



HOUSE HEALTH COMMITTEE

VOTING MEETING

Wednesday, June 26th, 2024

9:30am

G-50, Irvis Office Building

Harrisburg, PA

1. Call to Order

2. Attendance

HB2382 PN3242 (Rapp)

An Act providing for grant awards to entities in rural counties and designated medically underserved areas to pay for the education debt of physicians and nurses employed at the entity.

Amendment A05085 (Frankel)

Adds Nurses/Midwives and Rural Health Clinics, further clarifies for payments, eligibility and compliance.

HB2344 PN3177 (Borowski)

An Act amending the act of July 19, 1979 (P.L.130, No.48), known as the Health Care Facilities Act, providing for health systems protection; imposing a fine; and promulgating regulations.

Amendment A05080 (Borowski)

Sets criteria for merger evaluations.

HR480 PN3346 (Jones, T.)

A Resolution designating June 23, 2024, as "Widows' and Widowers' Day" in Pennsylvania.

HR484 PN3357 (Sanchez)

A Resolution recognizing the month of June 2024 as "Myasthenia Gravis Awareness Month" in Pennsylvania.

HR485 PN3358 (Benninghoff)

A Resolution designating the month of September 2024 as "Childhood Cancer Awareness Month" in Pennsylvania.

HR483 PN3348 (O'Mara)

A Resolution recognizing July 25, 2024, as "World IVF Day" in Pennsylvania.

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

4. Adjournment

HOUSE OF REPRESENTATIVES

DEMOCRATIC COMMITTEE BILL ANALYSIS

Bill No:	HB2382 PN3242	Prepared By:	Dylan Lindberg (717) 705-1875,6240
Committee:	Health	Executive Director:	Erika Fricke
Sponsor:	rapp		
Date:	6/13/2024		

A. Brief Concept

Establishes the Rural Health Care Grant Program.

C. Analysis of the Bill

House Bill 2382 establishes the Rural Health Care Grant Program to issue grants for education debt relief for physicians and nurses working at health care facilities in rural or medically underserved areas.

Eligibility

Grants are eligible to physicians, licensed practical nurses, and registered nurses employed full-time by birth centers, federally qualified health centers, and hospitals that are located either in a rural county or in a designated medically underserved area.

Only education debt from graduate-level schooling is eligible.

To be eligible for education debt grants, a physician or nurse must begin work within 6 months after accepting a position, and work at the entity for a minimum of three years.

Grants

Priority for grants should be given to independent entities not owned by, managed by or affiliated with any health care system, health care provider or other entity.

An entity cannot receive more than \$250,000 per year and any amount distributed to a physician or nurse may not exceed their amount owed in education debt.

Grants are disbursed in \$10,000 increments and distribution must start within 60 days following application approval.

A physician or nurse who receives a payment for their education debt must receive a receipt of payment.

Application

An entity must apply in a manner determined by the department. Within 60 days, the department must either approve or deny an application. If denied, the department must state its reason and the entity can reapply.

The entity must certify its application is true and accurate.

Upon approval, the entity and department must enter into a grant agreement.

Reports

Entity

An entity must report to the department the initial date of employment for each physician or nurse who receives a payment for education debt and each departure date, if applicable.

Within 30 days after disbursement of money, the entity must report:

- date the payment was sent to the applicable creditor or designated person;
- the amount of payment;
- the name and address of the applicable creditor or designated person;
- the names of physicians and nurses whose education debt was paid by the entity.

Department

No later than December 31 of each year, the department must report:

- the number of grants awarded;
- the number of physicians and nurses who received a payment;
- the license and type of practice area of each physician and nurse;
- the name and address of each entity that received a grant;
- the amount of each grant;
- the total amount of the appropriation distributed each calendar year;
- the aggregate total for each designated medically underserved area or rural county where a physician or nurse awarded grant money is employed by an entity.

The report must be issued to the chairs of the House and Senate Appropriations Committees, the chairs of the Senate Health and Human Services Committee, and the chairs of the House Health Committee.

After disbursement of all money appropriated for the program, the department shall publish a final report with the information listed under this section within six months.

Tax Applicability

Grants issued are not considered income.

Compliance

If an entity, physician, or nurse fails to comply with this act, they must reimburse the commonwealth for any grants awarded including interest accrued.

The department and entity must take every step to resolve conflicts before requiring reimbursement.

An entity that receives a grant under this act may require a physician or nurse awarded money to enter into an agreement established by the entity and determine any compliance, including the timing of disbursement of the grant money, subject to the requirements of this act.

Key Definitions

"Full-time." A physician or nurse who works on average more than 30 hours per week or more than 130 hours per month.

"Rural county." A county within this Commonwealth where the population density is less than 284 persons per square mile as defined by the Center for Rural Pennsylvania.

A "designated medically underserved area" refers to any of the following: (1) An area designated by the Secretary of Health as a primary health care practitioner shortage area using criteria which take into account the special barriers to the provision of health care services in a rural or inner-city area. (2) An area designated by the United States Department of Health and Human Services as a medically underserved area, a medically underserved population or a health professional shortage area. (3) An area designated by the United States Department of Health and Human Services as a health manpower shortage area.

Effective Date:

120 days.

G. Relevant Existing Laws

The Children's Health Care Act established the Primary Care Loan Repayment Program which provides loans to practitioners serving in medically underserved areas. A practitioner working in an inpatient facility or entity that does not provide primary or preventive care is ineligible for the program, and being located in a rural county is not an automatic qualifier. Whereas funding is disbursed to the practitioner in the Primary Care Loan Repayment Program, HB2382 would disburse money to the entity. The Primary Care Loan Repayment program is also more competitive since practitioners other than physicians and nurses can apply.

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.

LEGISLATIVE REFERENCE BUREAU

AMENDMENTS TO HOUSE BILL NO. 2382

Sponsor: *Frankel #23*

Printer's No. 3242

1 Amend Bill, page 1, line 3, by striking out "physicians and
2 nurses" and inserting
3 practitioners

4 Amend Bill, page 1, line 15, by striking out "physicians and
5 nurses" and inserting
6 practitioners

7 Amend Bill, page 1, line 16, by striking out "physicians and
8 nurses" and inserting
9 practitioners

10 Amend Bill, page 2, line 2, by striking out "physicians and
11 nurses" and inserting
12 practitioners

13 Amend Bill, page 2, line 5, by striking out "physician or
14 nurse" and inserting
15 practitioner

16 Amend Bill, page 2, line 17, by striking out "graduate-level"
17 and inserting
18 professional

19 Amend Bill, page 2, line 18, by striking out "physician or
20 nurse" and inserting
21 practitioner

22 Amend Bill, page 2, line 20, by inserting after "center"
23 , a rural health clinic

24 Amend Bill, page 2, line 24, by striking out "physician or

1 nurse" and inserting
2 practitioner
3 Amend Bill, page 3, by inserting between lines 3 and 4
4 "Midwife or nurse-midwife." As defined in section 2 of the
5 act of December 20, 1985 (P.L.457, No.112), known as the Medical
6 Practice Act of 1985.
7 Amend Bill, page 3, lines 9 and 10, by striking out "act of
8 December 20, 1985 (P.L.457, No.112), known as the"
9 Amend Bill, page 3, by inserting between lines 11 and 12
10 "Practitioner." A physician, nurse or midwife or nurse-
11 midwife.
12 Amend Bill, page 3, by inserting between lines 19 and 20
13 "Rural health clinic." As defined in 42 U.S.C. § 1395x(aa)
14 (2) (relating to definitions) and certified by Medicare.
15 Amend Bill, page 3, line 29, by striking out "physicians or
16 nurses" and inserting
17 practitioners
18 Amend Bill, page 4, line 3, by striking out "physician or
19 nurse" and inserting
20 practitioner
21 Amend Bill, page 4, line 12, by striking out "physicians and
22 nurses" and inserting
23 practitioners
24 Amend Bill, page 4, line 16, by striking out "physician or
25 nurse" and inserting
26 practitioner
27 Amend Bill, page 4, line 24, by inserting after "system,"
28 a legally separate
29 Amend Bill, page 4, line 29, by striking out "physician or
30 nurse" and inserting
31 practitioner
32 Amend Bill, page 5, lines 2 and 3, by striking out

1 "physicians or nurses" and inserting

2 practitioners

3 Amend Bill, page 5, line 4, by striking out "physician or
4 nurse" and inserting

5 practitioner

6 Amend Bill, page 5, line 7, by striking out "physician or
7 nurse" and inserting

8 practitioner

9 Amend Bill, page 5, line 12, by striking out "physician or
10 nurse" and inserting

11 practitioner

12 Amend Bill, page 6, line 4, by inserting after "submission"
13 or resubmission

14 Amend Bill, page 6, line 27, by striking out "The" and
15 inserting

16 For approved grants, the

17 Amend Bill, page 6, line 28, by striking out all of said line
18 and inserting

19 increments of \$10,000 up to the limit under section 6(b)
20 (1). The department may award a grant of less than \$10,000 if
21 the department determines that a decrease is necessary to
22 preserve adequate funding for more grants.

23 Amend Bill, page 6, line 30, by striking out "physician or
24 nurse" and inserting

25 practitioner

26 Amend Bill, page 7, line 2, by striking out "physician or
27 nurse" and inserting

28 practitioner

29 Amend Bill, page 7, line 4, by striking out "60" and
30 inserting

31 90

32 Amend Bill, page 7, line 11, by striking out "physicians and

1 nurses" and inserting
2 practitioners
3 Amend Bill, page 7, lines 13 and 14, by striking out
4 "physician and nurse" and inserting
5 practitioner
6 Amend Bill, page 7, line 21, by striking out "physician or
7 nurse" and inserting
8 practitioner
9 Amend Bill, page 7, line 24, by striking out "physician or
10 nurse" and inserting
11 practitioner
12 Amend Bill, page 8, line 15, by striking out ", physician or
13 nurse" and inserting
14 or practitioner
15 Amend Bill, page 8, line 20, by striking out ", physician or
16 nurse" and inserting
17 or practitioner
18 Amend Bill, page 8, line 21, by striking out ", physician or
19 nurse" and inserting
20 or practitioner
21 Amend Bill, page 8, line 22, by inserting after "awarded"
22 based on the period of noncompliance
23 Amend Bill, page 8, line 25, by striking out ", physician or
24 nurse" and inserting
25 and practitioner
26 Amend Bill, page 8, line 29, by striking out "physician or
27 nurse" and inserting
28 practitioner
29 Amend Bill, page 9, line 1, by striking out "any"
30 Amend Bill, page 9, line 2, by inserting after "money,"

1 as appropriate to facilitate the purposes and intent of this
2 act and

THE GENERAL ASSEMBLY OF PENNSYLVANIA

HOUSE BILL

No. 2382 Session of
2024

INTRODUCED BY RAPP, FRANKEL, ROWE, VENKAT, ZIMMERMAN, STEHR,
M. BROWN, SCHLOSSBERG, COOK, CAUSER, KINSEY, CONKLIN, MERSKI
AND ROSSI, JUNE 5, 2024

REFERRED TO COMMITTEE ON HEALTH, JUNE 5, 2024

AN ACT

1 Providing for grant awards to entities in rural counties and
2 designated medically underserved areas to pay for the
3 education debt of physicians and nurses employed at the
4 entity.

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

7 Section 1. Short title.

8 This act shall be known and may be cited as the Rural Health
9 Care Grant Program Act.

10 Section 2. Legislative intent.

11 It is the intent of the General Assembly through this
12 legislation to:

13 (1) Allow entities in designated medically underserved
14 areas and rural areas to have an opportunity to recruit and
15 retain high quality physicians and nurses.

16 (2) Have more physicians and nurses available to
17 practice in designated medically underserved areas and rural
18 areas.

1 (3) Give patients in designated medically underserved
2 areas and rural areas more access to physicians and nurses.

3 (4) Prevent the possible closure of entities in
4 designated medically underserved areas and rural areas due to
5 physician or nurse shortages.

6 Section 3. Definitions.

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

10 "Birth center." As defined in section 802.1 of the act of
11 July 19, 1979 (P.L.130, No.48), known as the Health Care
12 Facilities Act.

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

14 "Designated medically underserved area." The term shall mean
15 the same as defined under section 1301 of the act of December 2,
16 1992 (P.L.741, No.113), known as the Children's Health Care Act.

17 "Education debt." Debt incurred for graduate-level schooling
18 to practice as a physician or nurse in this Commonwealth.

19 "Entity." A birth center, a federally qualified health
20 center or a hospital.

21 "Federally qualified health center." As defined in 42 U.S.C.
22 § 1396d(1)(2)(B) (relating to definitions). The term includes a
23 federally qualified health center look-alike.

24 "Full-time." A physician or nurse who works on average more
25 than 30 hours per week or more than 130 hours per month.

26 "Grant." A sum of money that is awarded to an entity by the
27 department under this act.

28 "Hospital." A general acute care or specialty hospital
29 located in a designated medically underserved area or rural
30 county.

1 "Licensed practical nurse." An individual licensed to
2 practice practical nursing under the act of March 2, 1956 (1955
3 P.L.1211, No.376), known as the Practical Nurse Law.

4 "Nurse." A licensed practical nurse or registered nurse.

5 "Physician." Either:

6 (1) as defined in section 2 of the act of October 5,
7 1978 (P.L.1109, No.261), known as the Osteopathic Medical
8 Practice Act; or

9 (2) as defined in section 2 of the act of December 20,
10 1985 (P.L.457, No.112), known as the Medical Practice Act of
11 1985.

12 "Program." The Rural Health Care Grant Program established
13 under section 4.

14 "Registered nurse." An individual licensed to practice
15 professional nursing under the act of May 22, 1951 (P.L.317,
16 No.69), known as The Professional Nursing Law.

17 "Rural county." A county within this Commonwealth where the
18 population density is less than 284 persons per square mile as
19 defined by the Center for Rural Pennsylvania.

20 Section 4. Establishment.

21 The Rural Health Care Grant Program is established in the
22 department to be administered by the department.

23 Section 5. Use of money.

24 (a) Duty of department.--The department shall distribute
25 grants to an entity in accordance with this act from money
26 appropriated for the program by the General Assembly.

27 (b) Distribution by entity.--An entity shall use money
28 granted under subsection (a) to pay for education debt of
29 physicians or nurses that the entity employs according to the
30 following:

1 (1) An entity shall pay the applicable creditor or
2 designated person of the education debt on behalf of the
3 physician or nurse.

4 (2) Within 30 days after disbursement of money to the
5 applicable creditor or designated person, an entity shall
6 report to the department the following:

7 (i) The date the payment was sent to the applicable
8 creditor or designated person.

9 (ii) The amount of the payment.

10 (iii) The name and address of the applicable
11 creditor or designated person.

12 (iv) The names of the physicians and nurses whose
13 education debt was paid by the entity with the grant
14 money.

15 (c) Receipt.--A written or electronic receipt of payment of
16 education debt shall be issued to a physician or nurse employed
17 by the entity whose education debt was paid by a grant under
18 this act.

19 Section 6. Grant awards.

20 (a) Criteria for grant from department.--The department
21 shall award a grant to an entity that is located in a designated
22 medically underserved area or rural county. Priority shall be
23 given to independent entities not owned by, managed by or
24 affiliated with any health care system, health care provider or
25 other entity.

26 (b) Limitation of awards.--

27 (1) The department may not award more than \$250,000 to
28 an entity in one calendar year.

29 (2) The amount distributed to a physician or nurse may
30 not exceed the amount owed in education debt.

1 (c) Entity award.--An entity shall award the grant money
2 received from the department to one or more chosen physicians or
3 nurses who are employed by the entity. In order to receive a
4 payment of education debt, a physician or nurse must:

5 (1) Work a minimum of three years in the entity that
6 provides the grant money to pay for education debt.

7 (2) Be licensed to practice as a physician or nurse in
8 this Commonwealth under the applicable licensing board of the
9 Department of State.

10 (3) Begin work within six months of accepting a position
11 with the entity paying for the education debt.

12 (4) Be employed as a full-time physician or nurse for
13 the entity providing the grant.

14 Section 7. Entity application for a grant.

15 (a) General rule.--Applications shall:

16 (1) Be submitted by an entity to the department in a
17 manner the department deems appropriate.

18 (2) Be available electronically.

19 (3) Include documentation as deemed necessary by the
20 department.

21 (b) Certification.--An entity shall certify in good faith
22 that the information provided in the application and all
23 supporting documents and forms are true and accurate in all
24 material aspects. An entity, or an authorized representative of
25 the entity, that knowingly makes a false statement to obtain a
26 grant shall be subject to 18 Pa.C.S. § 4904 (relating to unsworn
27 falsification to authorities).

28 Section 8. Review of application.

29 (a) Selection.--The department shall select an appropriate
30 number of entities to receive a grant under this act each

1 calendar year, dependent upon the amount of money appropriated
2 for the program by the General Assembly.

3 (b) Approval or disapproval.--No later than 60 days after an
4 entity's submission of an application, the department shall
5 approve or deny the application for a grant. The department
6 shall provide a notice to the entity that:

7 (1) the application for a grant is approved for an
8 amount determined by the department; or

9 (2) the application for a grant is denied. The
10 department shall provide its reasons for denial of the
11 application. The entity may resubmit its application based
12 upon the department's reasons for denying the application.

13 Section 9. Grant agreements.

14 Upon approval of an application under section 8, the
15 department shall enter into a grant agreement with the entity to
16 award a grant under this act. The grant agreement shall explain
17 the terms and conditions of the grant, including the applicable
18 laws of this Commonwealth and all reporting requirements. The
19 department, an entity and any other necessary party, as
20 determined by the department, may enter into the grant agreement
21 via electronic signature.

22 Section 10. Disbursement of grants.

23 The following shall apply to the disbursement of grants:

24 (1) The department shall determine the number of grants
25 to be awarded with the money appropriated by the General
26 Assembly.

27 (2) The department shall award a grant to an entity in
28 \$10,000 increments.

29 (3) An entity shall report to the department the initial
30 date of employment for each physician or nurse who receives

1 payment of education debt and the departure from employment
2 date for each physician or nurse, if applicable.

3 (4) The department shall begin disbursement of grant
4 money to an entity within 60 days after the approval of an
5 entity's application.

6 Section 11. Reports.

7 (a) Content.--No later than December 31 of each year, the
8 department shall publish a report on its publicly accessible
9 Internet website that contains the following information:

10 (1) The number of grants awarded under this act.

11 (2) The number of physicians and nurses who received a
12 payment of their education debt.

13 (3) The license type and practice area of each physician
14 and nurse, as applicable.

15 (4) The name and address of each entity that received a
16 grant under this act.

17 (5) The amount of each grant awarded.

18 (6) The total amount of the appropriation distributed
19 each calendar year.

20 (7) An aggregate total for each designated medically
21 underserved area or rural county where a physician or nurse
22 awarded grant money is employed by an entity.

23 (b) Confidentiality.--The name, address and other personal
24 information of a physician or nurse who received money from an
25 entity awarded a grant by the department may not be listed on
26 the department's publicly accessible Internet website and may
27 not be considered accessible under the act of February 14, 2008
28 (P.L.6, No.3), known as the Right-to-Know Law.

29 (c) Submission.--The department shall submit the report
30 under subsection (a) to the following:

1 (1) The chair and minority chair of the Appropriations
2 Committee of the Senate.

3 (2) The chair and minority chair of the Appropriations
4 Committee of the House of Representatives.

5 (3) The chair and minority chair of the Health and Human
6 Services Committee of the Senate.

7 (4) The chair and minority chair of the Health Committee
8 of the House of Representatives.

9 (d) Final report.--After disbursement of all money
10 appropriated for the program, the department shall publish a
11 final report with the information listed under this section
12 within six months.

13 Section 12. Tax applicability.

14 Grants awarded under this act may not be considered taxable
15 income to an entity, physician or nurse under the act of March
16 4, 1971 (P.L.6, No.2), known as the Tax Reform Code of 1971.

17 Section 13. Compliance.

18 (a) Reimbursement for noncompliance.--The department shall
19 determine compliance with the requirements of this act. If an
20 entity, physician or nurse fails to comply with the requirements
21 of this act, the entity, physician or nurse shall reimburse the
22 Commonwealth for the amount of the grant received or awarded,
23 including interest accrued, as determined by the department
24 based on a determination of which party violated this act. The
25 department, entity, physician or nurse shall make every effort
26 to resolve conflicts in order to prevent a breach of the program
27 requirements established by the department.

28 (b) Agreement between entity and employee.--An entity that
29 receives a grant under this act may require a physician or nurse
30 awarded money to enter into an agreement established by the

1 entity and determine any compliance, including the timing of
2 disbursement of the grant money, subject to the requirements of
3 this act.

4 Section 14. Effective date.

5 This act shall take effect in 120 days.

HOUSE OF REPRESENTATIVES

DEMOCRATIC COMMITTEE BILL ANALYSIS

Bill No:	HB2344 PN3177	Prepared By:	Alexandra Crosby (717) 705-1875
Committee:	Health	Executive Director:	Erika Fricke
Sponsor:	Borowski, Lisa		
Date:	5/30/2024		

A. Brief Concept

House Bill 2344 codifies existing powers of the Attorney General related to health care mergers into the Health Care Facilities Act, and provides for advance notification of mergers and acquisitions.

C. Analysis of the Bill

House Bill 2344 codifies existing powers of the Attorney General related to health care mergers into the Health Care Facilities Act, and provides for advance notification of mergers and acquisitions.

The bill defines key terms:

"Against the public interest" includes:

- reducing competition or increasing costs
- unfair methods of competition
- reduced quality of care, including culturally competent and appropriate care
- reduced access to or availability of care
- reduced access to care in a rural, low-income, or disadvantaged community

"Health system" is defined as: "One or more health care facilities that are owned by a common legal entity or that have entered into an affiliation agreement to combine or coordinate delivery of health care services under a common organizational name."

Attorney General Oversight of health system consolidation

House Bill 2344 codifies existing powers by providing state statutory authority to review health care mergers and determine if they are harmful to the community. Consolidation in health care would be considered harmful to the public interest if the consolidation reduced competition, increased costs without increasing quality or led to unfair competition. If a merger or acquisition would be harmful, the Attorney General's office could prohibit the merger, unless the Attorney General's office determines that merging with another entity is the only possible solution to avoid a facility's closure or loss of health care services.

Notification provisions

A hospital system must notify OAG and adhere to a required waiting period before entering into an agreement or transaction concerning hospital consolidation. The notification must be submitted with a number of financial, organizational, and contractual documents for approval.

The parties must provide the list of documents currently required under the existing "Review Protocol for Fundamental Change Transaction affecting healthcare non-profits" including:

- information about governance and ownership
- transaction documents

- impact on related or subsidiary businesses
- asset contribution agreements, operating agreements or management contracts
- effects of transaction on components of an integrated delivery network that contains a hospital, including impact on contracted physician groups
- financial statements, ownership records, business transaction data, capital asset valuation, and information on future earnings
- independent valuations of assets and liabilities
- donor restricted assets
- relevant existing contracts (for example, employee contracts) that would affect value of entities
- information that identifies potential self-dealing (when non-profit dollars are used to benefit private individuals who are not qualified to benefit from the funds)
- non-cash elements of a sale, including security, loans, and stocks.
- tax information
- on-going litigation the parties are involved in
- information on the patient base and communities served
- the effect on availability and accessibility of health care
- list of contracted insurance plans
- organization charts, pre and post-merger

None of the above information is subject to the Right-to-Know Law.

Public Comment

During the waiting period, the Attorney General's office must offer a public hearing and public comment period. The office must provide 14 day public notice of any required hearing, at least one of which must be in the community where a health facility is being purchased to hear from community members, including local legal aid and health advocacy organizations.



After the waiting period, which may be extended only by a court order, the Attorney General must decide whether the merger is against the public interest, and if so, take legal action to block it.

Compliance

The penalty for noncompliance is at minimum \$10,000 per day for entities that fail to comply. If someone refuses to comply with the request for information, the court can provide an extension, order compliance, or provide another legal remedy.

Implementation

The Office of the Attorney General, in consultation with the Department of Health, is responsible for establishing the necessary regulations and making sure that the rules and regulations of the office and the department do not conflict.

The office can work with may work with other administrative departments (Department of Aging, Department of Human Services and Department of Insurance) as well as a federal agency for expertise or assistance in reviewing contracts. The office can also contract with experts in the process of reviewing transactions. The costs for contracting must be reasonable, and will be paid by the entities seeking to acquire or merge with another facility.

General

The Office of the Attorney General 's scope of authority to maintain competitive markets or enforce against anti-trust provisions isn't altered by this legislation, and it doesn't impact other

agencies from engaging in action against mergers or acquisitions. If any part of this legislation is considered unconstitutional, the other provisions remain.

Effective Date:

60 days.

G. Relevant Existing Laws

Currently, there are no state-level notice requirements for hospital mergers or acquisitions and no state anti-trust law.

Existing State powers

Attorney General

The Attorney General's office has oversight of hospital transactions in three categories:

- Federal anti-trust powers
 - If the Attorney General's office becomes aware of a merger or acquisition, the office has the ability to bring anti-trust suits based on federal powers, as made clear in Pennsylvania case law. When reviewing mergers for anti-trust violations, the office assesses whether facilities are looking to acquire or maintain market power unlawfully, in a way that would substantially lessen competition or create a monopoly. Remedies include allowing mergers if no other choice exists, entering into consent decrees or suing to block mergers.
- Charitable operations
 - The Attorney General's office has broad powers to investigate charitable non-profits, based on case law. Currently, the office uses their "[Review Protocol for Fundamental Change Transactions Affecting Health Care Nonprofits](#)" to review whether sale of charitable assets is last alternative, free of private inurement, fair value, and that restricted assets will remain segregated and transactions will not limit community access to care. Currently, this document is voluntary not compulsory. Legal action is required if parties refuse to participate.
- Consumer protection
 - Pennsylvania's [Unfair Trade Practices and Consumer Protection Law](#) provides the Attorney General's office oversight of trade and commerce with respect to unfair methods of competition or deceptive acts in consumer healthcare transactions and the Administrative Code in the Commonwealth Attorney's Act ([Link](#)) provides authority to investigate unfair and deceptive practices in advertising, sale and provision of services.

Insurance oversight

Section 1402 of the Insurance Company Law of 1921 subsection (f) requires the Insurance Department to approve mergers and acquisitions unless certain issues arise including:

(ii) The effect of the merger, consolidation or other acquisition of control would be to substantially lessen competition in insurance in this Commonwealth or tend to create a monopoly therein.

(iv) The plans or proposals which the acquiring party has to liquidate the insurer, sell its assets or consolidate or merge it with any person, or to make any other material change in its business or corporate structure or management, are unfair and unreasonable and fail to confer benefit on policyholders of the insurer and are not in the public interest.

DOH oversight

Title 28 Section 51 of the Pennsylvania Code enumerates the notification provisions required for health care facilities including:

§ 51.3

(a) A health care facility shall notify the Department in writing at least 60 days prior to the intended commencement of a health care service which has not been previously provided at that facility.

(b) A health care facility shall notify the Department in writing at least 60 days prior to the intended date of providing services in new beds it intends to add to its approved complement of beds.

(c) A health care facility shall provide similar notice at least 60 days prior to the effective date it intends to cease providing an existing health care service or reduce its licensed bed complement.

§ 51.4. Change in ownership; change in management.

(a) A health care facility shall notify the Department in writing at least 30 days prior to transfer involving 5% or more of the stock or equity of the health care facility.

(b) A health care facility shall notify the Department in writing at least 30 days prior to a change in ownership or a change in the form of ownership or name of the facility. A change in ownership shall mean any transfer of the controlling interest in a health care facility.

(c) A health care facility shall notify the Department in writing within 30 days after a change of management of a health care facility. A change in management occurs when the person responsible for the day to day operation of the health care facility changes.

[28 PA Code Chapter 201](#) deals with long term care facility ownership and changes in ownership, including required documentation to prove solvency and capacity to manage a facility.

Additional requirements for long-term care changes in ownership include:

§ 201.12a. Notice and opportunity to comment.

(a) In addition to the requirements in § 201.12 (relating to application for license of a new facility or change in ownership), a prospective licensee of a new facility shall concurrently provide written notice to the Office of the State Long-Term Care Ombudsman when the prospective licensee submits its application.

(b) In addition to the requirements in § 201.12, a prospective licensee for a change in ownership of a facility shall concurrently provide written notice to all of the following:

- (1) Residents of the facility being purchased or acquired, and their resident representatives.
- (2) Employees of the facility being purchased or acquired.
- (3) The Office of the State Long-Term Care Ombudsman.

(c) The written notice shall provide all of the following information:

- (1) The name and address of the facility.
- (2) The name and address of the prospective licensee.
- (3) The contact information for the State Long-Term Care Ombudsman.

(4) A statement that an application for licensure has been submitted to the Department and more information regarding the application, including the ability to comment, may be found on the Department's web site.

(d) The Department will post notice of the receipt of an application for license of a new facility or change in ownership and a copy of the completed application form submitted under § 201.12 on the department's web site and provide a 10-day public comment period.

§ 201.12b. Evaluation of application for license of a new facility or change in ownership.

(a) The Department will conduct an evaluation of the application, which will include

consideration of the application form and documents submitted under § 201.12 (relating to application for license of a new facility or change in ownership) and comments submitted under § 201.12a(d) (relating to notice and opportunity to comment).

(b) Upon completion of the evaluation conducted under subsection (a), the Department will approve or deny the application and post notice of the approval or denial of the application on the Department's web site.

(c) The Department will consider the following in determining whether to approve or deny an application:

(1) The prospective licensee's past performance related to owning or operating a facility in this Commonwealth or other jurisdictions.

(2) The prospective licensee's demonstrated financial and organizational capacity and capability to successfully perform the requirements of operating a facility based on the information provided under § 201.12.

(3) The prospective licensee's demonstrated history and experience with regulatory compliance, including evidence of consistent performance in delivering quality care.

(4) Comments submitted under § 201.12a(d).

Federal powers

Federally, the Hart-Scott-Rodino (HSR) Act gives the Federal Trade Commission jurisdiction to conduct pre-merger review of transactions with a transaction value that exceeds the HSR filing threshold (currently \$111.4 million, but adjusted annually).

An acquisition that will result in a buyer holding more than \$50 million (as adjusted) worth of the voting securities of another issuer crosses the first of five staggered "notification thresholds." 9 The rules identify four additional thresholds: voting securities valued at \$100 million (as adjusted) or greater but less than \$500 million (as adjusted); voting securities valued at \$500 million (as adjusted) or greater; 25 percent of the voting securities of an issuer, if the 25 percent (or any amount above 25% but less than 50%) is valued at greater than \$1 billion (as adjusted); and 50 percent of the voting securities of an issuer if valued at greater than \$50 million (as adjusted).

Federal Anti-Trust powers

- The Sherman Anti-Trust Act
- The Clayton Act

Note: In general, the FTC does not have any jurisdiction over non-profit entities, however, the FTC powers in the Clayton Act due apply to non-profits.

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

2023-2024 Legislative Session

- [HB 106 PN 1743](#) (Mehaffie)
 - Referred to Senate Health and Human Services, July 17, 2023.
- [HB 153 PN 130](#) (Ortitay)
 - Referred to House Health, March 8, 2023.

- [HB 155 PN 951](#) (Sanchez)
 - Referred to Senate Health and Human Services, May 9, 2023.
- [HB 532 PN 503](#) (McNeill)
 - Referred to House Health, March 17, 2023.
- [HB 814 PN 771](#) (D. Miller)
 - Referred to House Health, April 3, 2023.

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

LEGISLATIVE REFERENCE BUREAU

AMENDMENTS TO HOUSE BILL NO. 2344

Sponsor: *Borowski #168*

Printer's No. 3177

1 Amend Bill, page 2, lines 9 through 22, by striking out "If
2 the effect of an action" in line 9 and all of lines 10 through
3 22 and inserting

4 A determination that an action is against the welfare or
5 well-being of the general public of this Commonwealth.

6 Amend Bill, page 3, lines 19 through 22, by striking out "
7 One or more health care facilities that are" in line 19 and all
8 of lines 20 through 22 and inserting

9 As defined in section 809.2.

10 Amend Bill, page 10, line 8, by striking out "against the
11 public interest." and inserting

12 likely to create a material change that is against the
13 public interest, after reviewing and evaluating the following:

14 (1) the market share of a transacting party or the
15 change in market concentration or competition resulting from
16 the transaction;

17 (2) the prices charged, or any likely changes in prices
18 following the transaction, by either of the transacting
19 parties to individuals, employers or insurers for services,
20 including relative prices compared to other providers for the
21 same services in the same geographic area;

22 (3) the quality of the services provided, or any likely
23 changes in the quality of services provided following the
24 transaction, by a health care provider party to the
25 transaction, including, but not limited to, patient
26 experience, performance on provider quality measures and
27 outcome measures, history of citations, inspection results
28 and enforcement actions taken by oversight entities;

29 (4) the availability and accessibility of services or
30 any changes to the availability and accessibility of services
31 provided by either transacting party within its primary
32 service areas and dispersed service areas;

33 (5) the impact of the material change transaction on

1 competing options for the delivery of health care services
2 within its primary service areas and dispersed service areas,
3 including, if applicable, the impact on existing service
4 providers of a large provider's expansion, corporate
5 affiliation, merger or acquisition, to enter a primary or
6 dispersed service area in which it did not previously
7 operate;

8 (6) the role of the transacting parties in serving
9 vulnerable, underserved, government payer patient populations
10 or low-income patient populations, rural communities, racial
11 and ethnic minorities, individuals with behavioral, substance
12 use disorder or mental health conditions and individuals with
13 other disabilities within the provider's primary service
14 areas and dispersed service areas and any likely impact to
15 these populations;

16 (7) the role of the transacting parties in providing low
17 margin or negative margin services within its primary service
18 areas and dispersed service areas and any likely impact to
19 these services;

20 (8) consumer concerns, including, but not limited to,
21 complaints or other allegations that a large provider or
22 proposed owner has engaged in any unfair method of
23 competition or any unfair or deceptive act or practice as
24 defined in the act of December 17, 1968 (P.L.1224, No.387),
25 known as the Unfair Trade Practices and Consumer Protection
26 Law, and any likely increase in unfair methods of competition
27 or unfair or deceptive acts or practices in or affecting
28 health care commerce;

29 (9) the methods used by either transacting party to
30 attract and retain patient volume, recruit, hire or retain
31 health care practitioners or acquire health care facilities;

32 (10) the impact on wages paid by, or the number of
33 employees employed by, a health care entity involved in a
34 transaction;

35 (11) the impact on wages, collective bargaining units
36 and collective bargaining agreements of existing or future
37 workers employed by a health care entity involved in a
38 transaction;

39 (12) either transacting party's prior history or
40 relevant outcomes related to any of the factors under
41 paragraphs (1), (2), (3), (4), (5), (6), (7), (8), (9), (10)
42 and (11), including provider closure, reduction in workforce
43 or change in price, quality or availability of care following
44 a prior material change, in addition to any violations of
45 relevant Federal law or regulations pertaining to healthcare,
46 competition, workforce or labor; and

47 (13) any other factors that the Attorney General
48 determines to be in the public interest.

49 Amend Bill, page 10, line 24, by striking out "(2)" and

1 inserting

2 (1)

3 Amend Bill, page 12, lines 10 through 14, by striking out
4 "The Department of Aging, the" in line 10 and all of lines 11
5 through 14 and inserting

6 (1) The Department of Aging, the department, the
7 Department of Human Services and the Insurance Department
8 shall assist the Attorney General in reviewing the proposed
9 agreement and transaction, if requested, and shall promptly
10 comply with any request for testimony or information.

11 (2) The Attorney General shall comply with any request
12 for information from the Insurance Department as may be
13 necessary and appropriate for the Insurance Department to
14 concurrently review a proposed transaction under Article XIV
15 of the act of May 17, 1921 (P.L.682, No.284), known as The
16 Insurance Company Law of 1921. Documents provided by the
17 Attorney General to the Insurance Department under this
18 paragraph shall be treated as confidential and are exempt
19 from public access under the act of February 14, 2008 (P.L.6,
20 No.3), known as the Right-to-Know Law.

21 Amend Bill, page 12, line 24, by striking out the period
22 after "transaction" and inserting

23 , including the Insurance Department's jurisdiction to
24 review an exposed transaction under Article XIV of the act of
25 May 17, 1921 (P.L.682, No.284), known as The Insurance
26 Company Law of 1921.

THE GENERAL ASSEMBLY OF PENNSYLVANIA

HOUSE BILL

No. 2344 Session of 2024

INTRODUCED BY BOROWSKI, TAKAC, PROBST, DONAHUE, GIRAL, SANCHEZ, MAYES, KHAN, GUENST, DELLOSO, CIRESI, WAXMAN, KRAJEWSKI, HILL-EVANS, CERRATO, KRUEGER, BOYD, DALEY, KAZEEM, O'MARA AND GREEN, MAY 28, 2024

REFERRED TO COMMITTEE ON HEALTH, MAY 28, 2024

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 health systems
10 protection; imposing a fine; and promulgating regulations.

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-C

17 HEALTH SYSTEMS PROTECTION

18 Section 801-C. 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:

1 "Acquired entity." The entity, or portion of an entity,
2 acquired under an agreement or transaction.

3 "Acquisition." An agreement, arrangement or activity the
4 consummation of which results in a person acquiring direct or
5 indirect control of another person. The term includes the
6 acquisition of voting securities and noncorporate interests,
7 including assets, capital stock or membership interests or
8 equity interests.

9 "Against the public interest." If the effect of an action
10 includes, as determined by the Attorney General, any of the
11 following impacts:

12 (1) Reduced competition or increased costs for health
13 care payers, purchasers or consumers.

14 (2) Unfair methods of competition in or affecting health
15 care commerce or unfair or deceptive acts or practices in or
16 affecting health care commerce.

17 (3) Reduced quality of care, including the ability to
18 offer culturally competent and appropriate care.

19 (4) Reduced access to or availability of health care for
20 payers, purchasers or consumers.

21 (5) Reduced access to care in a rural, low-income or
22 disadvantaged community.

23 "Agreement or transaction." An agreement or transaction as
24 described under section 803-C(a).

25 "Attorney General." The Office of Attorney General of the
26 Commonwealth.

27 "Capital distribution." A payment made, liability incurred
28 or other consideration given by a target firm health system to a
29 person for the purchase, acquisition, redemption, repurchase,
30 payment or retirement of capital stock or other equity interest

1 of the target firm health system or as a dividend, return of
2 capital or other distribution in respect of the target firm
3 health system's capital stock or other equity interest.

4 "Community health needs assessment." An assessment that
5 complies with the requirements of 26 U.S.C. § 501(r)(3)
6 (relating to exemption from tax on corporations, certain trusts,
7 etc.).

8 "Contracting affiliation." As follows:

9 (1) The formation of a relationship between two or more
10 entities that permits any of the following:

11 (i) The entities to negotiate jointly with carriers
12 or third-party administrators over rates for professional
13 medical services.

14 (ii) One entity to negotiate on behalf of the other
15 entity with carriers or third-party administrators over
16 rates for professional medical services.

17 (2) The term does not include an arrangement among
18 entities under common ownership.

19 "Health system." One or more health care facilities that are
20 owned by a common legal entity or that have entered into an
21 affiliation agreement to combine or coordinate delivery of
22 health care services under a common organizational name.

23 "Material amount." An amount equal to \$10,000,000 or more.

24 "Material change." Any of the following:

25 (1) The sale, transfer, lease or other encumbrance of a
26 material amount of a health system's assets or operations,
27 including real property, employment groups, emergency
28 departments or other units.

29 (2) A merger, an acquisition or a contracting
30 affiliation with another health system or provider

1 organization that is valued at a material amount.

2 (3) A capital distribution or similar reduction of a
3 health system's equity capital by a material amount or the
4 incursion of an obligation that commits the health system to
5 making a capital distribution or similar reduction of equity
6 by a material amount.

7 "Merger." A consolidation of two or more organizations,
8 including two or more organizations joining through a common
9 parent organization, or two or more organizations forming a new
10 organization. The term does not include a corporate
11 reorganization.

12 "Person." As defined in 1 Pa.C.S. § 1991 (relating to
13 definitions).

14 "Provider organization." A person or organized group of
15 persons, whether incorporated or not, which is in the business
16 of health care delivery or management and that represents seven
17 or more physicians in contracting with carriers or third-party
18 administrators for the payment of health care services. The term
19 includes a physician organization, physician-hospital
20 organization, independent practice association, provider network
21 or accountable care organization.

22 Section 802-C. Transactions against public interest.

23 (a) General rule.--Except as provided under subsection (b),
24 a person may not enter into an agreement or transaction
25 involving a material change with a health system or provider
26 organization in a manner that is against the public interest.

27 (b) Exception.--An action prohibited under subsection (a)
28 may be permitted when, as determined by the Attorney General,
29 there is no feasible alternative to prevent a health system's
30 closure or a greater loss of health services.

1 Section 803-C. Filing.

2 (a) General rule.--A health system or provider organization
3 shall file a notification in accordance with subsection (c) and
4 shall observe the waiting period under subsection (b) prior to
5 entering into an agreement or transaction that results in a
6 material change.

7 (b) Waiting period.--A health system or provider
8 organization shall undergo a waiting period prior to entering
9 into an agreement or transaction, which shall:

10 (1) begin on the date of receipt by the Attorney General
11 of:

12 (i) the notification required under subsection (c);
13 or

14 (ii) if notification is not completed, the
15 notification to the extent completed and a statement of
16 the reasons for noncompliance with subsection (c) from
17 both persons; and

18 (2) end:

19 (i) ninety days following the date of receipt under
20 paragraph (1) for all agreements or transactions; or

21 (ii) on a later date as may be prescribed under
22 subsection (d) or section 808-C.

23 (c) Notice.--The notification of the transaction or
24 agreement required under subsection (a) shall be submitted to
25 the Attorney General on a form and in a manner developed by the
26 Attorney General. The notification shall include all of the
27 following:

28 (1) All organic documents, including articles of
29 incorporation, bylaws, operating agreements and other
30 documents related to governance and ownership of each party.

1 (2) All complete transaction documents with attachments,
2 including collateral or ancillary agreements involving
3 officers, directors or employees.

4 (3) All documents signed by the principals, or their
5 agents, that are necessary to determine the proposed
6 transaction's effect, if any, on related or subsidiary
7 business entities, whether nonprofit or for profit.

8 (4) Any of the following that comprise part or all of
9 the transaction:

10 (i) Asset contribution agreements.

11 (ii) Operating agreements.

12 (iii) Management contracts.

13 (5) All information necessary to evaluate the effects of
14 the transaction on each component of an integrated delivery
15 system if that transaction involves a hospital, including any
16 changes in contracts between the integrated delivery system
17 entities and related physician groups.

18 (6) All financial documents of the transaction parties
19 and related entities, if applicable, including audited
20 financial statements, ownership records, business projection
21 data, current capital asset valuation data and any records
22 upon which future earnings, existing asset values and fair
23 market value analysis can be based.

24 (7) All fairness opinions and independent valuation
25 reports of the assets and liabilities of the parties,
26 prepared on the parties' behalf.

27 (8) A list of all donor restricted assets, together with
28 origination documents and current fund balances.

29 (9) All relevant contracts that may affect value,
30 including business contracts and employee contracts, such as

1 buy-out provisions, profit-sharing agreements and severance
2 packages.

3 (10) All information and representations disclosing
4 related party transactions that are necessary to assess
5 whether the transaction is at arm's length or involves self-
6 dealing.

7 (11) All documents relating to noncash elements of the
8 transaction, including pertinent valuations of security for
9 loans and stock restrictions.

10 (12) All tax-related information, including the
11 existence of tax-free debt subject to redemption and
12 disqualified person transactions yielding tax liability.

13 (13) A list of ongoing litigation, including full court
14 captions, involving the transaction parties or their related
15 entities, that may affect the interests of the parties.

16 (14) All information in the possession of the
17 transacting parties relative to the perspective of the health
18 system's patient base and communities served, or their
19 representatives.

20 (15) All information, including internal and external
21 reports and studies, bearing on the effect of the proposed
22 transaction on the availability or accessibility of health
23 care in the affected community.

24 (16) A complete list of all insurance plans under
25 contract and their expiration dates.

26 (17) Organizational charts of the parties to the
27 transaction, as they exist both pre-consummation and post-
28 consummation of the transaction, detailing the relationship
29 between the principal parties, including any subsidiary.

30 (18) All additional documents that the Attorney General

1 deems necessary for review purposes.

2 (d) Additional information and waiting period extensions.--

3 (1) The Attorney General may, prior to the expiration of
4 the waiting period under subsection (b), require the
5 submission of additional information or documentary material,
6 including a community health needs assessment, from a person
7 required to file notification under subsection (c), or from
8 any officer, director, partner, agent or employee of the
9 person.

10 (2) The Attorney General may, in its discretion, extend
11 the waiting period under subsection (b) for an additional 30
12 days for a transaction after the date on which the Attorney
13 General receives either of the following from a person to
14 whom a request is made under paragraph (1):

15 (i) all of the additional information and
16 documentary material requested; or

17 (ii) if the request is not fully complied with, the
18 information and documentary material submitted and a
19 statement of the reasons for the noncompliance.

20 (3) A further extension of the waiting period required
21 under subsection (b) must be granted by a court in accordance
22 with section 806-C(2)(ii).

23 (e) Right-to-Know Law.--A document provided to the Attorney
24 General under this chapter shall be exempt from public access
25 under the act of February 14, 2008 (P.L.6, No.3), known as the
26 Right-to-Know Law.

27 Section 804-C. Public hearings and notice.

28 (a) General rule.--Prior to the expiration of the respective
29 waiting period under section 803-C(b), along with any extension
30 granted under section 803-C(d), the Attorney General shall

1 conduct one or more public hearings on the proposed agreement or
2 transaction.

3 (b) Format.--A public hearing required under subsection (a)
4 shall be live-streamed on the Attorney General's publicly
5 accessible Internet website. A video recording of the public
6 hearing shall be posted on the Attorney General's publicly
7 accessible Internet website.

8 (c) Specific entities.--If any agreement or transaction
9 involves acquiring a provider organization or a hospital or
10 hospital system, the Attorney General shall hold a public
11 hearing in any county in which the acquired entity is located to
12 hear comments from interested parties. Interested parties shall
13 include legal aid and health advocacy organizations within a
14 county in which the acquired entity is located. The Attorney
15 General may request testimony at a hearing from State agencies
16 subject to section 807-C(c).

17 (d) Notice.--At least 14 days before the date of the public
18 hearing, the Attorney General shall provide written notice of
19 the date, time and place of the public hearing:

20 (1) on the Attorney General's publicly accessible
21 Internet website;

22 (2) through social and broadcast media;

23 (3) through publication in one or more newspapers of
24 general circulation in the affected community; and

25 (4) to the governing body of each county in which the
26 acquired entity is located.

27 (e) Substantive changes to proposal.--If a substantive
28 change in the agreement or transaction is submitted to the
29 Attorney General after the initial public hearing, the Attorney
30 General may conduct an additional public hearing to hear

1 comments from interested parties with respect to the change.
2 Section 805-C. Determination and restraining prohibited
3 transactions.

4 (a) Determination.--No later than the final date of
5 expiration of the respective waiting period under section 803-
6 C(b), along with any extension granted under section 803-C(d),
7 the Attorney General shall determine whether the proposed
8 agreement or transaction is against the public interest.

9 (b) Action.--If the Attorney General determines that the
10 proposed agreement or transaction is against the public interest
11 under subsection (a), the Attorney General may commence an
12 action in a court of competent jurisdiction to enjoin the
13 agreement or transaction.

14 (c) Licensing.--A State license of a health care facility
15 shall not be revoked, denied, impeded or cited for noncompliance
16 due solely to a filing or review under this chapter.

17 Section 806-C. Civil penalty, compliance and power of court.
18 The following shall apply:

19 (1) In addition to any other proceeding at law, and
20 except as provided under paragraph (2), a person, or any
21 officer, director, partner, agency or employee of the person,
22 who fails to comply with this chapter shall be subject to a
23 fine of not less than \$10,000 for each day of noncompliance.

24 (2) Notwithstanding paragraph (2), a person, or any
25 officer, director, partner, agent or employee of the person,
26 that substantially fails to comply with the notification
27 requirement under section 803-C(a) or any request for the
28 submission of additional information or documentary material
29 under section 803-C(d) within the respective waiting period,
30 along with any extension granted under 803-C(d), the court

1 may, in its discretion, do any or all of the following:

2 (i) Order compliance.

3 (ii) Extend the waiting period until there has been
4 substantial compliance.

5 (iii) Grant other equitable relief as the court
6 determines necessary or appropriate.

7 Section 807-C. Powers and duties of Attorney General.

8 (a) Rules and regulations.--The Attorney General, in
9 consultation with the department, shall promulgate rules and
10 regulations as may be necessary to carry out and enforce the
11 provisions of this chapter. The Attorney General and the
12 department shall ensure that the rules and regulations of the
13 Office of Attorney General and the department are not in
14 conflict.

15 (b) Contracts.--

16 (1) The Attorney General may do the following:

17 (i) Contract with, share information with and
18 consult and receive advice from any Federal agency or
19 Commonwealth agency as the Attorney General deems
20 appropriate to implement this chapter.

21 (ii) At the Attorney General's sole discretion,
22 contract with experts or consultants to assist in
23 reviewing the proposed agreement or transaction.

24 (2) The cost of a contract entered into under paragraph
25 (1) must be an amount that is reasonable and necessary to
26 conduct the review and evaluation. The following shall apply:

27 (i) A contract shall be on a noncompetitive bid
28 basis.

29 (ii) Upon request, the Attorney General shall be
30 paid promptly by the entities seeking consent for all

1 contract costs.

2 (3) The Attorney General shall be entitled to
3 reimbursement from the entities seeking consent for the
4 agreement or transaction for all actual, reasonable and
5 direct costs incurred in reviewing, evaluating and making a
6 determination under section 805-C(a), including
7 administrative costs. The entities seeking consent shall
8 promptly pay the Attorney General, upon request, for all the
9 costs.

10 (c) Agency cooperation.--The Department of Aging, the
11 department, the Department of Human Services and the Insurance
12 Department shall assist the Attorney General in reviewing the
13 proposed agreement and transaction, if requested, and shall
14 promptly comply with any request for testimony or information.
15 Section 808-C. Construction.

16 This chapter shall not be construed to:

17 (1) narrow, abrogate or otherwise alter the authority of
18 the Attorney General to maintain competitive markets and
19 prosecute or enforce violations of antitrust and unfair trade
20 practices laws; or

21 (2) prohibit any Federal agency, Commonwealth agency or
22 other state agency from regulating an agreement or
23 transaction or joining as party in an action seeking to
24 enjoin an agreement or transaction.

25 Section 809-C. Severability.

26 The provisions of this chapter are severable. If any
27 provision of this chapter or its application to any person or
28 circumstance is held invalid, the invalidity shall not affect
29 other provisions or applications of this chapter which can be
30 given effect without the invalid provision or application.

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

HOUSE OF REPRESENTATIVES

DEMOCRATIC COMMITTEE BILL ANALYSIS

Bill No:	HR0480 PN3346	Prepared By:	Patrick O'Rourke (717) 787-4296,6711
Committee:	Health	Executive Director:	Erika Fricke
Sponsor:	Jones, Thomas		
Date:	6/21/2024		

A. Brief Concept

House Resolution designates June 23, 2024, as "Widows' and Widowers' Day."

C. Analysis of the Bill

HR480 elicits the following points:

- The American Community Survey, an annual demographics survey conducted by the United States Census Bureau, estimates that in 2022, the most recent year data is available, 6.3% of this Commonwealth's population, or approximately 681,803 individuals, were widowed.
- Losing a spouse can be one of the most difficult things a person experiences.
- Caring for widows and widowers is an important teaching for several of the world's religions.
- Caring for widows and widowers can include encouraging them to talk to a qualified counselor, maintain their self-care and reach out to family and friends.
- The Federal Government has taken steps toward caring for widows and widowers, including survivor benefits through the Social Security program.
- This Commonwealth has taken steps toward caring for widows and widowers, including the Property Tax/Rent Rebate Program.
- June 23 is recognized globally as "International Widows' Day."

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. 480 Session of
2024

INTRODUCED BY T. JONES, CURRY, HANBIDGE, STAMBAUGH, GIRAL, ROWE,
ZIMMERMAN, MARCELL, KINSEY, PROBST, SHUSTERMAN AND O'MARA,
JUNE 20, 2024

REFERRED TO COMMITTEE ON HEALTH, JUNE 20, 2024

A RESOLUTION

1 Designating June 23, 2024, as "Widows' and Widowers' Day" in
2 Pennsylvania.

3 WHEREAS, The American Community Survey, an annual
4 demographics survey conducted by the United States Census
5 Bureau, estimates that in 2022, the most recent year data is
6 available, 6.3% of this Commonwealth's population, or
7 approximately 681,803 individuals, were widowed; and

8 WHEREAS, Losing a spouse can be one of the most difficult
9 things a person experiences; and

10 WHEREAS, Caring for widows and widowers is an important
11 teaching for several of the world's religions; and

12 WHEREAS, Caring for widows and widowers can include
13 encouraging them to talk to a qualified counselor, maintain
14 their self-care and reach out to family and friends; and

15 WHEREAS, The Federal Government has taken steps toward caring
16 for widows and widowers, including survivor benefits through the
17 Social Security program; and

1 WHEREAS, This Commonwealth has taken steps toward caring for
2 widows and widowers, including the Property Tax/Rent Rebate
3 Program; and

4 WHEREAS, June 23 is recognized globally as "International
5 Widows' Day"; therefore be it

6 RESOLVED, That the House of Representatives designate June
7 23, 2024, as "Widows' and Widowers' Day" in Pennsylvania; and be
8 it further

9 RESOLVED, That the House of Representatives express its
10 condolences to the widows and widowers of this Commonwealth; and
11 be it further

12 RESOLVED, That the House of Representatives encourage the
13 widows and widowers of this Commonwealth to seek support as they
14 heal from their losses, including seeking support, counseling
15 and comfort offered by family and friends.

HOUSE OF REPRESENTATIVES

DEMOCRATIC COMMITTEE BILL ANALYSIS

Bill No:	HR0484 PN3357	Prepared By:	Patrick O'Rourke (717) 787-4296,6711
Committee:	Health	Executive Director:	Erika Fricke
Sponsor:	Sanchez, Ben		
Date:	6/24/2024		

A. Brief Concept

House Resolution 484 recognizes June 2024 as "Myasthenia Gravis Awareness Month."

C. Analysis of the Bill

HR484 references the following points:

- Myasthenia gravis (MG) is a chronic autoimmune neuromuscular disease characterized by varying degrees of weakness of the skeletal muscles of the body.
- MG first appeared in medical reports in 1672, but did not earn its name, myasthenia gravis, which literally means grave muscular weakness, until its adoption by the Berlin Society of Psychiatry and Neurology in November 1899.
- MG is caused by a defect in the transmission of nerve impulses to muscles, whereby antibodies effectively block, alter or destroy the nerve cell receptors that generate muscle contraction.
- MG is classified as an autoimmune disease due to the fact that in cases involving MG the immune system, which normally protects the body from foreign organisms, mistakenly sets upon a course to attack itself
- The prevalence rate of MG in the United States is an estimated 14 to 20 out of every 100,000 people.
- MG is indiscriminate in its affliction, as MG can occur in all ethnic groups and genders, but primarily occurs in young adult women under 40 years of age and men over 60 years of age.
- It is important to note that MG is not hereditary, nor is it contagious, and, in most cases, MG's symptoms manifest in the form of weakness of the eye muscles, difficulty in swallowing, slurred or impaired speech, shortness of breath and weakness in the arms, hands, fingers, legs or neck.
- Since weakness is a common symptom of many disorders, the diagnosis of MG is often overlooked or unnecessarily deferred.
- Approximately 15% to 20% of individuals with MG experience at least one myasthenic crisis in their lifetime, in which the muscles that control breathing weaken to the point where a ventilator is required to breathe.
- MG can generally be treated and controlled with the use of medications, therapies or surgical procedures that include anticholinesterase agents, immunosuppressive drugs, plasmapheresis, intravenous immunoglobulins or a thymectomy, which is the removal of the thymus gland.
- The National Institute of Neurological Disorders and Stroke, a component of the National Institutes of Health, maintains the primary responsibility of conducting and supporting research on brain and nervous system disorders, including MG.
- Organizations such as the Myasthenia Gravis Foundation of America (MGFA), the Muscular Dystrophy Association and the Myasthenia Gravis Association of Western Pennsylvania (MGAWP) at Allegheny General Hospital are leading the effort to foster a greater degree of education and outreach relating to MG.
- The MGFA's research committee has been instrumental in supporting research that aims to improve the lives of patients with MG by creating a comprehensive MG Patient Registry and designating several broad research priorities, which include biomarkers, mechanisms of disease, therapeutic strategies and improving patient outcomes.

- The MGAWP's treatment and advocacy center has played an integral role in providing first-rate medical care and social and emotional support to Pennsylvanians living with MG.
- The observance of "Myasthenia Gravis Awareness Month" provides additional outreach and education concerning MG by informing the general public about MG's seriousness and raising funds to help affected individuals.
- Organizations like MGFA and MGAWP utilize the observance of "Myasthenia Gravis Awareness Month" to encourage the general public and those living with MG to make effective use of their social media platforms to spread greater awareness about MG, engage close friends, relatives and others to attend an MG screening, contribute financially to organizations supporting the fight against MG and create awareness about MG in their workplaces, organizations, schools and social circles.
- The purpose of this resolution is to further the laudable and worthwhile mission of MG advocates across the nation to advance knowledge and awareness of a disorder affecting the lives of many Pennsylvanians and Americans.

Effective Date:

N/A.

G. Relevant Existing Laws

N/A.

E. Prior Session (Previous Bill Numbers & House/Senate Votes)*2019-20 Legislative Session*

- [HR 283 PN 1620](#) (Kulik)
 - Adopted 6/3/2019 (191-0)

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THE GENERAL ASSEMBLY OF PENNSYLVANIA

HOUSE RESOLUTION

No. 484 Session of
2024

INTRODUCED BY SANCHEZ, HOHENSTEIN, McNEILL, HILL-EVANS, KINSEY,
MERSKI, GIRAL AND VENKAT, JUNE 21, 2024

REFERRED TO COMMITTEE ON HEALTH, JUNE 21, 2024

A RESOLUTION

1 Recognizing the month of June 2024 as "Myasthenia Gravis
2 Awareness Month" in Pennsylvania.

3 WHEREAS, Myasthenia gravis (MG) is a chronic autoimmune
4 neuromuscular disease characterized by varying degrees of
5 weakness of the skeletal muscles of the body; and

6 WHEREAS, MG first appeared in medical reports in 1672, but
7 did not earn its name, myasthenia gravis, which literally means
8 grave muscular weakness, until its adoption by the Berlin
9 Society of Psychiatry and Neurology in November 1899; and

10 WHEREAS, MG is caused by a defect in the transmission of
11 nerve impulses to muscles, whereby antibodies effectively block,
12 alter or destroy the nerve cell receptors that generate muscle
13 contraction; and

14 WHEREAS, MG is classified as an autoimmune disease due to the
15 fact that in cases involving MG the immune system, which
16 normally protects the body from foreign organisms, mistakenly
17 sets upon a course to attack itself; and

18 WHEREAS, The prevalence rate of MG in the United States is an

1 estimated 14 to 20 out of every 100,000 people; and

2 WHEREAS, MG is indiscriminate in its affliction, as MG can
3 occur in all ethnic groups and genders, but primarily occurs in
4 young adult women under 40 years of age and men over 60 years of
5 age; and

6 WHEREAS, It is important to note that MG is not hereditary,
7 nor is it contagious, and, in most cases, MG's symptoms manifest
8 in the form of weakness of the eye muscles, difficulty in
9 swallowing, slurred or impaired speech, shortness of breath and
10 weakness in the arms, hands, fingers, legs or neck; and

11 WHEREAS, Since weakness is a common symptom of many
12 disorders, the diagnosis of MG is often overlooked or
13 unnecessarily deferred; and

14 WHEREAS, Approximately 15% to 20% of individuals with MG
15 experience at least one myasthenic crisis in their lifetime, in
16 which the muscles that control breathing weaken to the point
17 where a ventilator is required to breathe; and

18 WHEREAS, MG can generally be treated and controlled with the
19 use of medications, therapies or surgical procedures that
20 include anticholinesterase agents, immunosuppressive drugs,
21 plasmapheresis, intravenous immunoglobulins or a thymectomy,
22 which is the removal of the thymus gland; and

23 WHEREAS, The National Institute of Neurological Disorders and
24 Stroke, a component of the National Institutes of Health,
25 maintains the primary responsibility of conducting and
26 supporting research on brain and nervous system disorders,
27 including MG; and

28 WHEREAS, Organizations such as the Myasthenia Gravis
29 Foundation of America (MGFA), the Muscular Dystrophy Association
30 and the Myasthenia Gravis Association of Western Pennsylvania

1 (MGAWP) at Allegheny General Hospital are leading the effort to
2 foster a greater degree of education and outreach relating to
3 MG; and

4 WHEREAS, The MGFA's research committee has been instrumental
5 in supporting research that aims to improve the lives of
6 patients with MG by creating a comprehensive MG Patient Registry
7 and designating several broad research priorities, which include
8 biomarkers, mechanisms of disease, therapeutic strategies and
9 improving patient outcomes; and

10 WHEREAS, The MGAWP's treatment and advocacy center has played
11 an integral role in providing first-rate medical care and social
12 and emotional support to Pennsylvanians living with MG; and

13 WHEREAS, The observance of "Myasthenia Gravis Awareness
14 Month" provides additional outreach and education concerning MG
15 by informing the general public about MG's seriousness and
16 raising funds to help affected individuals; and

17 WHEREAS, Organizations like MGFA and MGAWP utilize the
18 observance of "Myasthenia Gravis Awareness Month" to encourage
19 the general public and those living with MG to make effective
20 use of their social media platforms to spread greater awareness
21 about MG, engage close friends, relatives and others to attend
22 an MG screening, contribute financially to organizations
23 supporting the fight against MG and create awareness about MG in
24 their workplaces, organizations, schools and social circles; and

25 WHEREAS, The purpose of this resolution is to further the
26 laudable and worthwhile mission of MG advocates across the
27 nation to advance knowledge and awareness of a disorder
28 affecting the lives of many Pennsylvanians and Americans;
29 therefore be it

30 RESOLVED, That the House of Representatives recognize the

1 month of June 2024 as "Myasthenia Gravis Awareness Month" in
2 Pennsylvania; and be it further

3 RESOLVED, That all Pennsylvanians be encouraged to learn more
4 about myasthenia gravis and explore ways that we can unite for a
5 cure.

HOUSE OF REPRESENTATIVES

DEMOCRATIC COMMITTEE BILL ANALYSIS

Bill No:	HR0485 PN3358	Prepared By:	Patrick O'Rourke (717) 787-4296,6711
Committee:	Health	Executive Director:	Erika Fricke
Sponsor:	Benninghoff, Kerry		
Date:	6/24/2024		

A. Brief Concept

House Resolution 485 designates September 2024 as "Childhood Cancer Awareness Month."

C. Analysis of the Bill

HR485 references the following points:

- Since 1975, childhood cancer rates have risen by 0.7%
- The American Cancer Society estimates that approximately 9,620 children in the United States under 15 years of age will be diagnosed with cancer in 2024.
- Childhood cancer is the second leading cause of death in children under 15 years of age, exceeded only by accidents and more than 1,000 children are expected to die from cancer in 2024.
- One in 285 children in the United States will be diagnosed by their 20th birthday
- The potential years of life lost to childhood cancer and the potential years of life saved by treatment exceed all other cancers with the exception of breast cancer.
- Most children cannot be treated at a local hospital and families must face the disruption of relocating to receive treatment at a regional cancer center.
- As a result of major treatment advances in recent decades, approximately 85% of children with cancer now survive five years or more, this is a significant increase since the mid-1970s, when the five-year survival rate was less than 60%.
- Survival rates vary depending on the type of cancer and other factors.
- Pennsylvania is a leader in the fight against and treatment of childhood cancer, with six Children's Oncology Group hospitals: St. Christopher's Hospital for Children, Children's Hospital of Philadelphia, Geisinger Medical Center, Lehigh Valley Hospital-Cedar Crest, Penn State Health Children's Hospital and UPMC Children's Hospital of Pittsburgh.
- Penn State Health Children's Hospital is one of only 11 institutions nationwide in the Pediatric Oncology Experimental Therapeutic Investigators' Consortium.
- The Department of Transportation reported that from August 2021 through August 2022, Pennsylvanians contributed nearly \$800,000 to the Pediatric Cancer Research Fund through its donation feature made available during online license, identification card and registration renewals.

Effective Date:

N/A.

G. Relevant Existing Laws

N/A.

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

2023-24 Legislative Session

- [HR 201 PN 1978](#) (Benninghoff)
 - Adopted 10/2/2023 (202-1)

2019-2020 Legislative Session

- [HR 463 PN 2409](#) (Benninghoff)
 - Adopted 9/25/2019 (197-0)
- [HR 202 PN 4232](#) (Benninghoff)
 - Adopted 9/1/2020 (202-0)

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THE GENERAL ASSEMBLY OF PENNSYLVANIA

HOUSE RESOLUTION

No. 485 Session of 2024

INTRODUCED BY BENNINGHOFF, BANTA, BERNSTINE, BIZZARRO, CAUSER, CIRESI, CONKLIN, COOK, DELLOSO, EMRICK, FEE, FLICK, FREEMAN, GILLEN, HANBIDGE, HOHENSTEIN, M. JONES, KAUFFMAN, KINSEY, MARSHALL, McNEILL, METZGAR, MOUL, OBERLANDER, PICKETT, RAPP, SCHEUREN, SCHLOSSBERG, SCHMITT, VENKAT AND WARREN, JUNE 21, 2024

REFERRED TO COMMITTEE ON HEALTH, JUNE 21, 2024

A RESOLUTION

1 Designating the month of September 2024 as "Childhood Cancer
2 Awareness Month" in Pennsylvania.

3 WHEREAS, Since 1975, childhood cancer rates have risen by
4 0.7%; and

5 WHEREAS, The American Cancer Society estimates that
6 approximately 9,620 children in the United States under 15 years
7 of age will be diagnosed with cancer in 2024; and

8 WHEREAS, Childhood cancer is the second leading cause of
9 death in children under 15 years of age, exceeded only by
10 accidents and more than 1,000 children are expected to die from
11 cancer in 2024; and

12 WHEREAS, One in 285 children in the United States will be
13 diagnosed by their 20th birthday; and

14 WHEREAS, The potential years of life lost to childhood cancer
15 and the potential years of life saved by treatment exceed all
16 other cancers with the exception of breast cancer; and

1 WHEREAS, Most children cannot be treated at a local hospital
2 and families must face the disruption of relocating to receive
3 treatment at a regional cancer center; and

4 WHEREAS, As a result of major treatment advances in recent
5 decades, approximately 85% of children with cancer now survive
6 five years or more; and

7 WHEREAS, This is a significant increase since the mid-1970s,
8 when the five-year survival rate was less than 60%; and

9 WHEREAS, Survival rates vary depending on the type of cancer
10 and other factors; and

11 WHEREAS, There is still significant progress to be made
12 relating to childhood cancer treatment because many types of
13 childhood cancer, and some types with lower survival rates, are
14 very difficult to treat; and

15 WHEREAS, Pennsylvania is a leader in the fight against and
16 treatment of childhood cancer, with six Children's Oncology
17 Group hospitals: St. Christopher's Hospital for Children,
18 Children's Hospital of Philadelphia, Geisinger Medical Center,
19 Lehigh Valley Hospital-Cedar Crest, Penn State Health Children's
20 Hospital and UPMC Children's Hospital of Pittsburgh; and

21 WHEREAS, Penn State Health Children's Hospital is one of only
22 11 institutions nationwide in the Pediatric Oncology
23 Experimental Therapeutic Investigators' Consortium; and

24 WHEREAS, The Department of Transportation reported that from
25 August 2021 through August 2022, Pennsylvanians contributed
26 nearly \$800,000 to the Pediatric Cancer Research Fund through
27 its donation feature made available during online license,
28 identification card and registration renewals; therefore be it

29 RESOLVED, That the House of Representatives designate the
30 month of September 2024 as "Childhood Cancer Awareness Month" in

1 Pennsylvania; and be it further

2 RESOLVED, That the House of Representatives encourage young
3 Pennsylvanians who are fighting cancer, honor young people who
4 have lost their lives to childhood cancer, express gratitude to
5 the doctors and nurses who provide special care to patients and
6 families affected by childhood cancer and encourage all
7 residents of this Commonwealth to join the fight against
8 childhood cancer.

HOUSE OF REPRESENTATIVES

DEMOCRATIC COMMITTEE BILL ANALYSIS

Bill No:	HR0483 PN3348	Prepared By:	Patrick O'Rourke (717) 787-4296,6711
Committee:	Health	Executive Director:	Erika Fricke
Sponsor:	O'Mara, Jennifer		
Date:	6/20/2024		

A. Brief Concept

House Resolution 483 recognizes July 25, 2024, as "World IVF Day."

C. Analysis of the Bill

In support of recognizing World IVF day, HR483 references the following points:

- In vitro fertilization, or IVF, is a series of medical procedures designed to assist individuals or couples experiencing infertility issues get pregnant.
- The IVF process involves the extraction of eggs from the ovaries of the patient or donor, the fertilization of the eggs in a petri dish using sperm from a partner or donor and the transfer of the fertilized eggs to the uterus of the patient or a gestational carrier.
- Embryologists are necessary for the IVF process and all infertility treatments, as embryologists are the ones who monitor the fertilized eggs to ensure that they are healthy before transferring to the uterus.
- Embryologists also perform genetic testing to identify any potential genetic disorders that may be present in the fertilized egg, and embryologists can also perform Preimplantation Genetic Testing (PGT) to determine if there are genetic mutations or chromosomal abnormalities present that may be the cause of miscarriage or infertility issues.
- Since the first baby to be successfully born from IVF on July 25, 1978, more than 10 million babies have been born using IVF worldwide, with more than 500,000 new IVF births each year
- In the United States, roughly 2% of all births each year are the result of IVF
- IVF often serves as the only chance for those experiencing fallopian tube damage, ovulation disorders, male factor infertility, recurrent miscarriages, genetic problems and other infertility issues to become pregnant and grow their family
- The IVF process is not without risks, as the procedures not only carry a high financial cost, with each IVF cycle costing on average more than \$15,000, but it also increases the odds of developing certain health complications, such as ovarian hyperstimulation syndrome or twisting of the ovary or fallopian tubes
- There is also the risk of pregnancy complications, such as multiple pregnancies and ectopic pregnancies as well as low birth weight and premature birth
- Despite the potential risks, access to IVF is crucial for couples who may not be able to conceive without the process
- In recognition of the important role embryologists play in providing infertility treatment to those who wish to start a family, "World Embryologist Day" is celebrated on July 25.
- In celebration of the advancements made in fertility medicine, "World IVF Day" is celebrated on July 25, the birthday of the first IVF baby.

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. 483 Session of
2024

INTRODUCED BY O'MARA, MAYES, MALAGARI, KINSEY, PROBST, GIRAL,
VENKAT, McNEILL, T. DAVIS, GUENST, SCHLOSSBERG, KHAN,
CONKLIN, OTTEN, HILL-EVANS, HOHENSTEIN, SANCHEZ AND DONAHUE,
JUNE 20, 2024

REFERRED TO COMMITTEE ON HEALTH, JUNE 20, 2024

A RESOLUTION

1 Recognizing July 25, 2024, as "World IVF Day" in Pennsylvania.

2 WHEREAS, In vitro fertilization, or IVF, is a series of
3 medical procedures designed to assist individuals or couples
4 experiencing infertility issues get pregnant; and

5 WHEREAS, The IVF process involves the extraction of eggs from
6 the ovaries of the patient or donor, the fertilization of the
7 eggs in a petri dish using sperm from a partner or donor and the
8 transfer of the fertilized eggs to the uterus of the patient or
9 a gestational carrier; and

10 WHEREAS, Embryologists are necessary for the IVF process and
11 all infertility treatments, as embryologists are the ones who
12 monitor the fertilized eggs to ensure that they are healthy
13 before transferring to the uterus; and

14 WHEREAS, Embryologists also perform genetic testing to
15 identify any potential genetic disorders that may be present in
16 the fertilized egg, and embryologists can also perform

1 Preimplantation Genetic Testing (PGT) to determine if there are
2 genetic mutations or chromosomal abnormalities present that may
3 be the cause of miscarriage or infertility issues; and

4 WHEREAS, Since the first baby to be successfully born from
5 IVF on July 25, 1978, more than 10 million babies have been born
6 using IVF worldwide, with more than 500,000 new IVF births each
7 year; and

8 WHEREAS, In the United States, roughly 2% of all births each
9 year are the result of IVF; and

10 WHEREAS, IVF often serves as the only chance for those
11 experiencing fallopian tube damage, ovulation disorders, male
12 factor infertility, recurrent miscarriages, genetic problems and
13 other infertility issues to become pregnant and grow their
14 family; and

15 WHEREAS, The IVF process is not without risks, as the
16 procedures not only carry a high financial cost, with each IVF
17 cycle costing on average more than \$15,000, but it also
18 increases the odds of developing certain health complications,
19 such as ovarian hyperstimulation syndrome or twisting of the
20 ovary or fallopian tubes; and

21 WHEREAS, There is also the risk of pregnancy complications,
22 such as multiple pregnancies and ectopic pregnancies as well as
23 low birth weight and premature birth; and

24 WHEREAS, Despite the potential risks, access to IVF is
25 crucial for couples who may not be able to conceive without the
26 process; and

27 WHEREAS, In recognition of the important role embryologists
28 play in providing infertility treatment to those who wish to
29 start a family, "World Embryologist Day" is celebrated on July
30 25; and

1 WHEREAS, In celebration of the advancements made in fertility
2 medicine, "World IVF Day" is celebrated on July 25, the birthday
3 of the first IVF baby; therefore be it

4 RESOLVED, That the House of Representatives recognize July
5 25, 2024, as "World IVF Day" in Pennsylvania.