



## HOUSE HEALTH COMMITTEE VOTING MEETING AGENDA

Tuesday, February 6, 2024

10:30 AM

Room 515 Irvis Office Building

Harrisburg, PA

- 
1. Call to Order
  2. Attendance
  3. Legislation to be Considered:

**HB 1853 PN 2325 (Shusterman)** – An Act amending the act of July 19, 1979 (P.L.130, No.48), known as the Health Care Facilities Act, in licensing of health care facilities, further providing for administration.

**HB 1956 PN 2487 (Kosierowski)** – An Act amending the act of October 24, 2018 (P.L.719, No.112), known as the Patient Test Result Information Act, further providing for definitions, for test results and for duties of Department of Health.

**A03408 (Twardzik)** - Removes delay in posting of test results if the patient receives the test results at the time of the test, does not remove the face-to-face requirement.

**A03429 (Kosierowski)** - Removes the word "immediately" in the notice to patients, changes the time frame for holding results to one full business day, removes inappropriate oversight from the Department of Health and ensures the Department reviews that policies exist related to release of information.

**HB 1931 PN 2463 (Marcell)** – An Act providing for a long-term care medical director registry; and imposing duties on the Department of Health and the Department of Human Services.

**A03415 (Benham)** - Allows the Department of Aging to access registry.

**HR 250 PN 2216 (Gallagher)** – A Resolution designating the month of March 2024 as "Colorectal Cancer Awareness Month" in Pennsylvania.

**HR 251 PN 2217 (Brennan)** – A Resolution recognizing the month of May 2024 as "ALSP Awareness Month" in Pennsylvania.

**HR 292 PN 2537 (Rapp)** – A Resolution recognizing the week of May 12 through 18, 2024, as "National Hospital Week" in Pennsylvania.

**HR 296 PN 2541 (Matzie)** – A Resolution designating February 2, 2024, as "Rheumatoid Awareness Day" in Pennsylvania.

**HR 296 PN 2542 (Matzie)** – A Resolution recognizing the week of March 10 through 16, 2024, as "Multiple Sclerosis Awareness Week" in Pennsylvania.

**HR 296 PN 2544 (Matzie)** – A Resolution recognizing the month of April 2024 as "Limb Loss Awareness Month" in Pennsylvania.

4. Adjournment.

# HOUSE OF REPRESENTATIVES

## DEMOCRATIC COMMITTEE BILL ANALYSIS

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<b>Bill No:</b>	HB1853 PN2325	<b>Prepared By:</b>	Erika Fricke (412) 422-1774
<b>Committee:</b>	Health	<b>Executive Director:</b>	Erika Fricke
<b>Sponsor:</b>	Shusterman, Melissa		
<b>Date:</b>	1/3/2024		

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### **A. Brief Concept**

Requires the Department of Health to convene long-term care nursing facilities to discuss facility surveys.

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

The bill amends the section of the Health Care Facilities Act that expressly promotes innovation and requires the Department of Health to convene an annual meeting of the nursing care facilities licensed by the department in order to discuss the survey process.

Currently, the department conducts surveys on an on-going basis, for licensure as well as investigation. The Department is responsible for surveys of compliance on behalf of the Federal Center for Medicare and Medicaid Services, which is required for any facility participating in the Medicare program.

#### **Effective Date:**

60 days.

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

Section 803 of the Health Care Facilities Act provides that the Department of Health shall ensure enforcement of the law and regulations for health care facilities.

Survey is defined within the act as "An announced or unannounced examination by the Department of Health or its representatives, which may include an onsite visit, interviews with employees, patients and other individuals and review of medical and facility records, for the purpose of determining a health care facility's compliance with licensure requirements."

The subsection amends section 804(c) which expressly supports health care innovation.

Federal law requires facilities to be in compliance with [42 CFR Part 483, Subpart B](#)

Pennsylvania regulations in Title 28, subpart C, relate to long-term care facilities.

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

N/A.

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THE GENERAL ASSEMBLY OF PENNSYLVANIA

HOUSE BILL

No. 1853 Session of 2023

INTRODUCED BY SHUSTERMAN, MARCELL, BOROWSKI, CEPEDA-FREYITZ, ECKER, EMRICK, HILL-EVANS, KUTZ, MADDEN, MULLINS, PROBST, SANCHEZ AND GREEN, NOVEMBER 15, 2023

REFERRED TO COMMITTEE ON HEALTH, NOVEMBER 15, 2023

AN ACT

1 Amending the act of July 19, 1979 (P.L.130, No.48), entitled "An  
 2 act relating to health care; prescribing the powers and  
 3 duties of the Department of Health; establishing and  
 4 providing the powers and duties of the State Health  
 5 Coordinating Council, health systems agencies and Health Care  
 6 Policy Board in the Department of Health, and State Health  
 7 Facility Hearing Board in the Department of Justice;  
 8 providing for certification of need of health care providers  
 9 and prescribing penalties," in licensing of health care  
 10 facilities, further providing for administration.

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

13 Section 1. Section 804 of the act of July 19, 1979 (P.L.130,  
 14 No.48), known as the Health Care Facilities Act, is amended by  
 15 adding a subsection to read:

16 Section 804. Administration.

17 \* \* \*

18 (c.1) Annual meeting.--The department shall annually convene  
 19 a meeting of long-term care nursing facilities to receive input  
 20 regarding the department's conduct of surveys, with the goal of  
 21 promoting cooperation and communication between long-term care

1 nursing facilities and the department.

2 \* \* \*

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

# HOUSE OF REPRESENTATIVES

## DEMOCRATIC COMMITTEE BILL ANALYSIS

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<b>Bill No:</b>	HB1956 PN2487	<b>Prepared By:</b>	Erika Fricke (412) 422-1774
<b>Committee:</b>	Health	<b>Executive Director:</b>	Erika Fricke
<b>Sponsor:</b>	Kosierowski, Bridget		
<b>Date:</b>	1/16/2024		

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### **A. Brief Concept**

Gives providers three days to review life-changing patient test results before they are released to the patient. Updates Pennsylvania's patient test results law to accommodate federal requirements.

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

The bill requires diagnostic imaging centers performing non-routine tests to inform patients that they may access their test results via their electronic health record as soon as they are available. Patients who do not have easy access to their electronic health records may request mailed copies of their results. The notice is not required to be provided to patients who are receiving follow-up for a chronic condition, routine pregnancy imaging, if a patient is in the hospital or if a patient receives the results at the time of service.

The requirement for a diagnostic imaging center determine whether test results are "abnormal" is removed, along with the notification to patients that results are abnormal and they should call their doctor for results. This reflects federal changes providing patients access to test results simultaneous to their providers.

The bill provides a 72-hour grace period for providers to review potentially significant test results related to a likely cancer diagnosis or genetic testing prior to release to the patient.

The Department of Health must review compliance with the regulations including the provision of notice and 72-hour grace period for extremely sensitive test results. The Department must coordinate with other oversight bodies for any imaging centers that do not fall under the Department's purview.

### **Effective Date:**

60 days.

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

Patient Test Result Information Act ([Act 112 of 2018](#)) requires diagnostic imaging centers to provide notices to patients whose results are abnormal.

The Confidentiality of HIV-Related Information Act ([Act 148 of 1990](#)) requires anyone receiving a positive test-result for HIV to have the opportunity to receive face-to-face counseling to discuss the results and services available.

The Cures Act section 4004 amended the Public Health Services Act to allow for investigating and applying penalties for information blocking. Except for specific exceptions, health information must be shared with patients, and cannot be delayed. However, the law and rules explicitly exclude conduct required by law from the requirements. State laws related to information would not be considered information blocking. (Section 3022(a)(1)(A) of the PHSA and [45 CFR 171.103\(a\)\(1\)](#) )

Information blocking under the CURES Act is defined as conduct that "is likely to interfere with, prevent, or materially discourage access, exchange, or use of electronic health information."

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

House Bill 1280 passed the House.

House Bill 2103 passed the House.

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**LEGISLATIVE REFERENCE BUREAU**

AMENDMENTS TO HOUSE BILL NO. 1956

Sponsor: *Twardzik #123*

Printer's No. 2487

1 Amend Bill, page 5, line 17, by striking out "The" and  
2 inserting

3 Except as provided under subsection (g), the

4 Amend Bill, page 5, by inserting between lines 28 and 29

5 (g) Exception.--The prohibition under subsection (f) shall  
6 not apply if the test results are provided to a patient or the  
7 patient's designee at the time of the test.

8 (h) Face-to-face requirements.--Nothing in this act shall be  
9 construed to repeal any law of this Commonwealth that requires a  
10 health care practitioner to conduct a face-to-face meeting or  
11 counseling session with a patient prior to a test result being  
12 disclosed to the patient or being posted in the patient's  
13 electronic health record.



**LEGISLATIVE REFERENCE BUREAU**

AMENDMENTS TO HOUSE BILL NO. 1956

Sponsor: *Kosierowski H114*

Printer's No. 2487

1 Amend Bill, page 3, line 17, by striking out "immediately"

2 Amend Bill, page 5, line 23, by striking out "72 hours" and  
3 inserting

4 one full business day has elapsed

5 Amend Bill, page 5, line 23, by inserting after "the" where  
6 it occurs the second time

7 ordering

8 Amend Bill, page 5, line 25, by striking out "72-hour"

9 Amend Bill, page 5, by inserting between lines 28 and 29

10 (g) Policies and procedures.--A health care facility,  
11 clinical laboratory or an entity performing a diagnostic imaging  
12 service shall develop and implement policies and procedures for  
13 providing patient test results in accordance with this section.

14 Amend Bill, page 5, line 30, by inserting a bracket before  
15 the colon after "shall"

16 Amend Bill, page 6, line 2, by striking out "on health care  
17 facilities licensed by the department"

18 Amend Bill, page 6, line 5, by striking out the bracket  
19 before "and"

20 Amend Bill, page 6, line 5, by striking out the bracket after  
21 "and"

22 Amend Bill, page 6, line 8, by striking out the bracket  
23 before the period after "website"

1 Amend Bill, page 6, lines 8 through 17, by striking out ";  
2 and" in line 8 and all of lines 9 through 17 and inserting  
3 conduct compliance reviews on health care facilities and  
4 clinical laboratories licensed or permitted by the  
5 department.  
6 (b) Limitation.--The Department of Health shall limit the  
7 scope of the compliance reviews under subsection (a) to  
8 determining whether policies and procedures have been developed  
9 and implemented in accordance with section 3(g).

THE GENERAL ASSEMBLY OF PENNSYLVANIA

HOUSE BILL

No. 1956 Session of 2024

INTRODUCED BY KOSIEROWSKI, JOZWIAK, PROBST, VENKAT, MADDEN,  
 CURRY, DONAHUE, SANCHEZ, DALEY, BOROWSKI, CIRESI, CEPEDA-  
 FREYTIZ, SHUSTERMAN, TWARDZIK AND GILLEN, JANUARY 9, 2024

REFERRED TO COMMITTEE ON HEALTH, JANUARY 9, 2024

AN ACT

1 Amending the act of October 24, 2018 (P.L.719, No.112), entitled  
 2 "An act providing for notification of patient test results to  
 3 be sent directly to a patient or the patient's designee; and  
 4 providing for duties of the Department of Health," further  
 5 providing for definitions, for test results and for duties of  
 6 Department of Health.

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

9 Section 1. Sections 2, 3 and 4 of the act of October 24,  
 10 2018 (P.L.719, No.112), known as the Patient Test Result  
 11 Information Act, are amended to read:

12 Section 2. Definitions.

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

16 "Chronic condition." An illness that frequently recurs or  
 17 persists for a period in excess of three months.

18 "Diagnostic imaging service." A medical imaging test  
 19 performed on a patient that is intended to diagnose the presence

1 or absence of a disease, including, but not limited to, a  
2 malignancy. The term does not include a nonimaging study,  
3 including an electrocardiogram, standard electrocardiogram  
4 treadmill stress test, cardiac monitor, pulmonary function test  
5 or similar test.

6 "Diagnostic radiograph." A projectional radiograph that  
7 acquires an image or digital image with x-rays to produce a high  
8 contrast, two-dimensional image, otherwise known as an x-ray.

9 "Health care practitioner." As defined in section 103 of the  
10 act of July 19, 1979 (P.L.130, No.48), known as the Health Care  
11 Facilities Act.

12 ["Significant abnormality." A finding by a diagnostic  
13 imaging service of an abnormality or anomaly which would cause a  
14 reasonably prudent person to seek additional or follow-up  
15 medical care within three months.]

16 Section 3. Test results.

17 [(a) General rule.--When, in the judgment of the entity  
18 performing a diagnostic imaging service, a significant  
19 abnormality may exist, the entity performing the diagnostic  
20 imaging service shall directly notify the patient or the  
21 patient's designee by providing notice that the entity has  
22 completed a review of the test performed on the patient and has  
23 sent results to the health care practitioner who ordered the  
24 diagnostic imaging service. The notice shall include all of the  
25 following:

26 (1) The name of the ordering health care practitioner.

27 (2) The date the test was performed.

28 (3) The date the results were sent to the ordering  
29 health care practitioner.

30 (4) The following statements:

1 You are receiving this notice as a result of a  
2 determination by your diagnostic imaging service that  
3 further discussions of your test results are warranted  
4 and would be beneficial to you.

5 The complete results of your test or tests have been or  
6 will be sent to the health care practitioner that ordered  
7 the test or tests. It is recommended that you contact  
8 your health care practitioner to discuss your results as  
9 soon as possible.

10 (5) The contact information necessary for the patient to  
11 obtain a full report.]

12 (a.1) Written notice at time of service.--The entity  
13 performing the diagnostic imaging service shall provide written  
14 notice to the patient or the patient's designee at the time of  
15 the diagnostic imaging service. The notice shall include the  
16 following statement:

17 Your test results will be made immediately available to  
18 you once the results are ready. You can access your test  
19 results online through your electronic health record  
20 (EHR) patient portal. If you do not have access to your  
21 online patient portal, you can request that your test  
22 results be delivered to you by mail. You may be charged a  
23 reasonable fee for the administrative costs of mailing  
24 the test results.

25 (b) Exceptions.--The following shall be exempted from the  
26 requirements of subsection [(a)] (a.1):

27 (1) Routine obstetrical ultrasounds used to monitor the  
28 development of a fetus.

29 (2) Diagnostic imaging services performed on a patient  
30 who is being treated on an inpatient basis [or] in an

1 emergency [room] department or observation unit of a  
2 hospital.

3 (3) Diagnostic radiographs.

4 (4) Diagnostic imaging services performed on a patient  
5 with a chronic condition if the patient has previously  
6 received notice of the chronic condition.

7 (5) Diagnostic imaging services test results provided to  
8 a patient or a patient's designee at the time of the test.

9 [(c) Time.--Except as provided under subsection (d) (2) (v),  
10 no later than 20 days after the date the results were sent to  
11 the ordering health care practitioner as provided under  
12 subsection (a) (3), the entity performing the diagnostic imaging  
13 service shall provide the patient or patient's designee with the  
14 notice under subsection (a).

15 (d) Method of transmittal.--

16 (1) The notice under subsection (a) shall be provided in  
17 a manner deemed acceptable by the patient or the patient's  
18 designee.

19 (2) A notice provided under subsection (a) shall be  
20 presumed to comply with this act if:

21 (i) mailed in a properly addressed and stamped  
22 letter through the United States Postal Service;

23 (ii) sent electronically by e-mail;

24 (iii) sent by automatic alert from an electronic  
25 medical record system that the notice under subsection  
26 (a) has been posted to the patient's electronic medical  
27 record that is presently viewable;

28 (iv) sent by facsimile; or

29 (v) provided directly to the patient at the time of  
30 service, so long as the patient acknowledges the receipt



1 of the results and signs the patient's medical record  
2 accordingly.

3 (e) Construction.--

4 (1) Nothing in this act shall be construed to require an  
5 entity to provide a patient or patient's designee the notice  
6 under subsection (a) if the results are provided to the  
7 patient or patient's designee by the health care practitioner  
8 at the time of the test.

9 (2) Nothing in this act shall be construed to prohibit  
10 an entity from providing a patient with:

11 (i) the summary of a diagnostic imaging service  
12 report, otherwise known as an impression or conclusion;  
13 or

14 (ii) the complete results of the diagnostic imaging  
15 service provided to the ordering health care  
16 practitioner.]

17 (f) Disclosure of test results.--The following test results  
18 and any other related results shall not be disclosed to a  
19 patient as part of the patient's electronic health record, and  
20 in the case of a clinical laboratory test result or pathology  
21 report shall not be disclosed by the person or entity that  
22 administers and controls the patient's electronic health record,  
23 until 72 hours after the results are finalized, unless the  
24 health care practitioner directs the release of the results  
25 before the end of that 72-hour period:

26 (1) Pathology reports or radiology reports that have a  
27 reasonable likelihood of showing a finding of malignancy.

28 (2) Tests that could reveal genetic markers.

29 Section 4. Duties of Department of Health.

30 (a) Reviews and complaints.--The Department of Health shall:

1 (1) in accordance with law, conduct compliance reviews  
2 on health care facilities licensed by the department as part  
3 of the inspection performed by the department or an  
4 accrediting organization and investigate complaints filed  
5 relating to the requirements of section 3; [and]

6 (2) establish a complaint procedure, which shall be made  
7 available on the department's publicly accessible Internet  
8 website[.]; and

9 (3) coordinate with the appropriate State licensing  
10 boards on complaints received by the department relating to  
11 entities performing diagnostic imaging services not under the  
12 department's jurisdiction and on how the complaints will be  
13 referred to the appropriate State licensing boards for  
14 review.

15 (b) Regulations.--The Department of Health may, by  
16 regulation, exempt other tests in addition to those specified  
17 under section 3(b) and (f).

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

# HOUSE OF REPRESENTATIVES

## DEMOCRATIC COMMITTEE BILL ANALYSIS

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**Bill No:** HB1931 PN2463  
**Committee:** Health  
**Sponsor:** Marcell, Kristin  
**Date:** 1/17/2024

**Prepared By:** Dylan Lindberg  
(717) 705-1875,6240  
**Executive Director:** Erika Fricke

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### **A. Brief Concept**

Creates a registry of medical directors at facilities that provide long-term care to be used during public health emergencies.

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

House Bill 1931 is a freestanding bill that creates a registry of medical directors that serve a nursing home, personal care home, or an assisted living residence.

The Department of Health and Department of Human Services are required to utilize this list for information and best practices within the facilities when the Governor declares a public health related disaster emergency. Nothing prevents the departments from utilizing the list when there is not a disaster emergency declaration.

The departments are required to collect medical director contact information and proof of certification as part of their annual inspections and establish the registry. Personal care homes and assisted living residences are not required to employ a medical director, so this only applies if those facilities are voluntarily doing so.

The registry is only available to the facilities and the departments.

#### **Effective Date:**

60 days.

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

#### **Long-term Nursing Facilities**

[Sections 813 of the Health Care Facilities Act](#) provides the Department of Health the right to enter and inspect long-term nursing facilities.

[Title 28, Subpart C.](#) provides regulations for long-term care nursing facilities.

[42 CFR 483.70\(h\)](#) requires long-term nursing facilities to designate a physician to serve as medical director.

#### **Assisted Living Facilities**

[Sections 211 and 1016 of the Human Services Code](#) provides the right for DHS to enter and inspect assisted living facilities.

[Title 55, Chapter 2800](#) provides regulations for assisted living residences.

#### **Personal Care Homes**

[Sections 211 and 1016 of the Human Services Code](#) provides the right for DHS to enter and inspect personal care homes.

[Title 55, Chapter 2600](#) provides regulations for personal care homes.

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

HB2792 of 2019 passed the House unanimously, where it received no consideration in the Senate.

HB158 of 2021 was referred to the House Health Committee where it received no further consideration.

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**LEGISLATIVE REFERENCE BUREAU**

AMENDMENTS TO HOUSE BILL NO. 1931

Sponsor: *Benham #36*

Printer's No. 2463

- 1 Amend Bill, page 3, by inserting between lines 8 and 9
- 2 (4) The Department of Aging.



## THE GENERAL ASSEMBLY OF PENNSYLVANIA

## HOUSE BILL

No. 1931 Session of  
2023

INTRODUCED BY MARCELL, LABS AND MENTZER, DECEMBER 28, 2023

REFERRED TO COMMITTEE ON HEALTH, DECEMBER 28, 2023

## AN ACT

1 Providing for a long-term care medical director registry; and  
2 imposing duties on the Department of Health and the  
3 Department of Human Services.

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

6 Section 1. Short title.

7 This act shall be known and may be cited as the Long-Term  
8 Care Medical Director Registry and Communication Act.

9 Section 2. Definitions.

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

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

14 "Disaster emergency." A declaration by the Governor of a  
15 disaster emergency under 35 Pa.C.S. § 7301(c) (relating to  
16 general authority of Governor).

17 "Facility." Any of the following:

18 (1) A long-term care nursing facility as defined in  
19 section 802.1 of the act of July 19, 1979 (P.L.130, No.48),

1 known as the Health Care Facilities Act.

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

5 (3) An assisted living residence as defined in section  
6 1001 of the Human Services Code.

7 "Medical director." A physician who:

8 (1) oversees the medical care and other designated care  
9 and services in a health care organization or facility;

10 (2) is responsible for coordinating medical care and  
11 assisting in the implementation and evaluation of resident  
12 care policies to reflect current professional standards; and

13 (3) is either the primary or associate medical director.

14 Section 3. Medical director registry.

15 (a) Establishment.--The department, in consultation with the  
16 Department of Human Services, shall establish a registry of  
17 long-term care nursing facilities and, where applicable,  
18 personal care home and assisted living residence medical  
19 directors in this Commonwealth.

20 (b) Collection of information.--The department and the  
21 Department of Human Services shall collect the following  
22 information for inclusion in the registry as a component of the  
23 annual inspection of a facility required under the act of July  
24 19, 1979 (P.L.130, No.48), known as the Health Care Facilities  
25 Act, and the act of June 13, 1967 (P.L.31, No.21), known as the  
26 Human Services Code:

27 (1) The contact information for the medical director,  
28 including a telephone number, facility location and office  
29 email address.

30 (2) If applicable, proof of completion of a certified



1 medical director course or any other certification that  
2 indicates the medical director has participated in medical  
3 director training.

4 (c) Registry access.--The registry shall be available to the  
5 following:

6 (1) The department.

7 (2) The Department of Human Services.

8 (3) A facility.

9 (d) Utilization.--

10 (1) The department and the Department of Human Services  
11 shall consult with the medical directors listed on the  
12 registry to obtain current information and best practices  
13 within facilities during a disaster emergency relating to  
14 public health and other public health emergencies.

15 (2) The department and the Department of Human Services  
16 may consult with the medical directors listed on the registry  
17 to obtain current information and best practices within  
18 facilities when there is not a disaster declaration relating  
19 to public health or current public health emergency.

20 Section 4. Effective date.

21 This act shall take effect in 60 days.



# HOUSE OF REPRESENTATIVES

## DEMOCRATIC COMMITTEE BILL ANALYSIS

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**Bill No:** HR0250 PN2216  
**Committee:** Health  
**Sponsor:** Gallagher, Patrick  
**Date:** 11/1/2023

**Prepared By:** Marcus Walko  
(717) 787-4296  
**Executive Director:** Erika Fricke

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### **A. Brief Concept**

House Resolution 250 designates the month of March 2024 as "Colorectal Cancer Awareness Month" in Pennsylvania.

### **B. Committee Votes**

None.

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

Colorectal cancer is cancer that starts in the colon or rectum. Without treatment, the cancer can spread to other parts of the body. Symptoms include bloody stool, stomach pain, and unexplained weight loss. The risk for colorectal cancer increases with age.

Colorectal cancer is the third most common cancer and the second deadliest cancer in the United States. Colorectal cancer rates are also different across race and ethnicity. Black Americans are 20% more likely to get colorectal cancer and 40% more likely to die from it, while indigenous communities have the highest rate of cases in the United States.

Colonoscopy screenings are the gold standard for detecting colorectal cancer or removing any precancerous tissue, if found. Getting a colonoscopy limits the likelihood of new cases of colon cancer by 69% and reduces the chance of dying by 88%; early detection and treatment of colorectal cancer is crucial. The survival rate for localized (early) colorectal cancer is 90%. However, symptoms are often not present in these early stages, so the Department of Health recommends routine colonoscopy screenings starting at age 45.

### **Effective Date:**

Immediately.

### **D. Third Party Feedback**

N/A.

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

None.

### **F. Key Points**

N/A.

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

N/A.

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THE GENERAL ASSEMBLY OF PENNSYLVANIA

HOUSE RESOLUTION

No. 250 Session of 2023

INTRODUCED BY GALLAGHER, MAJOR, KHAN, FLICK, VENKAT, KOSIEROWSKI, GUENST, MADDEN, SAMUELSON, SANCHEZ, N. NELSON, HILL-EVANS, HANBIDGE, HOHENSTEIN, ROZZI, MUNROE, PICKETT, MERSKI, GILLEN, A. BROWN, ABNEY, DONAHUE, T. DAVIS, McNEILL, MARCELL, SCHLOSSBERG, BOROWSKI, KINSEY, McANDREW, CEPEDA-FREYTIZ, GAYDOS, NEILSON, FREEMAN, DALEY, HADDOCK, ARMANINI, MALAGARI AND PASHINSKI, OCTOBER 27, 2023

REFERRED TO COMMITTEE ON HEALTH, OCTOBER 27, 2023

A RESOLUTION

1 Designating the month of March 2024 as "Colorectal Cancer  
2 Awareness Month" in Pennsylvania.

3 WHEREAS, Colorectal cancer is cancer in either the colon or  
4 the rectum; and

5 WHEREAS, Colorectal cancer is usually related to polyps which  
6 form in the colon or rectum and can spread through nearby  
7 tissues or lymph nodes and possibly spread to other organs; and

8 WHEREAS, Symptoms of colorectal cancer can include blood in  
9 or on stool, stomach pain, aches or cramps that do not go away  
10 and unexplained weight loss; and

11 WHEREAS, Colorectal cancer is a serious diagnosis that can  
12 upend a person's life; and

13 WHEREAS, One in 24 people will be diagnosed with colorectal  
14 cancer in their lifetime; and

15 WHEREAS, Colorectal cancer is the third most commonly

1 diagnosed cancer; and

2 WHEREAS, In 2023, an estimated 153,020 new cases of  
3 colorectal cancer will be diagnosed in the United States; and

4 WHEREAS, A colonoscopy is the gold standard of colon cancer  
5 screening because the procedure can both diagnose colon cancer  
6 and remove polyps that can become cancerous; and

7 WHEREAS, A colonoscopy limits the likelihood of new cases of  
8 colon cancer by 69% and reduces the chance of dying by 88%; and

9 WHEREAS, The Department of Health recommends that a person be  
10 screened for colorectal cancer between 45 and 75 years of age,  
11 as the risk of developing colorectal cancer increases with age;  
12 and

13 WHEREAS, Just 66% of Pennsylvania adults over 45 years of age  
14 have been screened for colorectal cancer; and

15 WHEREAS, Screening for colorectal cancer is important because  
16 symptoms may not be present, especially in early stages; and

17 WHEREAS, Sixty-eight percent of deaths from colorectal cancer  
18 could be prevented with screening; and

19 WHEREAS, The five-year survival rate of localized colorectal  
20 cancer is 90%; and

21 WHEREAS, There are more than 1.5 million colorectal cancer  
22 survivors in the United States; and

23 WHEREAS, Some patients with colorectal cancer have a  
24 temporary or permanent stoma, or opening in the abdomen,  
25 following surgery and an estimated 750,000 to 1,000,000  
26 Americans have an ostomy; and

27 WHEREAS, Rates of colorectal cancer are different across race  
28 and ethnicity; and

29 WHEREAS, Black Americans are 20% more likely to have  
30 colorectal cancer and 40% more likely to die from it; and

1       WHEREAS, Native communities face the highest rate of cases  
2 out of any ethnic group; and

3       WHEREAS, Incidence rates for colorectal cancer have declined  
4 more than 50% between 1985 and 2020; and

5       WHEREAS, Despite the decline in this disease over the past  
6 four decades, colorectal cancer is still the second most deadly  
7 cancer in this Commonwealth; and

8       WHEREAS, Among the top five most deadly cancers, colorectal  
9 cancer is the only one that does not have its own research  
10 program and dedicated funding stream; therefore be it

11       RESOLVED, That the House of Representatives designate the  
12 month of March 2024 as "Colorectal Cancer Awareness Month" in  
13 Pennsylvania.





# HOUSE OF REPRESENTATIVES

## DEMOCRATIC COMMITTEE BILL ANALYSIS

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<b>Bill No:</b>	HR0251 PN2217	<b>Prepared By:</b>	Marcus Walko 717 787 4296
<b>Committee:</b>	Health	<b>Executive Director:</b>	Erika Fricke
<b>Sponsor:</b>	Brennan, Timothy		
<b>Date:</b>	10/31/2023		

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### **A. Brief Concept**

House Resolution 251 recognizes May 2024 as "ALSP Awareness Month."

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

Adult-onset leukoencephalopathy with axonal spheroids and pigmented glia (ALSP) is a neurological disease caused by a genetic mutation passed from parent to child. A parent with the mutated gene has a 50% chance of passing the mutation. Onset of ALSP symptoms usually occurs between the ages of 30 and 50 and include forgetfulness, loss of speech, mood changes, muscle spasms, posture problems, and problems with feeling pain or touch. Treatment options for ALSP are very limited, there is no cure, and genetic testing is the only way to diagnose it conclusively.

ALSP is rare. 10,000 people in the United States are estimated to have the mutation that causes ALSP. ALSP is often misdiagnosed as diseases like Parkinson's disease or multiple sclerosis because of a lack of awareness about the condition.

Sisters' Hope Foundation is a nonprofit that assists people with ALSP with getting testing and funding treatment.

### **Effective Date:**

Immediately.

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

N/A.

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

None.

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THE GENERAL ASSEMBLY OF PENNSYLVANIA

HOUSE RESOLUTION

No. 251 Session of 2023

INTRODUCED BY BRENNAN, BARTON, SCHLEGEL, TWARDZIK, HILL-EVANS, GALLAGHER, MADDEN, DONAHUE, KHAN, SCHLOSSBERG, NEILSON, MARCELL, ROZZI, STEHR, WATRO, T. DAVIS, CEPEDA-FREYTIZ, FLICK, BANTA, JOZWIAK AND KAZEEM, OCTOBER 27, 2023

REFERRED TO COMMITTEE ON HEALTH, OCTOBER 27, 2023

A RESOLUTION

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

3 WHEREAS, Adult-onset leukoencephalopathy with axonal  
4 spheroids and pigmented glia (ALSP) is a rare neurological  
5 disease that is passed genetically from parent to child; and

6 WHEREAS, A parent with the mutated gene has a 50% chance of  
7 passing the mutation to the parent's child; and

8 WHEREAS, ALSP affects both men and women and typically  
9 exhibits symptoms between the ages of 30 and 50; and

10 WHEREAS, Symptoms of ALSP may include a decline in mobility  
11 and psychological changes such as forgetfulness, loss of speech  
12 and mood changes; and

13 WHEREAS, Other physical symptoms of ALSP include muscle  
14 spasms, a reduced feeling for pain and touch and an inability to  
15 hold posture; and

16 WHEREAS, Because of similar symptoms, this disease may be  
17 misdiagnosed as another disease such as frontal lobe dementia,

1 Parkinson's disease or primary progressive multiple sclerosis;  
2 and

3 WHEREAS, While the estimated number of people thought to have  
4 ALSP in the United States is 10,000, the exact number of cases  
5 of this disorder is unknown; and

6 WHEREAS, It is difficult to record the exact number of ALSP  
7 cases, partially because of misdiagnoses and also because the  
8 majority of those with the mutated gene do not know they have it  
9 until they experience symptoms; and

10 WHEREAS, To be formally diagnosed as having ALSP, genetic  
11 testing is necessary; and

12 WHEREAS, The current treatment options for ALSP are extremely  
13 limited, with no FDA-approved therapies available; and

14 WHEREAS, ALSP often does not present itself until a person is  
15 in their forties and has already passed it to their children;  
16 and

17 WHEREAS, The Sisters' Hope Foundation is a nonprofit  
18 organization that raises awareness and understanding of ALSP and  
19 supports those living with or caring for those living with ALSP,  
20 fighting for the mission of seeing the first survivor of ALSP;  
21 and

22 WHEREAS, The Sisters' Hope Foundation creates resources and  
23 connections within the ALSP community and offers financial  
24 support to those who have the disease; and

25 WHEREAS, The Sisters' Hope Foundation encourages those with a  
26 family history of ALSP to undergo a genetic test so that they  
27 have the option in participating in treatments, clinical trials  
28 and research that will help to find a cure; and

29 WHEREAS, It is important that awareness be raised surrounding  
30 this deadly disease, which may also help families recognize

1 patterns in their family history and perhaps realize that  
2 seemingly unconnected illnesses were part of a larger pattern  
3 caused by this disease; therefore be it

4       RESOLVED, That the House of Representatives recognize the  
5 month of May 2024 as "ALSP Awareness Month" in Pennsylvania.



# HOUSE OF REPRESENTATIVES

## DEMOCRATIC COMMITTEE BILL ANALYSIS

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<b>Bill No:</b>	HR0292 PN2537	<b>Prepared By:</b>	Jessica Wood (717) 705-1875
<b>Committee:</b>	Health	<b>Executive Director:</b>	Erika Fricke
<b>Sponsor:</b>	Rapp, Kathy		
<b>Date:</b>	2/1/2024		

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### **A. Brief Concept**

House Resolution 292 recognizes the week of May 12 through May 18, 2024, as "National Hospital Week" in Pennsylvania.

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

This Commonwealth's hospital and health system professionals provide high-quality, round-the-clock health care to our communities. Over 5.5 million instances of emergency care and more than 46,000 lives saved on average each year.

HR292 celebrates Pennsylvania hospitals and the healthcare professionals by urging its residents to show their appreciation and encourages House members to visit hospitals within their communities to learn about the services they provide and thank its workers for their dedicated service.

#### **Effective Date:**

Immediately.

### **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. 292 Session of 2024

INTRODUCED BY RAPP, FRANKEL, VENKAT, BONNER, STEHR, TWARDZIK, SCHEMEL, BOROWSKI, PICKETT, FREEMAN, STAATS, KINSEY, VITALI, HANBIDGE, D. WILLIAMS, CEPEDA-FREYTIZ, CAUSER, CIRESI, GILLEN, MALAGARI, JOZWIAK, KAUFFMAN, NEILSON, STURLA, DALEY AND GREEN, JANUARY 31, 2024

REFERRED TO COMMITTEE ON HEALTH, JANUARY 31, 2024

A RESOLUTION

1 Recognizing the week of May 12 through 18, 2024, as "National  
2 Hospital Week" in Pennsylvania.

3 WHEREAS, The hardworking professionals of this Commonwealth's  
4 hospitals and health systems ensure that every resident of this  
5 Commonwealth can receive high-quality health care 24 hours a  
6 day, seven days a week, 365 days a year; and

7 WHEREAS, Throughout the many waves and ever-changing  
8 circumstances of the pandemic, opioid emergency and behavioral  
9 health crisis, and despite the physical and emotional toll on  
10 themselves and their families, this Commonwealth's hospital and  
11 health system professionals never wavered in caring for our  
12 communities; and

13 WHEREAS, This Commonwealth's hospitals provided nearly \$9  
14 billion in uncompensated care to members of our communities in  
15 fiscal year 2022; and

16 WHEREAS, This Commonwealth's hospitals work to keep our

1 families whole and strong via, among other services, 52 trauma  
2 centers that saved more than 46,000 lives on average each year  
3 since 2016 and obstetric units that delivered more than 124,000  
4 babies in fiscal year 2022; and

5 WHEREAS, This Commonwealth's hospitals provided 1.4 million  
6 instances of in-patient treatment and more than 5.5 million  
7 instances of emergency department care in fiscal year 2022; and

8 WHEREAS, This Commonwealth takes pride in its 122 teaching  
9 hospitals that are investing in the next generation of  
10 lifesaving health care practitioners and 30 hospitals that are  
11 recognized with the prestigious "Magnet" designation by the  
12 American Nurses Credentialing Center; and

13 WHEREAS, Hospitals are the largest employer in 21 counties in  
14 this Commonwealth and among the top 10 employers in 37  
15 additional counties in this Commonwealth; and

16 WHEREAS, Hospitals and health systems are responsible for 1  
17 in 10 jobs across this Commonwealth, including more than 267,000  
18 of our families, friends and neighbors who are directly  
19 employed, and more than 323,000 individuals who are supported by  
20 the hospital-generated industry; and

21 WHEREAS, Hospitals and their affiliated medical schools bring  
22 nearly \$1.9 billion in Federal health care research grants into  
23 this Commonwealth and generate approximately \$182 billion in  
24 other economic activity for our State and local economies,  
25 accounting for approximately 20% of this Commonwealth's gross  
26 domestic product; and

27 WHEREAS, "National Hospital Week" celebrates hospitals and  
28 the individuals who support the health of their communities with  
29 dedication and compassion; and

30 WHEREAS, The observance of "National Hospital Week" is a

1 reminder that hospitals are the foundations of the communities  
2 that built them, serving individuals from all walks of life;  
3 therefore be it

4 RESOLVED, That the House of Representatives recognize the  
5 week of May 12 through 18, 2024, as "National Hospital Week" in  
6 Pennsylvania; and be it further

7 RESOLVED, That the House of Representatives thank frontline  
8 health care workers and hospital employees for their dedicated  
9 service to the residents of this Commonwealth; and be it further

10 RESOLVED, That the House of Representatives urge residents of  
11 this Commonwealth to show appreciation to health care workers  
12 and hospital employees for their devotion and compassion even in  
13 the most difficult of circumstances; and be it further

14 RESOLVED, That the House of Representatives urge its members  
15 to visit hospitals in their communities to learn about the  
16 innovative quality care and services that are improving the  
17 health and well-being of residents of this Commonwealth.



# HOUSE OF REPRESENTATIVES

## DEMOCRATIC COMMITTEE BILL ANALYSIS

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<b>Bill No:</b>	HR0296 PN2541	<b>Prepared By:</b>	Patrick O'Rourke (717) 787-4296,6711
<b>Committee:</b>	Health	<b>Executive Director:</b>	Erika Fricke
<b>Sponsor:</b>	Matzie, Robert		
<b>Date:</b>	2/1/2024		

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### **A. Brief Concept**

House Resolution 296 designates February 2, 2024, as Rheumatoid Awareness Day in Pennsylvania.

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

Rheumatoid arthritis, or RA, is an autoimmune and inflammatory disease, which means that your immune system attacks healthy cells in your body by mistake, causing inflammation (painful swelling) in the affected parts of the body. Having RA is associated with the following outcomes:

- A 50% higher risk for heart attack;
- A 100% higher risk of heart failure;
- Increased risk of peripheral vascular disease;

Currently, more than 1.3 million Americans are diagnosed with the condition. Treatment for RA usually includes the use of medications that slow disease and prevent joint deformity, called disease-modifying antirheumatic drugs (DMARDs).

### **Effective Date:**

Immediately.

### **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. 296 Session of 2024

INTRODUCED BY MATZIE, PICKETT, SANCHEZ, GALLAGHER, HILL-EVANS,  
MALAGARI, HOHENSTEIN, KHAN, NEILSON, DALEY, HADDOCK AND  
O'MARA, JANUARY 31, 2024

REFERRED TO COMMITTEE ON HEALTH, JANUARY 31, 2024

A RESOLUTION

1 Designating February 2, 2024, as "Rheumatoid Awareness Day" in  
2 Pennsylvania.

3 WHEREAS, Rheumatoid arthritis is a progressive inflammatory  
4 disease causing damage to joint and organ tissues, resulting in  
5 severe pain, frequent disability and increased mortality; and

6 WHEREAS, Rheumatoid arthritis, also known as rheumatoid  
7 disease, affects approximately 1% of the world's population,  
8 with more than 1.3 million Americans currently diagnosed; and

9 WHEREAS, Common symptoms of rheumatoid disease include joint  
10 pain, fatigue, fevers, stiffness, hoarseness and dry eyes; and

11 WHEREAS, There is a lack of awareness about rheumatoid  
12 disease since it is often presumed to be a type of arthritis,  
13 leading to problems with disability accommodations, clinical  
14 care, health care reimbursement and research funding; and

15 WHEREAS, The Mayo Clinic states that rheumatoid arthritis  
16 patients have a 50% higher risk of heart attack, twice the risk  
17 of heart failure and an increase in peripheral vascular disease

1 than people who do not have rheumatoid arthritis; and

2 WHEREAS, The lifetime risk of developing the disease is 3.6%  
3 for women and 1.7% for men; and

4 WHEREAS, "Rheumatoid Awareness Day" comes at the start of  
5 "American Heart Month," underscoring the impact rheumatoid  
6 disease has on the heart prior to diagnosis; and

7 WHEREAS, The Rheumatoid Patient Foundation recognizes  
8 February 2, 2024, as "Rheumatoid Awareness Day" in order to  
9 increase public awareness of the disease; therefore be it

10 RESOLVED, That the House of Representatives designate  
11 February 2, 2024, as "Rheumatoid Awareness Day" in Pennsylvania.



# HOUSE OF REPRESENTATIVES

## DEMOCRATIC COMMITTEE BILL ANALYSIS

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**Bill No:** HR0297 PN2542  
**Committee:** Health  
**Sponsor:** Matzie, Robert  
**Date:** 2/1/2024

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

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### **A. Brief Concept**

House Resolution 297 recognizes the week of March 10-16, 2024, as "Multiple Sclerosis Awareness Week" in Pennsylvania.

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

Multiple sclerosis (MS) is a chronic disease affecting the central nervous system. It is thought to be an autoimmune disorder, a condition in which the body attacks itself by mistake. MS is an unpredictable disease that affects people differently. Some people with MS may have only mild symptoms. Others may lose their ability to see clearly, write, speak, or walk when communication between the brain and other parts of the body becomes disrupted. The Pennsylvania chapters of the National Multiple Sclerosis Society reports that more than 24,000 Commonwealth residents are affected by multiple sclerosis. There is no known cure for MS. Medicines, mobility aids, and rehabilitative services are used to treat conditions seen with MS.

Since 1946, the National Multiple Sclerosis Society has invested more than \$1 billion into research for treatments and a cure. Funds raised by the National Multiple Sclerosis Society provide more than \$34 million in funding for more than 320 research projects at medical centers, universities and other institutions both in the United States and abroad.

### **Effective Date:**

Immediately.

### **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. 297 Session of 2024

INTRODUCED BY MATZIE, PICKETT, SANCHEZ, GALLAGHER, GREINER, HILL-EVANS, COOK, BRENNAN, GIRAL, MALAGARI, KHAN, NEILSON, CAUSER, HARKINS, MARSHALL, DALEY, R. MACKENZIE, KAUFFMAN, BERNSTINE, HADDOCK, KAZEEM, HOWARD AND O'MARA, JANUARY 31, 2024

REFERRED TO COMMITTEE ON HEALTH, JANUARY 31, 2024

A RESOLUTION

1 Recognizing the week of March 10 through 16, 2024, as "Multiple  
2 Sclerosis Awareness Week" in Pennsylvania.

3 WHEREAS, Multiple sclerosis is a neurological disease of the  
4 central nervous system affecting an estimated 2.3 million  
5 people; and

6 WHEREAS, The Pennsylvania chapters of the National Multiple  
7 Sclerosis Society report that in this Commonwealth more than  
8 24,000 people are affected by multiple sclerosis; and

9 WHEREAS, Multiple sclerosis generally strikes young adults 20  
10 to 50 years of age, attacking them in the prime of their lives,  
11 and the cause and a cure remain unknown; and

12 WHEREAS, For 78 years, the National Multiple Sclerosis  
13 Society has been committed to a world free of multiple sclerosis  
14 and to heightening public knowledge and insight about the  
15 disease; and

16 WHEREAS, Since 1946, the National Multiple Sclerosis Society

1 has been a driving force of multiple sclerosis research,  
2 relentlessly pursuing prevention, treatments and a cure by  
3 investing more than \$1 billion in groundbreaking research; and

4 WHEREAS, Funds raised by the National Multiple Sclerosis  
5 Society provide more than \$34 million in funding for more than  
6 320 research projects at the best medical centers, universities  
7 and other institutions throughout the United States and abroad,  
8 which has lead to many breakthroughs in the treatment of  
9 multiple sclerosis; and

10 WHEREAS, Stopping multiple sclerosis in its tracks, restoring  
11 what has been lost and ending multiple sclerosis forever is the  
12 mission of the National Multiple Sclerosis Society and one that  
13 all Americans and Pennsylvanians should support; and

14 WHEREAS, The Commonwealth recognizes the importance of  
15 finding the cause and cure of multiple sclerosis and expresses  
16 its appreciation for the dedication that the Pennsylvania  
17 chapters of the National Multiple Sclerosis Society have shown  
18 toward creating a world free of multiple sclerosis; therefore be  
19 it

20 RESOLVED, That the House of Representatives recognize the  
21 week of March 10 through 16, 2024, as "Multiple Sclerosis  
22 Awareness Week" in Pennsylvania; and be it further

23 RESOLVED, That the House of Representatives encourage the  
24 residents of this Commonwealth to join in the fight to end this  
25 devastating disease.

# HOUSE OF REPRESENTATIVES

## DEMOCRATIC COMMITTEE BILL ANALYSIS

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<b>Bill No:</b>	HR0299 PN2544	<b>Prepared By:</b>	Patrick O'Rourke (717) 787-4296,6711
<b>Committee:</b>	Health	<b>Executive Director:</b>	Erika Fricke
<b>Sponsor:</b>	Matzie, Robert		
<b>Date:</b>	2/1/2024		

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### **A. Brief Concept**

House Resolution 296 recognizes April 2024 as "Limb Loss Awareness Month" in Pennsylvania.

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

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

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

In the United States:

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

### **Effective Date:**

Immediately.

### **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. 299 Session of 2024

INTRODUCED BY MATZIE, SANCHEZ, GALLAGHER, HILL-EVANS, GREINER, BRENNAN, GIRAL, MALAGARI, KHAN, NEILSON, BOROWSKI, MERSKI, HARKINS, MARSHALL AND DALEY, JANUARY 31, 2024

REFERRED TO COMMITTEE ON HEALTH, JANUARY 31, 2024

A RESOLUTION

1 Recognizing the month of April 2024 as "Limb Loss Awareness  
2 Month" in Pennsylvania.

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

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

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

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

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

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

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

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

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

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