipated further needs for these
11 programs.

12 (v) Policy

13 Amend Bill, page 4, lines 22 and 23, by striking out "the
14 Governor and the General Assembly regarding legislative or
15 regulatory changes to"

16 Amend Bill, page 4, line 24, by striking out "glasses" and
17 inserting

18 eyeglasses

19 Amend Bill, page 4, lines 25 through 30; page 5, lines 1 and
20 2; by striking out all of said lines on said pages and inserting

21 (j) The Department of Health shall provide staff support to
22 the commission as determined by the Secretary of Health.

23 (k) Every six years, the commission shall be reconstituted
24 in accordance with subsection (c) and shall meet and hold public
25 hearings to review the status of children's access to vision
26 screening, eye examinations and eyeglasses in this Commonwealth,
27 make a further report and issue the report to recipients listed
28 under subsection (i)(6).

29 Amend Bill, page 5, line 3, by striking out "(o)" and
30 inserting

31 (l)

32 Amend Bill, page 5, line 5, by striking out "Education or the
33 Department of"

34 Amend Bill, page 5, lines 6 and 7, by striking out

1 "Department of Education and the"

2 Amend Bill, page 5, line 12, by striking out "(p)" and
3 inserting

4 (m)

5 Amend Bill, page 5, line 17, by striking out "Any" and
6 inserting

7 A

8 Amend Bill, page 5, lines 18 and 19, by striking out "private
9 school, nonpublic school,"

10 Amend Bill, page 5, line 19, by striking out "or" and
11 inserting a comma

12 Amend Bill, page 5, line 19, by inserting after "school"
13 where it occurs the second time

14 , private school or nonpublic school

THE GENERAL ASSEMBLY OF PENNSYLVANIA

HOUSE BILL

No. 1077 Session of
2025

INTRODUCED BY CEPEDA-FREYTIZ, HOHENSTEIN, HILL-EVANS, PIELLI,
RABB, SANCHEZ, CERRATO, PARKER, PROBST, GIRAL, CURRY, KHAN,
D. WILLIAMS, MALAGARI AND O'MARA, APRIL 1, 2025

REFERRED TO COMMITTEE ON HEALTH, APRIL 1, 2025

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2 act relating to the public school system, including certain
3 provisions applicable as well to private and parochial
4 schools; amending, revising, consolidating and changing the
5 laws relating thereto," in school health services,
6 establishing the Commission on Children's Vision and
7 providing for duties of Commission on Children's Vision.

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

10 Section 1. The act of March 10, 1949 (P.L.30, No.14), known
11 as the Public School Code of 1949, is amended by adding a
12 section to read:

13 Section 1403.2. Commission on Children's Vision.--(a) The
14 Commission on Children's Vision is established. ~~as a~~
15 ~~departmental administrative commission under the concurrent~~
16 ~~authority of the Department of Education and the Department of~~
17 ~~Health with all the powers and duties generally vested in and~~
18 ~~imposed upon the commissions under the act of April 9, 1929~~
19 ~~(P.L.177, No.175), known as "The Administrative Code of 1929."~~

20 (b) The commission shall be administratively housed within

A02669 Amendment in Context

1 ~~the Department of Education and the Department of Health. and~~
2 ~~shall be staffed and supported by the Department of Education~~
3 ~~and the Department of Health as provided under this section.~~

4 ~~(c) In order for the commission to fulfill its duties and~~
5 ~~exercise its authority under this section:~~

6 ~~(1) An agreement shall be executed between the Department of~~
7 ~~Education, the Department of Health and the commission, which~~
8 ~~shall define and delineate the role and responsibility of each~~
9 ~~agency in assisting the commission in fulfilling its duties~~
10 ~~under this section.~~

11 ~~(2) The Department of Education, the Department of Health~~
12 ~~and the commission shall cooperate in the use of staff, land,~~
13 ~~building, quarters, facilities and equipment.~~

14 ~~(d) (c) The commission shall consist of the following~~
15 ~~members:~~

16 ~~(1) The Secretary of Education, or a designee.~~

17 ~~(2) The Secretary of Health, or a designee.~~

18 ~~(3) No less than twelve vision care professionals that work~~
19 ~~for local nonprofit organizations that provide eyeglasses to~~
20 ~~children in this Commonwealth, who shall be jointly appointed by~~
21 ~~the Secretary of Education and Secretary of Health.~~

22 ~~(e) To the extent practicable, from members initially~~
23 ~~appointed under subsection (d) (3), an equal number shall draw~~
24 ~~lots to serve for a term of three years, for a term of two years~~
25 ~~and for a term of one year. Thereafter, all members under~~
26 ~~subsection (d) (3) shall be appointed for a term of three years.~~
27 ~~Each member under subsection (d) (3) shall continue to serve~~
28 ~~until a successor is appointed.~~

29 ~~(f) The chairperson of the commission shall rotate on an~~
30 ~~annual basis between the Secretary of Education or the Secretary~~

A02669 Amendment in Context

1 ~~of Health, with the Secretary of Education chairing the first~~
2 ~~annual rotation.~~

3 ~~(g) The commission shall keep a record of its official~~
4 ~~actions and may perform acts and implement policies, procedures~~
5 ~~and guidelines as may be necessary.~~

6 (3) The chief of the division of the School Health Program
7 within the Bureau of Community Health Systems of the Department
8 of Health, or a designee.

9 (4) No less than three school nurses, representing urban,
10 rural and suburban school districts, who shall be jointly
11 appointed by the Secretary of Education and the Secretary of
12 Health.

13 (5) No fewer than six vision care professionals
14 representing diverse specialties, including pediatric providers,
15 who shall be jointly appointed by the Secretary of Education and
16 Secretary of Health.

17 (6) Representatives from community organizations that
18 connect children to eyeglasses.

19 (d) The commission shall elect a member to serve as
20 chairperson of the commission.

21 ~~(h)~~ (e) The commission shall hold its first meeting within
22 thirty (30) days of the effective date of this subsection.

23 ~~(i)~~ (f) The commission shall hold meetings at the call of
24 the chairperson.

25 ~~(j)~~ (g) The members of the commission may not receive
26 compensation or reimbursement for their service.

27 ~~(k) The General Assembly shall provide administrative~~
28 ~~support, meeting space and other assistance required by the~~
29 ~~commission to carry out its duties under this section in~~
30 ~~cooperation with the Department of Education and Department of~~

A02669 Amendment in Context

1 ~~Health. The Department of Education and the Department of Health~~
2 ~~shall provide the commission with data, research and other~~
3 ~~information upon request by the commission.~~

4 (h) The Department of Education and the Department of Health
5 shall provide the commission with data, research and other
6 information upon request by the commission. The information
7 provided under this subsection may not contain confidential or
8 personally identifiable information.

9 ~~(1)~~ (i) The commission shall have all of the following
10 powers and duties:

11 (1) Work with vision care professionals in this Commonwealth
12 in developing a Statewide plan to provide follow-up vision
13 examinations and ~~glasses eyeglasses~~ to all ~~children students~~ who
14 need follow-up vision examinations and ~~glasses eyeglasses~~ in
15 this Commonwealth.

16 (2) Develop a model for Statewide programs to provide vision
17 screenings, eye examinations, follow-up eye examinations and
18 ~~glasses eyeglasses~~ to students who need them for little to no
19 cost to students and families.

20 (3) Provide support and coordination for Statewide and local
21 activities regarding the programs under clause (2).

22 (4) Review ~~data and research~~ and make findings and
23 recommendations related to children's vision care in this
24 Commonwealth.

25 (5) Consult with and utilize experts to assist in carrying
26 out the duties under this subsection.

27 ~~(6) Investigate, review and issue an annual report on the~~
28 ~~status of the programs under clause (2) as required under~~
29 ~~subsection (m).~~

30 ~~(m) By December 31 each year, the commission shall submit a~~

A02669 Amendment in Context

1 ~~report to the Governor of the General Assembly on the status of~~
2 ~~children's access to eye examinations and glasses in this~~
3 ~~Commonwealth. The report shall include all of the following:~~

4 ~~(6) By December 31 of the first full calendar year after the~~
5 ~~effective date of this subsection, submit a report on the status~~
6 ~~of children's access to eye examinations and eyeglasses in this~~
7 ~~Commonwealth to the Governor, President pro tempore of the~~
8 ~~Senate, Minority Leader of the Senate, Speaker of the House of~~
9 ~~Representatives, Minority Leader of the House of~~
10 ~~Representatives, chair and minority chair of the Education~~
11 ~~Committee of the Senate, chair and minority chair of the~~
12 ~~Education Committee of the House of Representatives, chair and~~
13 ~~minority chair of the Health and Human Services Committee of the~~
14 ~~Senate and chair and minority chair of the Health Committee of~~
15 ~~the House of Representatives. The report shall include:~~

16 ~~(1) Outline (i) An outline of Statewide programs that~~
17 ~~provide vision screenings, eye examinations, follow-up eye~~
18 ~~examinations and ~~glasses eyeglasses~~ to students who need them~~
19 ~~and their achievements.~~

20 ~~(2) Assess (ii) An assessment of the trends and needs in~~
21 ~~school entities regarding students who need ~~glasses eyeglasses~~~~
22 ~~and do not have ~~glasses eyeglasses~~.~~

23 ~~(3) Make programming (iii) Programming recommendations to~~
24 ~~help more children who need ~~glasses eyeglasses~~ receive them.~~

25 ~~(4) Highlight new initiatives and recommend future needs for~~
26 ~~Statewide programs that provide vision screenings, eye~~
27 ~~examinations, follow up eye examinations and glasses to~~
28 ~~students.~~

29 ~~(5) Make (iv) An outline of new initiatives implemented by~~
30 ~~programs that provide vision screenings, eye examinations and~~

A02669 Amendment in Context

1 eyeglasses to students and note anticipated further needs for
2 these programs.

3 (v) Policy recommendations to the Governor and the General
4 Assembly regarding legislative or regulatory changes to improve
5 children's access to ~~glasses~~ eyeglasses.

6 (n) The Department of Education and the Department of Health
7 shall provide staff to assist the commission with the
8 commission's duties. The Department of Education and the
9 Department of Health shall assign an executive director of the
10 commission who shall oversee elementary and secondary students'
11 glasses needs in this Commonwealth and serve as the director of
12 outreach for the commission and staff who may be employed on or
13 after the effective date of this subsection.

14 (j) The Department of Health shall provide staff support to
15 the commission as determined by the Secretary of Health.

16 (k) Every six years, the commission shall be reconstituted
17 in accordance with subsection (c) and shall meet and hold public
18 hearings to review the status of children's access to vision
19 screening, eye examinations and eyeglasses in this Commonwealth,
20 make a further report and issue the report to recipients listed
21 under subsection (i)(6).

22 ~~(e)~~ (l) The implementation of this section shall be subject
23 to money appropriated by the General Assembly to the Department
24 of ~~Education or the Department of~~ Health, and the money shall be
25 used to carry out the purposes of this section. The ~~Department~~
26 ~~of Education and the~~ Department of Health may accept grants and
27 donations from all public and private sources, including the
28 Federal Government, to pay for costs incurred for the
29 implementation and continuance of the provisions of this
30 section.

A02669 Amendment in Context

1 | ~~(p)~~ (m) The following words and phrases when used in this
2 | section shall have the meanings given to them in this subsection
3 | unless context clearly indicates otherwise:

4 | "Commission." The Commission for Children's Vision
5 | established under this section.

6 | "School entity." Any A public school, including a charter
7 | school or cyber charter school, ~~private school, nonpublic~~
8 | ~~school,~~ intermediate unit ~~or,~~ area career and technical school,
9 | ~~private school or nonpublic school.~~

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

HOUSE OF REPRESENTATIVES

DEMOCRATIC COMMITTEE BILL ANALYSIS

Bill No:	HB2265 PN2963	Prepared By:	Erika Fricke 717-908-7023
Committee:	Health	Executive Director:	Erika Fricke
Sponsor:	Takac, Paul		
Date:	3/19/2026		

A. Brief Concept

Requires that a emergency departments must be staffed at all times by an on-site board certified or board eligible emergency physician.

C. Analysis of the Bill

Emergency Physician Requirement

House Bill 2265 requires that all emergency departments be staffed by a board eligible or board certified emergency medicine physician, who must be on-site while the emergency department is open.

Exceptions Process

An exception can be provided to a hospital in a non-urban cluster so long as the hospital has fewer than 46 emergency visits per day and documents efforts to find a board certified or board eligible emergency physician.

Additional Department of Health (DOH) requirements for a waiver must be met, including written agreements to transfer patients who can't be safely treated in the hospital and transfer agreements for patients in emergency situations needing stabilization or pregnant patients.

DOH can grant exceptions according to the existing exceptions process.

Tele-emergency Department

Being granted a waiver for a tele-emergency department does not obviate the requirement for an on-site physician presence.

Effective Date:

60 days.

G. Relevant Existing Laws

[Existing requirements for hospital staffing is provided in Title 28, section 117.](#) Current regulations require that emergency services are directed and supervised by a physician or medical staff committee, and physicians must be on-call.

§ 117.25. Emergency medical services.

(a) Emergency medical services shall be directed and supervised by a physician with training and experience in emergency care, including cardiopulmonary resuscitation. The physician director is responsible for implementing emergency services policies and for overall coordination of emergency medical services provided.

(b) In the absence of a single physician, direction of emergency medical services may be provided through a multi-disciplinary medical staff committee. The chairman of this committee shall serve as director of emergency medical services.

§ 117.26. Physician on-call schedule for basic and general emergency service.

(a) A roster of on-call physicians including name and telephone number shall be posted

in the emergency service area.

(b) Acceptable methods of providing medical coverage for the emergency service include the following:

- (1) Use of house staff under adequate medical staff supervision.
- (2) Rotating panels of staff physicians.
- (3) Contractors whose members may or may not be members of the medical staff.
- (4) Physician hospital employees.

[PA Code Title 28 sections 51.31 through 51.34](#) details the exceptions process, noting that any statutory requirement may not be waived.

In March of 2022, the Department of Health issued guidance for hospitals seeking a waiver of regulations for eligible rural hospitals to operate a Tele-emergency Department without on-site physician presence. That guidance states:

While operating under an approved exception to , an eligible rural hospital shall:

- Establish and maintain 24/7/365 connectivity to a full-support telemedicine hub that guarantees immediate access to a board-certified doctor of medicine (MD) or doctor of osteopathic medicine (DO).
 - This shall include the development of a written plan addressing connectivity loss due to a malfunction of equipment, loss of internet connectivity or another incident on either the originating or distant site side.
 - The plan may include an alternative immediate access point to another on-call tele-medicine physician, or an on-site physician who will be present during the outage.
- Establish and implement policies and procedure to address on-call physicians being called on-site to the hospital. The policies and procedures shall ensure an MD or DO is on-call at all times and available to be on-site as needed to meet the needs of patients, but in all instances within 60 minutes if there is not a physician physically on-site in the emergency department. Specifically, the policies and procedures shall address:
 - Escalation protocols to be followed if a patient requests to see a physician. The protocols shall address patients that request to see a physician when it is not medically necessary for them to see a physician, and shall, at a minimum, provide or a telemedicine visit with a physician being made immediately available to the patient. The protocols shall also address patients that request to see a physician in person when it is not medically necessary and provide for the development of policies and procedures to allow for an in-person visit to be arranged.
 - The on-call physician's obligations when an on-site APP requests the on-site presence of the on-call physician.
 - A back-up plan to address any instances where the on-call physician does not or cannot respond.
- Post in a conspicuous location a statement that physicians are not in the emergency department 24/7, but that the emergency department is operational 24/7 and the hospital will provide access to a physician, as needed and upon request.
- Establish and implement a process that guarantees the hospital's ability to transfer an emergent patient whose care is beyond the capabilities of the on-site APP, even with telemedicine physician support. The process may not place a burden on the local emergency medical services system and shall be an appropriate transfers in accordance with the Emergency Treatment and Labor Act (EMTALA).

The guidance states that Tele-ED models do not meet the requirements for a Medical Command Facility (MCF) per the Emergency Medical Services System Act. Losing MCF status means that EMS providers will require permission from a Medical Command physician before taking a patient to the tele-ED facility.

[Federal law](#) requires that emergency rooms diagnose and stabilize the patient or transfer the patient to a facility that can provide appropriate care.

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. 2265 Session of
2026

INTRODUCED BY TAKAC, PICKETT, VENKAT, HILL-EVANS, GUZMAN,
DELLOSO AND K. HARRIS, MARCH 4, 2026

REFERRED TO COMMITTEE ON HEALTH, MARCH 5, 2026

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 onsite emergency
10 physicians.

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

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

16 CHAPTER 8-D

17 ONSITE EMERGENCY PHYSICIANS

18 Section 801-D. Definitions.

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

22 "Board-certified emergency physician." A physician licensed

1 under the act of October 5, 1978 (P.L.1109, No.261), known as
2 the Osteopathic Medical Practice Act, or the act of December 20,
3 1985 (P.L.457, No.112), known as the Medical Practice Act of
4 1985, who is certified in the specialty of emergency medicine by
5 a board recognized by the American Board of Medical Specialties
6 or the American Osteopathic Association.

7 "Board-eligible emergency physician." A physician who:

8 (1) is licensed under the Medical Practice Act of 1985
9 or the Osteopathic Medical Practice Act;

10 (2) has completed a residency in emergency medicine
11 accredited by the Accreditation Council for Graduate Medical
12 Education or the American Osteopathic Association; and

13 (3) remains within the eligibility period to sit for
14 initial board certification in emergency medicine as
15 established by the relevant certifying board.

16 "Emergency department." The designated area of a hospital
17 where health care services are furnished to evaluate, treat and
18 stabilize a condition manifesting by acute symptoms of
19 sufficient severity, including severe pain, such that the
20 absence of immediate medical attention could reasonably be
21 expected to result in placing the individual's health, or the
22 health of an unborn child, in serious jeopardy, serious
23 impairment to bodily functions or serious dysfunction of any
24 bodily organ.

25 "Hospital." A health care facility that is primarily engaged
26 in providing to inpatients, by or under supervision of
27 physicians, diagnostic services and therapeutic services for
28 medical diagnosis, treatment and care of individuals who are
29 injured, disabled or sick or rehabilitation services for the
30 rehabilitation of individuals who are injured, disabled or sick.

1 "Onsite." In relation to services, that the services are:

2 (1) being provided to a patient who is physically
3 present in an emergency department; and

4 (2) immediately available to the individual being
5 supervised and with continued involvement in appropriate
6 components of care.

7 "Physician." A medical doctor or doctor of osteopathy.

8 Section 802-D. Requirement for onsite emergency physician.

9 Unless an exception has been approved under section 803-D, a
10 hospital with an emergency department shall ensure that a board-
11 certified emergency physician or board-eligible emergency
12 physician is onsite, on duty and primarily responsible for the
13 emergency department at all times when the emergency department
14 is open.

15 Section 803-D. Exception.

16 (a) Power of department.--The department may grant an
17 exception to the requirements of section 802-D if a hospital is
18 located in an area not designated as an urbanized area by the
19 United States Census Bureau, including an area designated as an
20 urban cluster, and satisfies the eligibility conditions in
21 subsection (b).

22 (b) Eligibility.--To qualify for the exception under
23 subsection (a), a hospital must demonstrate to the department
24 the following conditions:

25 (1) The hospital has an average daily emergency
26 department census of 46 or less visits over the preceding two
27 years.

28 (2) Documented good faith efforts to recruit and retain
29 board-certified emergency physicians or board-eligible
30 emergency physicians.

1 (3) Any other condition determined by the department
2 that is necessary to protect patient safety, including:

3 (i) Written policies for transfer of patients
4 requiring care beyond the capabilities of the hospital.

5 (ii) Maintenance of transfer agreements consistent
6 with 42 U.S.C. § 1395dd (relating to examination and
7 treatment for emergency medical conditions and women in
8 labor).

9 (c) Process for review of exceptions.--The department shall
10 process an exception under subsection (a) in accordance with 28
11 Pa. Code §§ 51.31 (relating to principle), 51.32 (relating to
12 exceptions for innovative programs), 51.33 (relating to requests
13 for exceptions) and 51.34 (relating to revocation of
14 exceptions).

15 Section 804-D. Construction.

16 Nothing in this chapter shall be construed to authorize the
17 use of a tele-emergency department model in lieu of the
18 requirement for an onsite physician under section 802-D.

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

LEGISLATIVE REFERENCE BUREAU

AMENDMENTS TO HOUSE BILL NO. 2265

Sponsor:

Printer's No. 2963

1 Amend Bill, page 1, line 22; page 2, lines 1 through 30; by
2 striking out all of said lines on said pages and inserting

3 "Emergency department." As defined in section 2 of the act
4 of November 2, 2016 (P.L.976, No.122), known as the Safe
5 Emergency Prescribing Act.

6 "Emergency physician." A physician who has completed
7 postgraduate training in emergency medicine, including pediatric
8 emergency medicine, or who possesses qualifications, training or
9 experience in emergency medicine, including pediatric emergency
10 medicine, as determined appropriate by a hospital's medical
11 staff and governing body.

12 "Hospital." As defined in section 802.1.

13 Amend Bill, page 3, line 7, by striking out "A medical doctor
14 or doctor of osteopathy." and inserting

15 Either:

16 (1) as defined in section 2 of the act of October 5,
17 1978 (P.L.1109, No.261), known as the Osteopathic Medical
18 Practice Act; or

19 (2) as defined in section 2 of the act of December 20,
20 1985 (P.L.457, No.112), known as the Medical Practice Act of
21 1985.

22 Amend Bill, page 3, lines 10 and 11, by striking out "a
23 board-certified" and inserting

24 an

25 Amend Bill, page 3, lines 11 and 12, by striking out "or
26 board-eligible emergency physician"

27 Amend Bill, page 3, lines 16 through 21, by striking out all
28 of said lines and inserting

29 (a) Power of department.--

30 (1) The department may grant an exception to the

1 requirements of section 802-D if a hospital satisfies the
2 eligibility conditions in subsection (b).

3 (2) An exception granted under this subsection shall
4 permit a hospital to staff its emergency department with a
5 physician who is onsite and on duty at all times the
6 emergency department is open, regardless of the physician's
7 qualifications, training or experience in emergency medicine.

8 Amend Bill, page 3, lines 23 through 30; page 4, lines 1
9 through 14; by striking out "to the department" in line 23 and
10 all of lines 24 through 30 on page 3 and all of lines 1 through
11 14 on page 4 and inserting

12 and document to the department good faith efforts to recruit
13 and retain emergency physicians.

14 Amend Bill, page 4, line 16, by striking out "Nothing" and
15 inserting

16 (a) Tele-emergency department model.--Except as provided
17 under subsection (b), nothing

18 Amend Bill, page 4, by inserting between lines 18 and 19

19 (b) Prior exceptions.--An exception that has been granted by
20 the department for use of a tele-emergency department model or
21 use of onsite health care practitioners, other than physicians
22 in an emergency department prior to the effective date of this
23 subsection, shall remain in full force and effect until
24 rescinded by the department.

THE GENERAL ASSEMBLY OF PENNSYLVANIA

HOUSE BILL

No. 2265 Session of
2026

INTRODUCED BY TAKAC, PICKETT, VENKAT, HILL-EVANS, GUZMAN,
DELLOSO AND K. HARRIS, MARCH 4, 2026

REFERRED TO COMMITTEE ON HEALTH, MARCH 5, 2026

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 onsite emergency
10 physicians.

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

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

16 CHAPTER 8-D

17 ONSITE EMERGENCY PHYSICIANS

18 Section 801-D. Definitions.

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

22 ~~"Board-certified emergency physician." A physician licensed~~

A02699 Amendment in Context

1 ~~under the act of October 5, 1978 (P.L.1109, No.261), known as~~
2 ~~the Osteopathic Medical Practice Act, or the act of December 20,~~
3 ~~1985 (P.L.457, No.112), known as the Medical Practice Act of~~
4 ~~1985, who is certified in the specialty of emergency medicine by~~
5 ~~a board recognized by the American Board of Medical Specialties~~
6 ~~or the American Osteopathic Association.~~

7 ~~"Board eligible emergency physician." A physician who:~~

8 ~~(1) is licensed under the Medical Practice Act of 1985~~
9 ~~or the Osteopathic Medical Practice Act;~~

10 ~~(2) has completed a residency in emergency medicine~~
11 ~~accredited by the Accreditation Council for Graduate Medical~~
12 ~~Education or the American Osteopathic Association; and~~

13 ~~(3) remains within the eligibility period to sit for~~
14 ~~initial board certification in emergency medicine as~~
15 ~~established by the relevant certifying board.~~

16 ~~"Emergency department." The designated area of a hospital~~
17 ~~where health care services are furnished to evaluate, treat and~~
18 ~~stabilize a condition manifesting by acute symptoms of~~
19 ~~sufficient severity, including severe pain, such that the~~
20 ~~absence of immediate medical attention could reasonably be~~
21 ~~expected to result in placing the individual's health, or the~~
22 ~~health of an unborn child, in serious jeopardy, serious~~
23 ~~impairment to bodily functions or serious dysfunction of any~~
24 ~~bodily organ.~~

25 ~~"Hospital." A health care facility that is primarily engaged~~
26 ~~in providing to inpatients, by or under supervision of~~
27 ~~physicians, diagnostic services and therapeutic services for~~
28 ~~medical diagnosis, treatment and care of individuals who are~~
29 ~~injured, disabled or sick or rehabilitation services for the~~
30 ~~rehabilitation of individuals who are injured, disabled or sick.~~

A02699 Amendment in Context

1 "Emergency department." As defined in section 2 of the act
2 of November 2, 2016 (P.L.976, No.122), known as the Safe
3 Emergency Prescribing Act.

4 "Emergency physician." A physician who has completed
5 postgraduate training in emergency medicine, including pediatric
6 emergency medicine, or who possesses qualifications, training or
7 experience in emergency medicine, including pediatric emergency
8 medicine, as determined appropriate by a hospital's medical
9 staff and governing body.

10 "Hospital." As defined in section 802.1.

11 "Onsite." In relation to services, that the services are:

12 (1) being provided to a patient who is physically
13 present in an emergency department; and

14 (2) immediately available to the individual being
15 supervised and with continued involvement in appropriate
16 components of care.

17 "Physician." ~~A medical doctor or doctor of osteopathy.~~

18 Either:

19 (1) as defined in section 2 of the act of October 5,
20 1978 (P.L.1109, No.261), known as the Osteopathic Medical
21 Practice Act; or

22 (2) as defined in section 2 of the act of December 20,
23 1985 (P.L.457, No.112), known as the Medical Practice Act of
24 1985.

25 Section 802-D. Requirement for onsite emergency physician.

26 Unless an exception has been approved under section 803-D, a
27 hospital with an emergency department shall ensure that ~~a board-~~
28 ~~certified an~~ emergency physician ~~or board eligible emergency-~~
29 ~~physician~~ is onsite, on duty and primarily responsible for the
30 emergency department at all times when the emergency department

A02699 Amendment in Context

1 is open.

2 Section 803-D. Exception.

3 ~~(a) Power of department. The department may grant an~~
4 ~~exception to the requirements of section 802-D if a hospital is~~
5 ~~located in an area not designated as an urbanized area by the~~
6 ~~United States Census Bureau, including an area designated as an~~
7 ~~urban cluster, and satisfies the eligibility conditions in~~
8 ~~subsection (b).~~

9 (a) Power of department.--

10 (1) The department may grant an exception to the
11 requirements of section 802-D if a hospital satisfies the
12 eligibility conditions in subsection (b).

13 (2) An exception granted under this subsection shall
14 permit a hospital to staff its emergency department with a
15 physician who is onsite and on duty at all times the
16 emergency department is open, regardless of the physician's
17 qualifications, training or experience in emergency medicine.

18 (b) Eligibility.--To qualify for the exception under
19 subsection (a), a hospital must demonstrate ~~to the department~~
20 ~~the following conditions:~~

21 ~~(1) The hospital has an average daily emergency~~
22 ~~department census of 46 or less visits over the preceding two~~
23 ~~years.~~

24 ~~(2) Documented good faith efforts to recruit and retain~~
25 ~~board certified emergency physicians or board eligible~~
26 ~~emergency physicians.~~

27 ~~(3) Any other condition determined by the department~~
28 ~~that is necessary to protect patient safety, including:~~

29 ~~(i) Written policies for transfer of patients~~
30 ~~requiring care beyond the capabilities of the hospital.~~

A02699 Amendment in Context

1 ~~(ii) Maintenance of transfer agreements consistent~~
2 ~~with 42 U.S.C. § 1395dd (relating to examination and~~
3 ~~treatment for emergency medical conditions and women in~~
4 ~~labor).~~

5 ~~(c) Process for review of exceptions. The department shall~~
6 ~~process an exception under subsection (a) in accordance with 28~~
7 ~~Pa. Code §§ 51.31 (relating to principle), 51.32 (relating to~~
8 ~~exceptions for innovative programs), 51.33 (relating to requests~~
9 ~~for exceptions) and 51.34 (relating to revocation of~~
10 ~~exceptions). and document to the department good faith efforts~~
11 ~~to recruit and retain emergency physicians.~~

12 Section 804-D. Construction.

13 ~~Nothing~~ (a) Tele-emergency department model.--Except as
14 provided under subsection (b), nothing in this chapter shall be
15 construed to authorize the use of a tele-emergency department
16 model in lieu of the requirement for an onsite physician under
17 section 802-D.

18 ~~(b) Prior exceptions.--An exception that has been granted by~~
19 ~~the department for use of a tele-emergency department model or~~
20 ~~use of onsite health care practitioners, other than physicians~~
21 ~~in an emergency department prior to the effective date of this~~
22 ~~subsection, shall remain in full force and effect until~~
23 ~~rescinded by the department.~~

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

HOUSE OF REPRESENTATIVES

DEMOCRATIC COMMITTEE BILL ANALYSIS

Bill No:	HR0404 PN2813	Prepared By:	Patrick O'Rourke (717) 705-1875
Committee:	Health	Executive Director:	Erika Fricke
Sponsor:	Matzie, Robert		
Date:	3/13/2026		

A. Brief Concept

Recognizes April 2026 as "Limb Loss Awareness Month" in Pennsylvania.

C. Analysis of the Bill

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

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

In the United States:

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

Effective Date:

N/A.

G. Relevant Existing Laws

N/A.

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

2025-26 Session

[HR 33](#): Recognizes April 2025 as "Limb Loss Awareness Month" in Pennsylvania. Adopted on April 16th, 2024 (199-4.)

2023-24 Session

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

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THE GENERAL ASSEMBLY OF PENNSYLVANIA

HOUSE RESOLUTION

No. 404 Session of
2026

INTRODUCED BY MATZIE, HILL-EVANS, CONKLIN, BRENNAN, McNEILL,
MADDEN, FREEMAN, HOWARD, SANCHEZ, RIVERA, HOHENSTEIN, NEILSON
AND MAYES, JANUARY 28, 2026

REFERRED TO COMMITTEE ON HEALTH, JANUARY 28, 2026

A RESOLUTION

1 Recognizing the month of April 2026 as "Limb Loss Awareness
2 Month" in Pennsylvania.

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

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

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

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

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

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

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

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

4 RESOLVED, That the House of Representatives recognize the
5 month of April 2026 as "Limb Loss Awareness Month" in
6 Pennsylvania; and be it further

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

HOUSE OF REPRESENTATIVES

DEMOCRATIC COMMITTEE BILL ANALYSIS

Bill No:	HR0405 PN2814	Prepared By:	Patrick O'Rourke (717) 787-4296,6711
Committee:	Health	Executive Director:	Erika Fricke
Sponsor:	Matzie, Robert		
Date:	3/13/2026		

A. Brief Concept

Recognizes May 5, 2026, as "World Asthma Day."

C. Analysis of the Bill

Asthma is defined as a chronic lung disease that inflames and narrows the airways, resulting in recurring periods of wheezing, chest tightness, shortness of breath and chronic coughing. It impacts approximately 25 million, or 1 in 12, individuals in the United States. In Pennsylvania, approximately 1 million adults and 300,000 children have asthma. Asthma has no known cure, however, proper diagnosis and treatment can improve quality of life.

Effective Date:

N/A.

G. Relevant Existing Laws

N/A.

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

2025-26 Legislative Session

- [HR 188, PN 1373](#) (Matzie)
 - Recognizes May 6, 2025 as "World Asthma Day."
 - Reported out of Health on 5/7/2025.

2023-24 Legislative Session

- [HR 96, PN 1116](#) (Matzie)
 - Recognizes May 2, 2023 as "World Asthma Day."
 - Reported out of Health on 5/22/2023.
- [HR 390, PN 2945](#) (Matzie)
 - Recognizes May 7, 2023 as "World Asthma Day."
 - Referred to Health on 4/10/2024.

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THE GENERAL ASSEMBLY OF PENNSYLVANIA

HOUSE RESOLUTION

No. 405 Session of
2026

INTRODUCED BY MATZIE, HILL-EVANS, CONKLIN, FREEMAN, WAXMAN,
GUZMAN, VENKAT, RIVERA, McNEILL, PASHINSKI, BRENNAN, KAZEEM,
SANCHEZ, HOWARD, HOHENSTEIN, NEILSON, MADDEN AND MAYES,
JANUARY 28, 2026

REFERRED TO COMMITTEE ON HEALTH, JANUARY 28, 2026

A RESOLUTION

1 Recognizing May 5, 2026, as "World Asthma Day" in Pennsylvania.

2 WHEREAS, The National Heart, Lung, and Blood Institute
3 defines asthma as a chronic lung disease that inflames and
4 narrows the airways, resulting in recurring periods of wheezing,
5 chest tightness, shortness of breath and chronic coughing; and

6 WHEREAS, Approximately 25 million, or 1 in 12, individuals in
7 the United States are known to have asthma; and

8 WHEREAS, The Centers for Disease Control and Prevention
9 reported that an estimated 1 million adults and an estimated
10 300,000 children in Pennsylvania suffer from asthma; and

11 WHEREAS, There is no known cure for asthma, but once asthma
12 is properly diagnosed and a treatment plan is implemented,
13 individuals are able to better manage symptoms and improve their
14 quality of life; and

15 WHEREAS, In an effort to raise awareness about asthma and
16 improve asthma care throughout the world, health care groups,

1 asthma educators, patients and advocates annually celebrate the
2 first Tuesday of May as "World Asthma Day"; and

3 WHEREAS, This day encourages individuals to focus on daily
4 management and ongoing education of asthma and to identify
5 allergens and irritants that can lead to and worsen asthma
6 attacks; and

7 WHEREAS, Individuals who participate in "World Asthma Day"
8 use this occasion as an opportunity to organize and participate
9 in local events, screenings and group discussions to become more
10 knowledgeable about asthma control; therefore be it

11 RESOLVED, That the House of Representatives recognize May 5,
12 2026, as "World Asthma Day" in Pennsylvania; and be it further

13 RESOLVED, That the House of Representatives encourage all
14 residents of this Commonwealth to work together to help all
15 Pennsylvanians living with asthma control their symptoms.

HOUSE OF REPRESENTATIVES

DEMOCRATIC COMMITTEE BILL ANALYSIS

Bill No:	HR0414 PN2865	Prepared By:	Patrick O'Rourke (717) 705-1875
Committee:	Health	Executive Director:	Erika Fricke
Sponsor:	Markosek, Brandon		
Date:	3/13/2026		

A. Brief Concept

Recognizes the week of May 9th - 15th, 2026 as "National Stuttering Awareness Week."

C. Analysis of the Bill

The National Stuttering Association celebrates "National Stuttering Awareness Week" annually the second week of May as a way to educate, empower, and build a sense of belonging for people who stutter, reaching thousands of people. Stuttering is a speech disorder in which sounds, syllables or words are repeated and may be accompanied by rapid blinking, lip tremors, speech blocks and interjections, making it difficult to communicate. Also referred to as stammering or disfluent speech, stuttering is a genetically influenced condition that can develop in duration or appear suddenly, with symptoms varying over time. The most common form of stuttering, developmental stuttering, occurs early during speech and language learning, but strokes or head or brain injuries may result in neurogenic stuttering. Approximately 1% of the adult population stutters, in every nation and language, equating to about 3 million Americans and 130,000 Pennsylvanians.

Effective Date:

N/A.

G. Relevant Existing Laws

N/A.

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

2025-26 Legislative Session

- [HR 46, PN 411](#) (Markosek)
 - Recognizes the week of May 9th-15th, 2025 as "National Stuttering Awareness Week."
 - Adopted on 5/5/25 (199-4).

2023-24 Legislative Session

- [HR 366, PN 2998](#) (Markosek)
 - Recognizes the week of May 9th-15th, 2024 as "National Stuttering Awareness Week."
 - Adopted on 6/12/24 (200-1).

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THE GENERAL ASSEMBLY OF PENNSYLVANIA

HOUSE RESOLUTION

No. 414 Session of
2026

INTRODUCED BY MARKOSEK, VENKAT, PIELLI, HILL-EVANS, SHUSTERMAN,
PASHINSKI, SANCHEZ, FREEMAN, SCHLOSSBERG, CONKLIN, PROBST,
MAYES, POWELL, GUZMAN, HADDOCK, McNEILL, WAXMAN, RIVERA,
NEILSON, D. WILLIAMS AND O'MARA, FEBRUARY 3, 2026

REFERRED TO COMMITTEE ON HEALTH, FEBRUARY 4, 2026

A RESOLUTION

1 Recognizing the week of May 9 through 15, 2026, as "National
2 Stuttering Awareness Week" in Pennsylvania.

3 WHEREAS, The National Stuttering Association celebrates
4 "National Stuttering Awareness Week" annually the second week of
5 May to reach the thousands of people who stutter, and as a
6 result feel alone and isolated, and spread knowledge about
7 stuttering; and

8 WHEREAS, Stuttering is a speech disorder in which sounds,
9 syllables or words are repeated and may be accompanied by rapid
10 blinking, lip tremors, speech blocks and interjections, making
11 it difficult to communicate; and

12 WHEREAS, Stuttering, also referred to as stammering or
13 disfluent speech, is a genetically influenced condition that can
14 develop in duration or appear suddenly, with symptoms varying
15 over time; and

16 WHEREAS, The most common form of stuttering, developmental
17 stuttering, occurs early during speech and language learning,

1 but strokes or head or brain injuries may result in neurogenic
2 stuttering; and

3 WHEREAS, There are many harmful and incorrect myths about the
4 causes of stuttering, including that it is the result of
5 shyness, nervousness, self-consciousness, lower intelligence,
6 less capability, emotional trauma or bad parenting; and

7 WHEREAS, Approximately 1% of the adult population stutters,
8 in every nation and language, equating to about 3 million
9 Americans and 130,000 Pennsylvanians; and

10 WHEREAS, Adult males are approximately four times more likely
11 to stutter than adult females, and male children are two times
12 more likely to stutter than female children; and

13 WHEREAS, Usually beginning between the ages of two to five
14 years, approximately 5% of children go through a period of
15 stuttering; and

16 WHEREAS, Eighty percent of children who stutter stop by
17 school age; and

18 WHEREAS, For people who stutter, the lost control of their
19 speech mechanism is not the biggest priority, but it may have an
20 impact on their quality of life and interpersonal relationships;
21 and

22 WHEREAS, Children who stutter are at a higher risk of
23 bullying, which may lead to avoiding speaking or altering their
24 communication style, causing further psychological distress or
25 unnecessary tension; and

26 WHEREAS, Individuals who stutter may be referred to speech-
27 language pathologists to help bolster confidence and
28 communication by focusing speech therapy on a place of
29 destigmatization; and

30 WHEREAS, It is also important that school personnel be

1 trained in working with students who stutter, and students who
2 stutter should be given the tools to express their feelings and
3 experiences; therefore be it

4 RESOLVED, That the House of Representatives recognize the
5 week of May 9 through 15, 2026, as "National Stuttering
6 Awareness Week" in Pennsylvania.

HOUSE OF REPRESENTATIVES

DEMOCRATIC COMMITTEE BILL ANALYSIS

Bill No:	HR0428 PN2978	Prepared By:	Patrick O'Rourke (717) 787-4296
Committee:	Health	Executive Director:	Erika Fricke
Sponsor:	Davis, Tina		
Date:	3/20/2026		

A. Brief Concept

Recognizes April 25, 2026 as "Diabetic Eye Screening Day."

C. Analysis of the Bill

Diabetic retinopathy is a complication of diabetes that damages the retina, the light-sensitive tissues at the back of the eye. High blood sugar levels damage the retina, causing them to leak fluid and blood and grow new, abnormal blood vessels which create scar tissue formation. Because the condition does not cause any symptoms early on, individuals may not become aware that they have it until the damage becomes irreversible.

Diabetic retinopathy is the leading cause of blindness in people with diabetes and among all working age Americans. Diabetic retinopathy is prevalent in 26% of diabetes cases and affected 9.6 million people in the United States. Optometrists across the Commonwealth host free or low-cost diabetic eye screenings on April 25, 2026. This includes Geisinger, Nazareth, Penn State, Pennsylvania College of Optometry at Drexel University, Temple University Ophthalmology, UPMC, University of Pennsylvania Scheie Eye, Wills Eye Hospital and St. Lukes's.

Effective Date:

N/A.

G. Relevant Existing Laws

N/A.

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

2025-2026 Session

- [HR 113, PN 924](#) (T.Davis)
 - A Resolution recognizing April 26, 2025, as "Diabetic Eye Screening Day" in Pennsylvania.
 - Adopted 4/7/2025

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THE GENERAL ASSEMBLY OF PENNSYLVANIA

HOUSE RESOLUTION

No. 428 Session of
2026

INTRODUCED BY T. DAVIS, ISAACSON, GUENST, VENKAT, HILL-EVANS,
KHAN, SANCHEZ, JAMES, SAMUELSON, FREEMAN, McNEILL, GUZMAN,
RIVERA, NEILSON, SHUSTERMAN, MALAGARI, PARKER, ABNEY,
GALLAGHER, PASHINSKI, DOUGHERTY AND DELLOSO, MARCH 10, 2026

REFERRED TO COMMITTEE ON HEALTH, MARCH 10, 2026

A RESOLUTION

1 Recognizing April 25, 2026, as "Diabetic Eye Screening Day" in
2 Pennsylvania.

3 WHEREAS, Diabetic retinopathy is a complication of diabetes
4 that damages the retina, the light-sensitive tissue at the back
5 of the eye; and

6 WHEREAS, Diabetic retinopathy is the leading cause of
7 blindness in people with diabetes and among all working-age
8 Americans; and

9 WHEREAS, In 2021, the prevalence of diabetic retinopathy in
10 the United States was more than 26% of people with diabetes,
11 affecting 9.6 million people in the country; and

12 WHEREAS, Over time, high blood sugar levels damage the
13 retina, causing them to leak fluid and blood and grow new,
14 abnormal blood vessels which create scar tissue formation; and

15 WHEREAS, In its early stages, diabetic retinopathy may not
16 cause any visual symptoms, meaning those who suffer from it may
17 not be aware of it until irreversible damage has been done to

1 the eye; and

2 WHEREAS, With early detection and proper treatment, it is
3 possible for those with diabetic retinopathy to retain their
4 vision; and

5 WHEREAS, There are multiple treatment options available to
6 people with diabetic retinopathy to prevent further vision loss;
7 and

8 WHEREAS, The primary way diabetic retinopathy is diagnosed is
9 through a diabetic eye evaluation; and

10 WHEREAS, In order to combat lack of access to eye exams,
11 ophthalmologists and optometrists across this Commonwealth are
12 hosting free or low-cost diabetic eye screenings on April 25,
13 2026; and

14 WHEREAS, Participating organizations include Geisinger,
15 Nazareth, Penn State, Pennsylvania College of Optometry at
16 Drexel University, Temple University Ophthalmology, UPMC,
17 University of Pennsylvania Scheie Eye, Wills Eye Hospital and
18 St. Lukes's; and

19 WHEREAS, Surrounding states, including Delaware and Maryland,
20 are joining the Commonwealth in these efforts; and

21 WHEREAS, Ophthalmologists and optometrists are hosting these
22 free or low-cost screenings to raise awareness regarding the
23 importance of regular diabetic eye evaluations; therefore be it

24 RESOLVED, That the House of Representatives recognize April
25 25, 2026, as "Diabetic Eye Screening Day" in Pennsylvania.

HOUSE OF REPRESENTATIVES

DEMOCRATIC COMMITTEE BILL ANALYSIS

Bill No:	HR0430 PN2984	Prepared By:	Patrick O'Rourke (717) 787-4296
Committee:	Health	Executive Director:	Erika Fricke
Sponsor:	Delloso, David		
Date:	3/20/2026		

A. Brief Concept

Designates May 3 through 9, 2026, as "Tardive Dyskinesia Awareness Week."

C. Analysis of the Bill

Prolonged use of antipsychotic medication for serious mental illnesses such as bipolar disorder, schizophrenia and major depressive disorder is often associated with tardive dyskinesia (TD), a condition marked by uncontrollable, abnormal and repetitive movements of the face, torso, limbs or extremities.

Individuals are at higher risk of TD if:

- is 55 years of age or older, Black or a woman; or
- has a mood disorder, substance use disorder, intellectual disability, central nervous system injury or high cumulative antipsychotic medication exposure.

About 60% of the roughly 800,000 U.S. adults with TD are undiagnosed, despite the fact that even mild symptoms can significantly impact quality of life. Clinical guidelines recommend routine TD screening for patients on antipsychotic medications, and individuals experiencing abnormal movements should consult their providers for evaluation and treatment. FDA-approved treatments are available to help manage symptoms.

Effective Date:

N/A.

G. Relevant Existing Laws

N/A.

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

2025-2026 Legislative Session

- [HR 220, PN 1564](#) (Delloso)
 - A Resolution designating the week of May 4 through 10, 2025, as "Tardive Dyskinesia Awareness Week" in Pennsylvania.
 - Referred to House Human Services on 5/1/2025.

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THE GENERAL ASSEMBLY OF PENNSYLVANIA

HOUSE RESOLUTION

No. 430 Session of
2026

INTRODUCED BY DELLOSO, HOHENSTEIN, VENKAT, HILL-EVANS, WAXMAN,
RIVERA, McNEILL, FREEMAN, PROBST, SANCHEZ, BURGOS AND CEPEDA-
FREYTIZ, MARCH 11, 2026

REFERRED TO COMMITTEE ON HEALTH, MARCH 11, 2026

A RESOLUTION

1 Designating the week of May 3 through 9, 2026, as "Tardive
2 Dyskinesia Awareness Week" in Pennsylvania.

3 WHEREAS, Serious mental illnesses such as bipolar disorder,
4 major depressive disorder and schizophrenia often require
5 treatment with antipsychotic medications for effective
6 management, and antipsychotic medication prescribing rates
7 continue to rise; and

8 WHEREAS, While prolonged use of antipsychotic medication may
9 be essential for the treatment of certain conditions, it is
10 associated with tardive dyskinesia (TD), a condition marked by
11 uncontrollable, abnormal and repetitive movements of the face,
12 torso, limbs or extremities; and

13 WHEREAS, An individual is at higher risk of TD if the
14 individual:

15 (1) is 55 years of age or older, Black or a woman; or

16 (2) has a mood disorder, substance use disorder,

17 intellectual disability, central nervous system injury or

1 high cumulative antipsychotic medication exposure;

2 and

3 WHEREAS, Approximately 60% of the estimated 800,000 United
4 States adults living with TD remain undiagnosed; and

5 WHEREAS, Even mild TD symptoms can be stigmatizing and impair
6 physical, social and emotional well-being, underscoring the
7 urgency of early screening, detection and intervention; and

8 WHEREAS, The American Psychiatric Association recommends
9 routine TD screening in its clinical guidelines for
10 antipsychotic treatment; and

11 WHEREAS, Individuals treated with antipsychotic medication or
12 experiencing abnormal movements should consult their health care
13 providers to assess TD risk, receive TD screenings and determine
14 appropriate treatment; and

15 WHEREAS, Treatments approved by the United States Food and
16 Drug Administration for TD can provide options for symptom
17 management and an improved quality of life for many individuals
18 living with TD; and

19 WHEREAS, The House of Representatives encourages TD screening
20 education and awareness for health care providers, patients and
21 care partners to help ensure that patients who are prescribed
22 antipsychotic medication receive care and support that aligns
23 with clinical best practices, including regular TD screenings;
24 therefore be it

25 RESOLVED, That the House of Representatives designate the
26 week of May 3 through 9, 2026, as "Tardive Dyskinesia Awareness
27 Week" in Pennsylvania; and be it further

28 RESOLVED, That the House of Representatives, in recognition
29 and support of "Tardive Dyskinesia Awareness Week," emphasize
30 the importance of early detection and intervention to improve

1 outcomes for individuals living with mental health conditions
2 and prescribed antipsychotic medication and support efforts to
3 raise awareness about the causes and symptoms of TD and the
4 importance of routine TD screening.

HOUSE OF REPRESENTATIVES

DEMOCRATIC COMMITTEE BILL ANALYSIS

Bill No:	HR0432 PN2986	Prepared By:	Patrick O'Rourke (717) 787-4296,6711
Committee:	Health	Executive Director:	Erika Fricke
Sponsor:	Bizzarro, Ryan		
Date:	3/20/2026		

A. Brief Concept

Designates April 2026 as "Donate Life Month" and April 10, 2026, as "Blue and Green Day."

C. Analysis of the Bill

In 2024, there were approximately 2,300 organ and tissue transplants in Pennsylvania. By mid-2025, more than 7,000 residents were on the transplant waitlist. Nearly half of all Pennsylvanians are registered organ, tissue, or cornea donors.

The Organ Donation Advisory Committee, Department of Health, Department of Education, Department of Transportation and this Commonwealth's two organ procurement organizations, the Center for Organ Recovery and Education (CORE) and Gift of Life Donor Program, are committed to saving and restoring the lives of those in need of organ, cornea and tissue transplantation by continuing to increase public awareness of the importance of becoming a registered donor.

Effective Date:

N/A.

G. Relevant Existing Laws

N/A.

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

2023-2024 Legislative Session

- [HR 370, PN 2852](#) (Bizarro)
 - A Resolution designating the month of April 2024 as "Donate Life Month" in Pennsylvania.
 - Adopted (199-1) on 4/30/2024.

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THE GENERAL ASSEMBLY OF PENNSYLVANIA

HOUSE RESOLUTION

No. 432 Session of 2026

INTRODUCED BY BIZZARRO, ISAACSON, GUZMAN, HILL-EVANS,
SCHLOSSBERG, BRENNAN, VENKAT, McNEILL, GALLAGHER, BOROWSKI,
HOHENSTEIN, BERNSTINE, HANBIDGE, SANCHEZ, MENTZER, MADDEN,
RIVERA, CEPEDA-FREYTIZ, DOUGHERTY, FRANKEL, KINKEAD, WARREN,
CIRESI, FLEMING AND GILLEN, MARCH 11, 2026

REFERRED TO COMMITTEE ON HEALTH, MARCH 11, 2026

A RESOLUTION

1 Designating the month of April 2026 as "Donate Life Month" and
2 April 10, 2026, as "Blue and Green Day" in Pennsylvania in
3 support of organ donation awareness.

4 WHEREAS, Pennsylvania strongly supports organ and tissue
5 donation because of its lifesaving and life-enhancing
6 opportunities; and

7 WHEREAS, Pennsylvania saw strong donation activity in 2024,
8 with nearly 2,300 transplants, and by mid-2025, more than 7,000
9 residents were on the transplant waitlist, showing ongoing need;
10 and

11 WHEREAS, Nearly half of all Pennsylvanians have demonstrated
12 their support of donation by registering as organ, tissue and
13 cornea donors; and

14 WHEREAS, One organ and tissue donor may save up to eight
15 lives, restore sight to two people and heal the lives of 75
16 others; and

17 WHEREAS, People of all ages are considered potential organ

1 and tissue donors; and

2 WHEREAS, The Organ Donation Advisory Committee, Department of
3 Health, Department of Education, Department of Transportation
4 and this Commonwealth's two organ procurement organizations, the
5 Center for Organ Recovery and Education (CORE) and Gift of Life
6 Donor Program, are committed to saving and restoring the lives
7 of those in need of organ, cornea and tissue transplantation by
8 continuing to increase public awareness of the importance of
9 becoming a registered donor; therefore be it

10 RESOLVED, That the House of Representatives designate the
11 month of April 2026 as "Donate Life Month" and April 10, 2026,
12 as "Blue and Green Day" in Pennsylvania in support of organ
13 donation awareness.

HOUSE OF REPRESENTATIVES

DEMOCRATIC COMMITTEE BILL ANALYSIS

Bill No:	HR0435 PN2995	Prepared By:	Patrick O'Rourke (717) 787-4296
Committee:	Health	Executive Director:	Erika Fricke
Sponsor:	Shusterman, Melissa		
Date:	3/23/2026		

A. Brief Concept

Recognizes May 2026 as "Osteoporosis Awareness Month."

C. Analysis of the Bill

The disease osteoporosis makes bones thinner, less, dense, more fragile and likely to fracture. Approximately 54 million Americans have the condition or are at risk for it, including 2.7 million Pennsylvanians age 50 or older. Approximately 1.8 million Medicare beneficiaries suffer nearly 2.1 million osteoporotic fractures per year, and the total annual cost for osteoporotic fractures among Medicare beneficiaries was \$57 billion in 2018 and is estimated to be more than \$95 billion in 2040. In Pennsylvania, 82,000 Medicare beneficiaries suffered more than 97,000 osteoporotic fractures in 2016. An estimated 10,200 Pennsylvanians on Medicare suffered not only an initial fracture but also a subsequent fracture resulting in estimated costs of more than \$228.4 million.

Building strong bones starts early in life, with peak bone mass reached by early adulthood, but maintaining bone health is important at every age since osteoporosis is not a normal part of aging. The condition often goes unnoticed until a fracture occurs, making prevention—through proper nutrition, exercise, and healthy habits—critical.

Regular screening and timely treatment can help prevent serious outcomes, yet screening rates remain low, even after fractures. Increasing awareness, improving care coordination, and expanding access to prevention and treatment programs are essential to reducing the impact of osteoporosis.

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. 435 Session of
2026

INTRODUCED BY SHUSTERMAN, KOSIEROWSKI, VENKAT, HILL-EVANS,
CONKLIN, GUZMAN, KHAN, McNEILL, GUENST, SANCHEZ, RIVERA,
K. HARRIS, CEPEDA-FREYTIZ, GALLAGHER, PASHINSKI, MADDEN AND
COOPER, MARCH 12, 2026

REFERRED TO COMMITTEE ON HEALTH, MARCH 12, 2026

A RESOLUTION

1 Recognizing the month of May 2026 as "Osteoporosis Awareness
2 Month" in Pennsylvania.

3 WHEREAS, Osteoporosis is a disease that makes bones thinner,
4 less dense, more fragile and more likely to fracture; and

5 WHEREAS, An estimated 54 million Americans have osteoporosis
6 or low bone mass; and

7 WHEREAS, In 2020, more than 2.7 million Pennsylvanians 50
8 years of age and older had osteoporosis or were at risk for
9 developing osteoporosis because of low bone density; and

10 WHEREAS, Studies suggest that approximately one in two women
11 and up to one in four men who are 50 years of age or older will
12 break a bone due to osteoporosis; and

13 WHEREAS, Approximately 1.8 million Medicare beneficiaries
14 suffer nearly 2.1 million osteoporotic fractures per year, and
15 these fractures are responsible for more hospitalizations than
16 heart attacks, strokes or breast cancer; and

17 WHEREAS, The total annual cost for osteoporotic fractures

1 among Medicare beneficiaries was \$57 billion in 2018 and is
2 expected to grow, as the population ages, to more than \$95
3 billion in 2040; and

4 WHEREAS, In Pennsylvania, 82,000 Medicare beneficiaries
5 suffered more than 97,000 osteoporotic fractures in 2016; and

6 WHEREAS, An estimated 10,200 Pennsylvanians on Medicare
7 suffered not only an initial fracture but also a subsequent
8 fracture resulting in estimated costs of more than \$228.4
9 million; and

10 WHEREAS, Building strong bones begins in childhood, and the
11 peak of bone mass occurs by early adulthood; and

12 WHEREAS, Osteoporosis and the broken bones it can cause are
13 not part of normal aging, and prevention of osteoporosis is
14 important throughout an individual's lifetime; and

15 WHEREAS, Optimum bone health and prevention of osteoporosis
16 can be supported by a balanced diet rich in calcium and vitamin
17 D, weight-bearing and muscle-strengthening exercise and a
18 healthy lifestyle with no smoking or excessive alcohol intake;
19 and

20 WHEREAS, Osteoporosis is often called a silent disease
21 because weakening bones may not be obvious, and breaking a bone
22 is often the first sign of osteoporosis; and

23 WHEREAS, Timely bone health screening, diagnosis and
24 treatment can help prevent fractures leading to hospitalization
25 and nursing home stays; and

26 WHEREAS, The United States Preventive Services Task Force
27 recommends screening for osteoporosis to prevent osteoporotic
28 fractures in women 65 years of age or older and in
29 postmenopausal women younger than 65 years of age who are
30 determined to have an increased risk; and

1 WHEREAS, Research finds that only 7% of Pennsylvania Medicare
2 beneficiaries are tested for osteoporosis within six months of a
3 fracture; and

4 WHEREAS, Cost-effective post-fracture care and improved care
5 coordination has been demonstrated to reduce the number of
6 subsequent or recurrent fractures, yet these programs are not
7 widely available or properly incentivized by Medicare; and

8 WHEREAS, It is crucial that awareness of bone health and
9 osteoporosis is increased among the public, health professionals
10 and policymakers; therefore be it

11 RESOLVED, That the House of Representatives recognize the
12 month of May 2026 as "Osteoporosis Awareness Month" in
13 Pennsylvania; and be it further

14 RESOLVED, That the House of Representatives encourage the
15 observation of the ideals, goals and activities of beneficial
16 health programs that promote good bone health throughout an
17 individual's lifetime and the prevention of osteoporosis.

HOUSE OF REPRESENTATIVES

DEMOCRATIC COMMITTEE BILL ANALYSIS

Bill No:	HR0443 PN3017	Prepared By:	Patrick O'Rourke (717) 705-1875
Committee:	Health	Executive Director:	Erika Fricke
Sponsor:	Cepeda-Freytiz, Johnny		
Date:	3/23/2026		

A. Brief Concept

Recognizes the month of May 2026 as "Mental Health Awareness Month."

C. Analysis of the Bill

Mental health is critical to the overall well-being of individuals, families, communities and businesses. The National Institute of Mental Health estimates approximately 59.3 million adults in the United States have a mental illness that includes a mental, behavioral or emotional disorder. Mental illnesses are biologically based brain disorders that cannot be overcome through willpower and are not related to an individual's character or intelligence, often striking individuals in the prime of their lives, during adolescence and young adulthood. In 2021, the National Institutes of Health estimated that more than 20% of adolescents 12 to 17 years of age, a population of 5 million adolescents, experienced a major depressive episode (MDE). A lack of full and proper treatment for individuals with mental illness costs public and private employers, hundreds of billions of dollars annually through absenteeism, turnover and low productivity. Proper identification and treatment of mental illnesses, including support, are proven to be effective and are vitally important to assist individuals in leading full, productive lives.

This resolution requests that all government agencies, public and private institutions, businesses, schools and residents of this Commonwealth strive to increase awareness and understanding of mental illnesses and the need for appropriate and accessible services for individuals with mental illness throughout Pennsylvanian communities.

Effective Date:

N/A.

G. Relevant Existing Laws

N/A.

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

2025-26 Legislative Session

- [HR 67, PN 545](#) (Cepeda-Freytiz)
 - A Resolution recognizing the month of May 2025 as "Mental Health Awareness Month" in Pennsylvania.
 - Laid on the table 6/4/2025.

2023-24 Legislative Session

- [HR 90, PN 1042](#) (Schlossberg)
 - Recognizing the month of May 2023 as "Mental Health Awareness Month."
 - Not reported out of committee.

- [HR 440, PN 3120](#) (Cepeda-Freytiz)
 - Recognizing the month of May 2024 as "Mental Health Awareness Month."
 - Adopted 5/22/2024 (201-1).
- [SR 282, PN 1610](#) (Tartaglione)
 - Recognizing the month of May 2024 as "Mental Health Awareness Month."
 - Not reported out of committee.

2021-22 Legislative Session

- [SR 121, PN 825](#) (Vogel)
 - Designating the month of May 2021 as "Mental Health Awareness Month."
 - Not reported out of committee.

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THE GENERAL ASSEMBLY OF PENNSYLVANIA

HOUSE RESOLUTION

No. 443 Session of
2026

INTRODUCED BY CEPEDA-FREYTIZ, SCHLOSSBERG, CONKLIN, McNEILL,
VENKAT, WAXMAN, HILL-EVANS, SAPPEY, RIVERA, FREEMAN, KHAN,
SANCHEZ, VITALI, HOHENSTEIN, ISAACSON, OTTEN, MERSKI,
ZIMMERMAN, GALLAGHER, NEILSON, MENTZER, CIRESI, MAYES,
DOUGHERTY, COOPER, BOYD, PARKER AND DEASY, MARCH 17, 2026

REFERRED TO COMMITTEE ON HEALTH, MARCH 18, 2026

A RESOLUTION

1 Recognizing the month of May 2026 as "Mental Health Awareness
2 Month" in Pennsylvania.

3 WHEREAS, Mental health is critical to the overall well-being
4 of individuals, families, communities and businesses; and

5 WHEREAS, Mental illnesses are biologically based brain
6 disorders that cannot be overcome through willpower and are not
7 related to an individual's character or intelligence; and

8 WHEREAS, Mental health issues can affect individuals of any
9 race, religion, economic status or age; and

10 WHEREAS, Mental illnesses usually strike individuals in the
11 prime of their lives, often during adolescence and young
12 adulthood; and

13 WHEREAS, Individuals with mental illness have the same needs
14 and are guaranteed the same rights as all Americans; and

15 WHEREAS, Individuals with mental illness experience
16 discrimination in education, employment and housing; and

1 WHEREAS, A lack of full and proper treatment for individuals
2 with mental illness costs public and private employers hundreds
3 of billions of dollars annually through absenteeism, turnover
4 and low productivity; and

5 WHEREAS, In 2021, the National Institutes of Health estimated
6 that more than 20% of adolescents 12 to 17 years of age, a
7 population of 5 million adolescents, experienced a major
8 depressive episode (MDE); and

9 WHEREAS, Individuals are classified as having an MDE if they
10 experience a depressed mood or loss of interest in daily
11 activities and have additional symptoms, including problems with
12 sleep, eating, energy, concentration or self-worth, over a
13 certain period of time; and

14 WHEREAS, The National Institute of Mental Health estimates
15 that approximately 59.3 million adults in the United States have
16 a mental illness that includes a mental, behavioral or emotional
17 disorder; and

18 WHEREAS, Proper identification and treatment of mental
19 illnesses, including support, are proven to be effective and are
20 vitally important to assist individuals in leading full,
21 productive lives; therefore be it

22 RESOLVED, That the House of Representatives recognize the
23 month of May 2026 as "Mental Health Awareness Month" in
24 Pennsylvania; and be it further

25 RESOLVED, That all government agencies, public and private
26 institutions, businesses, schools and residents of this
27 Commonwealth strive to increase awareness and understanding of
28 mental illnesses and the need for appropriate and accessible
29 services for individuals with mental illness throughout the
30 communities of this Commonwealth.

HOUSE OF REPRESENTATIVES

DEMOCRATIC COMMITTEE BILL ANALYSIS

Bill No:	HR0447 PN3023	Prepared By:	Patrick O'Rourke (717) 787-4296,6711
Committee:	Health	Executive Director:	Erika Fricke
Sponsor:	Malagari, Steve		
Date:	3/23/2026		

A. Brief Concept

Recognizes the week of April 19-25, 2026 as "National Infertility Awareness Week."

C. Analysis of the Bill

Defined as the inability to conceive after one year or longer of trying to have a child, infertility impacts about 15% of couples in the U.S, affecting individuals of all ages, genders, and races. Male infertility is a factor in approximately 50% of all cases; in the U.S., 9% of men and 11% of women have experienced infertility. Infertility can cause stigma, psychological and emotional distress, financial difficulties, and a loss of self-confidence and self-esteem.

Common fertility treatments include in vitro fertilization (IVF) and intrauterine insemination (IUI). The process of IVF involves collecting eggs from ovaries and fertilized by sperm in a lab with the average cost approximately ranging from \$12,000-\$20,000. The process of IUI entails collecting and inserting sperm directly into the uterus with the average cost ranging from \$500-\$3000. As of 2022, 54% of largest employers in the U.S. offered insurance coverage for IVF. As of October 2024, 22 states have laws related to fertility coverage (Pennsylvania is not included in that number).

Effective Date:

N/A.

G. Relevant Existing Laws

N/A.

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

2025-26 Legislative Session

- [HR 155, PN 1184](#) (Malagari)
 - A Resolution recognizing the week of April 20 through 26, 2025, as "National Infertility Awareness Week" in Pennsylvania.
 - Adopted (200-3) on 4/24/2025

2023-24 Legislative Session

- [HR 395, PN 2937](#) (Malagari)
 - A Resolution recognizing the week of April 21 through 27, 2024, as "National Infertility Awareness Week."
 - Adopted 4/30/2024 (198-2).

THE GENERAL ASSEMBLY OF PENNSYLVANIA

HOUSE RESOLUTION

No. 447 Session of
2026

INTRODUCED BY MALAGARI, KRUEGER, O'MARA, FREEMAN, KUTZ, CEPEDA-FREYTIZ, HILL-EVANS, McNEILL, BRENNAN, GUZMAN, SANCHEZ AND PASHINSKI, MARCH 18, 2026

REFERRED TO COMMITTEE ON HEALTH, MARCH 18, 2026

A RESOLUTION

1 Recognizing the week of April 19 through 25, 2026, as "National
2 Infertility Awareness Week" in Pennsylvania.

3 WHEREAS, An estimated 15% of couples experience infertility
4 issues when trying to start a family; and

5 WHEREAS, Infertility is defined as the inability to conceive
6 after one year or longer of trying to have a child; and

7 WHEREAS, Infertility affects individuals of all ages, genders
8 and races; and

9 WHEREAS, Both women and men are affected by infertility, with
10 male infertility being a factor in approximately 50% of all
11 infertility cases; and

12 WHEREAS, In the United States, 9% of men and 11% of women
13 have experienced fertility issues; and

14 WHEREAS, Stigma is considered one of the burdens of
15 infertility; and

16 WHEREAS, Infertility can cause psychological distress,
17 emotional stress and financial difficulties for couples, who can

1 experience feelings of anger, guilt, sadness, depression,
2 anxiety and a loss of self-confidence and self-esteem; and

3 WHEREAS, The most common types of fertility treatment are in
4 vitro fertilization (IVF) and intrauterine insemination (IUI);
5 and

6 WHEREAS, IVF is the process of taking eggs from ovaries and
7 fertilizing them by sperm in a lab, with the result of an embryo
8 that can be implanted into a uterus; and

9 WHEREAS, The average cost of IVF in the United States is
10 currently \$12,000 to \$20,000 for one cycle; and

11 WHEREAS, IUI is the process of collecting healthy sperm and
12 inserting the sperm directly into the uterus when an individual
13 is ovulating; and

14 WHEREAS, The average cost of IUI in the United States is \$500
15 to \$3,000; and

16 WHEREAS, In 2022, 54% of the largest employers in the United
17 States offered insurance coverage for IVF treatment; and

18 WHEREAS, As of October 2024, there are 22 states that have
19 fertility insurance coverage laws, but this Commonwealth is not
20 one of those states; and

21 WHEREAS, Raising awareness for the community of infertility
22 can remove barriers to care; and

23 WHEREAS, Educating others on infertility can remove the
24 stigma and increase empathy and sympathy toward those facing
25 infertility problems; and

26 WHEREAS, Infertility awareness is a vital part of normalizing
27 the conversation about difficulties with fertility; and

28 WHEREAS, The Commonwealth joins RESOLVE: The National
29 Infertility Association, dedicated volunteers, health care
30 professionals and members of the infertility and family-building

1 community by participating in this awareness; therefore be it
2 RESOLVED, That the House of Representatives recognize the
3 week of April 19 through 25, 2026, as "National Infertility
4 Awareness Week" in Pennsylvania.

HOUSE OF REPRESENTATIVES

DEMOCRATIC COMMITTEE BILL ANALYSIS

Bill No:	HR0458 PN3049	Prepared By:	Patrick O'Rourke (717) 787-4296
Committee:	Health	Executive Director:	Erika Fricke
Sponsor:	Venkat, Arvind		
Date:	3/23/2026		

A. Brief Concept

Recognizes April 13-19, 2026 as "National Osteopathic Medicine Week."

C. Analysis of the Bill

Osteopathic physicians (DOs) provide patient-centered, whole-person care—addressing the body, mind, and spirit—and practice across all medical specialties.

More than 207,000 DOs and osteopathic medical students nationwide—and over 12,000 in Pennsylvania alone—provide care grounded in a “whole-person” approach that emphasizes treating the body, mind, and spirit, not just individual symptoms. They make up over 11% of U.S. physicians, with Pennsylvania ranking third nationally and home to three osteopathic medical schools (the Philadelphia College of Osteopathic Medicine, Lake Erie College of Osteopathic Medicine and the Nasuti College of Osteopathic Medicine of Duquesne University). Currently there are 12,113 DOs practicing in the Commonwealth.

DOs practice in every medical specialty, but they play an especially critical role in primary care fields like family medicine, internal medicine, and pediatrics, where more than half of them serve. Their training emphasizes listening to patients, building partnerships, and, uniquely, using hands-on techniques (osteopathic manipulative treatment) to help diagnose and treat conditions. This approach contributes to more personalized and preventive care.

Since its founding over 130 years ago, osteopathic medicine has contributed significantly to U.S. health care, with DOs serving in prominent roles across government, research, and sports medicine.

Effective Date:

N/A.

G. Relevant Existing Laws

N/A.

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 RESOLUTION

No. 458 Session of
2026

INTRODUCED BY VENKAT, HILL-EVANS, FREEMAN, CAUSER, HOHENSTEIN,
RIVERA AND PASHINSKI, MARCH 23, 2026

REFERRED TO COMMITTEE ON HEALTH, MARCH 23, 2026

A RESOLUTION

1 Recognizing April 13 through 19, 2026, as "National Osteopathic
2 Medicine Week" in Pennsylvania.

3 WHEREAS, More than 207,158 osteopathic physicians (DOs) and
4 osteopathic medical students bring their distinctive approach to
5 providing health care for millions of patients across the United
6 States; and

7 WHEREAS, Pennsylvania's 12,113 DOs are dedicated to improving
8 the health of their communities through patient-centered care
9 focused on treating the body, mind and spirit; and

10 WHEREAS, DOs practice in every medical field and specialty,
11 combining medical expertise with a whole person approach
12 centered on listening to and partnering with their patients; and

13 WHEREAS, DOs account for more than 11% of all physicians in
14 the United States, and more than 25% of all United States
15 medical students have chosen to practice osteopathic medicine;
16 and

17 WHEREAS, Pennsylvania is a national leader in practicing DOs,
18 ranking third out of all 50 states; and

1 WHEREAS, Pennsylvania is home to three Colleges of
2 Osteopathic Medicine, the Philadelphia College of Osteopathic
3 Medicine, Lake Erie College of Osteopathic Medicine and the
4 Nasuti College of Osteopathic Medicine of Duquesne University;
5 and

6 WHEREAS, More than half of the nation's DOs practice in the
7 primary care specialties of family medicine, internal medicine
8 and pediatrics; and

9 WHEREAS, Nearly 70% of DOs are under 45 years of age; and

10 WHEREAS, DOs have made tremendous contributions to the
11 American health care system since osteopathic medicine was
12 founded by Andrew Taylor Still, MD, DO, more than 130 years ago;
13 and

14 WHEREAS, DOs hold some of the most prominent positions in
15 medicine today, including serving as physician to the President
16 of the United States as well as overseeing care for the NASA
17 medical team and many Olympic-level and professional athletes;
18 and

19 WHEREAS, DOs are trained to consider the health of the whole
20 person and use their hands to help diagnose and treat their
21 patients; therefore be it

22 RESOLVED, That the House of Representatives recognize April
23 13 through 19, 2026, as "National Osteopathic Medicine Week" in
24 Pennsylvania; and be it further

25 RESOLVED, That the House of Representatives urge all
26 Pennsylvanians to support this observance by helping to educate
27 members of the public about osteopathic physicians and
28 osteopathic medicine.