



HOUSE HEALTH COMMITTEE

VOTING MEETING

Wednesday, October 2nd, 2024

9:00am

G-50, Irvis Office Building
Harrisburg, PA

1. Call to Order
2. Attendance

SB1080 PN1396 (Culver)

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, providing for pronouncement of death by a practical nurse.

SB840 PN1676 (Brown)

An Act establishing the Alzheimer's, Dementia and Related Disorders Office and the Alzheimer's, Dementia and Related Disorders Advisory Committee.

HB2094 PN2678 (Howard)

An Act amending Title 23 (Domestic Relations) of the Pennsylvania Consolidated Statutes, in support of the indigent, further providing for relatives' liability and procedure; and making an editorial change.

HB2549 PN3587 (Borowski)

An Act amending Title 16 (Counties) of the Pennsylvania Consolidated Statutes, in coroner, providing for sudden unexpected death in epilepsy.

HR434 PN3100 (Labs)

A Resolution recognizing the month of October 2024 as "Breast Cancer Awareness Month" and October 18, 2024, as "National Mammography Day" in Pennsylvania.

HR479 PN3345 (Hogan)

A Resolution recognizing the month of November 2024 as "National Epilepsy Awareness Month" in Pennsylvania.

HR500 PN3531 (Ortitay)

A Resolution recognizing the month of October 2024 as "Dyslexia Awareness Month" in Pennsylvania.

HR503 PN3548 (Waxman)

A Resolution recognizing October 5th, 2024, as "Ostomy Awareness Day" in Pennsylvania.

HR514 PN3573 (Matzie)

A Resolution designating the month of November 2024 as "Pancreatic Cancer Awareness Month" in Pennsylvania.

HR523 PN6312 (Rapp)

A Resolution designating the week of September 15th through 21st, 2024, as "Surgical Technologist Week" in Pennsylvania.

HR524 PN3628 (Howard)

A Resolution recognizing October 15, 2024, as "White Cane Safety Day" in Pennsylvania.

HR536 PN3647 (Mackenzie, R.)

A Resolution recognizing October 29th, 2024, as "World Stroke Day" in Pennsylvania.

HR538 PN3651 (Marcell)

A Resolution recognizing the month of September 2024 as "Alopecia Areata Awareness Month" in Pennsylvania.

HR543 PN3663 (Mihalek)

A Resolution designating the month of October 2024 as "Liver Disease Awareness Month" in Pennsylvania.

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

HOUSE OF REPRESENTATIVES

DEMOCRATIC COMMITTEE BILL ANALYSIS

Bill No:	SB1080 PN1396	Prepared By:	Erika Fricke (412) 422-1774
Committee:	Health	Executive Director:	Erika Fricke
Sponsor:	Schlegel Culver, Lynda		
Date:	9/23/2024		

A. Brief Concept

Permits Licensed Practical Nurses (LPN) working for a hospice organization to make a pronouncement of death.

C. Analysis of the Bill

Senate Bill 1080 gives authority to give a "Practical Nurse" the ability to pronounce death for hospice patients, an authority currently given to physicians and registered nurses (RNs.) As defined in the bill, "practical nurse" is a nurse licensed under the "Practical Nurse Law" and authorized to practice in the Commonwealth. The authority only exists when the LPN works for the licensed hospice from whom the patient is receiving care, is involved in the patient's direct care, and the patient has a valid Out-of-Hospital Do Not Resuscitate order.

In pronouncing death, a trained practical nurse must assess whether or not the person is deceased based on the "Uniform Determination of Death Act" definition: "irreversible cessation of circulatory and respiratory functions." They must also follow any regulations promulgated by the State Board of Nursing.

Following the pronouncement of death, the practical nurse would have the authority to release the body of the deceased to a funeral director after giving notice to any attending physician or RN and to a family member, as soon as it is practical.

If the nature of death requires a coroner's investigation, the practical nurse shall notify the county coroner who then is given the authority to release the body. The practical nurse is not authorized to determine the cause of death; a physician, certified registered nurse practitioner, or coroner must certify the cause of death.

Training

As required by federal regulations, practical nurses must receive orientation about hospice philosophy and job activities during initial training. Additionally, they must receive annual training and assessment of skills and competence. As required by the Center for Medicare and Medicaid Services (CMS), the hospice must also have written policies and procedures describing how nurses are tested and reviewed, and what in-service training was provided over the year.

Additionally, practical nurses authorized to pronounce someone deceased must be trained for three hours in vital signs training, postmortem care, grief training, and training of when a coroner's investigation would be required.

Liability

A hospice or practical nurse in compliance with this act will not be liable based on a pronouncement of death.

A practical nurse is not required to pronounce death even if authorized to do so

A practical nurse who does not follow the rules and regulations of the State Board of Nursing is not protected from civil or criminal liability.

Other

The rules around organ donation and anatomical gifts remain the same.

The State Board of Nursing may promulgate regulations within 18 months of the effective date of the subsection.

Effective Date:

60 days

G. Relevant Existing Laws

The bill amends the vital statistics law of 1953. Sections 502 and 503 provide for the pronouncement of death by a physician, certified registered nurse practitioner, physicians assistants and dentists, in select cases. Section 507 provides for professional nurses to issue pronouncements of death.

Other referenced statutes or codes include:

CMS regulations related to hospice training can be found at:

<https://www.ecfr.gov/current/title-42/chapter-IV/subchapter-B/part-418/subpart-D/section-418.100>

Provisions for anatomical gifts can be found at:

<https://www.legis.state.pa.us/cfdocs/legis/LI/consCheck.cfm?txtType=HTM&ttl=20&div=0&chpt=86>

The Uniform Determination of Death Act defines how death is determined:

<https://www.legis.state.pa.us/CFDOCS/LEGIS/LI/uconsCheck.cfm?txtType=HTM&yr=1982&sessInd=0&smthLwInd=0&act=0323>.

The Practical Nurse Law:

<https://www.legis.state.pa.us/WU01/LI/LI/US/PDF/1955/0/0376..PDF>

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

N/A.

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THE GENERAL ASSEMBLY OF PENNSYLVANIA

SENATE BILL

No. 1080 Session of 2024

INTRODUCED BY CULVER, PENNYCUICK, CAPPELLETTI, J. WARD AND SCHWANK, FEBRUARY 23, 2024

REFERRED TO HEALTH AND HUMAN SERVICES, FEBRUARY 23, 2024

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, providing
 14 for pronouncement of death by a practical nurse.

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

17 Section 1. The act of June 29, 1953 (P.L.304, No.66), known
 18 as the Vital Statistics Law of 1953, is amended by adding a
 19 section to read:

20 Section 508. Death and Fetal Death Registration:
 21 Pronouncement of Death by a Practical Nurse.--(a) A practical
 22 nurse shall have the authority to pronounce death if all of the
 23 following are met:

24 (1) The patient is in the care of a licensed hospice.

1 (2) The patient has a valid Do Not Resuscitate Order issued
2 in accordance with the laws of this Commonwealth.

3 (3) The practical nurse is conducting a focused assessment
4 to identify the cessation of circulatory and respiratory
5 functions as provided under the act of December 17, 1982
6 (P.L.1401, No.323), known as the "Uniform Determination of Death
7 Act."

8 (4) The practical nurse has received training in accordance
9 with subsection (e).

10 (b) A practical nurse shall have the authority to release
11 the body of the deceased to a funeral director after notice has
12 been given to the attending physician or certified registered
13 nurse practitioner, if the deceased has an attending physician
14 or certified registered nurse practitioner, and to a family
15 member, as soon as practicable.

16 (c) If circumstances surrounding the nature of death are not
17 anticipated and require a coroner's investigation, the
18 practical nurse shall notify the county coroner, and the
19 authority to release the body of the deceased to the funeral
20 director shall be that of the coroner.

21 (d) Except as provided for under sections 502 and 503, this
22 section provides for the pronouncement of death by a practical
23 nurse in accordance with the "Uniform Determination of Death
24 Act," but in no way authorizes a nurse to determine the cause of
25 death. The responsibility for determining the cause of death
26 remains with the physician, certified registered nurse
27 practitioner or the coroner as provided under this act.

28 (e) The following shall apply to training:

29 (1) In accordance with 42 CFR 418.100 (relating to condition
30 of participation: organization and administration of services)

1 in effect on the effective date of this clause, a hospice shall
2 conduct an initial training upon hiring, an annual training and
3 an annual assessment of the skills and competence of a practical
4 nurse who will assess the vital signs of a patient to determine
5 cessation of circulatory and respiratory function.

6 (2) Each practical nurse must be trained for a minimum of
7 three hours in vital signs training, postmortem care, grief
8 training and circumstances requiring a coroner's investigation.

9 (3) A hospice shall have written policies and procedures
10 describing its method of assessment of competency and maintain a
11 written description of the in-service training provided during
12 the previous twelve months.

13 (f) The following shall apply:

14 (1) A practical nurse and an employing agency of a practical
15 nurse acting in good faith and in compliance with the provisions
16 of this act, the State Board of Nursing and the Department of
17 Health shall be immune from liability claims by reason of
18 pronouncing death under this section.

19 (2) Nothing under this section shall impose an obligation on
20 a practical nurse to carry out the function authorized by this
21 section.

22 (3) Nothing under this section is intended to relieve a
23 practical nurse of civil or criminal liability that might
24 otherwise be incurred for failing to follow the rules and
25 regulations of the State Board of Nursing.

26 (4) Nothing under this section shall preempt the
27 requirements of 20 Pa.C.S. Ch. 86 (relating to anatomical
28 gifts).

29 (g) A practical nurse shall have the authority to pronounce
30 death in accordance with procedural regulations as may be

1 promulgated by the State Board of Nursing within eighteen months
2 of the effective date of this subsection.

3 (h) As used in this section, the term "practical nurse"
4 shall mean a practical nurse who is employed by a licensed
5 hospice, involved in the direct care of a patient of the
6 licensed hospice and is:

7 (1) licensed under the act of March 2, 1956 (1955 P.L.1211,
8 No.376), known as the "Practical Nurse Law"; or

9 (2) authorized to practice practical nursing in this
10 Commonwealth.

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

HOUSE OF REPRESENTATIVES

DEMOCRATIC COMMITTEE BILL ANALYSIS

Bill No:	SB0840 PN1676	Prepared By:	Patrick O'Rourke (717) 787-4296,6711
Committee:	Health	Executive Director:	Erika Fricke
Sponsor:	Brown, Rosemary		
Date:	7/5/2024		

A. Brief Concept

Senate Bill 840 establishes the Alzheimer's, Dementia, and Related Disorders (ADRD) Office and Advisory Committee within the Department of Aging (DOA).

C. Analysis of the Bill

Senate Bill 840 is a freestanding act that establishes a permanent office within the Department of Aging (DOA) to oversee infrastructure related to governmental programs and services for individuals and families experiencing conditions related to Alzheimer's, dementia, and other related disorders (ADRD). A director position is also established to oversee the functions of the ADRD office.

Alzheimer's, Dementia and Related Disorders Office

Powers and duties of the office are outlined to include the following:

1. Oversight of activities related to the implementation of the State Plan (Executive Order 2013-01 or any successor plan established by departmental policy or regulation).
2. Providing strategic direction and support to the advisory committee.
3. Cultivating relationships with public and private stakeholder to foster public-private collaboration and prevent duplicative services.
4. Evaluation of existing ADRD services.
5. Identifying services gaps.
6. Increasing awareness, facilitating access to quality, coordinated care.
7. Using ARDR data to facilitate inter-agency collaboration.
8. Conduct a review of the State Plan, no less than every five years, in consultation with the Advisory Committee to evaluate trends, scientific research and advancements, services gaps, and other emerging issues.
9. Approving and implementing the State Plan, in consultation with the Advisory Committee.
10. Identifying and managing grants to assist with funding of ADRD Office, State Plan implementation, and other related programs and services.
11. Publishing an annual report in consultation with the Advisory Committee, which must:
 - a. be made available on DOA's public webpage.
 - b. outline key office deliverables, including population data and statistics updates.
 - c. grant application funding and State Plan implementation status.

Alzheimer's, Dementia and Related Disorders Advisory Committee

An ADRD advisory committee is also established within DOA to assess the current and future impact of ADRD on commonwealth residents. The Advisory Committee is established with the following powers and duties:

1. Assess current and future impact of ADRD on commonwealth residents.
2. Examine existing industries, services, and resources addressing the needs of individuals with ADRD, their families, and caregivers.
3. Develop a strategic statewide response to ADRD.
4. Advise DOA on necessary updates and implementation of the State Plan.

5. Consult with Commonwealth agencies to make recommendations on regulations, licensure, financing, or other responsibilities related to ADRD.
6. Perform responsibilities as the governor may assign related to ADRD.
7. Develop and adopt rules for conducting advisory committee meetings.

Members of the advisory committee must meet on a quarterly basis and may not receive financial compensation for their services. Nongovernmental members of the advisory committee may be reimbursed for travel related expenses related to advisory committee responsibilities. Members are eligible for reappointment but may not serve more than two consecutive full terms. The Advisory Committee will consist of the following 28 members appointed by the Governor to four-year staggered terms:

1. The Secretary of Aging or a designee (Chair of the Advisory Committee).
2. The Secretary of Health or a designee (Vice-Chair of the Advisory Committee).
3. The Secretary of Human Services or a designee.
4. The Secretary of Labor and Industry or a designee.
5. The Chair and Minority Chairs of the Senate Aging and Youth Committee and the House Aging and Adult Older Services Committee or designees.
6. A member from the Pennsylvania Council on Aging.
7. The Bureau Director representing the PACE Program.
8. An individual living with ADRD or a designee.
9. A family member or caregiver for a person living with ADRD.
10. An attorney with at least five years' experience in providing legal representation to older adults with cognitive diseases and related disorders.
11. Three individuals from non-governmental statewide organizations that advocate for older adults.
12. A physician with at least five years' experience in diagnosing and treating ADRD.
13. Two individuals that conduct research regarding ADRD.
14. An individual representing the local area agencies on aging.
15. An individual representing the Commonwealth's hospitals and health systems.
16. An individual representing the facilities in the Commonwealth that provide long-term care to individuals.
17. An individual representing the Commonwealth's community health centers in rural and urban communities.
18. An individual representing older adult day living centers
19. An individual representing the Life Providers
20. An individual representing a federally qualified health center
21. An individual representing the Pennsylvania Society for Post-Acute and Long-Term Care Medicine.
22. An individual representing a statewide association dedicated to Alzheimer's care, support, and research.

Key Definitions:

"Alzheimer's, dementia and related disorders." An irreversible and progressive neurological disorder diagnosed by a physician that has all of the following characteristics:

(1) The disorder causes cognitive decline and memory impairment, behavioral and psychiatric problems and loss of the ability to care for oneself.

(2) The disorder is severe enough to interfere with work or social activities and requires continuous care or supervision.

"State Plan." The Pennsylvania State Plan for Alzheimer's, Dementia and Related Disorders established pursuant to Executive Order 2013-01 or a successor State Plan established pursuant to a departmental policy or regulation.

Effective Date:

180 days.

G. Relevant Existing Laws

Executive Order 2013-01 established the Alzheimer's Disease Planning Committee in which twenty-six members were appointed to the committee in pursuit of a cure and better care for Pennsylvanian's living with Alzheimer's disease.

Act 54 of 2024 contained language related to funding the Alzheimer's, dementia and related disorders office. "HB2310 SECTION 1703 -I. STATE LOTTERY FUND. THE FOLLOWING APPLY: (1) MONEY APPROPRIATED FOR PENNCARE MAY NOT BE UTILIZED FOR ADMINISTRATIVE COSTS BY THE DEPARTMENT OF AGING. (2) MONEY APPROPRIATED TO THE DEPARTMENT OF AGING SHALL INCLUDE SUFFICIENT MONEY FOR THE ESTABLISHMENT OF THE ALZHEIMER'S, DEMENTIA AND RELATED DISORDERS OFFICE."

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

N/A.

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THE GENERAL ASSEMBLY OF PENNSYLVANIA

SENATE BILL

No. 840 Session of 2023

INTRODUCED BY BROWN, ARGALL, HAYWOOD, LANGERHOLC, COMITTA, SCHWANK, COSTA, CAPPELLETTI, FLYNN, CULVER, BREWSTER, MILLER, MUTH, L. WILLIAMS, PENNYCUICK, COLLETT, FARRY, TARTAGLIONE, BAKER AND SANTARSIERO, JULY 11, 2023

SENATOR JUDY WARD, AGING AND YOUTH, AS AMENDED, JUNE 4, 2024

AN ACT

1 ~~Establishing the Alzheimer's Disease and Related Disorders~~ <--
2 ~~Division, the Alzheimer's Disease and Related Disorders~~
3 ~~Advisory Committee and the Alzheimer's Disease and Related~~
4 ~~Disorders State Plan; and making an appropriation.~~

5 ESTABLISHING THE ALZHEIMER'S, DEMENTIA AND RELATED DISORDERS <--
6 OFFICE AND THE ALZHEIMER'S, DEMENTIA AND RELATED DISORDERS
7 ADVISORY COMMITTEE.

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

10 Section 1. Short title.

11 This act shall be known and may be cited as the Alzheimer's
12 ~~Disease, DEMENTIA and Related Disorders Public Health-~~ <--
13 ~~Infrastructure Act.~~

14 Section 2. Definitions.

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

18 "Advisory committee." The Alzheimer's ~~Disease, DEMENTIA and~~ <--
19 Related Disorders Advisory Committee established under section

1 4.

2 "Alzheimer's ~~disease~~, DEMENTIA and related disorders." An <--
3 irreversible and progressive neurological disorder diagnosed by
4 a physician that has all of the following characteristics:

5 (1) The disorder causes cognitive decline and memory
6 impairment, behavioral and psychiatric problems and loss of
7 the ability to care for oneself.

8 (2) The disorder is severe enough to interfere with work
9 or social activities and requires continuous care or
10 supervision.

11 ~~"Annual survey." The Centers for Disease Control and~~ <--
12 ~~Prevention Behavioral Risk Factor Surveillance System annual~~
13 ~~survey.~~

14 "Department." The Department of ~~Health~~ AGING of the <--
15 Commonwealth.

16 "Director." An individual appointed by the secretary to
17 oversee operations and responsibilities of the ~~division~~ OFFICE. <--

18 ~~"Division." The Alzheimer's Disease and Related Disorders~~ <--
19 ~~Division established under section 3.~~

20 "OFFICE." THE ALZHEIMER'S, DEMENTIA AND RELATED DISORDERS <--
21 OFFICE ESTABLISHED UNDER SECTION 3.

22 "Secretary." The Secretary of ~~Health~~ AGING of the <--
23 Commonwealth.

24 "State Plan." The PENNSYLVANIA STATE PLAN FOR Alzheimer's <--
25 ~~Disease~~, DEMENTIA and Related Disorders ~~State Plan~~ established <--

26 ~~under section 5~~ PURSUANT TO EXECUTIVE ORDER 2013-01 OR A <--
27 SUCCESSOR STATE PLAN ESTABLISHED PURSUANT TO A DEPARTMENTAL
28 POLICY OR REGULATION.

29 Section 3. Alzheimer's ~~Disease~~, DEMENTIA and Related Disorders <--
30 ~~Division~~ OFFICE. <--

1 (a) Establishment.--The Alzheimer's ~~Disease~~, DEMENTIA and <--
2 Related Disorders ~~Division~~ OFFICE is established within the <--
3 department.

4 (b) Director.--The position of director is established as a
5 full-time position to oversee operations of the ~~division~~. The <--
6 ~~director shall be responsible for the following:~~ OFFICE. <--

7 (C) DUTIES.--THE OFFICE SHALL HAVE THE FOLLOWING POWERS AND
8 RESPONSIBILITIES:

9 (1) Oversight of activities associated with and relevant
10 to the successful implementation of the State Plan.

11 (2) Providing strategic direction and support to the
12 advisory committee, such as leading the required updates to
13 the State Plan.

14 (3) Establishing and maintaining relationships with
15 other ~~State~~ COMMONWEALTH agencies and organizations within <--
16 this Commonwealth to foster public-private collaboration in
17 order to meet the needs of the affected population and
18 prevent duplication of services.

19 (4) Evaluating existing Alzheimer's ~~and dementia~~, <--
20 DEMENTIA AND RELATED DISORDERS programs and services.

21 (5) Identifying service gaps within the Commonwealth.

22 (6) Increasing awareness of and facilitating access to
23 quality, coordinated care for individuals with ~~dementia~~ <--
24 ALZHEIMER'S, DEMENTIA AND RELATED DISORDERS. <--

25 (7) Utilizing ~~dementia-related~~ ALZHEIMER'S, DEMENTIA AND <--
26 RELATED DISORDERS data to coordinate AND COLLABORATE with the <--
27 ~~department~~ OTHER COMMONWEALTH AGENCIES to improve ~~public~~ <--
28 health outcomes.

29 ~~(8) Identifying and managing grants to assist in the~~ <--
30 ~~funding of the division, State Plan implementation and other~~

1 ~~programs and services to assist this Commonwealth in becoming~~
2 ~~dementia capable.~~

3 ~~(9) With the advice and consent of the advisory~~
4 ~~committee, compiling and submitting to the members under~~
5 ~~section 4(b)(5), an annual report outlining key division~~
6 ~~deliverables, such as population data and statistics updates,~~
7 ~~funding through grant applications and State Plan~~
8 ~~implementation status.~~

9 (8) NO LESS THAN EVERY FIVE YEARS, AND IN CONSULTATION <--
10 WITH THE ADVISORY COMMITTEE, CONDUCT A REVIEW OF THE EXISTING
11 STATE PLAN TO EVALUATE CHANGES IN TRENDS, SCIENTIFIC AND
12 RESEARCH ADVANCEMENTS, GAPS IN SERVICES AND OTHER EMERGING
13 ISSUES IMPACTING THIS POPULATION AND TO DETERMINE IF
14 AMENDMENTS ARE NECESSARY.

15 (9) IN CONSULTATION WITH THE ADVISORY COMMITTEE, APPROVE
16 AND IMPLEMENT AMENDMENTS TO THE STATE PLAN.

17 (10) IDENTIFYING AND MANAGING GRANTS TO ASSIST IN THE
18 FUNDING OF THE OFFICE, STATE PLAN IMPLEMENTATION AND OTHER
19 PROGRAMS AND SERVICES TO ASSIST THIS COMMONWEALTH IN BECOMING
20 DEMENTIA-CAPABLE.

21 (11) IN CONSULTATION WITH THE ADVISORY COMMITTEE,
22 COMPILE AN ANNUAL REPORT, WHICH SHALL BE MADE AVAILABLE ON
23 THE DEPARTMENT'S PUBLICLY ACCESSIBLE INTERNET WEBSITE,
24 OUTLINING KEY OFFICE DELIVERABLES, SUCH AS POPULATION DATA
25 AND STATISTICS UPDATES, FUNDING THROUGH GRANT APPLICATIONS
26 AND STATE PLAN IMPLEMENTATION STATUS.

27 Section 4. Alzheimer's Disease, DEMENTIA and Related Disorders <--
28 Advisory Committee.

29 (a) Establishment.--The Alzheimer's Disease, DEMENTIA and <--
30 Related Disorders Advisory Committee is established in the

1 department.

2 (b) Membership.--The advisory committee shall consist of the
3 following members:

4 ~~(1) The secretary.~~ <--

5 ~~(2) The Secretary of Aging.~~

6 ~~(3) The Secretary of Human Services.~~

7 ~~(4) The Secretary of Labor and Industry.~~

8 ~~(5) The chair and minority chair of the Aging and Youth~~
9 ~~Committee of the Senate, the chair and minority chair of the~~
10 ~~Aging and Older Adult Services Committee of the House of~~
11 ~~Representatives, the chair and minority chair of the Health~~
12 ~~and Human Services Committee of the Senate and the chair and~~
13 ~~minority chair of the Health Committee of the House of~~
14 ~~Representatives.~~

15 ~~(6) An individual living with Alzheimer's disease and an~~
16 ~~individual living with another type of dementia.~~

17 ~~(7) An unpaid caregiver of an individual with~~
18 ~~Alzheimer's disease or a related disorder.~~

19 ~~(8) An individual representing a Statewide association~~
20 ~~dedicated to Alzheimer's care, support and research.~~

21 ~~(9) A physician who has experience diagnosing and~~
22 ~~treating Alzheimer's disease and related disorders.~~

23 ~~(10) An individual representing the Pennsylvania Society~~
24 ~~for Post Acute and Long Term Care Medicine.~~

25 ~~(11) A psychologist who specializes in dementia care.~~

26 ~~(12) An individual representing hospitals and health~~
27 ~~systems.~~

28 ~~(13) An individual representing community health~~
29 ~~centers.~~

30 ~~(14) An individual who conducts research regarding~~

1 ~~Alzheimer's disease and related disorders.~~

2 ~~(15) An individual representing Pennsylvania's Medicaid-~~
3 ~~Managed Care Organizations.~~

4 ~~(16) An individual specializing in population health-~~
5 ~~management.~~

6 ~~(17) Two individuals representing community based-~~
7 ~~organizations that have demonstrated experience and expertise-~~
8 ~~in addressing the employment, training or education needs of-~~
9 ~~the health care and direct care workforce providing-~~
10 ~~professional care for individuals living with dementia.~~

11 ~~(18) An individual from a nongovernmental Statewide-~~
12 ~~organization that advocates for seniors.~~

13 ~~(19) Five individuals representing the long term care-~~
14 ~~continuum, including one representative from each of the-~~
15 ~~following:~~

16 ~~(i) Nonprofit skilled nursing facilities.~~

17 ~~(ii) For profit skilled nursing facilities.~~

18 ~~(iii) Assisted living residences or personal care-~~
19 ~~homes.~~

20 ~~(iv) Home care organizations or hospices.~~

21 ~~(v) Older adult daily living centers.~~

22 ~~(20) A representative of the local area agencies on-~~
23 ~~aging.~~

24 ~~(21) A representative from the Pennsylvania Long Term-~~
25 ~~Care Ombudsman Program.~~

26 (1) THE SECRETARY OR A DESIGNEE. <--

27 (2) THE SECRETARY OF HEALTH OR A DESIGNEE.

28 (3) THE SECRETARY OF HUMAN SERVICES OR A DESIGNEE.

29 (4) THE SECRETARY OF LABOR AND INDUSTRY OR A DESIGNEE.

30 (5) THE CHAIR AND MINORITY CHAIR OF THE AGING AND YOUTH

1 COMMITTEE OF THE SENATE OR DESIGNEES AND THE CHAIR AND
2 MINORITY CHAIR OF THE AGING AND OLDER ADULT SERVICES
3 COMMITTEE OF THE HOUSE OF REPRESENTATIVES OR DESIGNEES.

4 (6) A MEMBER FROM THE PENNSYLVANIA COUNCIL ON AGING.

5 (7) BUREAU DIRECTOR REPRESENTING THE PHARMACEUTICAL
6 ASSISTANCE CONTRACT FOR THE ELDERLY PROGRAM.

7 (8) AN INDIVIDUAL LIVING WITH ALZHEIMER'S, DEMENTIA OR A
8 RELATED DISORDER OR A DESIGNEE.

9 (9) A FAMILY MEMBER OF OR A CAREGIVER FOR A PERSON
10 LIVING WITH ALZHEIMER'S, DEMENTIA OR A RELATED DISORDER.

11 (10) AN ATTORNEY WITH AT LEAST FIVE YEARS' EXPERIENCE IN
12 PROVIDING LEGAL REPRESENTATION TO OLDER ADULTS WITH COGNITIVE
13 DISEASES AND RELATED DISORDERS.

14 (11) THREE INDIVIDUALS FROM NON-GOVERNMENTAL STATEWIDE
15 ORGANIZATIONS THAT ADVOCATE FOR OLDER ADULTS.

16 (12) A PHYSICIAN WITH AT LEAST FIVE YEARS' EXPERIENCE IN
17 DIAGNOSING AND TREATING ALZHEIMER'S, DEMENTIA AND RELATED
18 DISORDERS.

19 (13) TWO INDIVIDUALS WHO CONDUCT RESEARCH REGARDING
20 ALZHEIMER'S, DEMENTIA AND RELATED DISORDERS.

21 (14) AN INDIVIDUAL REPRESENTING THE LOCAL AREA AGENCIES
22 ON AGING.

23 (15) AN INDIVIDUAL REPRESENTING THE COMMONWEALTH'S
24 HOSPITALS AND HEALTH SYSTEMS.

25 (16) AN INDIVIDUAL REPRESENTING THE FACILITIES IN THE
26 COMMONWEALTH THAT PROVIDE LONG-TERM CARE TO INDIVIDUALS.

27 (17) AN INDIVIDUAL REPRESENTING THE COMMONWEALTH'S
28 COMMUNITY HEALTH CENTERS IN RURAL AND URBAN COMMUNITIES.

29 (18) AN INDIVIDUAL REPRESENTING OLDER ADULT DAY LIVING
30 CENTERS.

1 (19) AN INDIVIDUAL REPRESENTING THE LIFE PROVIDERS.

2 (20) AN INDIVIDUAL REPRESENTING A FEDERALLY QUALIFIED
3 HEALTH CENTER.

4 (21) AN INDIVIDUAL REPRESENTING THE PENNSYLVANIA SOCIETY
5 FOR POST-ACUTE AND LONG-TERM CARE MEDICINE.

6 (22) AN INDIVIDUAL REPRESENTING A STATEWIDE ASSOCIATION
7 DEDICATED TO ALZHEIMER'S CARE, SUPPORT AND RESEARCH.

8 (c) Appointments.--Except for members under subsection ~~(b)~~ <--
9 ~~(5)~~ (B) (1), (2), (3), (4) AND (5), members of the advisory <--
10 committee shall be appointed by the Governor to four-year
11 staggered terms. The MEMBERS OF THE GOVERNOR'S CABINET AND <--
12 sitting members of the Senate and the House of Representatives
13 shall be appointed to a term corresponding to ~~their~~ THE MEMBER'S <--
14 term of office.

15 ~~(d) Chair. The Governor shall appoint a chair from among <--~~
16 ~~the members of the advisory committee to serve a term of four~~
17 ~~years.~~

18 ~~(e) Powers and duties. The advisory committee shall meet on~~
19 ~~a quarterly basis at minimum and shall have the following powers~~
20 ~~and duties:~~

21 ~~(1) To assess the current and future impact of~~
22 ~~Alzheimer's disease and related disorders on residents of~~
23 ~~this Commonwealth.~~

24 ~~(2) To examine the existing industries, services and~~
25 ~~resources addressing the needs of persons with Alzheimer's~~
26 ~~disease and related disorders, their families and caregivers.~~

27 ~~(3) To develop strategies to mobilize a Statewide~~
28 ~~response to the public health crisis created by Alzheimer's~~
29 ~~disease and related disorders.~~

30 ~~(4) To develop the State Plan and advise the department~~

1 ~~on necessary updates and implementation of the State Plan.~~

2 ~~Section 5. Alzheimer's Disease and Related Disorders State~~
3 ~~Plan.~~

4 ~~(a) Establishment. The advisory committee shall develop a~~
5 ~~State Plan that outlines a strategy to mobilize the~~
6 ~~Commonwealth's response to Alzheimer's disease and related~~
7 ~~disorders and make policy recommendations to make this~~
8 ~~Commonwealth a more dementia capable State. In developing the~~
9 ~~State Plan, the advisory committee shall examine the following:~~

10 ~~(1) Trends in the Commonwealth's Alzheimer's disease and~~
11 ~~related disorders populations and service needs, such as:~~

12 ~~(i) The Commonwealth's role in providing or~~
13 ~~facilitating long term care, family caregiver support and~~
14 ~~assistance to individuals with early stage or early onset~~
15 ~~Alzheimer's disease and related disorders.~~

16 ~~(ii) The Commonwealth's policies regarding~~
17 ~~individuals with Alzheimer's disease and related~~
18 ~~disorders.~~

19 ~~(iii) The fiscal impact of Alzheimer's disease and~~
20 ~~related disorders on publicly funded health care~~
21 ~~programs.~~

22 ~~(iv) The establishment of a surveillance system to~~
23 ~~better determine the number of individuals diagnosed with~~
24 ~~Alzheimer's disease and related disorders and to monitor~~
25 ~~changes to the number of individuals diagnosed with~~
26 ~~Alzheimer's disease and related disorders.~~

27 ~~(2) Existing resources, services and capacity relating~~
28 ~~to the diagnosis and care of individuals living with~~
29 ~~Alzheimer's disease and related disorders, such as:~~

30 ~~(i) Type, cost and availability of Alzheimer's~~

1 ~~disease and related disorders care services.~~

2 ~~(ii) The availability of health care workers who can~~
3 ~~serve individuals with dementia, such as neurologists,~~
4 ~~geriatricians and direct care workers.~~

5 ~~(iii) Dementia specific training requirements for~~
6 ~~public and private employees who interact with~~
7 ~~individuals living with Alzheimer's and related~~
8 ~~disorders, such as long term care workers, case managers,~~
9 ~~adult protective services, law enforcement and first~~
10 ~~responders.~~

11 ~~(iv) Home based and community based services, such~~
12 ~~as respite care for individuals diagnosed with~~
13 ~~Alzheimer's disease and other disorders and their~~
14 ~~families.~~

15 ~~(v) Quality care measures for home based and~~
16 ~~community based services and residential care facilities.~~

17 ~~(vi) State supported Alzheimer's and related~~
18 ~~disorders research conducted at universities located in~~
19 ~~this Commonwealth.~~

20 ~~(3) Policies and strategies that address:~~

21 ~~(i) Increasing public awareness of Alzheimer's~~
22 ~~disease and related disorders.~~

23 ~~(ii) Educating health care providers to increase~~
24 ~~early detection and diagnosis of Alzheimer's disease and~~
25 ~~related disorders.~~

26 ~~(iii) Improving the health care received by~~
27 ~~individuals diagnosed with Alzheimer's disease and~~
28 ~~related disorders.~~

29 ~~(iv) Evaluating the capacity of the health care~~
30 ~~system in meeting the growing number and needs of~~

1 ~~individuals with Alzheimer's disease and related~~
2 ~~disorders.~~

3 ~~(v) Increasing the number of health care~~
4 ~~professionals available to treat the growing member of~~
5 ~~individuals with Alzheimer's disease and related~~
6 ~~disorders.~~

7 ~~(vi) Improving services provided in the home and~~
8 ~~community to delay and decrease the need for~~
9 ~~institutionalized care for individuals with Alzheimer's~~
10 ~~disease and related disorders.~~

11 ~~(vii) Improving long term care, such as assisted~~
12 ~~living, for individuals with Alzheimer's disease and~~
13 ~~related disorders.~~

14 ~~(viii) Assisting unpaid Alzheimer's disease and~~
15 ~~related disorders caregivers.~~

16 ~~(ix) Increasing and improving research on~~
17 ~~Alzheimer's disease and related disorders.~~

18 ~~(x) Promoting activities to maintain and improve~~
19 ~~brain health.~~

20 ~~(xi) Improving the collection of data and~~
21 ~~information related to Alzheimer's disease and related~~
22 ~~disorders and their public health burdens.~~

23 ~~(xii) Improving public safety for and addressing the~~
24 ~~safety related needs of individuals with Alzheimer's~~
25 ~~disease and related disorders.~~

26 ~~(xiii) Addressing legal protections for and legal~~
27 ~~issues faced by individuals with Alzheimer's disease and~~
28 ~~related disorders.~~

29 ~~(xiv) Improving the ways in which the Commonwealth~~
30 ~~evaluates and adopts policies to assist individuals~~

1 ~~diagnosed with Alzheimer's disease and related disorders~~
2 ~~and their families.~~

3 ~~(b) Update. The State Plan shall be updated every five~~
4 ~~years to capture changes in trends, scientific and research~~
5 ~~advancements, gaps in services and other emerging issues~~
6 ~~impacting the Alzheimer's disease and related disorders~~
7 ~~population.~~

8 ~~Section 6. Data collection.~~

9 ~~The department shall include the Caregiver Module and~~
10 ~~Cognitive Decline Module in the annual survey on a rotating~~
11 ~~annual basis to collect prevalence data, track trends over time~~
12 ~~and analyze data to direct public health programs and resources.~~

13 ~~Section 7. Appropriation.~~

14 ~~The amount of \$750,000 is appropriated annually to the~~
15 ~~department for implementation and maintenance of this act.~~

16 (D) TERM.--MEMBERS SHALL BE ELIGIBLE FOR REAPPOINTMENT BUT <--
17 SHALL SERVE NO MORE THAN TWO CONSECUTIVE FULL TERMS. MEMBERS
18 SHALL SERVE UNTIL A SUCCESSOR IS APPOINTED AND QUALIFIED,
19 PROVIDED THE SUCCESSOR REPRESENTS THE INTERESTS OF THE
20 MEMBERSHIP CLASS FOR WHICH THE MEMBER WAS APPOINTED.

21 (E) VACANCIES.--ANY VACANCY OF THE ADVISORY COMMITTEE SHALL
22 BE FILLED BY THE ORIGINAL APPOINTING AUTHORITY. AN INDIVIDUAL
23 APPOINTED TO FILL A VACANCY SHALL SERVE THE BALANCE OF THE
24 PREVIOUS MEMBER'S TERM.

25 (F) REMOVAL.--MEMBERS MAY BE REMOVED FROM THE COMMITTEE FOR
26 THE FOLLOWING REASONS:

27 (1) A MEMBER WHO FAILS TO ATTEND THREE CONSECUTIVE
28 MEETINGS SHALL FORFEIT THE MEMBER'S SEAT UNLESS THE
29 CHAIRPERSON, UPON WRITTEN REQUEST FROM THE MEMBER, FINDS THAT
30 THE MEMBER SHOULD BE EXCUSED FROM A MEETING.

1 (2) A MEMBER SHALL FORFEIT THE MEMBER'S SEAT IF THE
2 MEMBER NO LONGER REPRESENTS THE INTERESTS OF THE MEMBERSHIP
3 CLASS FOR WHICH THE MEMBER WAS APPOINTED. A MEMBER MEETING
4 THE THRESHOLD UNDER THIS PARAGRAPH SHALL NO LONGER BE
5 EMPLOYED OR ASSOCIATED WITH THE INTERESTS OF THE RESPECTIVE
6 QUALIFICATIONS FOR WHICH THE MEMBER WAS APPOINTED.

7 (G) EXPENSES.--MEMBERS MAY NOT RECEIVE COMPENSATION OR
8 REMUNERATION FOR SERVICE AS ADVISORY COMMITTEE MEMBERS.
9 NONGOVERNMENTAL ADVISORY COMMITTEE MEMBERS SHALL BE ENTITLED TO
10 REIMBURSEMENT FOR TRAVEL AND RELATED ACTUAL EXPENSES ACCRUED IN
11 THE PERFORMANCE OF THE DUTIES AS MEMBERS, IN ACCORDANCE WITH
12 COMMONWEALTH TRAVEL POLICY.

13 (H) DESIGNEE.--GOVERNMENTAL MEMBERS AND THE MEMBER WHO IS
14 LIVING WITH ALZHEIMER'S, DEMENTIA OR RELATED DISORDER MAY
15 APPOINT A DESIGNEE TO ATTEND AND VOTE AT MEETINGS OF THE
16 ADVISORY COMMITTEE. EACH MEMBER WHO APPOINTS A DESIGNEE SHALL DO
17 SO BY SENDING A LETTER TO THE CHAIRPERSON STATING THE NAME OF
18 THE DESIGNEE.

19 (I) CHAIR.--THE CHAIR OF THE ADVISORY COMMITTEE SHALL BE THE
20 SECRETARY OR A DESIGNEE.

21 (J) VICE CHAIR.--THE VICE CHAIR OF THE COMMITTEE SHALL BE
22 THE SECRETARY OF HEALTH OR A DESIGNEE.

23 SECTION 5. POWERS AND DUTIES OF THE ADVISORY COMMITTEE.

24 (A) COMMITTEE.--THE ADVISORY COMMITTEE SHALL MEET ON A
25 QUARTERLY BASIS AT MINIMUM AND SHALL HAVE THE FOLLOWING POWERS
26 AND DUTIES:

27 (1) ASSESS THE CURRENT AND FUTURE IMPACT OF ALZHEIMER'S,
28 DEMENTIA AND RELATED DISORDERS ON RESIDENTS OF THIS
29 COMMONWEALTH.

30 (2) EXAMINE THE EXISTING INDUSTRIES, SERVICES AND

1 RESOURCES ADDRESSING THE NEEDS OF PERSONS WITH ALZHEIMER'S,
2 DEMENTIA AND RELATED DISORDERS, THEIR FAMILIES AND
3 CAREGIVERS.

4 (3) DEVELOP STRATEGIES TO MOBILIZE A STATEWIDE RESPONSE
5 TO ALZHEIMER'S, DEMENTIA AND RELATED DISORDERS.

6 (4) ADVISE THE DEPARTMENT ON NECESSARY UPDATES AND
7 IMPLEMENTATION OF THE STATE PLAN.

8 (5) CONSULT WITH VARIOUS COMMONWEALTH AGENCIES AND TO
9 MAKE RECOMMENDATIONS ON REGULATIONS, LICENSURE, FINANCING OR
10 ANY OTHER RESPONSIBILITIES OF THOSE COMMONWEALTH AGENCIES
11 RELATING TO ALZHEIMER'S, DEMENTIA AND RELATED DISORDERS.

12 (6) PERFORM OTHER DUTIES AS THE GOVERNOR MAY ASSIGN
13 RELATING TO ALZHEIMER'S, DEMENTIA AND RELATED DISORDERS.

14 (7) DEVELOP AND ADOPT RULES FOR CONDUCTING ADVISORY
15 COMMITTEE MEETINGS, INCLUDING, BUT NOT LIMITED TO, THE
16 PROCEDURE FOR FORMALLY ADOPTING THE APPROVAL OF COMMITTEE
17 REPORTS BEFORE RELEASE TO THE PUBLIC.

18 (B) SCOPE.--ALL POWERS AND DUTIES ENUMERATED IN THIS SECTION
19 SHALL BE PERFORMED IN A MANNER THAT ADDRESSES ALL AREAS OF
20 ALZHEIMER'S, DEMENTIA AND RELATED DISORDERS.

21 Section ~~8~~ 6. Effective date.

<--

22 This act shall take effect in 180 days.

HOUSE OF REPRESENTATIVES

DEMOCRATIC COMMITTEE BILL ANALYSIS

Bill No:	HB2094 PN2678	Prepared By:	Patrick O'Rourke (717) 787-4296,6711
Committee:	Health	Executive Director:	Erika Fricke
Sponsor:	Howard, Kristine		
Date:	5/17/2024		

A. Brief Concept

House Bill 2094 amends 23 Pa.C.S. (Domestic Relations) to remove the provision that spouses, children and parents are financially responsible for their relatives that cannot support themselves.

C. Analysis of the Bill

House Bill 2094 removes the requirement that spouses, children, and parents of people unable to pay would be liable for payments to any entity seeking to recoup costs, and instead are only liable in specific cases related to eligibility for Medical Assistance.

The provision that a relative would be responsible for payments related to their kin would only apply after a federally illegal transfer of assets that resulted in eligibility for Medical Assistance, or an unwillingness to cooperate with the Department of Human Services in cases of Medical Assistance beneficiaries.

Specifically, HB 2094 amends Section 4603 to eliminate existing liability requirements except as related to Medical Assistance, to limit liability to cases where:

- The spouse, child, or parent of a patient has received less than the fair market value of any of the following within five years for a patient beginning medical assistance for long-term services and supports (including nursing facility and home and community-based services):
 - An asset.
 - Property in which a person has a partial or equitable interest, defined in 55 Pa. Code § 178.2
 - Income.
 - Real or personal property.
- The spouse, children, or parent of a patient applying or receiving medical assistance for long-term care services and support does not cooperate with the Department of Human Services (DHS), long-term care facility, or provider in the medical assistance eligibility process.

Additionally, HB 2094 amends 23 Pa.C.S., sections 4602 and 4603 to update outdated terminology more appropriately in line with contemporary standards. Examples include:

- replacing "assistance for the aged" with "long-term services and supports."
- replacing references to the "Public Welfare" department with "Human Services."

Effective Date:

Immediately.

G. Relevant Existing Laws

Currently, Pennsylvania law (23 Pa.C.S., sections 4602 and 4603) requires spouses, children, and parents of people unable to pay for their own care to assume liability for any financial costs related to such care. Exemptions to this requirement include:

- If the individual does not have the financial resources to support the patient.
- Children of a parent if the parent was absent for at least ten years before the age of 18.

In cases of Medical Assistance patients, the Department of Human Services can annually charge the liable person for the cost of medical assistance coverage or six times the extra monthly income a person has, after they've paid for their own needs.

In cases unrelated to Medical Assistance, (for example, nursing homes seeking reimbursement), the liability must be determined by the court where the person in need of support resides.

Federal law

[42 U.S.C. § 1396p\(c\)\(2\)\(C\)](#)

(C) a satisfactory showing is made to the State (in accordance with regulations promulgated by the Secretary) that (i) the individual intended to dispose of the assets either at fair market value, or for other valuable consideration, (ii) the assets were transferred exclusively for a purpose other than to qualify for medical assistance, or (iii) all assets transferred for less than fair market value have been returned to the individual.

Pa Code

[55 Pa. Code § 178.104\(e\)\(3\)](#)

(3) The individual, the individual's spouse or someone else acting on behalf of the individual can show that one of the following applies:

- (i) The individual intended to dispose of the assets either at FMV or for other valuable consideration.
- (ii) The assets were transferred exclusively for a purpose other than to qualify for MA.
- (iii) The assets transferred for less than FMV were returned to the individual.

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

Legislation removing the provision related to liability for indigent relatives' care has been introduced successively over the past two decades. In 2005-2006 session, HB2749 sponsored by Rep. Maitland (R) passed the House.

In the 2021-22 sessions and 2019-2020 session, Rep. DeLuca sponsored [House Bill 169 PN 137](#) (DeLuca) and [House Bill 713 PN 754](#) (DeLuca) respectively. Both bills were referred the Judiciary Committee.

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THE GENERAL ASSEMBLY OF PENNSYLVANIA

HOUSE BILL

No. 2094 Session of
2024

INTRODUCED BY HOWARD, PROBST, VENKAT, SANCHEZ, OTTEN, CERRATO,
CURRY, HILL-EVANS, FRIEL AND WARREN, MARCH 12, 2024

REFERRED TO COMMITTEE ON HEALTH, MARCH 12, 2024

AN ACT

1 Amending Title 23 (Domestic Relations) of the Pennsylvania
2 Consolidated Statutes, in support of the indigent, further
3 providing for relatives' liability and procedure; and making
4 an editorial change.

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

7 Section 1. Sections 4602 and 4603 of Title 23 of the
8 Pennsylvania Consolidated Statutes are amended to read:

9 § 4602. Definitions.

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

13 "Court." A court of common pleas and the Philadelphia
14 Municipal Court.

15 "Department." The Department of [Public Welfare] Human
16 Services of the Commonwealth.

17 § 4603. Relatives' liability; procedure.

18 (a) Liability.--

19 (1) [Except as set forth in paragraph (2), all] All of

1 the following individuals have the responsibility to care for
2 and maintain or financially assist an indigent person,
3 regardless of whether the indigent person is a public charge:

4 (i) The spouse of the indigent person.

5 (ii) A child of the indigent person.

6 (iii) A parent of the indigent person.

7 (2) Paragraph (1) ~~[does not apply in any of]~~ shall only
8 apply in the following cases:

9 [(i) If an individual does not have sufficient
10 financial ability to support the indigent person.

11 (ii) A child shall not be liable for the support of
12 a parent who abandoned the child and persisted in the
13 abandonment for a period of ten years during the child's
14 minority.]

15 (i.1) In the case of an indigent individual who has
16 applied for or is receiving medical assistance for long-
17 term services and supports, including nursing facility
18 and home and community-based services, when an individual
19 under paragraph (1) has received or transferred any of
20 the following owned by an indigent individual or spouse
21 of an indigent individual for less than fair market value
22 within five years of the date the indigent individual
23 applies for or receives long-term services and supports:

24 (A) An asset.

25 (B) A resource, as defined in 55 Pa. Code §
26 178.2 (relating to definitions).

27 (C) Income.

28 (D) Real or personal property.

29 (i.2) In the case of an indigent individual who has
30 applied for or is receiving medical assistance for long-

1 term services and supports, including nursing facility
2 and home and community-based services, when an individual
3 under paragraph (1) does not cooperate with the
4 department, a nursing facility, a provider or other
5 person in the medical assistance eligibility process for
6 an indigent individual.

7 (3) Paragraph (1) does not apply to an individual who
8 has received or transferred an asset, resource, income or
9 real property or personal property under 42 U.S.C. § 1396p(c)
10 (2)(C) (relating to liens, adjustments and recoveries, and
11 transfers of assets) or 55 Pa. Code § 178.104(e)(3) (relating
12 to disposition of assets and fair consideration provisions
13 for transfers on or after July 30, 1994).

14 (b) Amount.--

15 (1) Except as set forth in paragraph (2), the amount of
16 liability shall be set by the court in the judicial district
17 in which the indigent person resides.

18 (2) For medical assistance for [the aged other than
19 public nursing home care,] long-term services and supports,
20 including nursing home facility and home and community-based
21 services, as provided in section 401 of the act of June 13,
22 1967 (P.L.31, No.21), known as the [Public Welfare] Human
23 Services Code, the following apply:

24 (i) Except as set forth in subparagraph (ii), the
25 amount of liability shall, during any 12-month period, be
26 the lesser of:

27 (A) six times the excess of the liable
28 individual's average monthly income over the amount
29 required for the reasonable support of the liable
30 individual and other persons dependent upon the

1 liable individual; or

2 (B) the cost of the medical assistance for [the
3 aged.] long-term services and supports, including
4 nursing home facility and home and community-based
5 services.

6 (ii) The department may, by reasonable regulations,
7 adjust the liability under subparagraph (i), including
8 complete elimination of the liability, at a cost to the
9 Commonwealth not exceeding those funds certified by the
10 Secretary of the Budget as available for this purpose.

11 (c) Procedure.--A court has jurisdiction in a case under
12 this section upon petition of:

13 (1) an indigent person; or

14 (2) any other person or public body or public agency
15 having any interest in the care, maintenance or assistance of
16 such indigent person.

17 (d) Contempt.--

18 (1) If an individual liable for support under this
19 section fails to comply with an order under this section, the
20 court shall schedule a contempt hearing. At the hearing, if
21 the court determines that the individual liable for support
22 has intentionally failed to comply with the order, the court
23 may hold the individual in contempt of court and may sentence
24 the individual to up to six months' imprisonment.

25 (2) This subsection applies regardless of whether the
26 indigent person is confined in a public institution.

27 Section 2. This act shall take effect immediately.

HOUSE OF REPRESENTATIVES

DEMOCRATIC COMMITTEE BILL ANALYSIS

Bill No:	HB2549 PN3587	Prepared By:	Dylan Lindberg (717) 705-1875,6240
Committee:	Health	Executive Director:	Erika Fricke
Sponsor:	Borowski, Lisa		
Date:	9/17/2024		

A. Brief Concept

Requires coroners to classify certain deaths as SUDEP deaths (Sudden Unexpected Death in Epilepsy) and notify affected next of kin of organizations working to document and analyze SUDEP deaths.

C. Analysis of the Bill

House Bill 2549 amends Title 16, the county code, to require coroners to assess whether a seizure or epilepsy caused a death.

If the findings are consistent with SUDEP, the coroner must indicate that SUDEP (Sudden Unexpected Death in Epilepsy) was the cause or suspected cause on the death certificate. Additionally, the coroner must provide information to families about an organization that collects information on SUDEP deaths in order to better understand the cause of SUDEP in the hopes of preventing future deaths.

The Department of Health is charged with creating the form that must be given to families.

SUDEP refers to the death of a patient diagnosed with epilepsy, where this is often an associated seizure, and the death is not due to any other causes.

Effective Date:

60 days.

G. Relevant Existing Laws

ARTICLE XII-B of the County Code provides for county coroners.

Section 1218-B. Coroner's investigation.

(a) Duty.--The coroner having a view of the body shall investigate the facts and circumstances concerning a death that appears to have happened within the county, notwithstanding where the cause of the death may have occurred, for the purpose of determining whether or not an autopsy or inquest should be conducted in the following cases:

(1) A sudden death not caused by a readily recognizable disease or, if the cause of death cannot be properly certified, by a physician on the basis of prior recent medical attendance.

(2) A death occurring under suspicious circumstances, including if alcohol, a drug or another toxic substance may have had a direct bearing on the outcome.

(3) A death occurring as a result of violence or trauma, whether apparently homicidal, suicidal or accidental, including, but not limited to, a death due to mechanical, thermal, chemical, electrical or radiational injury, drowning, cave-in or subsidence.

(4) A death in which trauma, chemical injury, drug overdose or reaction to a drug or medication or medical treatment was a primary or secondary, direct or indirect, contributory,

aggravating or precipitating cause of death.

(5) A perioperative death in which the death is not readily explainable on the basis of prior disease.

(6) A death in which the body is unidentified or unclaimed.

(7) A death known or suspected to be due to contagious disease and constituting a public hazard.

(8) A death occurring in prison or a penal institution or while in the custody of the police.

(9) A death of an individual whose body is to be cremated, buried at sea or otherwise disposed of so as to be unavailable for examination thereafter.

(10) A sudden and unexplained infant death.

(11) A stillbirth.

(b) Purpose.--The purpose of an investigation under subsection (a) shall be to determine:

(1) The cause and manner of the death.

(2) Whether or not there is sufficient reason for the coroner to believe that the death may have resulted from a criminal act or criminal neglect of a person other than the deceased.

(c) Requirements.--As part of an investigation under subsection (a), the coroner shall determine the identity of the deceased and notify the next of kin of the deceased.

(1218-B added Oct. 24, 2018, P.L.931, No.154)

Section 1219-B. Autopsy, inquest and records.

(a) Autopsy.--If, after investigation, the coroner is unable to determine the cause and manner of death, the coroner shall perform or order an autopsy on the body.

(b) Inquest.--If the coroner is unable to determine the cause and manner of death following an autopsy, the coroner may conduct an inquest upon a view of the body as provided by law. At the inquest, the coroner's duty shall be to:

(1) Ascertain the cause of death.

(2) Determine whether an individual other than the deceased was criminally responsible by act or neglect and the identity of the individual who may be responsible.

(3) Examine further evidence and witnesses regarding the cause of death.

(c) Recording.--The proceedings at the inquest shall be recorded, at the expense of the county, in a manner to be provided by the county commissioners.

(d) Retention and disposal.--

(1) The coroner may retain a deoxyribonucleic acid (DNA) specimen for diagnostic, evidentiary or confirmatory purposes.

(2) Retained tissue, organs, blood, other bodily fluid, gas or another specimen from an autopsy are medical waste and shall be disposed of in accordance with applicable Federal and State laws.

Section 1221-B. Sudden death.

(a) General rule.--The coroner shall regard a death as sudden if:

(1) The death occurs without prior medical attendance by an individual who may lawfully execute a certificate of death in this Commonwealth.

(2) Within 24 hours of death the decedent:

(i) was discharged from medical attendance;

(ii) had a change of medical attendance occur; or

(iii) had medical attendance and the medical attendant refuses or is unable to certify the cause of death.

(b) Construction.--This section shall not be construed to affect the coroner's discretion as to whether or not a death was suspicious or to authorize a coroner to investigate a sudden death further than necessary to determine the cause and manner of death.

(c) Definition.--As used in this section, the phrase "medical attendance" shall include treatment or care at a facility providing medical services, including a hospital, nursing home and hospice service.

(1221-B added Oct. 24, 2018, P.L.931, No.154)

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

N/A.

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THE GENERAL ASSEMBLY OF PENNSYLVANIA

HOUSE BILL

No. 2549 Session of
2024

INTRODUCED BY BOROWSKI, C. WILLIAMS, KHAN, HILL-EVANS, BRENNAN,
SCHLOSSBERG, PROBST, CURRY, MERSKI, GILLEN AND SANCHEZ,
SEPTEMBER 6, 2024

REFERRED TO COMMITTEE ON HEALTH, SEPTEMBER 6, 2024

AN ACT

1 Amending Title 16 (Counties) of the Pennsylvania Consolidated
2 Statutes, in coroner, providing for sudden unexpected death
3 in epilepsy.

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

6 Section 1. Title 16 of the Pennsylvania Consolidated
7 Statutes is amended by adding a section to read:

8 § 13921.1. Sudden unexpected death in epilepsy.

9 (a) Inquiry.--An autopsy conducted by a coroner in this
10 Commonwealth shall include an inquiry to determine whether the
11 death of the deceased individual was a direct result of a
12 seizure or epilepsy.

13 (b) Duties of coroner.--If the findings of the autopsy under
14 subsection (a) are consistent with known or suspected SUDEP, the
15 coroner shall:

16 (1) Cause to be indicated on the death certificate of
17 the deceased individual that SUDEP is the cause or suspected
18 cause of death.

1 (2) Provide the next of kin of the deceased individual
2 with a form, developed and provided by the Department of
3 Health, which provides contact information for a third-party
4 entity that documents and analyzes SUDEP deaths in order to
5 reveal SUDEP risk factors and causes and develop preventive
6 measures.

7 (c) Applicability.--This section shall apply to counties of
8 the first class, second class, second class A, third class,
9 fourth class, fifth class, sixth class, seventh class and eighth
10 class.

11 (d) Definition.--As used in this section, the term "sudden
12 unexpected death in epilepsy" or "SUDEP" shall refer to a death
13 in a patient previously diagnosed with epilepsy that is not due
14 to trauma, drowning, status epilepticus or other known causes
15 but for which there is often evidence of an associated seizure.
16 A finding of SUDEP is definite when clinical criteria are met
17 and an autopsy reveals no alternative cause of death, such as
18 stroke, myocardial infarction or drug intoxication, although
19 there may be evidence of a seizure.

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

HOUSE OF REPRESENTATIVES

DEMOCRATIC COMMITTEE BILL ANALYSIS

Bill No: HR0434 PN3100
Committee: Health
Sponsor: Labs, Shelby
Date: 9/18/2024

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

A. Brief Concept

Recognizing the month of October 2024 as "Breast Cancer Awareness Month" and October 18, 2024, as "National Mammography Day" in Pennsylvania.

C. Analysis of the Bill

In recognizing "Breast Cancer Awareness Month" and "National Mammography Day", HR 434 makes the following statements:

- Breast cancer is:
 - one of the most prevalent cancers worldwide and the most frequently diagnosed cancer among women in the United States after skin cancer.
 - the most common cancer type among young females, accounting for 30% of diagnosed cancer cases in American adolescent and young adult women.
- Impacting women:
 - One in eight women in the United States will face a breast cancer diagnosis during her lifetime.
 - Approximately 140,000 women in Pennsylvania are currently living with breast cancer.
 - More than 13,000 women in Pennsylvania receive a breast cancer diagnosis each year.
- Breast cancer affects both men and women, although men account for less than 1% of breast cancer cases.
- In 2024, an estimated 310,720 women and 2,800 men will be diagnosed with invasive breast cancer.
- Diagnosis and treatment:
 - When detected in its earliest, localized stages, the five-year relative survival rate for breast cancer is an impressive 99%.
 - There are currently more than 4 million breast cancer survivors across the United States.
 - Clinical breast examinations, regular mammograms and breast self-examinations remain critical tools for detecting breast cancer.
 - The use of mammography in the United States has been credited with doubling the detection of early stage breast cancer.
 - Significant advances in early detection and treatment methods have dramatically improved breast cancer survival rates in recent years.
 - Mammography screening cuts the risk of dying from breast cancer nearly in half.
- Advocacy:
 - Efforts to promote increased mammogram screening have resulted in the third Friday in October being observed annually as "National Mammography Day."
 - Even with impressive progress, many women do not utilize mammograms or other recommended testing methods at regular intervals before physical symptoms can be seen or felt.
 - Breast cancer does not discriminate - men and women from all walks of life and of all ages and backgrounds are at risk of developing breast cancer.
 - "Breast Cancer Awareness Month" sheds light on preventative treatments and measures women can utilize to fight breast cancer before it occurs or detect breast

cancer in its early stages.

- Thousands of professionals and volunteers fight against breast cancer and tirelessly work to raise funds, increase public awareness and provide support to those affected by breast cancer.

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. 434 Session of
2024

INTRODUCED BY LABS, MARCELL, TOMLINSON, KINSEY, PICKETT,
SCHMITT, VENKAT, CURRY, CAUSER, OTTEN, O'MARA, ROWE, MENTZER,
NEILSON, MOUL AND DALEY, MAY 14, 2024

REFERRED TO COMMITTEE ON HEALTH, MAY 14, 2024

A RESOLUTION

1 Recognizing the month of October 2024 as "Breast Cancer
2 Awareness Month" and October 18, 2024, as "National
3 Mammography Day" in Pennsylvania.

4 WHEREAS, October has been long recognized across America as
5 "Breast Cancer Awareness Month" in an effort to educate everyone
6 about cancer and raise public awareness about the importance of
7 early detection; and

8 WHEREAS, Breast cancer is one of the most prevalent cancers
9 worldwide and the most frequently diagnosed cancer among women
10 in the United States after skin cancer; and

11 WHEREAS, Breast cancer is also the most common cancer type
12 among young females, accounting for 30% of diagnosed cancer
13 cases in American adolescent and young adult women; and

14 WHEREAS, One in eight women in the United States will face a
15 breast cancer diagnosis during her lifetime; and

16 WHEREAS, Approximately 140,000 women in Pennsylvania are
17 currently living with breast cancer; and

18 WHEREAS, More than 13,000 women in Pennsylvania receive a

1 breast cancer diagnosis each year; and

2 WHEREAS, Breast cancer occurs in every country in the world
3 and affects both men and women, although men account for less
4 than 1% of breast cancer cases; and

5 WHEREAS, In 2024, an estimated 310,720 women and 2,800 men
6 will be diagnosed with invasive breast cancer; and

7 WHEREAS, When detected in its earliest, localized stages, the
8 five-year relative survival rate for breast cancer is an
9 impressive 99%; and

10 WHEREAS, There are currently more than 4 million breast
11 cancer survivors across the United States; and

12 WHEREAS, Clinical breast examinations, regular mammograms and
13 breast self-examinations remain critical tools for detecting
14 breast cancer; and

15 WHEREAS, The use of mammography in the United States has been
16 credited with doubling the detection of early stage breast
17 cancer; and

18 WHEREAS, Efforts to promote increased mammogram screening
19 have resulted in the third Friday in October being observed
20 annually as "National Mammography Day;" and

21 WHEREAS, Significant advances in early detection and
22 treatment methods have dramatically improved breast cancer
23 survival rates in recent years; and

24 WHEREAS, Mammography screening cuts the risk of dying from
25 breast cancer nearly in half; and

26 WHEREAS, Even with impressive progress, many women do not
27 utilize mammograms or other recommended testing methods at
28 regular intervals before physical symptoms can be seen or felt;
29 and

30 WHEREAS, Breast cancer does not discriminate - men and women

1 from all walks of life and of all ages and backgrounds are at
2 risk of developing breast cancer; and

3 WHEREAS, "Breast Cancer Awareness Month" sheds light on
4 preventative treatments and measures women can utilize to fight
5 breast cancer before it occurs or detect breast cancer in its
6 early stages; and

7 WHEREAS, Thousands of professionals and volunteers fight
8 against breast cancer and tirelessly work to raise funds,
9 increase public awareness and provide support to those affected
10 by breast cancer; therefore be it

11 RESOLVED, That the House of Representatives recognize the
12 month of October 2024 as "Breast Cancer Awareness Month" and
13 October 18, 2024, as "National Mammography Day" in Pennsylvania;
14 and be it further

15 RESOLVED, That the House of Representatives encourage
16 Pennsylvanians to use this month as an opportunity to educate
17 themselves about breast cancer and take proactive steps to
18 reduce their risks and get appropriate screenings; and be it
19 further

20 RESOLVED, That the House of Representatives stand together in
21 solidarity with individuals battling breast cancer, offering our
22 unwavering support, compassion and hope.

HOUSE OF REPRESENTATIVES

DEMOCRATIC COMMITTEE BILL ANALYSIS

Bill No:	HR0479 PN3345	Prepared By:	Patrick O'Rourke (717) 787-4296,6711
Committee:	Health	Executive Director:	Erika Fricke
Sponsor:	Hogan, Joseph		
Date:	9/20/2024		

A. Brief Concept

Recognizing the month of November 2024 as "National Epilepsy Awareness Month" in Pennsylvania.

C. Analysis of the Bill

In recognizing "National Epilepsy Awareness Month," HR479 references the following information:

- Epilepsy is a neurological condition sometimes referred to as a seizure disorder and is characterized by recurring seizures.
- A seizure is usually defined as a sudden alteration of behavior due to a temporary change in electrical functioning of the brain.
- Normally, the brain continuously generates tiny electrical impulses in an orderly pattern and these impulses travel along neurons and throughout the whole body via chemical messengers called neurotransmitters.
- In epilepsy, the brain's electrical rhythms have a tendency to become imbalanced, resulting in recurrent seizures.
- In patients with seizures, the normal electrical pattern is disrupted by sudden and synchronized bursts of electrical energy that may briefly affect their consciousness, movements or sensations.
- As the fourth most common neurological disorder in the United States, following migraine, stroke and Alzheimer's disease, epilepsy affects 3.4 million Americans of all ages;
- Approximately 200,000 new cases of epilepsy are diagnosed each year, most often in young children and senior citizens;
- One in 26 people will develop epilepsy in his or her lifetime;
- Up to 50,000 Americans die each year from seizures and related causes, including sudden unexplained death in epilepsy;
- The Epilepsy Association of Western and Central Pennsylvania and the Epilepsy Foundation of Eastern Pennsylvania lead the fight to stop seizures, find a cure and overcome the challenges created by epilepsy;
- The Epilepsy Association of Western and Central Pennsylvania and the Epilepsy Foundation of Eastern Pennsylvania are dedicated to ensuring that all people with seizures and epilepsy are able to participate in all of life's experiences;
- The Epilepsy Association of Western and Central Pennsylvania and the Epilepsy Foundation of Eastern Pennsylvania have been serving the needs of Pennsylvanians who live with seizures since 1972;
- Misinformation and misperceptions regarding epilepsy have a long history and are still prevalent throughout society today; and
- Epilepsy education and awareness programs seek to combat stigma in the hope of improving the quality of life for people with epilepsy.

Effective Date:

N/A.

G. Relevant Existing Laws

N/A.

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

2019-2020 Legislative Session

- [HR 570 PN 2718](#) (Bizzarro)
 - Adopted 11/19/19.
- [HR 979 PN4299](#) (Bizzarro)
 - Adopted 11/19/20.

2017-2018 Legislative Session

- [HR 1094 PN 4061](#) (Bizzarro)
 - Adopted 11/17/18.

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THE GENERAL ASSEMBLY OF PENNSYLVANIA

HOUSE RESOLUTION

No. 479 Session of
2024

INTRODUCED BY HOGAN, MARCELL, ROWE, BENNINGHOFF, MOUL, HILL-
EVANS, MERSKI, KINSEY, NEILSON, CONKLIN, KAZEEM, DALEY,
GILLEN, HEFFLEY, WARREN AND TOMLINSON, JUNE 20, 2024

REFERRED TO COMMITTEE ON HEALTH, JUNE 20, 2024

A RESOLUTION

1 Recognizing the month of November 2024 as "National Epilepsy
2 Awareness Month" in Pennsylvania.

3 WHEREAS, Epilepsy is a neurological condition sometimes
4 referred to as a seizure disorder and is characterized by
5 recurring seizures; and

6 WHEREAS, A seizure is usually defined as a sudden alteration
7 of behavior due to a temporary change in electrical functioning
8 of the brain; and

9 WHEREAS, Normally, the brain continuously generates tiny
10 electrical impulses in an orderly pattern and these impulses
11 travel along neurons and throughout the whole body via chemical
12 messengers called neurotransmitters; and

13 WHEREAS, In epilepsy, the brain's electrical rhythms have a
14 tendency to become imbalanced, resulting in recurrent seizures;
15 and

16 WHEREAS, In patients with seizures, the normal electrical
17 pattern is disrupted by sudden and synchronized bursts of

1 electrical energy that may briefly affect their consciousness,
2 movements or sensations; and

3 WHEREAS, As the fourth most common neurological disorder in
4 the United States, following migraine, stroke and Alzheimer's
5 disease, epilepsy affects 3.4 million Americans of all ages; and

6 WHEREAS, Approximately 200,000 new cases of epilepsy are
7 diagnosed each year, most often in young children and senior
8 citizens; and

9 WHEREAS, One in 26 people will develop epilepsy in his or her
10 lifetime; and

11 WHEREAS, Up to 50,000 Americans die each year from seizures
12 and related causes, including sudden unexplained death in
13 epilepsy; and

14 WHEREAS, The Epilepsy Association of Western and Central
15 Pennsylvania and the Epilepsy Foundation of Eastern Pennsylvania
16 lead the fight to stop seizures, find a cure and overcome the
17 challenges created by epilepsy; and

18 WHEREAS, The Epilepsy Association of Western and Central
19 Pennsylvania and the Epilepsy Foundation of Eastern Pennsylvania
20 are dedicated to ensuring that all people with seizures and
21 epilepsy are able to participate in all of life's experiences;
22 and

23 WHEREAS, The Epilepsy Association of Western and Central
24 Pennsylvania and the Epilepsy Foundation of Eastern Pennsylvania
25 have been serving the needs of Pennsylvanians who live with
26 seizures since 1972; and

27 WHEREAS, Misinformation and misperceptions regarding epilepsy
28 have a long history and are still prevalent throughout society
29 today; and

30 WHEREAS, Epilepsy education and awareness programs seek to

1 combat stigma in the hope of improving the quality of life for
2 people with epilepsy; therefore be it

3 RESOLVED, That the House of Representatives recognize the
4 month of November 2024 as "National Epilepsy Awareness Month" in
5 Pennsylvania.

HOUSE OF REPRESENTATIVES

DEMOCRATIC COMMITTEE BILL ANALYSIS

Bill No: HR0500 PN3531
Committee: Health
Sponsor: Ortitay, Jason
Date: 9/23/2024

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

A. Brief Concept

A Resolution recognizing the month of October 2024 as "Dyslexia Awareness Month" in Pennsylvania.

C. Analysis of the Bill

In recognizing "Dyslexia Awareness Month," HR 500 references the following information:

- Dyslexia is a specific learning disability that is neurological in origin and characterized by difficulties with accurate and/or fluent word recognition, poor spelling and decoding abilities.
- Dyslexia affects one in five individuals, impacting people of all ages, races and socioeconomic backgrounds.
- It is vital to provide support and resources for educators, parents and individuals affected by dyslexia.
- Recognizing the month of October 2024 as "Dyslexia Awareness Month" promotes awareness, understanding and advocacy for those affected by dyslexia.

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. 500 Session of
2024

INTRODUCED BY ORTITAY, M. MACKENZIE, MARCELL, KAZEEM, METZGAR,
ABNEY, KHAN AND OTTEN, JULY 23, 2024

REFERRED TO COMMITTEE ON HEALTH, JULY 23, 2024

A RESOLUTION

1 Recognizing the month of October 2024 as "Dyslexia Awareness
2 Month" in Pennsylvania.

3 WHEREAS, Dyslexia is a specific learning disability that is
4 neurological in origin and characterized by difficulties with
5 accurate and/or fluent word recognition, poor spelling and
6 decoding abilities; and

7 WHEREAS, Dyslexia affects one in five individuals, impacting
8 people of all ages, races and socioeconomic backgrounds; and

9 WHEREAS, Increased awareness and understanding of dyslexia
10 can lead to early diagnosis and intervention, significantly
11 improving the educational and life outcomes for individuals with
12 dyslexia; and

13 WHEREAS, It is vital to provide support and resources for
14 educators, parents and individuals affected by dyslexia to help
15 them achieve their full potential; and

16 WHEREAS, Recognizing the month of October 2024 as "Dyslexia
17 Awareness Month" promotes awareness, understanding and advocacy
18 for those affected by dyslexia; therefore be it

1 RESOLVED, That the House of Representatives recognize the
2 month of October 2024 as "Dyslexia Awareness Month" in
3 Pennsylvania; and be it further

4 RESOLVED, That the House of Representatives commit to raising
5 awareness, supporting early diagnosis and providing resources to
6 support individuals with dyslexia and their families.

HOUSE OF REPRESENTATIVES

DEMOCRATIC COMMITTEE BILL ANALYSIS

Bill No:	HR0503 PN3548	Prepared By:	Patrick O'Rourke (717) 787-4296,6711
Committee:	Health	Executive Director:	Erika Fricke
Sponsor:	Waxman, Benjamin		
Date:	9/23/2024		

A. Brief Concept

Recognizing October 5, 2024, as "Ostomy Awareness Day" in Pennsylvania.

C. Analysis of the Bill

In recognizing "Ostomy Awareness Day," HR 503 references the following information:

- An ostomy is a type of surgery that creates an opening, known as a stoma, in the abdomen that allows for the removal of bodily waste when a person has lost the normal function of digestive or urinary systems due to a birth defect, colorectal cancer, bladder cancer, Crohn's disease, ulcerative colitis, bowel injury or other medical condition.
- Bodily waste passes through the stoma into an ostomy pouch on the outside of the body or, in the case of a continent diversion surgery, an internal surgically created reservoir.
- Not all ostomies result in a permanent stoma, with doctors recommending temporary stomas if all or part of a patient's large intestine needs to rest following surgery.
- More than 725,000 people in the United States currently live with an ostomy and more than 100,000 new ostomy surgeries are performed each year.
- Ostomy or continent diversion surgery can occur at any age and does not lower life expectancy.
- Through the efforts of United Ostomy Associations of America, Inc. (UOAA), and its more than 300 affiliated support groups, individuals needing ostomy surgeries are becoming more aware of the opportunities for education, mutual aid, advocacy and support that are of great benefit to them and their families.
- UOAA celebrates "Ostomy Awareness Day" annually on the first Saturday of October.
- The International Ostomy Association sponsors "World Ostomy Day," which is recognized globally every three years and will be celebrated on October 5, 2024.
- "Ostomy Awareness Day" and "World Ostomy Day" aim to improve the rehabilitation of ostomates by spreading awareness and promoting national and global visibility.
- The House of Representatives:
 - is committed to increasing public understanding of ostomies to help dispel fear in those about to undergo this surgery, as well as the fear that confronts their families.
 - recognizes that education and awareness are vital to ensure that those who are living with an ostomy face no discrimination and are accepted as healthy individuals.

Effective Date:

N/A.

G. Relevant Existing Laws

N/A.

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

2023-24 Legislative Session

- [HR 237 PN 2122](#) (Rozzi)
 - Referred to House Health Committee on 10/13/2023.

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THE GENERAL ASSEMBLY OF PENNSYLVANIA

HOUSE RESOLUTION

No. 503 Session of
2024

INTRODUCED BY WAXMAN, CONKLIN, GIRAL, OTTEN, FREEMAN, PROBST,
HILL-EVANS, VENKAT, HADDOCK, KHAN, SANCHEZ, ROZZI, DALEY,
JOZWIAK, CURRY AND GREEN, JULY 30, 2024

REFERRED TO COMMITTEE ON HEALTH, JULY 30, 2024

A RESOLUTION

1 Recognizing October 5, 2024, as "Ostomy Awareness Day" in
2 Pennsylvania.

3 WHEREAS, An ostomy is a type of surgery that creates an
4 opening, known as a stoma, in the abdomen that allows for the
5 removal of bodily waste when a person has lost the normal
6 function of digestive or urinary systems due to a birth defect,
7 colorectal cancer, bladder cancer, Crohn's disease, ulcerative
8 colitis, bowel injury or other medical condition; and

9 WHEREAS, Bodily waste passes through the stoma into an ostomy
10 pouch on the outside of the body or, in the case of a continent
11 diversion surgery, an internal surgically created reservoir; and

12 WHEREAS, Not all ostomies result in a permanent stoma, with
13 doctors recommending temporary stomas if all or part of a
14 patient's large intestine needs to rest following surgery; and

15 WHEREAS, More than 725,000 people in the United States
16 currently live with an ostomy and more than 100,000 new ostomy
17 surgeries are performed each year; and

1 WHEREAS, Ostomy or continent diversion surgery can occur at
2 any age and does not lower life expectancy; and

3 WHEREAS, Through the efforts of United Ostomy Associations of
4 America, Inc. (UOAA), and its more than 300 affiliated support
5 groups, individuals needing ostomy surgeries are becoming more
6 aware of the opportunities for education, mutual aid, advocacy
7 and support that are of great benefit to them and their
8 families; and

9 WHEREAS, UOAA celebrates "Ostomy Awareness Day" annually on
10 the first Saturday of October; and

11 WHEREAS, The International Ostomy Association sponsors "World
12 Ostomy Day," which is recognized globally every three years and
13 will be celebrated on October 5, 2024; and

14 WHEREAS, "Ostomy Awareness Day" and "World Ostomy Day" aim to
15 improve the rehabilitation of ostomates by spreading awareness
16 and promoting national and global visibility; and

17 WHEREAS, "Ostomy Awareness Day" in Pennsylvania may serve as
18 a reminder that this is a lifesaving and life-restoring surgery;
19 and

20 WHEREAS, The House of Representatives is committed to
21 increasing public understanding of ostomies to help dispel fear
22 in those about to undergo this surgery, as well as the fear that
23 confronts their families; and

24 WHEREAS, The House of Representatives recognizes that
25 education and awareness are vital to ensure that those who are
26 living with an ostomy face no discrimination and are accepted as
27 healthy individuals; therefore be it

28 RESOLVED, That the House of Representatives recognize October
29 5, 2024, as "Ostomy Awareness Day" in Pennsylvania.

HOUSE OF REPRESENTATIVES

DEMOCRATIC COMMITTEE BILL ANALYSIS

Bill No:	HR0514 PN3573	Prepared By:	Patrick O'Rourke (717) 787-4296,6711
Committee:	Health	Executive Director:	Erika Fricke
Sponsor:	Matzie, Robert		
Date:	9/27/2024		

A. Brief Concept

Designates November 2024 as "Pancreatic Cancer Awareness Month."

C. Analysis of the Bill

In designating "Pancreatic Cancer Awareness Month," HR 514 references the following information:

- The pancreas is a thin, pear-shaped gland behind the stomach that plays an important role in the digestive system by producing fluids to help break down food and hormones to control blood sugar levels.
- The exact cause of pancreatic cancer is yet to be determined. There are typically no symptoms during the early stages of pancreatic cancer and it spreads quickly throughout the body, making it difficult to detect and harder to treat in later stages.
- Symptoms that could indicate pancreatic cancer include:
 - upper abdominal pain.
 - weight loss.
 - jaundice.
 - severe itching.
 - digestive problems.
 - nausea.
 - vomiting.
- Risk factors include:
 - genetics.
 - age.
 - smoking.
 - obesity.
 - long-standing diabetes.
- Pancreatic cancer is the third-leading cause of cancer-related deaths in men and women in the United States each year.
- Organizations such as the Pancreatic Cancer Action Network and the National Pancreas Foundation are committed to helping and empowering patients suffering from pancreatic cancer, focusing efforts on public policy, research funding, patient services and public awareness, and developing effective treatments and a cure for pancreatic cancer.
- "Pancreatic Cancer Awareness Month" is celebrated each November to highlight awareness efforts and strengthen the voices speaking out about pancreatic cancer.

Effective Date:

N/A.

G. Relevant Existing Laws

N/A.

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

2023-24 Legislative Session

- [HR 227 PN 2064](#) (Matzie)
 - Adopted 11/15/23.

2019-20 Legislative Session

- [HR 566 PN 2715](#) (Matzie)
 - Adopted 11/19/19
- [HR 1045 PN 4516](#) (Matzie)
 - Adopted 10/20/20

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THE GENERAL ASSEMBLY OF PENNSYLVANIA

HOUSE RESOLUTION

No. 514 Session of
2024

INTRODUCED BY MATZIE, PICKETT, HARKINS, FREEMAN, KAZEEM,
McNEILL, VENKAT, CEPEDA-FREYTIZ, SCHLOSSBERG, HILL-EVANS,
STAATS, HADDOCK, GIRAL, PROBST, GALLAGHER, CONKLIN, HEFFLEY,
CAUSER, NEILSON, SANCHEZ, MADDEN AND MERSKI, AUGUST 15, 2024

REFERRED TO COMMITTEE ON HEALTH, AUGUST 15, 2024

A RESOLUTION

1 Designating the month of November 2024 as "Pancreatic Cancer
2 Awareness Month" in Pennsylvania.

3 WHEREAS, The pancreas is a thin, pear-shaped gland behind the
4 stomach that plays an important role in the digestive system by
5 producing fluids to help break down food and hormones to control
6 blood sugar levels; and

7 WHEREAS, There are typically no symptoms during the early
8 stages of pancreatic cancer and it spreads quickly throughout
9 the body, making it difficult to detect and harder to treat in
10 later stages; and

11 WHEREAS, Symptoms that could indicate pancreatic cancer
12 include upper abdominal pain, weight loss, jaundice, severe
13 itching, digestive problems, nausea and vomiting; and

14 WHEREAS, The exact cause of pancreatic cancer is yet to be
15 determined; and

16 WHEREAS, Risk factors, including genetics, age, smoking,
17 obesity and long-standing diabetes, may contribute to the

1 development of pancreatic cancer; and

2 WHEREAS, Pancreatic cancer is the third-leading cause of
3 cancer-related deaths in men and women in the United States each
4 year; and

5 WHEREAS, Organizations such as the Pancreatic Cancer Action
6 Network and the National Pancreas Foundation are committed to
7 helping and empowering patients suffering from pancreatic
8 cancer, focusing efforts on public policy, research funding,
9 patient services and public awareness, and developing effective
10 treatments and a cure for pancreatic cancer; and

11 WHEREAS, "Pancreatic Cancer Awareness Month" is celebrated
12 each November to highlight awareness efforts and strengthen the
13 voices speaking out about pancreatic cancer; and

14 WHEREAS, The good health and well-being of the residents of
15 this Commonwealth are enhanced as a direct result of increased
16 awareness about pancreatic cancer and research regarding early
17 detection, causes and effective treatments; therefore be it

18 RESOLVED, That the House of Representatives designate the
19 month of November 2024 as "Pancreatic Cancer Awareness Month" in
20 Pennsylvania; and be it further

21 RESOLVED, That the House of Representatives strongly support
22 educational activities and programs designed to strengthen
23 awareness and support those living with pancreatic cancer.

HOUSE OF REPRESENTATIVES

DEMOCRATIC COMMITTEE BILL ANALYSIS

Bill No:	HR0523 PN3612	Prepared By:	Nicholas Wiley (717) 705-1875
Committee:	Health	Executive Director:	Erika Fricke
Sponsor:	Rapp, Kathy		
Date:	9/23/2024		

A. Brief Concept

A Resolution designating the week of September 15 through 21, 2024 as "Surgical Technologist Week" in Pennsylvania.

C. Analysis of the Bill

In designating September 15th-23rd as "Surgical Technologist Week", HR 523 references the following information:

- Surgical technologists play a vital role in the care and health of surgical patients in this Commonwealth.
- Surgical technologists, also called scrubs, play an integral role in the surgical team, serving in many capacities alongside of surgeons, nurses, anesthesia providers and other health care personnel.
- All major hospitals and ambulatory surgical centers in this Commonwealth employ surgical technologists to work with surgeons in the operating room to provide quality patient care.
- As a large percentage of the general population approaches retirement age and as technological advances such as fiber optics and laser technology permit new surgical procedures, employment of surgical technologists who are educated in these technologies is expected to grow faster than average for all occupations.
- In this Commonwealth, 17 programs in surgical technology graduate quality students.
- Each year the Association of Surgical Technologists designates a week in September as "National Surgical Technologists Week" to celebrate and promote the profession.
- It is fitting that these medical professionals receive recognition for their contributions to the care and health of the residents of this Commonwealth.

Effective Date:

N/A.

G. Relevant Existing Laws

N/A.

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

2019-20 Legislative Session

- [HR 394 PN 2069](#) (Rapp)
 - Adopted 6/17/19
- [HR 914 PN 3998](#) (Rapp)
 - Removed from table 11/16/20

the Pennsylvania House of Representatives and may not be utilized as such.

THE GENERAL ASSEMBLY OF PENNSYLVANIA

HOUSE RESOLUTION

No. 523 Session of
2024

INTRODUCED BY RAPP, ROSSI, VENKAT, STEHR, ZIMMERMAN, VITALI,
PICKETT AND CAUSER, SEPTEMBER 17, 2024

REFERRED TO COMMITTEE ON HEALTH, SEPTEMBER 17, 2024

A RESOLUTION

1 Designating the week of September 15 through 21, 2024, as
2 "Surgical Technologist Week" in Pennsylvania.

3 WHEREAS, Surgical technologists play a vital role in the care
4 and health of surgical patients in this Commonwealth; and

5 WHEREAS, Surgical technologists, also called scrubs, play an
6 integral role in the surgical team, serving in many capacities
7 alongside of surgeons, nurses, anesthesia providers and other
8 health care personnel; and

9 WHEREAS, All major hospitals and ambulatory surgical centers
10 in this Commonwealth employ surgical technologists to work with
11 surgeons in the operating room to provide quality patient care;
12 and

13 WHEREAS, As a large percentage of the general population
14 approaches retirement age and as technological advances such as
15 fiber optics and laser technology permit new surgical
16 procedures, employment of surgical technologists who are
17 educated in these technologies is expected to grow faster than
18 average for all occupations; and

1 WHEREAS, In this Commonwealth, 17 programs in surgical
2 technology graduate quality students; and

3 WHEREAS, Each year the Association of Surgical Technologists
4 designates a week in September as "National Surgical
5 Technologists Week" to celebrate and promote the profession; and

6 WHEREAS, It is fitting that these medical professionals
7 receive recognition for their contributions to the care and
8 health of the residents of this Commonwealth; therefore be it

9 RESOLVED, That the House of Representatives designate the
10 week of September 15 through 21, 2024, as "Surgical Technologist
11 Week" in Pennsylvania.

HOUSE OF REPRESENTATIVES

DEMOCRATIC COMMITTEE BILL ANALYSIS

Bill No:	HR0524 PN3531	Prepared By:	Nicholas Wiley (717) 705-1875
Committee:	Health	Executive Director:	Erika Fricke
Sponsor:	Howard, Kristine		
Date:	9/24/2024		

A. Brief Concept

A Resolution recognizing October 15, 2024, as "White Cane Safety Day" in Pennsylvania.

C. Analysis of the Bill

In recognizing October 15, 2024, as "White Cane Safety Day" in PA, HR 524 references the following information:

- On October 6, 1964, the Congress of the United States designated October 15 of each year as "White Cane Safety Day".
- Blindness and severe visual impairment affect approximately 300,000 Pennsylvania residents.
- Persons with impaired vision use travel aids such as a white cane or dog guides to get around public streets and sidewalks and places of public accommodation.
- The travel aids, known as "White Canes," are universally recognized as symbols representing vision loss.
- Pennsylvania has a White Cane Law requiring drivers of vehicles to yield the right-of-way to any totally or partially blind pedestrian carrying a clearly visible white cane or accompanied by a guide dog and take necessary precautions to avoid injuring or endangering the pedestrian, including stopping the vehicle.
- Greater awareness of Pennsylvania's White Cane Law leads to safer, more attentive driving in general, enhancing the safety of all pedestrians, including children, elders and people with disabilities.

Effective Date:

N/A.

G. Relevant Existing Laws

Pa.C.S. § 3549. Blind pedestrians.

(a) General rule.--The driver of a vehicle shall yield the right-of-way to any totally or partially blind pedestrian carrying a clearly visible white cane or accompanied by a guide dog and shall take such precautions as may be necessary to avoid injuring or endangering the pedestrian and, if necessary, shall stop the vehicle in order to prevent injury or danger to the pedestrian.

(b) Effect of absence of cane or dog.--This section shall not be construed to deprive a totally or partially blind pedestrian not carrying a cane or not being guided by a dog of the rights and privileges conferred by law upon pedestrians crossing streets or highways, nor shall the failure of a totally or partially blind pedestrian to carry a cane or to be guided by a guide dog upon the streets, highways or sidewalks of this Commonwealth be held to constitute contributory negligence in and of itself.

(c) Penalty.--A violation of subsection (a) constitutes a summary offense punishable by a fine of not less than \$50 nor more than \$150.

(Oct. 4, 2002, P.L.845, No.123, eff. 60 days)

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

2023-24 Legislative Session

- [HR 248 PN 2207](#) (Howard)
 - Reported from House Transportation Committee and laid on the table 3/26/2024

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THE GENERAL ASSEMBLY OF PENNSYLVANIA

HOUSE RESOLUTION

No. 524 Session of
2024

INTRODUCED BY HOWARD, HILL-EVANS, GREINER, SANCHEZ, SCHLOSSBERG,
McNEILL, FREEMAN, HOHENSTEIN, KHAN, BOROWSKI, PASHINSKI,
MENTZER AND GALLAGHER, SEPTEMBER 19, 2024

REFERRED TO COMMITTEE ON HEALTH, SEPTEMBER 19, 2024

A RESOLUTION

1 Recognizing October 15, 2024, as "White Cane Safety Day" in
2 Pennsylvania.

3 WHEREAS, On October 6, 1964, the Congress of the United
4 States designated October 15 of each year as "White Cane Safety
5 Day"; and

6 WHEREAS, Blindness and severe visual impairment affect
7 approximately 300,000 Pennsylvania residents; and

8 WHEREAS, Persons with impaired vision use travel aids such as
9 a white cane or dog guides to get around public streets and
10 sidewalks and places of public accommodation; and

11 WHEREAS, The travel aids, known as "White Canes," are
12 universally recognized as symbols representing vision loss; and

13 WHEREAS, Pennsylvania has a White Cane Law requiring drivers
14 of vehicles to yield the right-of-way to any totally or
15 partially blind pedestrian carrying a clearly visible white cane
16 or accompanied by a guide dog and take necessary precautions to
17 avoid injuring or endangering the pedestrian, including stopping

1 the vehicle; and

2 WHEREAS, Greater awareness of Pennsylvania's White Cane Law
3 leads to safer, more attentive driving in general, enhancing the
4 safety of all pedestrians, including children, elders and people
5 with disabilities; therefore be it

6 RESOLVED, That the House of Representatives recognize October
7 15, 2024, as "White Cane Safety Day" in Pennsylvania; and be it
8 further

9 RESOLVED, That the House of Representatives acknowledge the
10 need to educate the public about the use of white canes and dog
11 guides to keep pedestrians with impaired vision safe and
12 independent.

HOUSE OF REPRESENTATIVES

DEMOCRATIC COMMITTEE BILL ANALYSIS

Bill No: HR0536 PN3647
Committee: Health
Sponsor: Mackenzie, Ryan
Date: 9/25/2024

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

A. Brief Concept

Recognizes October 29, 2024, as "World Stroke Day."

C. Analysis of the Bill

In recognizing "World Stroke Day," HR 536 references the following information:

- Strokes occur when there is an interruption of blood supply to the brain. Strokes are the fifth leading cause of death and the leading cause of disability in the United States. A stroke reduces mobility in more than half of stroke survivors 65 years of age and older. Someone in the U.S. experiences a stroke every 40 seconds and somebody dies of a stroke every 4 minutes.
- Signs of a stroke include drooping of the face, sudden arm weakness, speech difficulty, vision problems, trouble walking and a severe headache with no known cause. Immediate medical care for a stroke improves outcomes as nearly 2 million brain cells die every minute a stroke goes untreated.
- Stroke-related costs in the United States were nearly \$56.2 billion between 2019 and 2020, which include the cost of health care services, medicine to treat a stroke and missed days of work by the person who suffered the stroke.

Effective Date:

N/A.

G. Relevant Existing Laws

N/A.

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

2019-20 Legislative Session

- [HR 1053 PN 4522](#) (Mackenzie)
 - Adopted 10/21/19.

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THE GENERAL ASSEMBLY OF PENNSYLVANIA

HOUSE RESOLUTION

No. 536 Session of
2024

INTRODUCED BY R. MACKENZIE, CONKLIN, HADDOCK, KAZEEM,
M. MACKENZIE, MARCELL, PASHINSKI, SCHMITT AND STEHR,
SEPTEMBER 24, 2024

REFERRED TO COMMITTEE ON HEALTH, SEPTEMBER 24, 2024

A RESOLUTION

1 Recognizing October 29, 2024, as "World Stroke Day" in
2 Pennsylvania.

3 WHEREAS, The House of Representatives is committed to
4 recognizing stroke awareness and the detrimental effect strokes
5 have on Pennsylvanians; and

6 WHEREAS, A stroke is the interruption of blood supply to the
7 brain; and

8 WHEREAS, Approximately 87% of all strokes are ischemic, in
9 which blood flow to the brain is blocked; and

10 WHEREAS, Every 40 seconds someone in the United States has a
11 stroke, and every 4 minutes someone dies of a stroke; and

12 WHEREAS, Strokes are the fifth leading cause of death and the
13 leading cause of disability in the United States; and

14 WHEREAS, Signs of a stroke include drooping of the face,
15 sudden arm weakness, speech difficulty, vision problems, trouble
16 walking and a severe headache with no known cause; and

17 WHEREAS, Immediate medical care for a stroke improves

1 outcomes as nearly 2 million brain cells die every minute a
2 stroke goes untreated; and

3 WHEREAS, Stroke-related costs in the United States were
4 nearly \$56.2 billion between 2019 and 2020, which include the
5 cost of health care services, medicine to treat a stroke and
6 missed days of work by the person who suffered the stroke; and

7 WHEREAS, A stroke reduces mobility in more than half of
8 stroke survivors 65 years of age and older; therefore be it

9 RESOLVED, That the House of Representatives recognize October
10 29, 2024, as "World Stroke Day" in Pennsylvania; and be it
11 further

12 RESOLVED, That the House of Representatives urge education on
13 the signs and risk factors of a stroke and urge action to
14 improve access to the appropriate level of care for stroke
15 patients, particularly those afflicted with emergent large
16 vessel occlusion, including access to therapies and supportive
17 services.

HOUSE OF REPRESENTATIVES

DEMOCRATIC COMMITTEE BILL ANALYSIS

Bill No: HR0538 PN3651
Committee: Health
Sponsor: Marcell, Kristin
Date: 9/30/2024

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

A. Brief Concept

Recognizes September 2024 as "Alopecia Areata Awareness Month."

C. Analysis of the Bill

HR 538 references the following information:

- Alopecia areata affects as many as 6.8 million people in America and causes hair loss, which can range from patches of hair, typically circular and coin-size, to complete hair loss.
- There are three types of alopecia areata:
 - Alopecia areata patchy: causes the formation of one or more coin-sized hairless patches on the scalp or other areas of the body. Is the most common form;
 - Alopecia totalis: causes a total loss of the hair on the scalp; and
 - Alopecia universalis: causes complete loss of hair on the scalp, face and body.
- Is an autoimmune disease for which there is no known cause. Some evidence shows genes which control T regulator cells may be involved in alopecia areata, and patients who have other autoimmune diseases, such as autoimmune polyglandular syndrome or autoimmune thyroid disease, may be predictive of poor outcomes with treatment.
- Although there is no known cure, it is generally possible for alopecia areata patients to regrow hair because the hair follicle is not totally destroyed or scarred.
- Hair loss often carries a stigma that can only be dispelled with education and knowledge, and for many with this disease, the emotional aspect of living with hair loss can be the greatest challenge.
- During the month of September, many communities across America will be holding special events to bring awareness to this disease, including a Walk For Alopecia in Philadelphia on September 28, 2024.
- Currently, researchers are studying the development of hair follicles in hopes of finding treatments that will address the cause of this disease and investigating genetic clues with the hopes of developing therapies and early intervention strategies.
- Alopecia areata is not a life-threatening illness, nor is it painful or contagious, and most people with this disease are generally healthy.
- Alopecia areata does not interfere with life or long-term plans and, while the course of the disease varies and is generally unpredictable, hair often regrows.
- There are treatments which can help restart hair regrowth, and hair replacement can ease the emotional struggles for those who have less than optimal regrowth.

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. 538 Session of 2024

INTRODUCED BY MARCELL, McNEILL, GALLAGHER, CERRATO, KRUPA,
JOZWIAK, SCHEUREN AND JAMES, SEPTEMBER 27, 2024

REFERRED TO COMMITTEE ON HEALTH, SEPTEMBER 27, 2024

A RESOLUTION

1 Recognizing the month of September 2024 as "Alopecia Areata
2 Awareness Month" in Pennsylvania.

3 WHEREAS, Alopecia areata affects as many as 6.8 million
4 people in America and causes hair loss, which can range from
5 patches of hair, typically circular and coin-size, to complete
6 hair loss; and

7 WHEREAS, Alopecia areata affects people of all ages and
8 ethnic groups; and

9 WHEREAS, There are three types of alopecia areata; and

10 WHEREAS, Alopecia areata patchy is the most common form,
11 which causes the formation of one or more coin-sized hairless
12 patches on the scalp or other areas of the body; and

13 WHEREAS, Alopecia totalis causes a total loss of the hair on
14 the scalp; and

15 WHEREAS, Alopecia universalis causes complete loss of hair on
16 the scalp, face and body; and

17 WHEREAS, While there is no known cause for this autoimmune
18 disease, some evidence shows genes which control T regulator

1 cells may be involved in alopecia areata, and patients who have
2 other autoimmune diseases, such as autoimmune polyglandular
3 syndrome or autoimmune thyroid disease, may be predictive of
4 poor outcomes with treatment; and

5 WHEREAS, Although there is no known cure, it is generally
6 possible for alopecia areata patients to regrow hair because the
7 hair follicle is not totally destroyed or scarred; and

8 WHEREAS, Hair loss often carries a stigma that can only be
9 dispelled with education and knowledge, and for many with this
10 disease, the emotional aspect of living with hair loss can be
11 the greatest challenge; and

12 WHEREAS, During the month of September, many communities
13 across America will be holding special events to bring awareness
14 to this disease, including a Walk For Alopecia in Philadelphia
15 on September 28, 2024; and

16 WHEREAS, Organizations are continuously supporting research
17 that may one day put an end to this disease; and

18 WHEREAS, Currently, researchers are studying the development
19 of hair follicles in hopes of finding treatments that will
20 address the cause of this disease and investigating genetic
21 clues with the hopes of developing therapies and early
22 intervention strategies; and

23 WHEREAS, Fortunately, alopecia areata is not a life-
24 threatening illness, nor is it painful or contagious, and most
25 people with this disease are generally healthy; and

26 WHEREAS, Alopecia areata does not interfere with life or
27 long-term plans and, while the course of the disease varies and
28 is generally unpredictable, hair often regrows; and

29 WHEREAS, There are treatments which can help restart hair
30 regrowth, and hair replacement can ease the emotional struggles

1 for those who have less than optimal regrowth; and

2 WHEREAS, There is a need for enhanced public awareness and
3 education regarding alopecia areata; therefore be it

4 RESOLVED, That the House of Representatives recognize the
5 month of September 2024 as "Alopecia Areata Awareness Month" in
6 Pennsylvania; and be it further

7 RESOLVED, That the House of Representatives encourage people
8 in this Commonwealth to become better informed about and aware
9 of alopecia areata.

HOUSE OF REPRESENTATIVES

DEMOCRATIC COMMITTEE BILL ANALYSIS

Bill No: HR0543 PN3663
Committee: Health
Sponsor: Mihalek, Natalie
Date: 10/1/2024

Prepared By: Nicholas Wiley
(717) 705-1875
Executive Director: Erika Fricke

A. Brief Concept

Designates the month of October 2024 as "Liver Disease Awareness Month."

B. Committee Votes

N/A.

C. Analysis of the Bill

In designating October 2024 as "Liver Disease Awareness Month", HR 543 references the following:

- Liver disease is any condition that damages the liver and prevents it from functioning well.
- According to the American Liver Foundation, 4.5 million adults have been diagnosed with liver disease across the nation.
- More than 50,000 adults die annually from liver disease in the United States.
- Liver disease has different causes such as viral infections, genetic conditions, immune system abnormalities and cancer.
- Factors that increase the risk of liver disease include, but are not limited to, heavy alcohol use, obesity, type 2 diabetes, certain medications and a family history of liver disease.
- Metabolic dysfunction-associated steatotic liver disease (MASLD) is the most common form of liver disease.
- MASLD encompasses patients who have hepatic steatosis and have at least one of the five cardiometabolic risk factors.
- Approximately 25% of adults in the United States are estimated to have MASLD, though many do not know they have the disease.
- Liver damage is progressive, and if left untreated can lead to liver cancer and chronic liver failure.
- Severe scarring and permanent damage to the liver is known as cirrhosis.
- The Centers for Disease Control and Prevention reported chronic liver disease and cirrhosis as the tenth leading cause of death in the United States in 2022.
- Treatment options depend on the diagnosis, but can involve medication, surgery or lifestyle modifications.
- Understanding personal risk for liver disease can help promote early screening, diagnosis and treatment.
- Public awareness of liver disease encourages all Commonwealth residents to take positive steps towards improving liver health.

Effective Date:

N/A.

D. Third Party Feedback

N/A.

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

N/A.

F. Key Points

Per the Cleveland Clinic:

- Steatotic (fatty) liver disease (SLD) occurs when your body begins storing fat in your liver. Some fat in your liver is normal, but when more than 10% of your liver's weight is fat, it may begin to suffer. Excessive alcohol use is one common reason for SLD. But many people develop it without using alcohol. This is called metabolic dysfunction-associated steatotic liver disease (MASLD).
- MASLD affects up to 25% of people worldwide. Most people won't have symptoms, and some may never know they have the condition. But 2% to 5% of people will experience complications from the fat in their livers. When fat leads to inflammation and cell damage in your liver, it's called steatohepatitis. The non-alcohol related version is called metabolic dysfunction-associated steatohepatitis (MASH). Previously, MASH was known as non-alcohol related steatohepatitis (NASH).

Per the American College of Gastroenterology:

- Metabolic dysfunction-associated steatotic liver disease (MASLD) is a condition where there is a buildup of fat in the liver in people with diabetes, obesity, high blood pressure, or high cholesterol and drink little to no alcohol. Up to 30 out of 100 people or over 100 million of American adults have MASLD. Obesity is thought to be the most common cause of fatty infiltration of the liver. Some experts estimate that about two thirds of obese adults and half of obese children may have fatty liver. About 2 to 5 percent of adult Americans and up to 20 percent of those who are obese may suffer from the more severe condition metabolic dysfunction-associated steatohepatitis (MASH- the advanced stage of MASLD). The number of children who have MASH is not known.
- Many people with MASLD and MASH have no symptoms or findings on a doctor's exam. Some patients may have abdominal discomfort and fatigue. Liver tests can be normal. We often find MASLD when a person is having abdominal imaging tests (ultrasound or CT scan) done for other reasons. Once cirrhosis occurs, patients may present with symptoms of liver failure, such as fluid buildup in legs or abdomen, liver confusion, or bleeding. Children may exhibit symptoms such as abdominal pain, which may be in the center or the right upper part of the abdomen, and sometimes fatigue. However, other causes of abdominal pain and fatigue should be considered. On physical examination the liver might be slightly enlarged, and some children may have patchy, dark discoloration of the skin present (acanthosis nigricans) most commonly over the neck and the under arm area.
- MASLD is part of the metabolic syndrome characterized by diabetes, or pre-diabetes (insulin resistance), being overweight or obese, elevated blood lipids such as cholesterol and triglycerides, as well as high blood pressure. Not all patients have all the manifestations of metabolic syndrome. Less is known about what causes MASH to develop. Researchers are focusing on several factors that may contribute to the development of MASH. These include:
 - Oxidative stress (imbalance between pro-oxidant and anti-oxidant chemicals that lead to liver cell damage)
 - Production and release of toxic inflammatory proteins (cytokines) by the patient's own inflammatory cells, liver cells, or fat cells
 - Liver cell necrosis or death, called apoptosis

- Adipose tissue (fat tissue) inflammation and infiltration by white blood cells
- Gut microbiota (intestinal bacteria) which may play a role in liver inflammation.
- Treatment of MASLD/MASH includes:
 - Make lifestyle changes, including eating a healthy diet and exercise.
 - Losing a total of 10% of your body weight may reduce fat and inflammation, and potentially regress scar tissue in your liver.
 - Keep up the hard work because it is "REVERSIBLE!"
 - Aim for small goals (lose 1-3 lbs per week) to make changes in habits over time and you will see a big difference in your health in the long term.
 - There are currently no U.S. Food and Drug Administration (FDA) approved medications that can cure MASLD/MASH, but several promising medications are being studied.
 - People with MASH may take vitamin E (particularly alpha-tocopherol) which may help reduce liver inflammation, but it is less helpful or less safe for people with diabetes or significant heart disease. Do not start this medication without talking with your liver doctor first.
 - People with MASLD/MASH should limit alcohol and avoid it entirely if possible.
 - It is very important to have diabetes, high blood pressure, and high cholesterol or lipids under control or within recommended guidelines.

Per the Mayo Clinic:

- Liver disease can be passed through families, called inherited. Anything that damages the liver also can cause liver problems, including viruses, alcohol use and obesity.
- Conditions that damage the liver can lead to scarring, called cirrhosis. Cirrhosis can lead to liver failure, a life-threatening condition.
- Causes and types vary, as do risk factors.
- Preventative measures include moderating alcohol usage, proper food safety, maintaining a healthy weight, and receiving the Hepatitis A or B vaccine if at-risk.

The American Liver Foundation recognizes October as National Liver Month, as well as National Liver Cancer Awareness Month.

G. Relevant Existing Laws

N/A.

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THE GENERAL ASSEMBLY OF PENNSYLVANIA

HOUSE RESOLUTION

No. 543 Session of
2024

INTRODUCED BY MIHALEK, VENKAT, MARCELL, PICKETT, FREEMAN,
GALLAGHER, DALEY, R. MACKENZIE, KENYATTA AND SCHMITT,
SEPTEMBER 30, 2024

REFERRED TO COMMITTEE ON HEALTH, SEPTEMBER 30, 2024

A RESOLUTION

1 Designating the month of October 2024 as "Liver Disease
2 Awareness Month" in Pennsylvania.

3 WHEREAS, Liver disease is any condition that damages the
4 liver and prevents it from functioning well; and

5 WHEREAS, According to the American Liver Foundation, 4.5
6 million adults have been diagnosed with liver disease across the
7 nation; and

8 WHEREAS, More than 50,000 adults die annually from liver
9 disease in the United States; and

10 WHEREAS, Liver disease has different causes such as viral
11 infections, genetic conditions, immune system abnormalities and
12 cancer; and

13 WHEREAS, Factors that increase the risk of liver disease
14 include, but are not limited to, heavy alcohol use, obesity,
15 type 2 diabetes, certain medications and a family history of
16 liver disease; and

17 WHEREAS, Metabolic dysfunction-associated steatotic liver

1 disease (MASLD) is the most common form of liver disease; and

2 WHEREAS, MASLD encompasses patients who have hepatic
3 steatosis and have at least one of the five cardiometabolic risk
4 factors; and

5 WHEREAS, Approximately 25% of adults in the United States are
6 estimated to have MASLD, though many do not know they have the
7 disease; and

8 WHEREAS, Liver damage is progressive, and if left untreated
9 can lead to liver cancer and chronic liver failure; and

10 WHEREAS, Severe scarring and permanent damage to the liver is
11 known as cirrhosis; and

12 WHEREAS, The Centers for Disease Control and Prevention
13 reported chronic liver disease and cirrhosis as the tenth
14 leading cause of death in the United States in 2022; and

15 WHEREAS, Treatment options depend on the diagnosis, but can
16 involve medication, surgery or lifestyle modifications; and

17 WHEREAS, Understanding personal risk for liver disease can
18 help promote early screening, diagnosis and treatment; and

19 WHEREAS, Public awareness of liver disease encourages all
20 Commonwealth residents to take positive steps towards improving
21 liver health; therefore be it

22 RESOLVED, That the House of Representatives designate the
23 month of October 2024 as "Liver Disease Awareness Month" in
24 Pennsylvania.