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PROPEL LEGISLATION



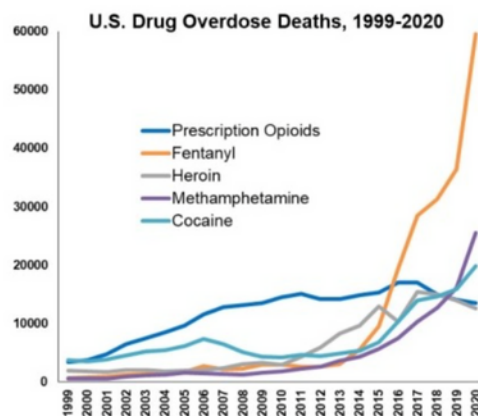
Promoting Recovery, Opportunity, Professionalism, Ethics, and Longevity (PROPEL) Legislation

by Julia Brackeva-Phillips, Research Intern

Substance use disorder (SUD) is defined by the National Institute of mental Health as “a treatable mental disorder that affects a person’s brain and behavior, leading to their inability to control their use of substances like legal or illegal drugs, alcohol, or medications.” Commonly referred to as addiction, SUD impacts brain function and behavior, leading to a compulsive commitment with substances such as alcohol, marijuana, nicotine, and other drugs. [1]

According to the 2021 National Survey on Drug Use and Health (NSDUH), 61.2 million people aged 12 or older in the United States used illicit drugs that year, with 46.3 million identified as having a substance use disorder. The survey also highlighted that 94 percent of those with a substance use disorder did not receive treatment. Furthermore, 85 percent of individuals who did receive treatment relapsed within a year of that treatment. [2]

These findings underscore the importance of treatment and recovery-oriented systems of care, highlighting how access to treatment and peer support organizations can significantly impact recovery outcomes. [3]



Source: National Institute on Drug Abuse (NIDA), 2023. [4]

Legislative Changes: PROPEL Legislation (Senate Bill 409)

Recovery Community Organizations (RCOs) are independent, nonprofit organizations led and governed by representatives of local communities of recovery. They are dedicated to mobilizing resources within and outside of the recovery community to increase the prevalence and quality of long-term recovery from substance use disorders. RCOs play a crucial role in supporting individuals throughout the recovery process by offering community-based support that complements traditional treatment methods. These organizations often provide a range of services including peer recovery support services, advocacy activities, outreach programs, and recovery-focused activities and events. [5]

The Promoting Recovery, Opportunity, Professionalism, Ethics, and Longevity (PROPEL) legislation aims to transform the framework for peer services in Pennsylvania, focusing on enhancing structures and funding mechanisms for services related to SUD and mental health. This legislation, proposed on February 21, 2023,

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Promoting Recovery, Opportunity, Professionalism, Ethics, and Longevity (PROPEL) Legislation (cont)

seeks to establish a licensing system for peer support providers and mandates collaborations between treatment centers and licensed entities, aiming to create a sustainable funding model through Medicaid reimbursement. This legislative effort has sparked debate, however, particularly concerning its potential to standardize services under one umbrella, which may not be applicable universally across different types of recovery services. [6]

Propel PA reports that this legislation introduces key measures to enhance peer support services. It mandates equitable reimbursement for mental health and substance use peer support, establishes comprehensive standards for all forms of peer recovery support, and requires supervision by peer supervisors. The legislation aims to expand access by creating a growth pathway for peer organizations in Pennsylvania, setting licensure standards for RCOs and RCCs, and empowering community involvement by mandating governance by individuals with lived experience. These measures collectively aim to improve the accessibility, quality, and effectiveness of peer support services. [7]

This legislation introduces a licensing system for peer support providers and mandates collaborations between treatment centers and licensed entities. It seeks to establish a sustainable funding model through Medicaid reimbursement, extending financial support to include SUD peer services alongside existing mental health peer services. The bill proposes separate licensure processes for mental health and SUD peer organizations, modifying the current framework and grouping mental health drop-in centers, crisis centers, and RCOs under a unified category, a change that has caused disagreements among RCO operators. Furthermore, the legislation prohibits both for-profit and non-profit treatment providers from using their own staff to provide peer support services, requiring them to contract with licensed peer support organizations instead. This is said to protect the integrity of peer professionals, preventing them from performing tasks outside their scopes. [8]

Implications for Recovery Support Services

While Medicaid reimbursement for mental health peer services has been effective for 20 years, the bill's approach to distinguish and separate these from SUD peer services has raised questions about the necessity and implications of such a division. Additionally, the legislation groups three distinct types of organizations under a single category could potentially over-standardize services that may not be universally applicable across different types of recovery services. Furthermore, the bill's approach to segregate mental health from SUD services has been questioned, especially given the longstanding effectiveness of Medicaid reimbursement for mental health peer services. The requirement for treatment providers to contract with external licensed organizations could introduce additional layers of bureaucracy and administrative challenges. These changes might slow the process of connecting individuals with peer support services, especially in times of urgent need. [9]

The restructuring mandated by the PROPEL legislation could significantly alter how services are organized and financed. On one hand, the PROPEL legislation would ensure that anyone who wants peer support can access it in their community, providing equitable access for peer support for those with mental health or substance use concerns is critical for individuals, family members, loved ones, and our communities. [10] Others believe this legislation could potentially reduce the number of providers offering these services, however, particularly in rural or underserved areas where access to mental health and substance use disorder services is already constrained. Additionally, the legislation may cause gaps in service delivery due to decreased direct provision of peer services by treatment providers, impacting individuals who depend on these critical support networks. [11]

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Promoting Recovery, Opportunity, Professionalism, Ethics, and Longevity (PROPEL) Legislation (cont)

This restructuring also requires significant changes from treatment providers who currently offer peer services, compelling them to modify their operational practices and enter contracts with externally licensed organizations. This shift could lead to increased administrative burdens and complicate the logistics of service provision, possibly endangering the accessibility of peer support services and likely to disrupt established care systems, potentially causing delays or reductions in service availability as providers adapt to new regulations. [12]

The bill also proposes the removal of the clinical supervision requirement for peer services to qualify for Medicaid reimbursement. This elimination could lead to a lack of essential clinical oversight in situations where peer support staff may lack the necessary expertise to handle complex cases. Although peer supervisors would still be eligible for reimbursement, the absence of mandated clinical supervision could impact the overall quality of care, reducing the effectiveness of peer services and potentially compromising patient safety in certain scenarios. [13]

In conclusion, the PROPEL legislation presents significant changes that could reshape the landscape of substance use disorder and mental health recovery services in Pennsylvania. While aiming to enhance the support structure for individuals struggling with these conditions, it is important that such legislative measures carefully consider the diverse needs and operational realities of various recovery support entities to avoid unintended consequences.

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EVICTON STATUS PROTECTION

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From 2022 to 2023, over 114,000 Pennsylvanians experienced eviction.



Protecting Pennsylvanians from a Prior Eviction Status

by Michael Shuba, Research Analyst

Housing stability benefits all Pennsylvanians by helping maintain jobs, providing upward mobility, and supporting community stability. From 2022 to 2023, however, over 114,000 Pennsylvanians experienced eviction.[1] Due to eviction records, many struggle to secure habitable and stable housing, as a prior eviction almost automatically disqualifies a person from being considered by reputable landlords.

It's important to note that an eviction filing does not necessarily mean that the plaintiff was removed from their home or that they were at fault. Despite this, the eviction filing remains on record and is not sealed. Since these filings are public, anyone can access these records. As a result, even the presence of an eviction filing may lead to disqualification, as many landlords use screening practices that automatically reject applicants with any eviction history.[2]

A study by researchers from Princeton's Department of Sociology, which examined over 3.6 million eviction court records across 12 states, found that 22 percent of these records contained misleading or false information.[3] This demonstrates that public eviction records do not always reflect the full or accurate context of these cases. As a result, many people are denied housing due to information that may not be relevant to their specific situations.

Many landlords rely on third-party tenant screening companies, which assess applicants based on financial, rental, and criminal histories. These companies often use faulty name-matching practices and vague algorithm-based scores to determine recommendations. The technology behind these reports is kept secret, and tenant screening companies have been found to retain eviction records longer than the seven-year limit set by the Fair Credit Reporting Act (FCRA), among other violations. Unfortunately, proving these violations is difficult, allowing these companies to continue employing unfair and illegal practices.[4,5,6,7]

The impact of evictions lingers for years, causing a cascade of negative effects for those impacted. Many landlords reject tenants with eviction records, leaving them unable to secure housing. When they do find housing, it is often substandard or unaffordable. High housing costs strain household budgets, leading to health, financial, and overall well-being issues.[8]

Policies in Other States

In June 2022, the Consumer Financial Protection Bureau released an interpretive rule clarifying that states and local jurisdictions have the authority to create additional laws regulating credit bureaus, tenant screening companies, and background check agencies. The rule explicitly states that state laws which suppress eviction record information from consumer reporting agencies (CRAs) are not preempted by the Fair Credit Reporting Act. [9]

Other states have taken action on this issue. For example, in 2020, Colorado passed HB 20-1009, which automatically suppresses eviction records unless the court orders an eviction. When a record is suppressed, the names of all parties involved are kept confidential and can only be accessed by judges, court staff, attorneys, and anyone with a valid court order.[10]

In Nevada, the 2017 law AB 107 allows tenants to automatically seal their eviction records in two scenarios: 1) after a court dismisses or denies the eviction case, or 2) 31 days after the tenant files an affidavit with the court (unless the landlord files an affidavit within 30 days). Tenants can also file a motion with the court to seal their record if they can demonstrate extenuating circumstances or a significant amount of time has passed.[11]

EViction STATUS PROTECTION

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Pennsylvania House Bill 1769 protects tenants from being unfairly discriminated against for circumstances beyond their control. At the same time, landlords can still access eviction records when judgments are unsatisfied, allowing them to assess a tenant's payment history while giving tenants the chance to recover from past mistakes.



Protecting Pennsylvanians from a Prior Eviction Status (cont)

In Arizona, HB 2485, passed in June 2022, mandates that the court seal eviction records when the case is dismissed, when the ruling favors the tenant, or when sealing the record is part of a mutual settlement agreement between the landlord and tenant.[12]

California's AB 2819, passed in 2016, allows tenants to expedite the sealing of their eviction record within 60 days, but this is often hindered by court delays and lack of representation. Even if the case is won, the eviction can remain on record due to these procedural issues. Additionally, tenants are sometimes forced to comply with landlords' stipulations, particularly when the eviction was not their fault. This highlights the need for future legislation to consider the realities of eviction timelines and court limitations.[13]

PENNSYLVANIA HOUSE BILL No. 1769

Modeled after Pennsylvania's landmark Clean Slate legislation, House Bill No. 17.69 aims to seal eviction records in the Commonwealth while balancing the interests of both tenants and landlords.

This bill proposes three key changes to the treatment of eviction filings:

1. At the time of filing, landlord-tenant eviction records would be shielded from public view. This would allow tenants to remove themselves from unsafe or unsuitable housing without the worry that a filing is already hindering their ability to find secure housing.
2. The record would be sealed once the judgment is satisfied. This would ensure that tenants who meet the court's requirements are not forever burdened by a past eviction. It would also seal records for tenants who prevailed in court or whose cases were withdrawn.
3. The bill would establish a seven-year timeline, after which eviction filings become limited access records. This provision, inspired by the Clean Slate legislation, gives tenants the opportunity to move forward without being haunted by events nearly a decade old.

This legislation protects tenants from being unfairly discriminated against for circumstances beyond their control. At the same time, landlords can still access eviction records when judgments are unsatisfied, allowing them to assess a tenant's payment history while giving tenants the chance to recover from past mistakes.

Evictions affect a large segment of Pennsylvania's population, many of whom are not at fault for the eviction. Regardless of fault, eviction filings can prevent individuals from accessing safe and affordable housing, which is crucial for personal, financial, and community stability. It is essential to protect tenants from inaccurate or incomplete records and allow them the opportunity to satisfy and seal their records if they are not at fault.

The passage of House Bill No. 1769 would protect tenants from unjust discrimination while ensuring that landlords have access to necessary information about unsatisfied judgments. Although this bill will not eliminate the high number of evictions in the Commonwealth, it will help mitigate one aspect of the housing crisis by making it easier for people to secure safe and affordable housing.[14, 15]

House Bill 1769, as of March 25, 2024, was reported as amended, given first consideration, laid on the table, and then removed from the table.[16]

EVICITION STATUS PROTECTION



Protecting Pennsylvanians from a Prior Eviction Status (cont)

EVICITION STATUS PROTECTION

Regardless of fault, eviction filings can prevent individuals from accessing safe and affordable housing, which is crucial for personal, financial, and community stability.

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HEALTHCARE ACCESS FOR IMMIGRANT CHILDREN

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An estimated 24,000 undocumented and uninsured children in Pennsylvania do not qualify for CHIP, Medicaid, ACA Marketplace coverage, or other public health insurance programs.



Expanding Healthcare Access for Immigrant Children in Pennsylvania

by Naomi Tsunemine Weiser, Research Intern

Background

Pennsylvania's immigrant population has been growing steadily, contributing significantly to the state's demographic and economic landscape. The economic impact of immigrants in Pennsylvania is substantial. In 2018, immigrant-led households paid \$6.9 billion in federal taxes and \$3.3 billion in state and local taxes. Even undocumented immigrants contributed significantly, paying an estimated \$418.1 million in federal taxes and \$238.3 million in state and local taxes.[1]

As the immigrant population grows, there is an increasing need to address their specific needs, particularly in healthcare. Current federal programs like CHIP and Medicaid provide some coverage, but gaps remain, especially for undocumented immigrants.

Children living in Pennsylvania who are not eligible for Medicaid may qualify for the Children's Health Insurance Program (CHIP). CHIP is designed to provide health coverage to uninsured children and teens who are not eligible for or enrolled in Medical Assistance (Medicaid). The program covers lawfully residing immigrant children up to age 19, including U.S. citizens, permanent legal aliens, and refugees as determined by U.S. Immigration and Naturalization Services.[2]

However, there are limitations to CHIP coverage. An estimated 24,000 undocumented and uninsured children in Pennsylvania do not qualify for CHIP, Medicaid, ACA Marketplace coverage, or other public health insurance programs. Additionally, with few exceptions, children eligible for state-organized employee health care plans are not eligible for CHIP if the state or public agency contributes to the benefit or premium cost.[3]

While CHIP provides significant benefits to many immigrant children in Pennsylvania, particularly those lawfully residing, gaps in coverage persist, especially for undocumented children. This highlights the need to expand federal policies to address the specific healthcare needs of all children in Pennsylvania, regardless of immigration status.

Case Studies

The District of Columbia and six states have expanded beyond the federal policies by enacting measures that ensure all children have access to comprehensive and affordable health insurance. Through the establishment of state-run Medicaid- and CHIP-equivalent programs, health insurance coverage is extended to all income-eligible children, including unauthorized immigrant children barred from federally funded Medicaid and CHIP.

California

(SB-75 and SB-104)

Program: Medi-Cal

Coverage: Full-scope Medi-Cal is available to income-eligible children under age 19, regardless of immigration status. Young adults between ages 19 and 25 are also covered, but with a lower maximum family income threshold (138% compared to 266% of the Federal Poverty Level (FPL)).[4]

Washington, D.C.

(§ 1–307.02)

Program: Immigrant Children's Health Program

Coverage: Provides health-care coverage to all children below the age of 21 with a family income below 200% of the FPL.[5]

HEALTHCARE ACCESS FOR IMMIGRANT CHILDREN

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Through the establishment of state-run Medicaid- and CHIP-equivalent programs, health insurance coverage is extended to all income-eligible children, including unauthorized immigrant children barred from federally funded Medicaid and CHIP.



Expanding Healthcare Access for Immigrant Children in Pennsylvania (cont)

Illinois

(215 ILCS 170/)

Program: All Kids

Coverage: Offers free or affordable health-care coverage to children up to age 18 with a family income below 300% of the FPL.[6]

Massachusetts

(130 Mass. Reg. 522.004)

Program: All Kids

Coverage: Offers free or affordable health-care coverage to children up to age 18 with a family income below 300% of the FPL.[7]

New York

Program: Child Health Plus B

Coverage: Income-eligible unauthorized immigrant children are eligible for this program.[8]

Washington State

(SB 5093)

Program: Apple Health for Kids

Coverage: Covers all children whose immigration status makes them ineligible for federal medical coverage.[9]

Oregon

(SB 0558)

Program: Oregon Health Plan (Cover All Kids)

Coverage: Open to all income-eligible children under age 19, regardless of immigration status.[10]

Recommendations

Based on findings from the case studies and identifying gaps in healthcare coverage for immigrant children in Pennsylvania, a state-run health program is proposed to address the needs of Pennsylvania's immigrant children.

Policy Proposal: Pennsylvania Immigrant Children's Health Access Program (PICHAAP).

- Eligibility:
 - Extend coverage to all children under 19 residing in Pennsylvania, regardless of immigration status.
 - Increase income eligibility threshold to 350 percent of the Federal Poverty Level to include more working immigrant families.
- Coverage:
 - Provide comprehensive health coverage similar to CHIP, including preventive care, dental, vision, mental health, and prescription drugs.
 - Include culturally competent care and language services to address the diverse needs of immigrant communities.
- Enrollment and Outreach:
 - Implement a presumptive eligibility process to provide immediate coverage while full applications are processed.
 - Conduct targeted outreach in multiple languages through community organizations, schools, and healthcare providers.
 - Simplify the application process and provide assistance in various languages.

HEALTHCARE ACCESS FOR IMMIGRANT CHILDREN



Expanding Healthcare Access for Immigrant Children in Pennsylvania (cont)

HEALTHCARE ACCESS FOR IMMIGRANT CHILDREN

Implementing PICHAP would not only benefit the health and well-being of immigrant children but also contribute to the overall public health and economic prosperity of Pennsylvania.

- Funding:
 - Utilize a combination of state funds and potential federal matching funds (if available).
 - Explore public-private partnerships and philanthropic support to supplement funding.
- Cost-sharing:
 - Implement a sliding scale premium based on income, with no cost-sharing for families below 200% FPL.
 - Cap out-of-pocket expenses at 5% of family income annually.
- Integration with existing programs:
 - Coordinate with CHIP and Medicaid to ensure seamless coverage and avoid duplication of services.
 - Partner with local health departments and community health centers for service delivery.
- Data collection and evaluation:
 - Implement a robust system to track health outcomes, program utilization, and cost-effectiveness.
 - Conduct regular evaluations to identify areas for improvement and adjust the program accordingly.
- Legal protections:
 - Establish strong privacy protections to ensure that participation in the program does not negatively impact immigration status or lead to enforcement actions.

Conclusion

The proposed Pennsylvania Immigrant Children's Health Access Program (PICHAP) represents a step toward ensuring comprehensive healthcare coverage for all children in the state, regardless of their immigration status. By addressing the existing gaps in coverage, particularly for undocumented children, and expanding eligibility criteria, PICHAP aims to create a more inclusive and equitable healthcare system.

This policy proposal draws inspiration from successful initiatives implemented in other states, such as California's Medi-Cal expansion and Illinois' All Kids program. By adapting these models to Pennsylvania's specific needs, PICHAP has the potential to significantly improve health outcomes for immigrant children and reduce long-term healthcare costs for the state.

Implementing PICHAP would not only benefit the health and well-being of immigrant children but also contribute to the overall public health and economic prosperity of Pennsylvania. By ensuring that all children have access to preventive care and necessary medical treatments, the state can reduce emergency room visits, prevent the spread of communicable diseases, and foster a healthier, more productive future workforce.

As Pennsylvania continues to benefit from the economic contributions of its immigrant population, investing in the health of immigrant children through PICHAP is both a moral imperative and a sound economic decision. By prioritizing the health of all children, regardless of their immigration status, Pennsylvania can set a precedent for inclusive healthcare policies and reaffirm its commitment to the well-being of all its residents.

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STATE LEGISLATIVE BRIEFING

A curated briefing of state legislative proposals and recent legislative actions

STATE BRIEFINGS

- 2025-2026 Budget
- PA.gov Redesign
- Governor Shapiro Completes Two Years in Office
- Social Service Abuse Legislation

Governor Shapiro Unveils 2025-26 Budget Proposal

On February 4, Governor Shapiro presented his 2025-26 budget proposal to the General Assembly and to the people of Pennsylvania. The budget is built off the foundation of two years of progress and will continue to solve problems to make Pennsylvania stronger and more competitive. The budget proposal focuses on aspects like workforce development, economic development, housing, and efforts to support Pennsylvanian students. The 2025-26 proposal would protect the Commonwealth with investments to help grow the economy and create even more opportunities for Pennsylvanians.

For more information on Governor Shapiro's 2025-26 budget proposal, visit [here](#).

Shapiro Administration Redesigns PA.gov to be Easier-to-Use and Adds Additional Features for Pennsylvanians

On January 9, 2025, the Shapiro Administration announced the completion of the new PA.gov website. The Commonwealth Office of Digital Experience (CODE PA) led the development of the new website, which combined 64 individual Commonwealth sites into one. CODE PA worked with subject matter experts as well as more than 300 residents through a survey and interviews – along with First Lady Lori Shapiro – to gather input about what digital services are needed and where improvements can be made.

Pennsylvanians will be able to find the information they need with the use of the Services Directory Tool, which uses filter and search options instead of requiring visitors to access multiple websites and search engines. The website is also designed to be compatible with assistive technologies and for users with different abilities.

Governor Shapiro Completes First Two Years in Office

January 2025 marked the two-year milestone for Governor Shapiro's first term in office. On the anniversary of his inauguration, Governor Shapiro launched his statewide 'Getting Stuff Done' tour to highlight the work and progress of his administration in areas like agriculture, economic development, public safety, and education.

Pennsylvanians were updated on the progress of the last two years, and directed to a variety of online material. An interactive midterm report offers a data-driven overview of key successes, and a comprehensive PDF report gives an in-depth analysis of Pennsylvania's progress.

The State Senate Passed Three Pieces of Legislation to Curb Abuse of Social Services

The Senate passed three pieces of legislation in an attempt to prevent misuse of funds so that those in need can receive the necessary support. Several pieces of legislation were passed on January 29:

- SB 156 provides for semi-annual employment and wage reviews of SNAP and MA recipients.
- SB 155 requires DHS to check death certifications to avoid dead people receiving benefits.
- SB 157 prevents lottery winners (of \$600) or more from being included as income when evaluating benefits.

The three pieces of legislation have been referred to the Human Services Committee.



STATE LEGISLATIVE BRIEFING

A curated briefing of state legislative proposals and recent legislative actions

STATE BRIEFINGS

- Licensing of Poultry Technicians
- Increasing our Home Care Workforce
- CNA Medication Administration
- Housing Action Plan

Licensing of Poultry Technicians – HB 324

In response to the increase of the Avian flu, this bill provides for an increase of testing and protocol to deal with samples and expansion of the licensing for technicians who are legally authorized to work in the U.S., even if they are not US citizens.

[House Co-Sponsorship Memoranda - PA House of Representatives](#)

Increasing our Home Care Workforce – HB 1606

The legislation supports doula coverage under Medicaid and the formation of a Doula Advisory Board and development of best practices. It aims to improve care among minorities and in geographic areas with limited health care services.

Doulas not only facilitate maternal and infant health, but many are specifically trained in cultural competence to address the intersectional experience that is pregnancy and motherhood. Research shows that access to doula services (before, during, and after pregnancy) can bridge the inequity, providing tailored care for women who need support.

[Bill Information - House Bill 1606; Regular Session 2023-2024 - PA General Assembly](#)



Legislation Allowing CNAs to Pursue Medication Administration Certification – SB 668

The workforce is a challenge for all institutions and organizations that provide short-term and long-term care. Certified Nurses Aides (CNAs) are needed to mitigate the challenge, but these occupations are stressful earn relatively low wages. Opportunities for advancement that will also yield wage increases may alleviate some difficulties in recruiting and retaining the workforce. CNAs may now work toward [completing a certification in medical administration](#) by the State Department of Health that allows them to administer medication to residents in a skilled nursing facility (a Certified Medication Aide). The PA Department of Health will create a program that requires a certification exam and a 24-month renewal. In addition to providing a career path in this field, it will improve patient care.

Pennsylvania Housing Action Plan

In September 2024, the Governor signed Executive Order 2024-03 to develop a housing action plan. The Secretaries of the Department of Community and Economic Development, the Department of Human Services, and Policy and Planning conducted a series of roundtables around PA to identify housing challenges, barriers, and opportunities. By September 2025, they will present an Action Plan to be reviewed by the Governor and residents of PA. The Institute was asked to attend the Williamsport Roundtable and provided data and research on the topic.



FEDERAL LEGISLATIVE BRIEFING

A curated briefing of federal legislative proposals and recent legislative actions

FEDERAL BRIEFINGS

- 119th Congress Overview
- Current Landscape of Bills and Resolutions

119th Congress Overview

The 118th Congress session concluded in 2025 and the 119th Congress (2025-2026) was initiated on January 3, 2025. Within the last month, the House had more bills, resolutions, concurrent resolutions, and joint resolutions (1,038 legislations, 116 legislations, seven legislations, and 36 legislations, respectively) compared to the Senate (384 legislations, 56 legislations, six legislations, and 13 legislations, respectively). The Senate currently has more amendments at 97 submissions than the House with three amendments submitted. One public law was officially enacted at the end of January.

Top policies involve health, immigration, international affairs, and taxation. Other bills and resolution topics include government operations and politics with 19 legislations, crime and law enforcement with 17 legislations, environmental protection with 16 legislations, economics and public finance with 14 legislations, armed forces and national security with 13 legislations, and public lands and natural resources with 12 legislations.[1]

1 <https://www.congress.gov/browse>

Current Landscape of Bills and Resolutions Proposed in Congress

A total of 1,637 bills and resolutions are before Congress. One law was officially enacted and signed by President Trump on January 29 – the Laken Riley Act (S. 5). Currently 1,550 are proposed legislations and resolutions, and two bills and resolutions were unsuccessful. In addition, 57 joint and concurrent resolutions were approved in the House of Representatives and Senate and 27 bills and resolutions have the potential for action.

Of the seven bills that passed the House during the first week of February, three included the Alaska Native Village Municipal Lands Restoration Act of 2025 (H.R. 43), Alaska Native Settlement Trust Eligibility Act (H.R. 42), and Eastern Band of Cherokee Historic Lands Reacquisition Act (H.R. 226). Additionally, the 9/11 Memorial and Museum Act (H.R. 835) functions a one-time grant and the Fix Our Forests Act (H.R. 471) is set to enhance “forest management activities” for different intents such as focusing on National Forest System, public, Tribal, and fire-prone forested lands. The two more recent bills that passed the House of Representatives were the Emergency Wildfire Fighting Technology Act of 2025 (H.R. 836) to assess container aerial firefighting system (CAFFS), and a measure to require the Secretary of Agriculture to convey the Pleasant Valley Ranger District Administrative Site to Gila County, Arizona (H.R. 837). In January, an additional 20 laws are officially passed through the House and onto the Senate.[2]

2 <https://www.govtrack.us/congress/bills/>



FEDERAL LEGISLATIVE BRIEFING

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FEDERAL BRIEFINGS

- Actions Taken by President

Actions Taken by President

A total of 88 presidential actions were documented between January 20, 2025 and the time of reporting. Some of the first actions were announcing Cabinet, Cabinet-level, and sub-Cabinet appointments; filling the acting Cabinet and Cabinet-level jobs; and arranging the National Security Council and subcommittees. Other government positions and groups were organized; Chairmen and acting Chairmen were designated, the President's Council of Advisors on Science and Technology (PCAST) was established, the Federal Emergency Management Agency Review Council was formed, nominations were sent to the Senate, and the Department of Government Efficiency (DOGE) agenda was employed. Various actions impacted the federal government overall, such as employees who had been working remotely transitioning to in-person work. Furthermore, department and agency executive heads have been required to bring in law-abiding emergency price assistance, "restoring accountability to policy-influencing positions within the federal workforce." They are also required to examine the accumulation of security clearances and ensure that individuals in Career Senior Executive Service (SES) positions are held accountable. The President initiated reforms to federal hiring procedures, allowed service members to return to service if they were discharged for refusing the COVID-19 vaccine, and made a statement regarding focus on "military excellence and readiness."

Additional presidential actions include a proposal to withdraw from the World Health Organization (WHO) and specific United Nations organizations, realignment of the nation's Refugee Admissions Program, and a review of the United States Foreign Act. The President also made a directive to the Secretary of State to "issue guidance bringing the Department of State's policies, programs, personnel, and operations in line with an America First foreign policy." Remaining actions encompassed reinforcement of the leadership surrounding financial technology, elimination of obstacles to leaders involved in artificial intelligence, analysis of aviation safety, an executive grant of clemency, the supply of illegal and addictive drugs or substances, border control, and education.[3]

3 <https://www.whitehouse.gov/briefing-room/presidential-actions/>





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