



## HOUSE HEALTH COMMITTEE

### VOTING MEETING

Wednesday, December 17<sup>th</sup>, 2025

10:00am

G-50, Irvis Office Building

Harrisburg, PA

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1. Call to Order

2. Attendance

3. **HB 1851 PN 2297 (Curry)**

An Act amending the act of June 29, 1953 (P.L.304, No.66), known as the Vital Statistics Law of 1953, in death and fetal death registration, allowing certified nurse midwives to certify fetal death.

**HB 1202 PN 1350 (Zimmerman)**

An Act amending Title 35 (Health and Safety) of the Pennsylvania Consolidated Statutes, providing for long-term infectious disease control preparedness in the case of an emergency declaration.

**HR 379 PN 2695 (Curry)**

A resolution designating Maternal Health Awareness Day in Pennsylvania.

**HR 382 PN 2702 (Bellmon)**

A resolution calling on Congress to lower health insurance costs

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

5. Adjournment

# HOUSE OF REPRESENTATIVES

## DEMOCRATIC COMMITTEE BILL ANALYSIS

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<b>Bill No:</b>	HB1851 PN2297	<b>Prepared By:</b>	Erika Fricke
<b>Committee:</b>	Health		(412) 422-1774
<b>Sponsor:</b>	Curry, Gina	<b>Executive Director:</b>	Erika Fricke
<b>Date:</b>	11/17/2025		

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### **A. Brief Concept**

Adds midwives to the list of professionals who can certify fetal death.

### **C. Analysis of the Bill**

HB1851 amends the Vital Statistics Law to allow certified nurse midwives to certify fetal death, along with physician assistants, certified registered nurse practitioners and physicians.

If the certified nurse midwife is related the deceased, the midwife would not be able to certify fetal death and would refer to another practitioner, or if no practitioner is available, to the coroner.

### **Effective Date:**

60 days.

### **G. Relevant Existing Laws**

Article V of the Vital Statistics Law of 1953 address death and fetal death registration.

- A certificate of death must be filed within four days of death, or recognition of death.
- The medical certification must be signed by the attending physician, certified registered nurse practitioner or physician assistant.
- If the qualified practitioner is related to the deceased, they cannot certify the death.
- If no qualified practitioner can or will certify death, the case must be referred to the coroner.

### **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. 1851 Session of  
2025

INTRODUCED BY CURRY, HILL-EVANS, WAXMAN, GUZMAN, PIELLI, OTTEN,  
CEPEDA-FREYTIZ, CERRATO, PROBST, BOROWSKI, RIVERA, MAYES,  
HOHENSTEIN, SHUSTERMAN AND SANCHEZ, SEPTEMBER 10, 2025

REFERRED TO COMMITTEE ON HEALTH, SEPTEMBER 10, 2025

AN ACT

1 Amending the act of June 29, 1953 (P.L.304, No.66), entitled "An  
2 act providing for the administration of a statewide system of  
3 vital statistics; prescribing the functions of the State  
4 Department of Health, the State Advisory Health Board and  
5 local registrars; imposing duties upon coroners,  
6 prothonotaries, clerks of orphans' court, physicians,  
7 midwives and other persons; requiring reports and  
8 certificates for the registration of vital statistics;  
9 regulating the disposition of dead bodies; limiting the  
10 disclosure of records; prescribing the sufficiency of vital  
11 statistics records as evidence; prescribing fees and  
12 penalties; and revising and consolidating the laws relating  
13 thereto," in death and fetal death registration, further  
14 providing for information for certificates.

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

17 Section 1. Section 502(2) and (3) of the act of June 29,  
18 1953 (P.L.304, No.66), known as the Vital Statistics Law of  
19 1953, are amended to read:

20 Section 502. Death and Fetal Death Registration: Information  
21 for Certificates.--In preparing a certificate of death or fetal  
22 death, the person in charge of interment or of removal of a dead  
23 body or fetal remains from the registration district shall

1 obtain the required information. The following persons shall  
2 supply the information certified by their respective signatures:

3 \* \* \*

4 (2) Subject to the limitation contained in clause (3), the  
5 medical certification, except in the event of a referral to the  
6 coroner pursuant to section five hundred three of this act,  
7 shall be supplied (i) in the case of a death, by the physician,  
8 certified registered nurse practitioner or physician assistant  
9 or (ii) dentist who is a staff member of an approved hospital  
10 who attended the deceased during the last illness, provided the  
11 death occurs in the hospital and the deceased had been admitted  
12 on the dental service, and (iii) in the case of a fetal death,  
13 by the attending physician, certified registered nurse  
14 practitioner ~~[or]~~, physician assistant or certified nurse  
15 midwife.

16 (3) In all cases where the physician, certified registered  
17 nurse practitioner, physician assistant, certified nurse midwife  
18 or dentist who would otherwise supply the medical certification  
19 is a member of the immediate family of the deceased, the case  
20 shall be referred to another physician, certified registered  
21 nurse practitioner, physician assistant, certified nurse midwife  
22 or dentist who qualifies under clause (2) for a medical  
23 certification. In the event a qualified alternate physician,  
24 certified registered nurse practitioner, physician assistant,   
25 certified nurse midwife or dentist is unavailable or unwilling  
26 to provide the medical certification required by law, the case  
27 shall be referred to the coroner of the county wherein the death  
28 occurred or to a coroner of an adjacent county. In no event  
29 shall a coroner sign a certificate of death or fetal death for a  
30 deceased who was a member of his immediate family.

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

**LEGISLATIVE REFERENCE BUREAU**

## AMENDMENTS TO HOUSE BILL NO. 1851

Sponsor:

Printer's No. 2297

1 Amend Bill, page 1, line 13, by inserting after "thereto,"  
2 in general provisions, further providing for definitions; and,  
3 Amend Bill, page 1, line 14, by inserting after  
4 "certificates"  
5 and for coroner referrals

6 Amend Bill, page 1, lines 17 through 19, by striking out all  
7 of said lines and inserting

8 Section 1. Section 105 of the act of June 29, 1953 (P.L.304,  
9 No.66), known as the Vital Statistics Law of 1953, is amended by  
10 adding a paragraph to read:

11 Section 105. General Provisions: Definitions.--As used in  
12 this act, the following words and phrases shall have the  
13 meanings given to them in this section unless the context  
14 clearly indicates otherwise--

15 \* \* \*

16 (13) "Midwife" means an individual licensed under the act of  
17 December 20, 1985 (P.L.457, No.112), known as the "Medical  
18 Practice Act of 1985."

19 Section 2. Sections 502(2) and (3) and 503 of the act are  
20 amended to read:

21 Amend Bill, page 2, line 14, by striking out "certified  
22 nurse"

23 Amend Bill, page 2, line 17, by striking out "certified  
24 nurse"

25 Amend Bill, page 2, line 21, by striking out "certified  
26 nurse"

27 Amend Bill, page 2, line 25, by striking out "certified

1 nurse"

2 Amend Bill, page 2, by inserting after line 30

3 Section 503. Death and Fetal Death Registration: Coroner  
4 Referrals.--The local registrar or person in charge of interment  
5 or other person having knowledge of the death or fetal death  
6 shall refer to the coroner the following cases: (1) where no  
7 physician, certified registered nurse practitioner, physician  
8 assistant or dentist who is a staff member of an approved  
9 hospital was in attendance during the last illness of the  
10 deceased or in the case of a fetal death where there was no  
11 attending physician, certified registered nurse practitioner  
12 [or], physician assistant or midwife or (2) where the physician,  
13 certified registered nurse practitioner, physician assistant or  
14 dentist who is a staff member of an approved hospital in  
15 attendance during the last illness of the deceased or the  
16 attending physician, certified registered nurse practitioner  
17 [or], physician assistant or midwife in the case of a fetal  
18 death is physically unable to supply the necessary data, or (3)  
19 where the circumstances suggest that the death was sudden or  
20 violent or suspicious in nature or was the result of other than  
21 natural causes, or (4) where the physician, certified registered  
22 nurse practitioner, physician assistant, midwife, dentist or  
23 coroner who provided or would provide the medical certification  
24 is a member of the immediate family of the deceased. In every  
25 instance of a referral under this section, the coroner shall  
26 make an immediate investigation and shall supply the necessary  
27 data, including the medical certification of the death or fetal  
28 death. In no event shall a coroner sign a certificate of death  
29 or fetal death for a deceased who was a member of his immediate  
30 family.

31 Amend Bill, page 3, line 1, by striking out "2" and inserting

32 3

## THE GENERAL ASSEMBLY OF PENNSYLVANIA

## HOUSE BILL

No. 1851 Session of  
2025

INTRODUCED BY CURRY, HILL-EVANS, WAXMAN, GUZMAN, PIELLI, OTTEN,  
CEPEDA-FREYTIZ, CERRATO, PROBST, BOROWSKI, RIVERA, MAYES,  
HOHENSTEIN, SHUSTERMAN AND SANCHEZ, SEPTEMBER 10, 2025

REFERRED TO COMMITTEE ON HEALTH, SEPTEMBER 10, 2025

## AN ACT

1 Amending the act of June 29, 1953 (P.L.304, No.66), entitled "An  
2 act providing for the administration of a statewide system of  
3 vital statistics; prescribing the functions of the State  
4 Department of Health, the State Advisory Health Board and  
5 local registrars; imposing duties upon coroners,  
6 prothonotaries, clerks of orphans' court, physicians,  
7 midwives and other persons; requiring reports and  
8 certificates for the registration of vital statistics;  
9 regulating the disposition of dead bodies; limiting the  
10 disclosure of records; prescribing the sufficiency of vital  
11 statistics records as evidence; prescribing fees and  
12 penalties; and revising and consolidating the laws relating  
13 thereto," in general provisions, further providing for  
14 definitions; and, in death and fetal death registration,  
15 further providing for information for certificates and for  
16 coroner referrals.

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

19 ~~Section 1. Section 502(2) and (3) of the act of June 29,~~  
20 ~~1953 (P.L.304, No.66), known as the Vital Statistics Law of~~  
21 ~~1953, are amended to read:~~

22 Section 1. Section 105 of the act of June 29, 1953 (P.L.304,  
23 No.66), known as the Vital Statistics Law of 1953, is amended by  
24 adding a paragraph to read:



## A02201 Amendment in Context

1       Section 105. General Provisions: Definitions.--As used in  
2 this act, the following words and phrases shall have the  
3 meanings given to them in this section unless the context  
4 clearly indicates otherwise--

5       \* \* \*

6       (13) "Midwife" means an individual licensed under the act of  
7 December 20, 1985 (P.L.457, No.112), known as the "Medical  
8 Practice Act of 1985."

9       Section 2. Sections 502(2) and (3) and 503 of the act are  
10 amended to read:

11       Section 502. Death and Fetal Death Registration: Information  
12 for Certificates.--In preparing a certificate of death or fetal  
13 death, the person in charge of interment or of removal of a dead  
14 body or fetal remains from the registration district shall  
15 obtain the required information. The following persons shall  
16 supply the information certified by their respective signatures:

17       \* \* \*

18       (2) Subject to the limitation contained in clause (3), the  
19 medical certification, except in the event of a referral to the  
20 coroner pursuant to section five hundred three of this act,  
21 shall be supplied (i) in the case of a death, by the physician,  
22 certified registered nurse practitioner or physician assistant  
23 or (ii) dentist who is a staff member of an approved hospital  
24 who attended the deceased during the last illness, provided the  
25 death occurs in the hospital and the deceased had been admitted  
26 on the dental service, and (iii) in the case of a fetal death,  
27 by the attending physician, certified registered nurse  
28 practitioner [or], physician assistant or ~~certified nurse~~  
29 midwife.

30       (3) In all cases where the physician, certified registered

## A02201 Amendment in Context

nurse practitioner, physician assistant, ~~certified nurse~~ midwife  
or dentist who would otherwise supply the medical certification  
is a member of the immediate family of the deceased, the case  
shall be referred to another physician, certified registered  
nurse practitioner, physician assistant, ~~certified nurse~~ midwife  
or dentist who qualifies under clause (2) for a medical  
certification. In the event a qualified alternate physician,  
certified registered nurse practitioner, physician assistant, ~~certified nurse~~ midwife or dentist is unavailable or unwilling  
to provide the medical certification required by law, the case  
shall be referred to the coroner of the county wherein the death  
occurred or to a coroner of an adjacent county. In no event  
shall a coroner sign a certificate of death or fetal death for a  
deceased who was a member of his immediate family.

Section 503. Death and Fetal Death Registration: Coroner  
Referrals.--The local registrar or person in charge of interment  
or other person having knowledge of the death or fetal death  
shall refer to the coroner the following cases: (1) where no  
physician, certified registered nurse practitioner, physician  
assistant or dentist who is a staff member of an approved  
hospital was in attendance during the last illness of the  
deceased or in the case of a fetal death where there was no  
attending physician, certified registered nurse practitioner  
[or], physician assistant or midwife or (2) where the physician,  
certified registered nurse practitioner, physician assistant or  
dentist who is a staff member of an approved hospital in  
attendance during the last illness of the deceased or the  
attending physician, certified registered nurse practitioner  
[or], physician assistant or midwife in the case of a fetal  
death is physically unable to supply the necessary data, or (3)

## A02201 Amendment in Context

1 where the circumstances suggest that the death was sudden or  
2 violent or suspicious in nature or was the result of other than  
3 natural causes, or (4) where the physician, certified registered  
4 nurse practitioner, physician assistant, midwife, dentist or  
5 coroner who provided or would provide the medical certification  
6 is a member of the immediate family of the deceased. In every  
7 instance of a referral under this section, the coroner shall  
8 make an immediate investigation and shall supply the necessary  
9 data, including the medical certification of the death or fetal  
10 death. In no event shall a coroner sign a certificate of death  
11 or fetal death for a deceased who was a member of his immediate  
12 family.

13 Section ~~2~~ 3. This act shall take effect in 60 days.

# HOUSE OF REPRESENTATIVES

## DEMOCRATIC COMMITTEE BILL ANALYSIS

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<b>Bill No:</b>	HB1202 PN1350	<b>Prepared By:</b>	Dylan Lindberg (717) 787-4296,6240
<b>Committee:</b>	Health	<b>Executive Director:</b>	Erika Fricke
<b>Sponsor:</b>	Zimmerman, David		
<b>Date:</b>	8/25/2025		

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### A. Brief Concept

Establishes a personal protective equipment (PPE) stockpile and creates the Infectious Disease Advisory Commission.

### C. Analysis of the Bill

House Bill 1202 amends Title 35 to address infectious diseases in facilities during an emergency by establishing a stockpile of PPE and an infectious disease advisory commission.

#### PPE Stockpile

The Governor must select, through a competitive bid process, one organization for a term of five years to oversee the procurement, manufacturing, and distribution of PPE. The organization is responsible for:

- purchase and manage a stockpile of emergency PPE;
- select and contract with three manufacturers to purchase PPE from and supply PPE to facilities;
- determine four locations to store the PPE equally in the northwest, northeast, southwest, and southeast.

To be selected, the manufacturer must be domiciled and manufacture in the Commonwealth.

The amount of PPE stored in the stockpile for the first year is determined by the Governor for the first year. Every subsequent year, the amount cannot be lower than the first year amount and cannot be more than quadruple the amount of the first year.

There is a 50% surcharge on all PPE purchased until the stockpile meets the minimum storage requirement. For all other purchases of PPE, a 7% surcharge applies.

Facilities can only purchase PPE from the organization. The amount purchased is equal to the amount available to the facility during a disaster emergency.

A facility, advanced emergency medical technician, emergency medical technician, or paramedic may access the stockpile to obtain the PPE purchased by the facility for the stockpile during a disaster emergency.

#### Infectious Disease Advisory Commission

The Commission consists of:

- Secretary of Aging
- Secretary of Health
- Secretary of Human Services
- 3 Senators, appointed by the President pro tempore in consultation with the Senate Majority and Minority Leaders
- 3 Representatives, appointed by the Speaker of the House in consultation with the House Majority and Minority Leaders
- 3 appointees by the Governor:

- 1 member of the general public
- 1 member from an organization directly managing a facility
- 1 member from an advocacy or services organization directly providing services to older adults

The commission can meet as necessary, but is required to meet at least three times within the first 90 days of the disaster emergency.

The commission is responsible for reviewing how facilities prevent and respond to infectious diseases. They must establish best practices for disease prevention, staff education and training, and other facility operations that may need to change during a disaster emergency.

### Inspections and Regulation Reviews

The Department of Health and the Department of Human Services must:

- Align all facility inspections and surveys with best practices for reducing the spread of infectious diseases.
- Determine the priority order for inspecting and surveying facilities during an infectious disease outbreak.
- Determine a list of protocols for inspection and intervention.

The governor must submit to the General Assembly for review all regulations for facilities. The review, at a minimum, must include an outline of all regulations for facilities and a comparison of regulations altered or suspended during a disaster emergency.

The Department of Health, in consultation with the Department of Human Services, must establish a single reporting system for facilities to report new cases and information during a disaster emergency.

### Sample Infectious Disease Plan

The Department of Health, in consultation with the Department of Human Services, must develop a sample infectious disease plan and post it on its website. At a minimum, the plan must include:

- the reporting requirements for reporting new cases and information;
- process for complaints or feedback on the infectious disease plan;
- method to obtain a one-year supply of PPE from the organization running the stockpile;
- method to cohort recipients within the facility;
- method to screen employees for symptoms;
- a schedule that assigns staff to certain areas of the facility;
- a system to notify residents' families about the steps the facility is taking to prevent and respond to the disease.

Each facility must implement an infectious disease plan upon a disaster emergency. The plan, at a minimum, must meet the requirements of the plan established by the department.

Each facility must designate an employee as an infectious disease coordinator to implement the plan.

### **Effective Date:**

60 days.

## **G. Relevant Existing Laws**

The MCARE Act requires health care facilities to maintain an internal infection control plan. DOH must review and approve plans.

CHAPTER 27. COMMUNICABLE AND NONCOMMUNICABLE DISEASES 27.4. Reporting cases. requires health care facilities to report infectious and communicable diseases through the department's electronic platform.

Pennsylvania's Disease Prevention and Control Law of 1955 (DPCL) requires unusual clusters of communicable diseases to be reported to the department or a local health jurisdiction.

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

HB2554 of 2023 was introduced and referred to the Veteran Affairs and Emergency Preparedness Committee, where it received no further action.

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THE GENERAL ASSEMBLY OF PENNSYLVANIA

HOUSE BILL

No. 1202 Session of  
2025

INTRODUCED BY ZIMMERMAN, STAMBAUGH, KRUPA AND KUZMA,  
APRIL 15, 2025

REFERRED TO COMMITTEE ON HEALTH, APRIL 15, 2025

AN ACT

1 Amending Title 35 (Health and Safety) of the Pennsylvania  
2 Consolidated Statutes, providing for long-term infectious  
3 disease control.

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

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

8 CHAPTER 58A

9 LONG-TERM INFECTIOUS DISEASE CONTROL

10 Sec.

11 58A01. Definitions.

12 58A02. Response to emergency.

13 58A03. Inspection and review.

14 58A04. Facilities.

15 § 58A01. Definitions.

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

1 "Advanced emergency medical technician." An advanced  
2 emergency medical technician as defined in section 8103  
3 (relating to definitions).

4 "Commission." The Infectious Disease Advisory Commission  
5 established under section 58A02(f) (relating to response to  
6 emergency).

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

8 "Disaster emergency." A declaration by the Governor of a  
9 disaster emergency under section 7301(c) (relating to general  
10 authority of Governor) relating to public health.

11 "Emergency medical technician." An emergency medical  
12 technician as defined in section 8103.

13 "Facility." Any of the following:

14 (1) Domiciliary care as defined in section 2202-A of the  
15 act of April 9, 1929 (P.L.177, No.175), known as The  
16 Administrative Code of 1929.

17 (2) A personal care home as defined in section 1001 of  
18 the act of June 13, 1967 (P.L.31, No.21), known as the Human  
19 Services Code.

20 (3) An assisted living residence as defined in section  
21 1001 of the Human Services Code.

22 (4) Any of the following entities as defined in section  
23 802.1 of the act of July 19, 1979 (P.L.130, No.48), known as  
24 the Health Care Facilities Act:

25 (i) Home care agency.

26 (ii) Home care registry.

27 (iii) Home health care agency.

28 (iv) Hospice.

29 (v) Long-term care nursing facility.

30 (5) An older adult daily living center as defined in



section 2 of the act of July 11, 1990 (P.L.499, No.118),  
known as the Older Adult Daily Living Centers Licensing Act.

(6) A PACE provider as defined in 42 U.S.C. § 1395eee(a)  
(3) (relating to payments to, and coverage of benefits under,  
programs of all-inclusive care for elderly (PACE)).

(7) Any other public or private organization, entity or  
part of a private organization or entity, that uses public  
funds and is paid, in part, to provide care to care-dependent  
individuals.

"Infectious disease coordinator." An employee of the  
facility designated to implement the infectious disease plan  
required under section 58A04 (relating to facilities).

"Organization." An organization that supplies or  
manufactures personal protective equipment.

"Paramedic." A paramedic as defined in section 8103.

"Personal protective equipment" or "PPE." Gloves, hand  
sanitizer, respirators, face masks, gowns, face shields and  
other protective equipment designed to be worn or used by  
individuals to prevent or contain contact with, or to prevent  
transmission of, a communicable illness or the pathogens that  
cause communicable illness.

"Plan" or "infectious disease plan." The infectious disease  
plan required under section 58A04(a).

"PPE stockpile" or "stockpile." The PPE stockpile  
established under section 58A02(b).

"Recipient." An individual who receives care, services or  
treatment in or from a facility.

"Relative." An individual who is related within the fifth  
degree of consanguinity or affinity to a recipient in a  
facility.

1 § 58A02. Response to emergency.

2 (a) Selection of organization.--The Governor, or the  
3 Governor's designee, shall select an organization, by  
4 competitive bid, for successive terms of five years each to  
5 oversee the procurement, manufacturing and distribution of PPE  
6 in this Commonwealth.

7 (b) Duties of selected organization.--The organization  
8 selected under subsection (a) shall perform the following  
9 duties:

10 (1) Purchase and keep up-to-date a stockpile of PPE to  
11 be used by a facility in the event of a disaster emergency in  
12 accordance with subsection (c).

13 (2) Select three manufacturers of PPE from which the  
14 organization shall procure PPE.

15 (3) Contract with manufacturers of PPE to provide PPE to  
16 facilities within this Commonwealth and supply the PPE  
17 stockpile under paragraph (4). A manufacturer must be  
18 domiciled and manufacture PPE in this Commonwealth in order  
19 to be eligible for a contract under this paragraph.

20 (4) Determine four locations within this Commonwealth to  
21 store PPE as follows:

22 (i) One-fourth of the stockpile shall be located in  
23 the northwest area of this Commonwealth.

24 (ii) One-fourth of the stockpile shall be located in  
25 the northeast area of this Commonwealth.

26 (iii) One-fourth of the stockpile shall be located  
27 in the southwest area of this Commonwealth.

28 (iv) One-fourth of the stockpile shall be located in  
29 the southeast area of this Commonwealth.

30 (c) Required amount of PPE.--The amount of PPE stored in the

stockpile shall be determined by the Governor, or the Governor's  
designee, the first year. For each subsequent year, the PPE  
stored in the stockpile shall equal the amount of PPE purchased  
the previous year at a minimum, but may not be more than  
quadruple the volume.

(d) Funding of stockpile.--The stockpile shall be funded by  
a 50% fee on purchased PPE until the required amount of PPE  
stored in the stockpile under subsection (c) is met. For  
subsequent PPE stored in the stockpile, the fee shall be reduced  
to 7% to fund the stockpile operations. Facilities shall  
purchase all PPE from the organization. The amount that each  
facility purchases is the amount that will be available to the  
facility during a disaster emergency.

(e) Access to PPE.--A facility, advanced emergency medical  
technician, emergency medical technician or paramedic may access  
the stockpile to obtain the PPE purchased by the facility for  
the stockpile during a disaster emergency.

(f) Infectious Disease Advisory Commission.--

(1) The Governor shall establish the Infectious Disease  
Advisory Commission.

(2) The commission shall be composed of the following  
members:

(i) The Secretary of Aging or a designee.

(ii) The Secretary of Health or a designee.

(iii) The Secretary of Human Services or a designee.

(iv) Six members knowledgeable and experienced in  
issues relating to operations in facilities as follows:

(A) Three members of the Senate, appointed by  
the President pro tempore of the Senate, in  
consultation with the Majority Leader of the Senate

1 and the Minority Leader of the Senate.

2 (B) Three members of the House of  
3 Representatives, appointed by the Speaker of the  
4 House of Representatives, in consultation with the  
5 Majority Leader of the House of Representatives and  
6 the Minority Leader of the House of Representatives.

7 (v) Three members appointed by the Governor as  
8 follows:

9 (A) One member shall be a member of the general  
10 public.

11 (B) One member shall be a member of an  
12 organization who is directly involved in managing a  
13 facility.

14 (C) One member shall be a member of an advocacy  
15 or services organization who is directly involved in  
16 providing services to older adults.

17 (3) The commission shall meet as necessary, but no fewer  
18 than three times within the first 90 days of the disaster  
19 emergency.

20 (4) The commission shall be responsible for examining  
21 and analyzing the practices, processes and procedures  
22 relating to the prevention of and response to infectious  
23 diseases in facilities.

24 (5) The commission shall develop best practices on  
25 disease prevention, education, training requirements and any  
26 other operations that may be altered for facilities during a  
27 disaster emergency.

28 § 58A03. Inspection and review.

29 (a) Inspections and surveys.--The department, in  
30 consultation with the Department of Human Services, shall:

1       (1) Review and align all facility inspections and  
2       surveys conducted by each department with best practices for  
3       reducing the spread of infectious diseases.

4       (2) Determine the priority order for inspecting or  
5       surveying facilities during an infectious disease outbreak.

6       (3) Determine a list of protocols for inspection and  
7       intervention.

8       (b) Regulation review.--The Governor shall submit a report  
9       to the General Assembly reviewing all regulations for  
10       facilities. The report shall include, but not be limited to, the  
11       following:

12       (1) An outline of the regulations for facilities.

13       (2) A comparison of the regulations for facilities that  
14       existed prior to a declaration of a disaster emergency and  
15       any regulations that were suspended or altered during the  
16       state of disaster emergency.

17       (3) An executive summary of the differences between the  
18       regulations for facilities as determined under paragraph (2).

19       (c) Data reporting.--The department, in consultation with  
20       the Department of Human Services, shall develop a single  
21       reporting system for facilities to submit new cases and  
22       information that the department determines necessary during a  
23       disaster emergency.

24       (d) Sample infectious disease plan.--The department, in  
25       consultation with the Department of Human Services, shall  
26       develop and make available on the department's publicly  
27       accessible Internet website a sample infectious disease plan for  
28       a facility to implement. The model infectious disease plan shall  
29       fulfill the requirement under section 58A04(a) (relating to  
30       facilities). At a minimum, the infectious disease plan shall

1 include:

2 (1) The data reporting requirements under subsection  
3 (c).

4 (2) A mechanism for complaints or feedback regarding the  
5 infectious disease plan.

6 (3) A method to obtain a one-year supply of PPE from the  
7 organization under section 58A02(a) (relating to response to  
8 emergency).

9 (4) A method to cohort recipients within the facility.

10 (5) A method to screen each employee before the  
11 employee's shift begins.

12 (6) A schedule that assigns staff to certain areas of  
13 the facility.

14 (7) A notification system to alert relatives of  
15 recipients in the facility of the measures the facility is  
16 taking to prevent and respond to the communicable disease or  
17 virus.

18 § 58A04. Facilities.

19 (a) Infectious disease plan.--Each facility shall develop an  
20 infectious disease plan to implement upon the declaration of a  
21 disaster emergency. At a minimum, the infectious disease plan  
22 shall include the requirements listed under section 58A03(d)  
23 (relating to inspection and review). Nothing in this subsection  
24 shall be construed to prevent a facility from taking additional  
25 measures to prevent and respond to an infectious or communicable  
26 disease during a disaster emergency.

27 (b) Infectious disease coordinator.--Each facility shall  
28 designate an employee to serve as the infectious disease  
29 coordinator within the facility during a disaster emergency to  
30 ensure that the infectious disease plan requirements under

1 subsection (a) are met.

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

**LEGISLATIVE REFERENCE BUREAU**

## AMENDMENTS TO HOUSE BILL NO. 1202

Sponsor:

Printer's No. 1350

1 Amend Bill, page 1, lines 2 and 3, by striking out "providing  
2 for long-term infectious" in line 2 and all of line 3 and  
3 inserting

4 establishing and providing for duties of the Infectious Disease  
5 Advisory Commission.

6 Amend Bill, page 1, line 9, by striking out all of said line  
7 and inserting

8 INFECTIOUS DISEASE ADVISORY COMMISSION

9 Amend Bill, page 1, lines 12 through 14, by striking out all  
10 of said lines and inserting

11 58A02. Infectious Disease Advisory Commission.

12 Amend Bill, page 2, lines 1 through 7, by striking out all of  
13 said lines and inserting

14 "Commission." The Infectious Disease Advisory Commission  
15 established under section 58A02 (relating to Infectious Disease  
16 Advisory Commission).

17 Amend Bill, page 2, line 10, by striking out the period after  
18 "health" and inserting

19 due to an actual or suspected outbreak of a contagious  
20 disease, epidemic, pandemic or other public health outbreak that  
21 affects the health and safety of individuals within a facility.

22 Amend Bill, page 2, lines 11 and 12, by striking out all of  
23 said lines

24 Amend Bill, page 3, lines 10 through 15, by striking out all  
25 of said lines



1 Amend Bill, page 3, lines 22 and 23, by striking out all of  
2 said lines

3 Amend Bill, page 3, lines 24 and 25, by striking out "The PPE  
4 stockpile" in line 24 and all of line 25 and inserting  
5 A stockpile of PPE as recommended under section 58A02(b)(7).

6 Amend Bill, pages 4 through 8, lines 1 through 30; page 9,  
7 line 1; by striking out all of said lines on said pages and  
8 inserting

9 § 58A02. Infectious Disease Advisory Commission.

10 (a) Establishment.--

11 (1) The Governor shall establish the Infectious Disease  
12 Advisory Commission.

13 (2) The commission shall be composed of the following  
14 members:

15 (i) The Secretary of Aging or a designee.

16 (ii) The Secretary of Health or a designee.

17 (iii) The Secretary of Human Services or a designee.

18 (iv) The Director of the Pennsylvania Emergency  
19 Management Agency or a designee.

20 (v) Six members of the General Assembly who shall  
21 serve for the legislative session in which the member is  
22 appointed as follows:

23 (A) One member appointed by the President pro  
24 tempore of the Senate.

25 (B) One member appointed by the Majority Leader  
26 of the Senate.

27 (C) One member appointed by the Minority Leader  
28 of the Senate.

29 (D) One member appointed by the Speaker of the  
30 House of Representatives.

31 (E) One member appointed by the Majority Leader  
32 of the House of Representatives.

33 (F) One member appointed by the Minority Leader  
34 of the House of Representatives.

35 (vi) Five members appointed by the Governor who  
36 shall serve for a two-year term as follows:

37 (A) One member shall be a physician licensed to  
38 practice in this Commonwealth who specializes in  
39 infectious diseases.

40 (B) One member shall be a member of an  
41 organization who is directly involved in managing a  
42 facility.

43 (C) One member shall be a member of an advocacy  
44 or services organization who is directly involved in

1 providing services to older adults.

2 (D) One member shall be an expert in supply side  
3 management or logistics of PPE.

4 (E) One member shall be a medical director of a  
5 facility.

6 (3) A member of the General Assembly appointed under  
7 paragraph (2)(v) may continue to serve beyond the session in  
8 which the member was appointed provided the member remains a  
9 member of the legislative caucus in which the member was  
10 initially appointed, until that member is replaced.

11 (4) Members of the commission shall be appointed within  
12 90 days of the effective date of this paragraph. The  
13 commission shall meet as necessary to fulfill the  
14 requirements of this chapter and no fewer than three times  
15 within the first 90 days of a disaster emergency. The  
16 commission may conduct meetings virtually.

17 (5) A vacancy shall be filled by the appointing  
18 authority within 30 days of the effective date of the  
19 vacancy.

20 (b) Duties of commission.--The commission shall:

21 (1) Be responsible for examining and analyzing the  
22 practices, processes and procedures relating to the  
23 prevention of and response to infectious diseases in  
24 facilities.

25 (2) Develop best practices on disease prevention,  
26 education, training requirements and any other operations  
27 that may be altered for facilities during a disaster  
28 emergency.

29 (3) Advise the Governor and the General Assembly, within  
30 48 hours of a request, regarding steps to take to ensure the  
31 health and safety of individuals within facilities during a  
32 disaster emergency.

33 (4) Make recommendations on how State agencies may  
34 coordinate information and resources relating to the  
35 emergency declaration to counties within this Commonwealth.

36 (5) Develop a sample infectious disease plan that a  
37 facility may implement, which shall include:

38 (i) A method to obtain a one-year supply of PPE from  
39 available resources.

40 (ii) A method to identify and group recipients  
41 within the facility.

42 (iii) A method to screen each employee before the  
43 employee's shift begins.

44 (iv) A schedule that assigns employees to certain  
45 areas of the facility.

46 (v) A notification system to alert relatives of  
47 recipients of the measures the facility is taking to  
48 prevent and respond to the disaster emergency.

49 (vi) Any other information or recommendations the  
50 commission deems necessary.

51 (6) Make recommendations for legislation or regulations

1 to improve the Commonwealth's preparedness for, response of  
2 and actions taken during a disaster emergency. The commission  
3 shall compare regulations for facilities that existed prior  
4 to a declaration of a disaster emergency and any regulations  
5 that were suspended or altered during the disaster emergency.

6 (7) Make recommendations relating to the establishment  
7 of a Commonwealth PPE stockpile, including:

8 (i) Procedures for procurement of a PPE stockpile.

9 (ii) The amount and types of PPE needed for use by  
10 facilities and other persons during a disaster emergency.

11 (iii) Use of private vendors versus State agencies,  
12 or a combination thereof, including the identification of  
13 domestic vendors.

14 (iv) Warehousing and upkeep of the PPE stockpile,  
15 including locations throughout this Commonwealth to store  
16 the PPE stockpile.

17 (v) An analysis of the estimated costs of creating,  
18 maintaining and storing a PPE stockpile, including  
19 funding sources and how the PPE stockpile will be  
20 financially maintained.

21 (vi) Considerations relating to the expiration of  
22 products and supplies in the PPE stockpile.

23 (vii) Persons who shall be able to use the PPE  
24 stockpile during a disaster emergency.

25 (viii) How supplies from the PPE stockpile will be  
26 distributed in this Commonwealth, including priority  
27 distribution to certain persons, if applicable.

28 (ix) Legislation that may be needed to effectuate a  
29 PPE stockpile.

30 (8) Make recommendations relating to access to  
31 recipients within a facility by relatives and any other  
32 individuals.

33 (9) Make recommendations and provide any other  
34 information as deemed necessary.

35 (c) Report.--The commission shall issue a report relating to  
36 the duties under subsection (b) within 24 months of the  
37 effective date of this subsection. The report shall be provided  
38 to the members of the General Assembly and the Governor and  
39 shall be posted on the publicly accessible Internet website of  
40 the State agencies represented on the commission. The commission  
41 shall update the report as needed, but at least once every seven  
42 years.

43 (d) Compensation.--Members of the commission may not receive  
44 compensation for the performance of their duties but shall  
45 receive reimbursement for reasonable travel and other necessary  
46 expenses in the performance of the duties.

47 (e) Chair.--The commission shall elect one member as chair  
48 and one member as vice chair who shall serve for a period of two  
49 years.

50 (f) Staff support.--The Department of Health shall provide  
51 staff support to the commission as determined by the Secretary

1 of Health.

2 (g) Duties of State agencies.--State agencies shall, as  
3 permitted by law, cooperate and provide information to the  
4 commission for the performance of the commission's duties.

5 Amend Bill, page 9, line 2, by striking out "60" and  
6 inserting

7 90

## THE GENERAL ASSEMBLY OF PENNSYLVANIA

## HOUSE BILL

No. 1202 Session of  
2025INTRODUCED BY ZIMMERMAN, STAMBAUGH, KRUPA AND KUZMA,  
APRIL 15, 2025

REFERRED TO COMMITTEE ON HEALTH, APRIL 15, 2025

## AN ACT

1 Amending Title 35 (Health and Safety) of the Pennsylvania  
2 Consolidated Statutes, ~~providing for long term infectious~~  
3 ~~disease control.~~ establishing and providing for duties of the  
4 Infectious Disease Advisory Commission.

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

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

9 CHAPTER 58A

10 ~~LONG TERM INFECTIOUS DISEASE CONTROL~~

11 ~~INFECTIOUS DISEASE ADVISORY COMMISSION~~

12 Sec.

13 58A01. Definitions.

14 ~~58A02. Response to emergency.~~

15 ~~58A03. Inspection and review.~~

16 ~~58A04. Facilities.~~

17 ~~58A02. Infectious Disease Advisory Commission.~~

18 § 58A01. Definitions.

19 The following words and phrases when used in this chapter

## A02202 Amendment in Context

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

~~"Advanced emergency medical technician." An advanced emergency medical technician as defined in section 8103 (relating to definitions).~~

~~"Commission." The Infectious Disease Advisory Commission established under section 58A02(f) (relating to response to emergency).~~

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

~~"Commission." The Infectious Disease Advisory Commission established under section 58A02 (relating to Infectious Disease Advisory Commission).~~

"Disaster emergency." A declaration by the Governor of a disaster emergency under section 7301(c) (relating to general authority of Governor) relating to public health due to an actual or suspected outbreak of a contagious disease, epidemic, pandemic or other public health outbreak that affects the health and safety of individuals within a facility.

~~"Emergency medical technician." An emergency medical technician as defined in section 8103.~~

"Facility." Any of the following:

(1) Domiciliary care as defined in section 2202-A of the act of April 9, 1929 (P.L.177, No.175), known as The Administrative Code of 1929.

(2) A personal care home as defined in section 1001 of the act of June 13, 1967 (P.L.31, No.21), known as the Human Services Code.

(3) An assisted living residence as defined in section 1001 of the Human Services Code.

(4) Any of the following entities as defined in section

## A02202 Amendment in Context

1 802.1 of the act of July 19, 1979 (P.L.130, No.48), known as  
2 the Health Care Facilities Act:

3 (i) Home care agency.

4 (ii) Home care registry.

5 (iii) Home health care agency.

6 (iv) Hospice.

7 (v) Long-term care nursing facility.

8 (5) An older adult daily living center as defined in  
9 section 2 of the act of July 11, 1990 (P.L.499, No.118),  
10 known as the Older Adult Daily Living Centers Licensing Act.

11 (6) A PACE provider as defined in 42 U.S.C. § 1395eee(a)  
12 (3) (relating to payments to, and coverage of benefits under,  
13 programs of all-inclusive care for elderly (PACE)).

14 (7) Any other public or private organization, entity or  
15 part of a private organization or entity, that uses public  
16 funds and is paid, in part, to provide care to care-dependent  
17 individuals.

18 ~~"Infectious disease coordinator." An employee of the~~  
19 ~~facility designated to implement the infectious disease plan~~  
20 ~~required under section 58A04 (relating to facilities).~~

21 ~~"Organization." An organization that supplies or~~  
22 ~~manufactures personal protective equipment.~~

23 ~~"Paramedic." A paramedic as defined in section 8103.~~

24 "Personal protective equipment" or "PPE." Gloves, hand  
25 sanitizer, respirators, face masks, gowns, face shields and  
26 other protective equipment designed to be worn or used by  
27 individuals to prevent or contain contact with, or to prevent  
28 transmission of, a communicable illness or the pathogens that  
29 cause communicable illness.

30 ~~"Plan" or "infectious disease plan." The infectious disease~~

## A02202 Amendment in Context

~~plan required under section 58A04(a).~~

~~"PPE stockpile" or "stockpile." The PPE stockpile established under section 58A02(b). A stockpile of PPE as recommended under section 58A02(b)(7).~~

~~"Recipient." An individual who receives care, services or treatment in or from a facility.~~

~~"Relative." An individual who is related within the fifth degree of consanguinity or affinity to a recipient in a facility.~~

~~§ 58A02. Response to emergency.~~

~~(a) Selection of organization. The Governor, or the Governor's designee, shall select an organization, by competitive bid, for successive terms of five years each to oversee the procurement, manufacturing and distribution of PPE in this Commonwealth.~~

~~(b) Duties of selected organization. The organization selected under subsection (a) shall perform the following duties:~~

~~(1) Purchase and keep up to date a stockpile of PPE to be used by a facility in the event of a disaster emergency in accordance with subsection (c).~~

~~(2) Select three manufacturers of PPE from which the organization shall procure PPE.~~

~~(3) Contract with manufacturers of PPE to provide PPE to facilities within this Commonwealth and supply the PPE stockpile under paragraph (4). A manufacturer must be domiciled and manufacture PPE in this Commonwealth in order to be eligible for a contract under this paragraph.~~

~~(4) Determine four locations within this Commonwealth to store PPE as follows:~~



## A02202 Amendment in Context

~~(i) One fourth of the stockpile shall be located in the northwest area of this Commonwealth.~~

~~(ii) One fourth of the stockpile shall be located in the northeast area of this Commonwealth.~~

~~(iii) One fourth of the stockpile shall be located in the southwest area of this Commonwealth.~~

~~(iv) One fourth of the stockpile shall be located in the southeast area of this Commonwealth.~~

~~(c) Required amount of PPE.—The amount of PPE stored in the stockpile shall be determined by the Governor, or the Governor's designee, the first year. For each subsequent year, the PPE stored in the stockpile shall equal the amount of PPE purchased the previous year at a minimum, but may not be more than quadruple the volume.~~

~~(d) Funding of stockpile.—The stockpile shall be funded by a 50% fee on purchased PPE until the required amount of PPE stored in the stockpile under subsection (c) is met. For subsequent PPE stored in the stockpile, the fee shall be reduced to 7% to fund the stockpile operations. Facilities shall purchase all PPE from the organization. The amount that each facility purchases is the amount that will be available to the facility during a disaster emergency.~~

~~(e) Access to PPE.—A facility, advanced emergency medical technician, emergency medical technician or paramedic may access the stockpile to obtain the PPE purchased by the facility for the stockpile during a disaster emergency.~~

~~(f) Infectious Disease Advisory Commission.—~~

~~(1) The Governor shall establish the Infectious Disease Advisory Commission.~~

~~(2) The commission shall be composed of the following~~

## A02202 Amendment in Context

members:

~~(i) The Secretary of Aging or a designee.~~

~~(ii) The Secretary of Health or a designee.~~

~~(iii) The Secretary of Human Services or a designee.~~

~~(iv) Six members knowledgeable and experienced in  
issues relating to operations in facilities as follows:~~

~~(A) Three members of the Senate, appointed by  
the President pro tempore of the Senate, in  
consultation with the Majority Leader of the Senate  
and the Minority Leader of the Senate.~~

~~(B) Three members of the House of  
Representatives, appointed by the Speaker of the  
House of Representatives, in consultation with the  
Majority Leader of the House of Representatives and  
the Minority Leader of the House of Representatives.~~

~~(v) Three members appointed by the Governor as  
follows:~~

~~(A) One member shall be a member of the general  
public.~~

~~(B) One member shall be a member of an  
organization who is directly involved in managing a  
facility.~~

~~(C) One member shall be a member of an advocacy  
or services organization who is directly involved in  
providing services to older adults.~~

~~(3) The commission shall meet as necessary, but no fewer  
than three times within the first 90 days of the disaster  
emergency.~~

~~(4) The commission shall be responsible for examining  
and analyzing the practices, processes and procedures~~

## A02202 Amendment in Context

~~relating to the prevention of and response to infectious diseases in facilities.~~

~~(5) The commission shall develop best practices on disease prevention, education, training requirements and any other operations that may be altered for facilities during a disaster emergency.~~

~~§ 58A03. Inspection and review.~~

~~(a) Inspections and surveys. The department, in consultation with the Department of Human Services, shall:~~

~~(1) Review and align all facility inspections and surveys conducted by each department with best practices for reducing the spread of infectious diseases.~~

~~(2) Determine the priority order for inspecting or surveying facilities during an infectious disease outbreak.~~

~~(3) Determine a list of protocols for inspection and intervention.~~

~~(b) Regulation review. The Governor shall submit a report to the General Assembly reviewing all regulations for facilities. The report shall include, but not be limited to, the following:~~

~~(1) An outline of the regulations for facilities.~~

~~(2) A comparison of the regulations for facilities that existed prior to a declaration of a disaster emergency and any regulations that were suspended or altered during the state of disaster emergency.~~

~~(3) An executive summary of the differences between the regulations for facilities as determined under paragraph (2).~~

~~(c) Data reporting. The department, in consultation with the Department of Human Services, shall develop a single reporting system for facilities to submit new cases and~~

## A02202 Amendment in Context

~~information that the department determines necessary during a disaster emergency.~~

~~(d) Sample infectious disease plan. The department, in consultation with the Department of Human Services, shall develop and make available on the department's publicly accessible Internet website a sample infectious disease plan for a facility to implement. The model infectious disease plan shall fulfill the requirement under section 58A04(a) (relating to facilities). At a minimum, the infectious disease plan shall include:~~

~~(1) The data reporting requirements under subsection (c).~~

~~(2) A mechanism for complaints or feedback regarding the infectious disease plan.~~

~~(3) A method to obtain a one year supply of PPE from the organization under section 58A02(a) (relating to response to emergency).~~

~~(4) A method to cohort recipients within the facility.~~

~~(5) A method to screen each employee before the employee's shift begins.~~

~~(6) A schedule that assigns staff to certain areas of the facility.~~

~~(7) A notification system to alert relatives of recipients in the facility of the measures the facility is taking to prevent and respond to the communicable disease or virus.~~

~~§ 58A04. Facilities.~~

~~(a) Infectious disease plan. Each facility shall develop an infectious disease plan to implement upon the declaration of a disaster emergency. At a minimum, the infectious disease plan~~

## A02202 Amendment in Context

~~shall include the requirements listed under section 58A03(d)  
(relating to inspection and review). Nothing in this subsection  
shall be construed to prevent a facility from taking additional  
measures to prevent and respond to an infectious or communicable  
disease during a disaster emergency.~~

~~(b) Infectious disease coordinator. Each facility shall  
designate an employee to serve as the infectious disease  
coordinator within the facility during a disaster emergency to  
ensure that the infectious disease plan requirements under  
subsection (a) are met.~~

### § 58A02. Infectious Disease Advisory Commission.

#### (a) Establishment.--

(1) The Governor shall establish the Infectious Disease  
Advisory Commission.

(2) The commission shall be composed of the following  
members:

(i) The Secretary of Aging or a designee.

(ii) The Secretary of Health or a designee.

(iii) The Secretary of Human Services or a designee.

(iv) The Director of the Pennsylvania Emergency  
Management Agency or a designee.

(v) Six members of the General Assembly who shall  
serve for the legislative session in which the member is  
appointed as follows:

(A) One member appointed by the President pro  
tempore of the Senate.

(B) One member appointed by the Majority Leader  
of the Senate.

(C) One member appointed by the Minority Leader  
of the Senate.

## A02202 Amendment in Context

1           (D) One member appointed by the Speaker of the  
2           House of Representatives.

3           (E) One member appointed by the Majority Leader  
4           of the House of Representatives.

5           (F) One member appointed by the Minority Leader  
6           of the House of Representatives.

7           (vi) Five members appointed by the Governor who  
8           shall serve for a two-year term as follows:

9           (A) One member shall be a physician licensed to  
10           practice in this Commonwealth who specializes in  
11           infectious diseases.

12           (B) One member shall be a member of an  
13           organization who is directly involved in managing a  
14           facility.

15           (C) One member shall be a member of an advocacy  
16           or services organization who is directly involved in  
17           providing services to older adults.

18           (D) One member shall be an expert in supply side  
19           management or logistics of PPE.

20           (E) One member shall be a medical director of a  
21           facility.

22           (3) A member of the General Assembly appointed under  
23           paragraph (2)(v) may continue to serve beyond the session in  
24           which the member was appointed provided the member remains a  
25           member of the legislative caucus in which the member was  
26           initially appointed, until that member is replaced.

27           (4) Members of the commission shall be appointed within  
28           90 days of the effective date of this paragraph. The  
29           commission shall meet as necessary to fulfill the  
30           requirements of this chapter and no fewer than three times

## A02202 Amendment in Context

1 within the first 90 days of a disaster emergency. The  
2 commission may conduct meetings virtually.

3 (5) A vacancy shall be filled by the appointing  
4 authority within 30 days of the effective date of the  
5 vacancy.

6 (b) Duties of commission.--The commission shall:

7 (1) Be responsible for examining and analyzing the  
8 practices, processes and procedures relating to the  
9 prevention of and response to infectious diseases in  
10 facilities.

11 (2) Develop best practices on disease prevention,  
12 education, training requirements and any other operations  
13 that may be altered for facilities during a disaster  
14 emergency.

15 (3) Advise the Governor and the General Assembly, within  
16 48 hours of a request, regarding steps to take to ensure the  
17 health and safety of individuals within facilities during a  
18 disaster emergency.

19 (4) Make recommendations on how State agencies may  
20 coordinate information and resources relating to the  
21 emergency declaration to counties within this Commonwealth.

22 (5) Develop a sample infectious disease plan that a  
23 facility may implement, which shall include:

24 (i) A method to obtain a one-year supply of PPE from  
25 available resources.

26 (ii) A method to identify and group recipients  
27 within the facility.

28 (iii) A method to screen each employee before the  
29 employee's shift begins.

30 (iv) A schedule that assigns employees to certain

## A02202 Amendment in Context

areas of the facility.

(v) A notification system to alert relatives of recipients of the measures the facility is taking to prevent and respond to the disaster emergency.

(vi) Any other information or recommendations the commission deems necessary.

(6) Make recommendations for legislation or regulations to improve the Commonwealth's preparedness for, response of and actions taken during a disaster emergency. The commission shall compare regulations for facilities that existed prior to a declaration of a disaster emergency and any regulations that were suspended or altered during the disaster emergency.

(7) Make recommendations relating to the establishment of a Commonwealth PPE stockpile, including:

(i) Procedures for procurement of a PPE stockpile.

(ii) The amount and types of PPE needed for use by facilities and other persons during a disaster emergency.

(iii) Use of private vendors versus State agencies, or a combination thereof, including the identification of domestic vendors.

(iv) Warehousing and upkeep of the PPE stockpile, including locations throughout this Commonwealth to store the PPE stockpile.

(v) An analysis of the estimated costs of creating, maintaining and storing a PPE stockpile, including funding sources and how the PPE stockpile will be financially maintained.

(vi) Considerations relating to the expiration of products and supplies in the PPE stockpile.

(vii) Persons who shall be able to use the PPE



## A02202 Amendment in Context

stockpile during a disaster emergency.

(viii) How supplies from the PPE stockpile will be distributed in this Commonwealth, including priority distribution to certain persons, if applicable.

(ix) Legislation that may be needed to effectuate a PPE stockpile.

(8) Make recommendations relating to access to recipients within a facility by relatives and any other individuals.

(9) Make recommendations and provide any other information as deemed necessary.

(c) Report.--The commission shall issue a report relating to the duties under subsection (b) within 24 months of the effective date of this subsection. The report shall be provided to the members of the General Assembly and the Governor and shall be posted on the publicly accessible Internet website of the State agencies represented on the commission. The commission shall update the report as needed, but at least once every seven years.

(d) Compensation.--Members of the commission may not receive compensation for the performance of their duties but shall receive reimbursement for reasonable travel and other necessary expenses in the performance of the duties.

(e) Chair.--The commission shall elect one member as chair and one member as vice chair who shall serve for a period of two years.

(f) Staff support.--The Department of Health shall provide staff support to the commission as determined by the Secretary of Health.

(g) Duties of State agencies.--State agencies shall, as

## A02202 Amendment in Context

permitted by law, cooperate and provide information to the  
commission for the performance of the commission's duties.

Section 2. This act shall take effect in ~~60~~ 90 days.

# HOUSE OF REPRESENTATIVES

## DEMOCRATIC COMMITTEE BILL ANALYSIS

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<b>Bill No:</b>	HR0379 PN2695	<b>Prepared By:</b>	Patrick O'Rourke (717) 787-4296,6711
<b>Committee:</b>	Health	<b>Executive Director:</b>	Erika Fricke
<b>Sponsor:</b>	Curry, Gina		
<b>Date:</b>	12/12/2025		

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### A. Brief Concept

Designates January 23, 2026 as "Maternal Health Awareness Day."

### C. Analysis of the Bill

Pregnancy-related deaths—those occurring during pregnancy or within a year afterward—have been rising in the United States, increasing from about 7 deaths per 100,000 live births in the late 1980s to over 30 per 100,000 during the COVID-19 pandemic. Although rates have recently decreased, they remain higher than before the pandemic. Data also show significant racial disparities, with Black women experiencing the highest maternal mortality rates nationally and in Pennsylvania. In Pennsylvania, the maternal mortality rate reached 32 per 100,000 live births in 2021, with Black women facing rates nearly double that figure.

The Centers for Disease Control and Prevention recommends state-level investigations to understand causes and prevent maternal deaths, and Pennsylvania created the Maternal Mortality Review Committee through Act 24 of 2018 to study cases and make recommendations. The Pennsylvania Black Maternal Health Caucus was formed in October 2023 to address Black maternal mortality and morbidity in Pennsylvania.

### Effective Date:

N/A.

### G. Relevant Existing Laws

N/A.

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

#### 2024-2025 Legislative Session

- [HR24, PN271](#) (Cephas)
  - Designated January 23, 2025, as "Maternal Health Awareness Day."
  - Referred to House Health Committee on 1/23/2025.
- [HR26, PN273](#) (Cephas)
  - Designated January 23, 2025, as "Maternal Health Awareness Day."
  - Adopted (197-5) on 1/29/2025

#### 2022-2023 Legislative Session

- [HR278, PN2387](#) (Curry)
  - Designated January 23, 2024, as "Maternal Health Awareness Day."
  - Referred to House Children & Youth Committee on 12/8/2023.

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THE GENERAL ASSEMBLY OF PENNSYLVANIA

# HOUSE RESOLUTION

No. 379 Session of  
2025

INTRODUCED BY CURRY, CEPHAS, MAYES, VENKAT, D. MILLER, FREEMAN,  
WAXMAN, HILL-EVANS, McNEILL, PROBST, DONAHUE, SAMUELSON,  
HOHENSTEIN, RIVERA, SHUSTERMAN, GALLAGHER AND SANCHEZ,  
DECEMBER 10, 2025

REFERRED TO COMMITTEE ON HEALTH, DECEMBER 10, 2025

## A RESOLUTION

1 Designating January 23, 2026, as "Maternal Health Awareness Day"  
2 in Pennsylvania to recognize all the women who die from  
3 complications of pregnancy or childbirth.

4 WHEREAS, Women who die during pregnancy, or within one year  
5 after giving birth, from any cause related to or aggravated by  
6 the pregnancy are considered to have died a pregnancy-related  
7 death; and

8 WHEREAS, The number of pregnancy-related deaths in the United  
9 States has continued to rise, despite recent advances in medical  
10 science and technology; and

11 WHEREAS, In 1986, the Centers for Disease Control and  
12 Prevention implemented a Pregnancy Mortality Surveillance  
13 System, a national surveillance system, to obtain information  
14 about the frequency and causes of pregnancy-related death in the  
15 United States; and

16 WHEREAS, Despite declines in the maternal mortality rate in  
17 other parts of the world, the data collected under the Pregnancy

Mortality Surveillance System has shown a steady increase in the maternal mortality rate in the United States, from a low of 7.2 deaths per 100,000 live births in 1987 to 15.9, 17.3 and 18 deaths per 100,000 in 2012, 2013 and 2014, respectively; and

WHEREAS, There was a sharp increase in the maternal mortality rate attributed to the pandemic, with the rates rising to 24.9 and 33.2 per 100,000 live births in 2020 and 2021, respectively; and

WHEREAS, While rates lowered to 21.5 and 18.7 deaths per 100,000 live births in 2022 and 2023, respectively, these remain higher than prepandemic rates, such as the rate of 17.6 per 100,000 live births in 2019; and

WHEREAS, The national Pregnancy Mortality Surveillance System indicates that the rate of pregnancy-related deaths varies by race, ethnicity and age, with Black women having the highest mortality rate at more than 40 deaths per every 100,000 live births; and

WHEREAS, The most recent data available on the maternal mortality rate in Pennsylvania indicates an overall pregnancy-related mortality ratio of 32 deaths per 100,000 live births in 2021; and

WHEREAS, Black women in Pennsylvania are two times more likely to experience pregnancy-related mortality with a maternal mortality rate of 60 deaths per 100,000 live births in 2021 and are three times more likely to experience pregnancy-related mortality nationally; and

WHEREAS, The Centers for Disease Control and Prevention recommends maternal deaths be investigated through state-based reviews to identify the causes of pregnancy-related deaths and recommend ways to decrease maternal death rates; and

1 WHEREAS, The General Assembly approved and the Governor  
2 signed Act 24 of 2018, known as the Maternal Mortality Review  
3 Act, establishing the multidisciplinary Maternal Mortality  
4 Review Committee, as a first step to address the serious issue  
5 of increasing maternal mortality across this Commonwealth; and

6 WHEREAS, The committee is tasked with examining pregnancy-  
7 related deaths, developing prevention recommendations and  
8 increasing public and professional awareness of the incidence of  
9 pregnancy-related deaths and strategies to prevent maternal  
10 deaths in this Commonwealth; and

11 WHEREAS, The Pennsylvania Black Maternal Health Caucus was  
12 formed in October 2023 to address the disturbing trends of Black  
13 maternal mortality and morbidity in this Commonwealth; and

14 WHEREAS, In order to improve public and professional  
15 awareness and promote the various promising initiatives to  
16 reduce the maternal mortality rate, it is both reasonable and  
17 appropriate to designate a day as "Maternal Health Awareness  
18 Day" in this Commonwealth and invite community members and  
19 health care professionals to participate in appropriate  
20 activities relating to maternal health, safety and mortality;  
21 therefore be it

22 RESOLVED, That the House of Representatives designate January  
23 23, 2026, as "Maternal Health Awareness Day" in Pennsylvania to  
24 recognize all the women who die from complications of pregnancy  
25 or childbirth.

# HOUSE OF REPRESENTATIVES

## DEMOCRATIC COMMITTEE BILL ANALYSIS

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<b>Bill No:</b>	HR0382 PN2702	<b>Prepared By:</b>	Patrick O'Rourke (717) 787-4296,6711
<b>Committee:</b>	Health	<b>Executive Director:</b>	Erika Fricke
<b>Sponsor:</b>	Bellmon, Anthony		
<b>Date:</b>	12/12/2025		

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### **A. Brief Concept**

Urging Congress to retain expanded health insurance subsidies.

### **C. Analysis of the Bill**

This resolution urges Congress to extend the expanded premium tax credits that make health insurance more affordable for Pennsylvanians purchasing coverage through Pennie. When originally passed, the Affordable Care Act provided tax credits to individuals meeting certain criteria, however, individuals making more than 400% the federal poverty guideline were ineligible for Advance Premium Tax Credits and faced a potential "subsidy cliff." In 2021, Congress passed The American Rescue Plan Act, which fixed the subsidy cliff and lowered health insurance costs by providing for more generous, expanded premium tax credits. In 2022, Congress enacted the Inflation Reduction Act, which provided that the expanded premium tax credits would not expire until December 31, 2025.

Three quarters of current Pennie customers have coverage due to the expanded tax credits and if the tax credits expire, cost increases are expected across all counties, with steep premium spikes for middle-income families, and projected coverage loss for up to 150,000 Pennsylvania residents. Projected average health insurance cost increases on a per-member per-month basis across the Commonwealth are as follows:

- (1) Juniata County: +\$367
- (2) Schuylkill County: +\$347
- (3) Fulton County: +\$336
- (4) Lehigh County: +\$330
- (5) Northampton County: +\$317
- (6) Union County: +\$316
- (7) Carbon County: +\$303
- (8) Mifflin County: +\$287
- (9) Monroe County: +\$284
- (10) Snyder County: +\$275
- (11) Columbia County: +\$272
- (12) Montour County: +\$272
- (13) Northumberland County: +\$265
- (14) Franklin County: +\$259
- (15) Adams County: +\$244



- (16) Perry County: +\$234
- (17) York County: +\$228
- (18) Cumberland County: +\$225
- (19) Cameron County: +\$229
- (20) Dauphin County: +\$207
- (21) Lebanon County: +\$206
- (22) Pike County: +\$201
- (23) Tioga County: +\$201
- (24) Forest County: +\$184
- (25) Lancaster County: +\$174
- (26) Warren County: +\$168
- (27) Elk County: +\$165
- (28) Lycoming County: +\$160
- (29) Berks County: +\$160
- (30) Greene County: +\$159
- (31) Indiana County: +\$159
- (32) McKean County: +\$156
- (33) Somerset County: +\$154
- (34) Crawford County: +\$149
- (35) Clinton County: +\$146
- (36) Armstrong County: +\$146
- (37) Centre County: +\$145
- (38) Blair County: +\$145
- (39) Delaware County: +\$144
- (40) Butler County: +\$140
- (41) Montgomery County: +\$140
- (42) Venango County: +\$137
- (43) Beaver County: +\$137
- (44) Philadelphia County: +\$137
- (45) Washington County: +\$134
- (46) Potter County: +\$134
- (47) Bucks County: +\$134
- (48) Bedford County: +\$133
- (49) Erie County: +\$129

- (50) Lawrence County: +\$126
- (51) Chester County: +\$126
- (52) Allegheny County: +\$125
- (53) Mercer County: +\$124
- (54) Lackawanna County: +\$122
- (55) Clearfield County: +\$118
- (56) Wyoming County: +\$116
- (57) Luzerne County: +\$116
- (58) Bradford County: +\$109
- (59) Clarion County: +\$100
- (60) Huntingdon County: +\$100
- (61) Jefferson County: +\$99
- (62) Cambria County: +\$98
- (63) Westmoreland County: +\$95
- (64) Susquehanna County: +\$94
- (65) Fayette County: +\$90
- (66) Sullivan County: +\$89
- (67) Wayne County: +\$81

**Effective Date:**

N/A.

**G. Relevant Existing Laws**

Act 42 of 2019 established the state market exchange PENNIE.

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

N/A.

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THE GENERAL ASSEMBLY OF PENNSYLVANIA

# HOUSE RESOLUTION

No. 382 Session of  
2025

INTRODUCED BY BELLMON, DECEMBER 15, 2025

REFERRED TO COMMITTEE ON HEALTH, DECEMBER 15, 2025

## A RESOLUTION

1 Urging the Congress of the United States to retain expanded  
2 health insurance subsidies that enable consumers to purchase  
3 health insurance through Pennie.

4 WHEREAS, The Pennsylvania General Assembly established Pennie  
5 in a bipartisan series of votes in 2019; and

6 WHEREAS, Pennsylvanians can shop for health insurance through  
7 Pennie; and

8 WHEREAS, During Pennie's first open enrollment period, which  
9 occurred during 2020, 337,772 Pennsylvanians enrolled in health  
10 insurance coverage; and

11 WHEREAS, Nearly 500,000 Pennsylvanians enrolled in health  
12 insurance coverage during Pennie's Open Enrollment 2025; and

13 WHEREAS, This enrollment increase is largely due to enhanced  
14 financial assistance, known as expanded premium tax credits,  
15 that became available to Pennie customers after Open Enrollment  
16 2021; and

17 WHEREAS, Because the expanded premium tax credits are set to  
18 expire on December 31, 2025, Pennie customers will see an  
19 average 102% increase in the monthly cost for health insurance;

1 and

2 WHEREAS, The Affordable Care Act originally provided tax  
3 credits to individuals to purchase health insurance, so long as  
4 the individual was not eligible for affordable health insurance  
5 somewhere else, such as through an employer; and

6 WHEREAS, The original Affordable Care Act tax credits are  
7 known as Advance Premium Tax Credits; and

8 WHEREAS, The original Advance Premium Tax Credits were not  
9 available to individuals who made more than 400% of the Federal  
10 poverty line; and

11 WHEREAS, This problem was known as the "subsidy cliff"; and

12 WHEREAS, For 2025, a couple making a combined \$84,600 per  
13 year is at 400% of the Federal poverty line and would be subject  
14 to the subsidy cliff, meaning they would be responsible for  
15 paying the full cost of their health insurance; and

16 WHEREAS, The monthly cost of the least expensive plan  
17 available through Pennie to a 64-year-old nonsmoking couple that  
18 makes \$85,000 and lives in Harrisburg, Pennsylvania, is \$2,148;  
19 and

20 WHEREAS, The subsidy cliff means that this couple would be  
21 expected to pay \$25,776 annually for health insurance, which is  
22 nearly 31% of their household income; and

23 WHEREAS, In 2021, Congress enacted The American Rescue Plan  
24 Act, which fixed the subsidy cliff and lowered health insurance  
25 costs by providing for more generous, expanded premium tax  
26 credits; and

27 WHEREAS, In 2022, Congress enacted the Inflation Reduction  
28 Act, which provided that the expanded premium tax credits would  
29 not expire until December 31, 2025; and

30 WHEREAS, Three-quarters of current Pennie customers have only

1 experienced coverage with lower health insurance costs due to  
2 the expanded premium tax credits; and

3 WHEREAS, Unless Congress acts to extend the expanded premium  
4 tax credits, eligible Pennie customers will pay more for health  
5 insurance; and

6 WHEREAS, Congress has not acted to extend the expanded  
7 premium tax credits; and

8 WHEREAS, Pennie projects that average health insurance costs  
9 per-member per-month will increase as follows across

10 Pennsylvania:

- 11 (1) Juniata County: +\$367.
- 12 (2) Schuylkill County: +\$347.
- 13 (3) Fulton County: +\$336.
- 14 (4) Lehigh County: +\$330.
- 15 (5) Northampton County: +\$317.
- 16 (6) Union County: +\$316.
- 17 (7) Carbon County: +\$303.
- 18 (8) Mifflin County: +\$287.
- 19 (9) Monroe County: +\$284.
- 20 (10) Snyder County: +\$275.
- 21 (11) Columbia County: +\$272.
- 22 (12) Montour County: +\$272.
- 23 (13) Northumberland County: +\$265.
- 24 (14) Franklin County: +\$259.
- 25 (15) Adams County: +\$244.
- 26 (16) Perry County: +\$234.
- 27 (17) York County: +\$228.
- 28 (18) Cumberland County: +\$225.
- 29 (19) Cameron County: +\$229.
- 30 (20) Dauphin County: +\$207.

1	(21)	Lebanon County: +\$206.
2	(22)	Pike County: +\$201.
3	(23)	Tioga County: +\$201.
4	(24)	Forest County: +\$184.
5	(25)	Lancaster County: +\$174.
6	(26)	Warren County: +\$168.
7	(27)	Elk County: +\$165.
8	(28)	Lycoming County: +\$160.
9	(29)	Berks County: +\$160.
10	(30)	Greene County: +\$159.
11	(31)	Indiana County: +\$159.
12	(32)	McKean County: +\$156.
13	(33)	Somerset County: +\$154.
14	(34)	Crawford County: +\$149.
15	(35)	Clinton County: +\$146.
16	(36)	Armstrong County: +\$146.
17	(37)	Centre County: +\$145.
18	(38)	Blair County: +\$145.
19	(39)	Delaware County: +\$144.
20	(40)	Butler County: +\$140.
21	(41)	Montgomery County: +\$140.
22	(42)	Venango County: +\$137.
23	(43)	Beaver County: +\$137.
24	(44)	Philadelphia County: +\$137.
25	(45)	Washington County: +\$134.
26	(46)	Potter County: +\$134.
27	(47)	Bucks County: +\$134.
28	(48)	Bedford County: +\$133.
29	(49)	Erie County: +\$129.
30	(50)	Lawrence County: +\$126.

1           (51) Chester County: +\$126.  
2           (52) Allegheny County: +\$125.  
3           (53) Mercer County: +\$124.  
4           (54) Lackawanna County: +\$122.  
5           (55) Clearfield County: +\$118.  
6           (56) Wyoming County: +\$116.  
7           (57) Luzerne County: +\$116.  
8           (58) Bradford County: +\$109.  
9           (59) Clarion County: +\$100.  
10          (60) Huntingdon County: +\$100.  
11          (61) Jefferson County: +\$99.  
12          (62) Cambria County: +\$98.  
13          (63) Westmoreland County: +\$95.  
14          (64) Susquehanna County: +\$94.  
15          (65) Fayette County: +\$90.  
16          (66) Sullivan County: +\$89.  
17          (67) Wayne County: +\$81;

18 and

19       WHEREAS, Because of these increased costs, Pennie projects  
20 that 150,000 customers may drop their health insurance coverage;  
21 and

22       WHEREAS, Since the start of Open Enrollment 2026, Pennie has  
23 seen a 16% decrease in new enrollees; and

24       WHEREAS, For every new enrollment during Open Enrollment  
25 2026, 1.5 existing Pennie customers have terminated their Plan  
26 Year 2026 coverage; and

27       WHEREAS, By extending the expanded premium tax credits,  
28 Congress could reverse these coverage losses and ensure that  
29 Pennsylvanians can continue to access affordable, quality health  
30 insurance coverage; therefore be it

1       RESOLVED, That the House of Representatives of the  
2 Commonwealth of Pennsylvania urge the Congress of the United  
3 States to retain expanded health insurance subsidies that enable  
4 consumers to purchase health insurance through Pennie; and be it  
5 further

6       RESOLVED, That copies of this resolution be transmitted to  
7 the presiding officers of each house of Congress and each member  
8 of Congress from Pennsylvania.