



## HOUSE HEALTH COMMITTEE

### VOTING MEETING

Tuesday, May 21st, 2024

Call of the Chair

G-50, Irvis Office Building

Harrisburg, PA

---

1. Call to Order

2. Attendance

3. **HB1963 PN2498 (Pielli)**

An Act amending the act of June 29, 1953 (P.L.304, No.66), known as the Vital Statistics Law of 1953, in records, further providing for fees for copies.

**Amendment A04472 (Rapp)**

Clarifies specifics related to who can apply for certificates and which kind of certificates are available for free.

**HB2127 PN2834 (Fiedler)**

An Act requiring information relating to perinatal or postpartum mood and anxiety disorders and resources and screening to be provided to pregnant patients; and providing for powers and duties of the Department of Health.

**Amendment A04496 (Fiedler)**

Clarifies that providers are responsible for screening, and birth centers and hospitals are required to provide DOH produced resources.

Requires the department of health to establish a public awareness campaign around perinatal depression.

**HR419 PN3049 (Cutler)**

A Resolution designating the month of May 2024 as "Amyotrophic Lateral Sclerosis Awareness Month" in Pennsylvania.

**HR432 PN3098 (Gaydos)**

A Resolution recognizing the month of April 2024 as "Parkinson's Disease Awareness Month" in Pennsylvania.

**HR433 PN3099 (Malagari)**

A Resolution recognizing May 17, 2024, as "World Neurofibromatosis Awareness Day" in Pennsylvania.

**HR440 PN3102 (Cepeda-Freytiz)**

A Resolution recognizing May 2024 as Mental Health Awareness Month in Pennsylvania.

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

5. Adjournment

# HOUSE OF REPRESENTATIVES

## DEMOCRATIC COMMITTEE BILL ANALYSIS

---

<b>Bill No:</b>	HB1963 PN2498	<b>Prepared By:</b>	Jessica Wood (717) 705-1875
<b>Committee:</b>	Health	<b>Executive Director:</b>	Erika Fricke
<b>Sponsor:</b>	Pielli, Christopher		
<b>Date:</b>	3/21/2024		

---

### **A. Brief Concept**

House Bill 1963 aims to waive fees associated with copies of any birth, death or marriage certificates for surviving spouses of veterans.

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

HB1963 amends the Vital Statistics Law to waive vital records fees for spouses of members of the armed forces. Vital records include:

- birth records;
- death records;
- marriage records;
- divorce records.

### **Effective Date:**

60 days.

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

Vital Statistics Law of 1953 section 807 (c) states that neither members of the armed services and veterans, nor their dependents, will be charged fees for certified copies of records.

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

N/A.

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



# HOUSE OF REPRESENTATIVES

## DEMOCRATIC COMMITTEE AMENDMENT REPORT

---

### **HB1963 - PN2498 (Pielli, Christopher)**

House bill 1963 aims to waive fees associated with copies of any birth, death or marriage certificates for surviving spouses of veterans.

### **A-04472 (Rapp, Kathy)**

Specifies who can apply for free certificates, including:

- veterans - defined as anyone who served in the armed forces and was not dishonorably discharged.
- members of the armed forces.
- individuals killed while on duty.
- a spouse or dependent of any of the above
- representatives on behalf of a dependent or the estate of a veteran or individual killed while on duty.
- a funeral home filing for a death record on behalf of a spouse or dependent.

The first ten copies of any death certificate in any given calendar year are free.



**LEGISLATIVE REFERENCE BUREAU**

AMENDMENTS TO HOUSE BILL NO. 1963

Sponsor: *Rapp #65*

Printer's No. 2498

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

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

18 Amend Bill, page 1, lines 16 through 21; page 2, lines 1  
19 through 9; by striking out all of said lines on said pages and  
20 inserting

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

24 Section 105. General Provisions: Definitions.--As used in  
25 this act, the following words and phrases shall have the  
26 meanings given to them in this section unless the context  
27 clearly indicates otherwise--

28 \* \* \*

29 Section 2. Section 807(c) of the act is amended and the  
30 section is amended by adding subsections to read:

31 Section 807. Records: Fees for Copies.--\* \* \*

32 [(c) No fee shall be charged for certified copies of records  
33 or parts thereof furnished members of the armed forces of the  
34 United States and their dependents during their term of active  
35 service and after their death in service or honorable discharge

1 therefrom.]

2 (d) Subject to subsection (e), no fee shall be charged for  
3 certified copies of records or parts thereof for any of the  
4 following:

5 (1) An individual who currently serves in the United States  
6 Armed Forces, including a reserve component or the National  
7 Guard.

8 (2) A member of the United States Armed Forces, including a  
9 reserve component or the National Guard, who was killed or dies  
10 while on official duty status authorized under Federal or State  
11 law.

12 (3) A veteran.

13 (4) A spouse of an individual specified under paragraph (1),  
14 (2) or (3).

15 (5) A dependent of an individual specified under paragraph  
16 (1), (2) or (3). This paragraph shall only apply to a request  
17 made for a certified copy of a certificate of birth.

18 (e) The fee waiver under subsection (d) shall only apply to  
19 the following applicants for certified copies of records or  
20 parts thereof:

21 (1) An applicant who is an individual specified under  
22 subsection (d)(1) or (3).

23 (2) An applicant who is a spouse of an individual specified  
24 under subsection (d)(1), (2) or (3).

25 (3) An applicant who is a representative of a dependent  
26 child of a deceased veteran or an individual specified under  
27 subsection (d)(2). This paragraph shall only apply to a request  
28 made for a certified copy of a certificate of death.

29 (4) An applicant who is a representative of the estate of an  
30 individual specified under subsection (d)(1), (2), (3) or (4).  
31 This paragraph shall only apply to a request made for a  
32 certified copy of a certificate of death.

33 (5) An applicant that is a funeral establishment responsible  
34 for filing the death record of an individual specified under  
35 subsection (d)(1), (2), (3) or (4). This paragraph shall only  
36 apply to a request made for a certified copy of a certificate of  
37 death.

38 (f) The fee waiver under subsection (d) shall apply  
39 regardless of whether an individual specified under subsection  
40 (d)(2) or (3) predeceased or survived any other individual who  
41 qualifies for the fee waiver.

42 (g) The fee waiver under subsection (d) shall apply to the  
43 first ten certified copies of the same record or parts thereof  
44 during a calendar year for an applicant under subsection (e).

45 (h) As used in this section, the term "veteran" means an  
46 individual who served in the United States Armed Forces,  
47 including a reserve component or the National Guard, and who was  
48 discharged or released from service under conditions other than  
49 dishonorable.

50 Section 3. This act shall take effect in 60 days.

THE GENERAL ASSEMBLY OF PENNSYLVANIA

HOUSE BILL

No. 1963 Session of 2024

INTRODUCED BY PIELLI, WEBSTER, D. MILLER, HILL-EVANS, McNEILL, GUENST, SHUSTERMAN, MENTZER, SANCHEZ, VENKAT, CERRATO, PARKER, WATRO, KINSEY, MALAGARI, ROZZI, GALLAGHER, HARKINS, BOYD, PASHINSKI, DONAHUE, DEASY, STEELE, HANBIDGE, KENYATTA, GIRAL, BOROWSKI, STEHR, PROBST, HADDOCK, NEILSON, SCOTT, DALEY, JOZWIAK, KHAN, DELLOSO AND GREEN, JANUARY 31, 2024

REFERRED TO COMMITTEE ON HEALTH, JANUARY 31, 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 records, further providing for fees for copies.

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

16 Section 1. Section 807(c) of the act of June 29, 1953  
 17 (P.L.304, No.66), known as the Vital Statistics Law of 1953, is  
 18 amended to read:

19 Section 807. Records: Fees for Copies.--\* \* \*

20 (c) No fee shall be charged for certified copies of records  
 21 or parts thereof furnished [members] to:



1       (1) a member of the armed forces of the United States [~~and~~  
2 ~~their dependents~~] during [~~their~~] the member's term of active  
3 service and after [~~their death in service or~~] the member's  
4 honorable discharge therefrom[.]; and

5       (2) the surviving spouse and dependents of a member of the  
6 armed forces of the United States during a term of active  
7 service and after the member's death, whether or not in service,  
8 or the member's honorable discharge therefrom.

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

# HOUSE OF REPRESENTATIVES

## DEMOCRATIC COMMITTEE BILL ANALYSIS

---

<b>Bill No:</b>	HB2127 PN2834	<b>Prepared By:</b>	Erika Fricke (412) 422-1774
<b>Committee:</b>	Health	<b>Executive Director:</b>	Erika Fricke
<b>Sponsor:</b>	Fiedler, Elizabeth		
<b>Date:</b>	4/19/2024		

---

### **A. Brief Concept**

Requires health facilities and providers treating patients related to pregnancy to screen and educate on perinatal depression.

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

HB2127 requires facilities and health care practitioners providing pregnancy related care to provide information and screening for "Perinatal or Postpartum Mood and Anxiety Disorder" (PMAD).

#### Information and resources

During a prenatal or postpartum visit, or during delivery, patients must receive a fact sheet stating:

Perinatal or postpartum mood and anxiety disorders (PMADs) are serious medical conditions that require a physician's evaluation and recommendations for treatment. If you are suffering from any of the signs and symptoms of these conditions, you should immediately inform your treating physician or psychiatric physician.

The patient must also receive a list of the names and contact information for organizations that provide counseling and assistance to pregnant and postpartum parents.

Once a patient has received care from a hospital, birthing center, physician, nurse-midwife or nurse, it's presumed they have received the required information. They don't need to receive the information about PMAD or list of resources at future visits to different locations.

With the patient's consent, resources about PMAD must be given to support people at the visit, or anyone else the patient may designate.

The patient record must include that the resources about PMAD were provided, and this documentation must be retained for three years.

#### Screening

Patients must complete a mental health questionnaire for PMAD prenatally and at delivery following guidelines from the American College of Obstetricians and Gynecologists.

Patients must complete a mental health questionnaire at each pediatric well-baby visit before the first year.

Patients should continue to be screened for perinatal mental health disorders when the provider suspects that the patient suffers from PMAD.

The provider must seek consent from the patient to share information with the patient's primary care provider.

#### Duties of the Department of Health

The Department of Health must adopt necessary rules and regulations for PMAD screening and conduct enforcement.

The department must create, and update every month, an education form to be given to patients related to PMAD. As noted above the form must include the statement:

Perinatal or postpartum mood and anxiety disorders (PMADs) are serious medical conditions that require a physician's evaluation and recommendations for treatment. If you are suffering from any of the signs and symptoms of these conditions, you should immediately inform your treating physician or psychiatric physician.

The department must also provide a list of organizations that provide pregnancy counseling and assistance to parents. The list should be in English, Spanish, Vietnamese, Mandarin Chinese and any other languages the department determines would be appropriate and be listed on their website.

**Effective Date:**

60

**G. Relevant Existing Laws**

The Health Care Facilities Act provides the Department of Health the ability to oversee hospitals and birthing centers.

No existing statute gives the Department of Health the ability to oversee individual providers.

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

n/a

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

# HOUSE OF REPRESENTATIVES

## DEMOCRATIC COMMITTEE AMENDMENT REPORT

---

### **HB2127 - PN2834 (Fiedler, Elizabeth)**

Requires health facilities and providers treating patients related to pregnancy to screen and educate on perinatal depression.

### **A-04496 (Fiedler, Elizabeth)**

Removes the reference to one specific set of guidelines related to diagnosis and screening of perinatal mental health and instead defines the PMAD questionnaire as a clinically valid screening tool.

Makes explicit that hospital and birth centers must provide an educational sheet with information about PMAD and a list of resources, but are not required to handle screening; while providers of pre-natal, post-natal and well-baby care are required to screen for PMAD.

Patients are not required to fill out the questionnaire, but are invited to do so by their provider.

The list of specific languages is removed with the requirement changed for care to be provided in the primary language of the patient.

The amendment charges the department with updating the resource list and as needed, and establishing a public awareness campaign around perinatal depression.

The effective dates are changed as follows:

Screening mandate takes effect in 180 days

DOH resources, education campaign and provision of materials takes place in 240 days.



**LEGISLATIVE REFERENCE BUREAU**

AMENDMENTS TO HOUSE BILL NO. 2127

Sponsor: *Fiedler #184*

Printer's No. 2834

1 Amend Bill, page 1, lines 14 through 16; page 2, lines 1 and  
2 2; by striking out all of said lines on said pages and inserting  
3 "Birth center." As defined in section 802.1 of the act of  
4 July 19, 1979 (P.L.130, No.48), known as the Health Care  
5 Facilities Act.

6 Amend Bill, page 2, by inserting between lines 3 and 4  
7 "Hospital." As defined in section 802.1 of the Health Care  
8 Facilities Act.  
9 "Midwife or nurse-midwife." As defined in section 2 of the  
10 act of December 20, 1985 (P.L.457, No.112), known as the Medical  
11 Practice Act of 1985.

12 "Physician." Either:  
13 (1) As defined in section 2 of the Medical Practice Act  
14 of 1985.  
15 (2) As defined in section 2 of the act of October 5,  
16 1978 (P.L.1109, No.261), known as the Osteopathic Medical  
17 Practice Act.

18 Amend Bill, page 2, by inserting between lines 4 and 5  
19 "PMAD questionnaire." A clinically valid screening tool for  
20 PMAD that is based on best practices and evidence-based research  
21 and guidelines.

22 Amend Bill, page 2, line 5, by striking out "and screening"

23 Amend Bill, page 2, line 6, by striking out "birthing" and  
24 inserting  
25 birth

26 Amend Bill, page 2, lines 6 and 7, by striking out ", nurse-  
27 midwife or midwife" and inserting  
28 or nurse or nurse-midwife

29 Amend Bill, page 2, line 11, by striking out "English,

1 Spanish, Vietnamese and Mandarin Chinese" and inserting  
2 the primary language of the patient

3 Amend Bill, page 2, lines 22 and 23, by striking out  
4 "treating physician or psychiatric physician" and inserting  
5 psychiatrists or treating physician

6 Amend Bill, page 2, lines 27 through 30, by striking out "The  
7 resource list shall" in line 27 and all of lines 28 through 30  
8 and inserting

9 (b) Resources to other individuals.--The information  
10 provided to the patient under subsection (a) shall be provided  
11 to any other individuals who accompany the patient to a check-up  
12 visit, subject to the patient's consent, as well as to any other  
13 individuals that the patient may designate.  
14 Section 4. PMAD screening.

15 A physician or nurse or nurse-midwife that provides prenatal,  
16 or postpartum care, or well-baby check-ups shall:

17 (1) Request each pregnant patient to complete a PMAD

18 Amend Bill, page 3, line 2, by inserting after "the"  
19 current PMAD

20 Amend Bill, page 3, line 2, by inserting after "The"  
21 PMAD

22 Amend Bill, page 3, lines 3 through 8, by striking out  
23 "available in English, Spanish," in line 3 and all of lines 4  
24 through 8 and inserting

25 provided in the primary language of the patient or  
26 administered with the assistance of an interpreter.

27 (2) Request an infant's mother to complete a

28 Amend Bill, page 3, line 13, by striking out "(6) Obtain"  
29 and inserting

30 (3) Request

31 Amend Bill, page 3, lines 15 through 18, by striking out "If"  
32 in line 15, all of lines 16 and 17 and "(7)" in line 18 and  
33 inserting

34 (4)

35 Amend Bill, page 3, lines 23 through 30; page 4, lines 1

1 through 15; by striking out all of said lines on said pages and  
2 inserting

3 (5) Provide information detailed in section 3 and  
4 document in the patient's record that the patient received  
5 the information.

6 Amend Bill, page 4, line 16, by striking out "4" and  
7 inserting

8 5

9 Amend Bill, page 4, line 24, by inserting after "of"  
10 the names, addresses and telephone numbers of

11 Amend Bill, page 4, line 26, by striking out "along with a"  
12 and inserting

13 including organizations that provide prenatal  
14 counseling, postpartum counseling and assistance with PMAD.  
15 The department shall also make available the

16 Amend Bill, page 5, lines 1 and 2, by striking out "on a" in  
17 line 1 and all of line 2 and inserting

18 as needed.

19 (5) Establish a public awareness campaign to inform the  
20 general public about the nature and causes of postpartum  
21 perinatal depression and its health implications, including  
22 its symptoms, methods of coping with the illness and the most  
23 effective means of treatment.

24 Amend Bill, page 5, line 3, by striking out "5" and inserting  
25 6

26 Amend Bill, page 5, line 4, by striking out "in 60 days." and  
27 inserting

28 as follows:

29 (1) Section 4 shall take effect in 180 days.

30 (2) This section shall take effect immediately.

31 (3) The remainder of this act shall take effect in 240  
32 days.





---

THE GENERAL ASSEMBLY OF PENNSYLVANIA

---

HOUSE BILL

No. 2127 Session of  
2024

---

INTRODUCED BY FIEDLER, CURRY, BOROWSKI, MADDEN, SANCHEZ,  
BULLOCK, SCHLOSSBERG, KHAN, HANBIDGE, PROBST, ROZZI, BOYLE,  
HILL-EVANS, TAKAC, WAXMAN, FLEMING, CEPEDA-FREYTIZ, OTTEN,  
SHUSTERMAN, DEASY, HOWARD, STEELE, O'MARA, GILLEN, KRAJEWSKI,  
GREEN, CERRATO, WEBSTER, MAYES, SIEGEL, BRENNAN, HADDOCK,  
KINKEAD, D. MILLER, PARKER, HOHENSTEIN, FREEMAN, KENYATTA,  
KAZEEM, D. WILLIAMS, CEPHAS AND ISAACSON, APRIL 3, 2024

---

REFERRED TO COMMITTEE ON HEALTH, APRIL 3, 2024

---

AN ACT

1 Requiring information relating to perinatal or postpartum mood  
2 and anxiety disorders and resources and screening to be  
3 provided to pregnant patients; and providing for powers and  
4 duties of the Department of Health.

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

7 Section 1. Short title.

8 This act shall be known and may be cited as the Perinatal and  
9 Postpartum Screening Act.

10 Section 2. Definitions.

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

14 "Clinical practice guideline." The Clinical Practice  
15 Guideline of the American College of Obstetricians and  
16 Gynecologists titled "Screening and Diagnosis of Mental Health

1 Conditions During Pregnancy and Postpartum Clinical Practice"  
2 (Number 4, published June 2023).

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

4 "PMAD." A perinatal or postpartum mood and anxiety disorder.

5 Section 3. Resource information and screening.

6 (a) Duties.--A hospital, birthing center, physician, nurse-  
7 midwife or midwife that provides prenatal care to a pregnant  
8 patient during gestation, stillbirth, delivery of an infant or  
9 postpartum shall:

10 (1) Provide the patient with a fact sheet, available in  
11 English, Spanish, Vietnamese and Mandarin Chinese, that  
12 includes common symptoms of the medical conditions of PMAD  
13 and emotional traumas associated with pregnancy and  
14 parenting. The fact sheet shall present, in a prominent  
15 place, the following statement, translated to the appropriate  
16 language:

17 Perinatal or postpartum mood and anxiety disorders  
18 (PMADs) are serious medical conditions that require a  
19 physician's evaluation and recommendations for  
20 treatment. If you are suffering from any of the signs  
21 and symptoms of these conditions, you should  
22 immediately inform your treating physician or  
23 psychiatric physician.

24 (2) Provide the patient with a resource list of the  
25 names, addresses and telephone numbers of professional  
26 organizations that provide prenatal counseling, postpartum  
27 counseling and assistance to parents. The resource list shall  
28 be available in English, Spanish, Vietnamese and Mandarin  
29 Chinese.

30 (3) Require each pregnant patient to complete a

1 questionnaire and review the completed questionnaire in  
2 accordance with the clinical practice guideline. The  
3 questionnaire shall be available in English, Spanish,  
4 Vietnamese and Mandarin Chinese.

5 (4) Require each patient to complete a questionnaire and  
6 review the completed questionnaire in accordance with the  
7 clinical practice guideline.

8 (5) Require an infant's mother to complete a  
9 questionnaire at each well-baby checkup at which the mother  
10 is present prior to the infant's first birthday and review  
11 the completed questionnaire in accordance with the clinical  
12 practice guideline.

13 (6) Obtain consent from the patient or mother to share  
14 the information with the patient or mother's primary licensed  
15 health care professional in accordance with Federal law. If  
16 the patient or mother is determined to present an acute  
17 danger to herself or someone else, consent is not required.

18 (7) Repeat assessments for perinatal mental health  
19 disorders when, in the professional judgment of the licensed  
20 health care professional, a reasonable possibility exists  
21 that the patient suffers from perinatal mental health  
22 disorders.

23 (8) Document in the patient's record that the patient  
24 received the information described in paragraph (1).

25 (9) Retain the documentation for at least three years in  
26 the hospital's, birthing center's, physician's, nurse-  
27 midwife's or midwife's records.

28 (b) Resources to be included.--The information under  
29 subsection (a) shall include resources a pregnant patient may  
30 contact to receive treatment, counseling and assistance for the

1 medical conditions of PMAD and for emotional traumas associated  
2 with pregnancy and parenting.

3 (c) Presumption of compliance.--A hospital, birthing center,  
4 physician, nurse-midwife or midwife that provides prenatal care  
5 to a patient during gestation or at delivery is presumed to have  
6 complied with this section if the patient received prior  
7 prenatal care from another hospital, birthing center, physician,  
8 nurse-midwife or midwife in this Commonwealth during the same  
9 pregnancy.

10 (d) Resources to other individuals.--The information  
11 provided to the pregnant patient under subsection (a) shall be  
12 provided to any other individuals who accompany the pregnant  
13 patient to a check-up visit, subject to the patient's consent,  
14 as well as to any other individuals that the patient may  
15 designate.

16 Section 4. Powers and duties of department.

17 The department shall:

18 (1) Adopt and promulgate rules and regulations as  
19 necessary to carry out the purposes and provisions of this  
20 act.

21 (2) Enforce this act and the rules and regulations  
22 promulgated under this act.

23 (3) Make available on the department's publicly  
24 accessible Internet website a printable list of professional  
25 organizations that provide pregnancy counseling and  
26 assistance to parents, along with a fact sheet and the  
27 statement as referenced in section 3(a)(1). The department  
28 shall publish both the resource list and fact sheet in  
29 English, Spanish, Vietnamese, Mandarin Chinese and other  
30 languages deemed appropriate by the department.

1           (4) Update the list required under paragraph (3) on a  
2           monthly basis.  
3 Section 5. Effective date.  
4           This act shall take effect in 60 days.

# HOUSE OF REPRESENTATIVES

## DEMOCRATIC COMMITTEE BILL ANALYSIS

---

<b>Bill No:</b>	HR0419 PN3049	<b>Prepared By:</b>	Patrick O'Rourke (717) 787-4296,6711
<b>Committee:</b>	Health	<b>Executive Director:</b>	Erika Fricke
<b>Sponsor:</b>	Cutler, Bryan		
<b>Date:</b>	5/14/2024		

---

### **A. Brief Concept**

House Resolution 419 designates May 2024 as "Amyotrophic Lateral Sclerosis Awareness Month."

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

In designating "Amyotrophic Lateral Sclerosis Awareness Month," HR 419 references the following points:

- Amyotrophic lateral sclerosis (ALS) is better known as Lou Gehrig's disease.
- ALS is a fatal neurodegenerative disease characterized by degeneration of cell bodies of the lower motor neurons in the gray matter of the anterior horn of the spinal cord.
- The initial symptom of ALS is weakness of the skeletal muscles, especially those of the extremities.
- As ALS progresses, the ALS patient experiences difficulty in swallowing, talking and breathing.
- ALS eventually causes muscles to atrophy, and the ALS patient becomes a functional quadriplegic.
- ALS does not affect the ALS patient's mental capacity, leaving the patient alert and aware of the patient's loss of motor functions and the inevitable outcome of continued deterioration and death.
- ALS occurs in adulthood, most commonly between 40 and 70 years of age, with the greatest age for risk being approximately 55 years of age.
- ALS is 20% more common among men than women.
- More than 5,000 new ALS patients are diagnosed annually.
- On average, patients diagnosed with ALS only survive two to five years from the time of diagnosis.
- ALS has no known cause, prevention or cure.
- "Amyotrophic Lateral Sclerosis Awareness Month" increases public awareness of ALS patients' circumstances, acknowledges the terrible impact this disease has on ALS patients and their families and recognizes the research being done to eradicate this horrible disease.

### **Effective Date:**

N/A.

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

N/A.

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

*2019-20 Legislative Session*

- [HR 230 PN 1397](#) (Cutler)

- Adopted May 14, 2019 (197-0)
- [HR 738 PN 3309](#) (Cutler)
  - Adopted May 26, 2020 (202-0)

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



---

THE GENERAL ASSEMBLY OF PENNSYLVANIA

---

HOUSE RESOLUTION

No. 419 Session of  
2024

---

INTRODUCED BY CUTLER, MULLINS, FLICK, MARCELL, VENKAT, GREINER,  
KHAN, GIRAL, BERNSTINE, CONKLIN, FEE, DEASY, SCHLOSSBERG,  
BOROWSKI, MEHAFFIE, DONAHUE, SANCHEZ, T. DAVIS, MALAGARI,  
PICKETT, GILLEN, RAPP, SCHMITT, STENDER, BANTA, CIRESI, MOUL,  
KIM, DELLOSO, JOZWIAK, CAUSER AND ROWE, MAY 3, 2024

---

REFERRED TO COMMITTEE ON HEALTH, MAY 3, 2024

---

A RESOLUTION

1 Designating the month of May 2024 as "Amyotrophic Lateral  
2 Sclerosis Awareness Month" in Pennsylvania.

3 WHEREAS, Amyotrophic lateral sclerosis (ALS) is better known  
4 as Lou Gehrig's disease; and

5 WHEREAS, ALS is a fatal neurodegenerative disease  
6 characterized by degeneration of cell bodies of the lower motor  
7 neurons in the gray matter of the anterior horn of the spinal  
8 cord; and

9 WHEREAS, The initial symptom of ALS is weakness of the  
10 skeletal muscles, especially those of the extremities; and

11 WHEREAS, As ALS progresses, the ALS patient experiences  
12 difficulty in swallowing, talking and breathing; and

13 WHEREAS, ALS eventually causes muscles to atrophy, and the  
14 ALS patient becomes a functional quadriplegic; and

15 WHEREAS, ALS does not affect the ALS patient's mental  
16 capacity, leaving the patient alert and aware of the patient's

1 loss of motor functions and the inevitable outcome of continued  
2 deterioration and death; and

3 WHEREAS, ALS occurs in adulthood, most commonly between 40  
4 and 70 years of age, with the greatest age for risk being  
5 approximately 55 years of age; and

6 WHEREAS, ALS is 20% more common among men than women; and

7 WHEREAS, More than 5,000 new ALS patients are diagnosed  
8 annually; and

9 WHEREAS, On average, patients diagnosed with ALS only survive  
10 two to five years from the time of diagnosis; and

11 WHEREAS, ALS has no known cause, prevention or cure; and

12 WHEREAS, "Amyotrophic Lateral Sclerosis Awareness Month"  
13 increases public awareness of ALS patients' circumstances,  
14 acknowledges the terrible impact this disease has on ALS  
15 patients' and their families and recognizes the research being  
16 done to eradicate this horrible disease; therefore be it

17 RESOLVED, That the House of Representatives designate the  
18 month of May 2024 as "Amyotrophic Lateral Sclerosis Awareness  
19 Month" in Pennsylvania.

# HOUSE OF REPRESENTATIVES

## DEMOCRATIC COMMITTEE BILL ANALYSIS

---

**Bill No:** HR0432 PN3098  
**Committee:** Health  
**Sponsor:** Gaydos, Valerie  
**Date:** 5/14/2024

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

---

### **A. Brief Concept**

House Resolution recognizes April 2024 as "Parkinson's Disease Awareness Month."

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

In recognizing "Parkinson's Disease Awareness Month," HR 432 highlights the following information:

- Parkinson's disease is the second most common progressive neurodegenerative disorder after Alzheimer's disease.
- Parkinson's disease is estimated to affect approximately 1 million people in the United States and the prevalence will rise to 1.2 million by 2030.
- According to the Centers for Disease Control and Prevention, Parkinson's disease is the 14th leading cause of death in the United States.
- Life expectancy is reduced for all onset ages, with disease progression leading to severe disability and possible confinement to a wheelchair or bed prior to death.
- The symptoms of Parkinson's disease vary from person to person and can include asymmetric tremors, slowness of movement and rigidity, difficulty with balance, swallowing, chewing and speaking, cognitive impairment and dementia, mood disorders and a variety of other nonmotor symptoms.
- It is estimated that the economic burden of Parkinson's disease is \$52 billion annually to patients and family members, including direct and indirect costs, treatment, Social Security payments and lost income.
- While research suggests the cause of Parkinson's disease is a combination of genetic and environmental factors, the exact cause and progression of the disease is still unknown.
- There is no objective test or biomarker for Parkinson's disease, and there is no cure or drug to slow or halt the progression of the disease.
- The National Parkinson's Foundation and the Michael J. Fox Foundation for Parkinson's Research, along with many volunteers, researchers, caregivers and medical professionals, are working to improve the quality of life of individuals living with Parkinson's disease and their families and to further promote Parkinson's disease awareness, education, knowledge, treatment and research.
- Further efforts in research, testing and education are crucial in order to advance toward improved early detection methods, the discovery of more effective treatments to stop the progression of Parkinson's disease and, ultimately, to find a cure for this devastating disease.

### **Effective Date:**

N/A.

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

N/A.

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

N/A.

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

---

THE GENERAL ASSEMBLY OF PENNSYLVANIA

---

HOUSE RESOLUTION

No. 432 Session of  
2024

---

INTRODUCED BY GAYDOS, McNEILL, CONKLIN, KINSEY, HARKINS,  
MARCELL, ZIMMERMAN, PICKETT, NEILSON AND MOUL, MAY 14, 2024

---

REFERRED TO COMMITTEE ON HEALTH, MAY 14, 2024

---

A RESOLUTION

1 Recognizing the month of April 2024 as "Parkinson's Disease  
2 Awareness Month" in Pennsylvania.

3 WHEREAS, Parkinson's disease is the second most common  
4 progressive neurodegenerative disorder after Alzheimer's  
5 disease; and

6 WHEREAS, Parkinson's disease is estimated to affect  
7 approximately 1 million people in the United States and the  
8 prevalence will rise to 1.2 million by 2030; and

9 WHEREAS, According to the Centers for Disease Control and  
10 Prevention, Parkinson's disease is the 14th leading cause of  
11 death in the United States; and

12 WHEREAS, Life expectancy is reduced for all onset ages, with  
13 disease progression leading to severe disability and possible  
14 confinement to a wheelchair or bed prior to death; and

15 WHEREAS, The symptoms of Parkinson's disease vary from person  
16 to person and can include asymmetric tremors, slowness of  
17 movement and rigidity, difficulty with balance, swallowing,  
18 chewing and speaking, cognitive impairment and dementia, mood

1 disorders and a variety of other nonmotor symptoms; and

2 WHEREAS, It is estimated that the economic burden of  
3 Parkinson's disease is \$52 billion annually to patients and  
4 family members, including direct and indirect costs, treatment,  
5 Social Security payments and lost income; and

6 WHEREAS, While research suggests the cause of Parkinson's  
7 disease is a combination of genetic and environmental factors,  
8 the exact cause and progression of the disease is still unknown;  
9 and

10 WHEREAS, There is no objective test or biomarker for  
11 Parkinson's disease, and there is no cure or drug to slow or  
12 halt the progression of the disease; and

13 WHEREAS, The National Parkinson's Foundation and the Michael  
14 J. Fox Foundation for Parkinson's Research, along with many  
15 volunteers, researchers, caregivers and medical professionals,  
16 are working to improve the quality of life of individuals living  
17 with Parkinson's disease and their families and to further  
18 promote Parkinson's disease awareness, education, knowledge,  
19 treatment and research; and

20 WHEREAS, Further efforts in research, testing and education  
21 are crucial in order to advance toward improved early detection  
22 methods, the discovery of more effective treatments to stop the  
23 progression of Parkinson's disease and, ultimately, to find a  
24 cure for this devastating disease; therefore be it

25 RESOLVED, That the House of Representatives recognize the  
26 month of April 2024 as "Parkinson's Disease Awareness Month" in  
27 Pennsylvania; and be it further

28 RESOLVED, That the House of Representatives urge all  
29 residents to support the search for a cure and assist those  
30 individuals and families who deal with this debilitating

1 disease.

# HOUSE OF REPRESENTATIVES

## DEMOCRATIC COMMITTEE BILL ANALYSIS

---

<b>Bill No:</b>	HR0433 PN3099	<b>Prepared By:</b>	Patrick O'Rourke (717) 787-4296,6711
<b>Committee:</b>	Health	<b>Executive Director:</b>	Erika Fricke
<b>Sponsor:</b>	Malagari, Steve		
<b>Date:</b>	5/15/2024		

---

### **A. Brief Concept**

House Resolution 433 recognizes May 17, 2024, as "World Neurofibromatosis Awareness Day."

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

In recognizing "World Neurofibromatosis Awareness Day," HR 433 references the following points:

- The Children's Tumor Foundation is observing May 17, 2024, as "World Neurofibromatosis Awareness Day" to educate the public about this rare genetic condition.
- Although more than 4 million people around the world are living with neurofibromatosis and 1 in every 2,000 births is diagnosed with neurofibromatosis, it is still relatively unknown to the public.
- Neurofibromatosis affects all populations equally, regardless of race, ethnicity or gender.
- Neurofibromatosis causes tumors to grow on nerves throughout the body and also can affect development of the brain, cardiovascular system, bones and skin.
- The disorder can lead to blindness, deafness, bone abnormalities, disfigurement, learning disabilities, disabling pain and cancer.
- There are three different types of neurofibromatosis: neurofibromatosis type 1, neurofibromatosis type 2 and schwannomatosis.
- Signs of neurofibromatosis type 1 include light brown spots on the skin, known as café au lait spots, bumps known as Lisch nodules on the iris of the eye and freckles on the groin or armpits.
- Neurofibromatosis type 1 is one of the country's most common genetic disorders occurring in approximately 1 in 2,500 births.
- Neurofibromatosis type 2 is far less common, occurring in 1 in 60,000 people, and is typically characterized by tumors that grow on the nerves of the inner ear.
- Schwannomatosis is a rarer form of neurofibromatosis for which symptoms typically appear between ages 25 and 30.
- Schwannomatosis often forms on the spinal or cranial nerves and leads to symptoms like chronic pain or loss of muscle.
- Instances of neurofibromatosis occur due to mutations that either occur during conception or are passed down genetically through the parents.
- Instances of neurofibromatosis occur due to mutations that either occur during conception or are passed down genetically through the parents.
- Family history, physical exams and genetic tests are currently used to diagnose neurofibromatosis in patients.
- While there is currently no cure available, there are multiple forms of treatment for patients dealing with neurofibromatosis.
- Mild instances of neurofibromatosis often do not require significant treatment outside of regular doctor visits and observation.
- More severe cases may require removal through radiation or surgery done by a nerve tumor specialist or a team of various surgeons.
- There are currently no medications that have been approved to treat neurofibromatosis, though researchers are investigating various methods and therapies.
- The Children's Tumor Foundation leads efforts to promote and financially sponsor world-class medical research aimed at finding effective treatments and, ultimately, a cure for neurofibromatosis.



- The Children's Tumor Foundation is connecting the unconnected, leading the way through innovative and inventive approaches to scientific advancement and improved patient care, revamping systems to accelerate the path from discovery to treatment.
- The Children's Tumor Foundation provides patient and family support through its information resources, youth programs and community activities.
- Much remains to be done in raising public awareness of neurofibromatosis to help promote early diagnosis, proper management and treatment, prevention of complications and support for research.

**Effective Date:**

N/A.

**G. Relevant Existing Laws**

N/A.

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

N/A.

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

---

THE GENERAL ASSEMBLY OF PENNSYLVANIA

---

HOUSE RESOLUTION

No. 433 Session of  
2024

---

INTRODUCED BY MALAGARI, CONKLIN, SANCHEZ, HILL-EVANS, ROZZI,  
NEILSON AND KINSEY, MAY 14, 2024

---

REFERRED TO COMMITTEE ON HEALTH, MAY 14, 2024

---

A RESOLUTION

1 Recognizing May 17, 2024, as "World Neurofibromatosis Awareness  
2 Day" in Pennsylvania.

3 WHEREAS, The Children's Tumor Foundation is observing May 17,  
4 2024, as "World Neurofibromatosis Awareness Day" to educate the  
5 public about this rare genetic condition; and

6 WHEREAS, The global community recognizes the importance of  
7 raising awareness about neurofibromatosis, its impact on  
8 individuals and families and the need for continued research and  
9 support; and

10 WHEREAS, Although more than 4 million people around the world  
11 are living with neurofibromatosis and 1 in every 2,000 births is  
12 diagnosed with neurofibromatosis, it is still relatively unknown  
13 to the public; and

14 WHEREAS, Neurofibromatosis affects all populations equally,  
15 regardless of race, ethnicity or gender; and

16 WHEREAS, Neurofibromatosis causes tumors to grow on nerves  
17 throughout the body and also can affect development of the  
18 brain, cardiovascular system, bones and skin; and

1       WHEREAS, The disorder can lead to blindness, deafness, bone  
2       abnormalities, disfigurement, learning disabilities, disabling  
3       pain and cancer; and

4       WHEREAS, There are three different types of  
5       neurofibromatosis: neurofibromatosis type 1, neurofibromatosis  
6       type 2 and schwannomatosis; and

7       WHEREAS, Signs of neurofibromatosis type 1 include light  
8       brown spots on the skin, known as café au lait spots, bumps  
9       known as Lisch nodules on the iris of the eye and freckles on  
10      the groin or armpits; and

11      WHEREAS, Neurofibromatosis type 1 is one of the country's  
12      most common genetic disorders occurring in approximately 1 in  
13      2,500 births; and

14      WHEREAS, Neurofibromatosis type 2 is far less common,  
15      occurring in 1 in 60,000 people, and is typically characterized  
16      by tumors that grow on the nerves of the inner ear; and

17      WHEREAS, Schwannomatosis is a rarer form of neurofibromatosis  
18      for which symptoms typically appear between ages 25 and 30; and

19      WHEREAS, Schwannomatosis often forms on the spinal or cranial  
20      nerves and leads to symptoms like chronic pain or loss of  
21      muscle; and

22      WHEREAS, Instances of neurofibromatosis occur due to  
23      mutations that either occur during conception or are passed down  
24      genetically through the parents; and

25      WHEREAS, Family history, physical exams and genetic tests are  
26      currently used to diagnose neurofibromatosis in patients; and

27      WHEREAS, While there is currently no cure available, there  
28      are multiple forms of treatment for patients dealing with  
29      neurofibromatosis; and

30      WHEREAS, Mild instances of neurofibromatosis often do not

1 require significant treatment outside of regular doctor visits  
2 and observation; and

3 WHEREAS, More severe cases may require removal through  
4 radiation or surgery done by a nerve tumor specialist or a team  
5 of various surgeons; and

6 WHEREAS, There are currently no medications that have been  
7 approved to treat neurofibromatosis, though researchers are  
8 investigating various methods and therapies; and

9 WHEREAS, The Children's Tumor Foundation leads efforts to  
10 promote and financially sponsor world-class medical research  
11 aimed at finding effective treatments and, ultimately, a cure  
12 for neurofibromatosis; and

13 WHEREAS, The Children's Tumor Foundation is connecting the  
14 unconnected, leading the way through innovative and inventive  
15 approaches to scientific advancement and improved patient care,  
16 revamping systems to accelerate the path from discovery to  
17 treatment; and

18 WHEREAS, The Children's Tumor Foundation provides patient and  
19 family support through its information resources, youth programs  
20 and community activities; and

21 WHEREAS, Much remains to be done in raising public awareness  
22 of neurofibromatosis to help promote early diagnosis, proper  
23 management and treatment, prevention of complications and  
24 support for research; therefore be it

25 RESOLVED, That the House of Representatives recognize May 17,  
26 2024, as "World Neurofibromatosis Awareness Day" in  
27 Pennsylvania.

# HOUSE OF REPRESENTATIVES

## DEMOCRATIC COMMITTEE BILL ANALYSIS

---

<b>Bill No:</b>	HR0440 PN3102	<b>Prepared By:</b>	Patrick O'Rourke (717) 787-4296,6711
<b>Committee:</b>	Health	<b>Executive Director:</b>	Erika Fricke
<b>Sponsor:</b>	Cepeda-Freytiz, Johanny		
<b>Date:</b>	5/17/2024		

---

### **A. Brief Concept**

House Resolution 440 recognizes May 2024 as "Mental Health Awareness Month."

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

In recognizing "Mental Health Awareness Month," HR440 references the following points:

- Mental health is critical to the overall well-being of individuals, families, communities, and businesses.
- Mental illnesses are biologically based brain disorders that cannot be overcome through willpower and are not related to an individual's character or intelligence.
- Mental health issues can affect individuals of any race, religion, economic status or age.
- Mental illnesses usually strike individuals in the prime of their lives, often during adolescence and young adulthood.
- Individuals with mental illness have the same needs and are guaranteed the same rights as all Americans.
- Individuals with mental illness experience discrimination in education, employment, and housing.
- A lack of full and proper treatment for individuals with mental illness costs public and private employers hundreds of billions of dollars annually through absenteeism, turnover and low productivity.
- In 2021, the National Institutes of Health estimated that more than 20% of adolescents 12 to 17 years of age (population: 5 million) experienced a major depressive episode (MDE).
- Individuals experience an MDE if:
  - experienced a depressed mood or loss of interest in daily activities and have additional symptoms including problems with any of the following over a period of time:
    - sleep
    - eating
    - energy
    - concentration or self worth.
- Per the National Institute of Mental Health, 57 million adults in the U.S. have a mental illness that includes a mental, behavioral, or emotional disorder.
- Proper diagnosis, treatment, and support of mental illness have proven effective and are important to assist individuals in leading full, productive lives.

### **Effective Date:**

N/A.

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

N/A.

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

N/A.

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

---

THE GENERAL ASSEMBLY OF PENNSYLVANIA

---

HOUSE RESOLUTION

No. 440 Session of 2024

---

INTRODUCED BY CEPEDA-FREYTIZ, ABNEY, CONKLIN, GIRAL, PROBST, McNEILL, VENKAT, HILL-EVANS, KHAN, MAYES, HADDOCK, KINSEY, SANCHEZ, SCHLOSSBERG, WAXMAN, ROZZI, OTTEN, MENTZER, PARKER, ZIMMERMAN AND DALEY, MAY 17, 2024

---

REFERRED TO COMMITTEE ON HEALTH, MAY 17, 2024

---

A RESOLUTION

1 Recognizing the month of May 2024 as "Mental Health Awareness  
2 Month" in Pennsylvania.

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

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

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

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

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

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

17 WHEREAS, A lack of full and proper treatment for individuals

1 with mental illness costs public and private employers hundreds  
2 of billions of dollars annually through absenteeism, turnover  
3 and low productivity; and

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

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

13 WHEREAS, The National Institute of Mental Health estimates  
14 approximately 57 million adults in the United States have a  
15 mental illness that includes a mental, behavioral or emotional  
16 disorder; and

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

21 RESOLVED, That the House of Representatives recognize the  
22 month of May 2024 as "Mental Health Awareness Month" in  
23 Pennsylvania; and be it further

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