## THE GENERAL ASSEMBLY OF PENNSYLVANIA

## HOUSE BILL No. 2184 Session of 1995

INTRODUCED BY L. I. COHEN, LEDERER, STERN, McGEEHAN, BARD, MARKOSEK, MANDERINO, YOUNGBLOOD, VANCE, BELARDI, TRELLO, JOSEPHS, SERAFINI, PETRARCA, GEORGE, E. Z. TAYLOR, STEELMAN, HENNESSEY AND ITKIN, NOVEMBER 1, 1995

REFERRED TO COMMITTEE ON HEALTH AND HUMAN SERVICES, NOVEMBER 1, 1995

## AN ACT

- Establishing an osteoporosis prevention and treatment program; providing for additional duties of the Department of Health; and establishing the Interagency Council on Osteoporosis and providing for its powers and duties.
- 5 The General Assembly finds as follows:
- (1) Osteoporosis, a bone-thinning disease, is a major
  public health problem that poses a threat to the health and
  quality of life to as many as 25 million Americans.
- 9 (2) The 1.5 million fractures each year that result from 10 osteoporosis cause pain, disability, immobility and social 11 isolation, affecting quality of life and threatening people's 12 ability to live independently.
- 13 (3) Because osteoporosis progresses silently and without 14 sensation over many years and many cases remain undiagnosed, 15 its first symptom is often a fracture, typically of the hip,
- 16 spine or wrist.
- 17 (4) One of two women and one of five men will suffer an

- 1 osteoporotic fracture in a lifetime.
- 2 (5) A woman's risk of hip fracture is equal to her 3 combined risk of breast, uterine and ovarian cancer.
- 4 (6) The annual direct and indirect costs of osteoporosis 5 to the health care system are estimated to be as high as \$18 6 billion in 1993 and are expected to rise to \$60 to \$80 7 billion by the year 2020.
- 8 (7) Since osteoporosis progresses silently and currently
  9 has no cure, prevention, early diagnosis and treatment are
  10 key to reducing the prevalence of and devastation from this
  11 disease.
  - (8) Although there exists a large quantity of public information about osteoporosis, it remains inadequately disseminated and not tailored to meet the needs of specific population groups.
    - (9) Most people, including physicians, health care providers and government agencies, continue to lack knowledge in the prevention, detection and treatment of the disease.
  - (10) Experts in the field of osteoporosis believe that with greater awareness of the value of prevention among medical experts, service providers and the public, osteoporosis will be preventable and treatable in the future, thereby reducing the costs of long-term care.
  - (11) Osteoporosis is a multigenerational issue because building strong bones during youth and preserving them during adulthood may prevent fractures in later life.
- 27 (12) Educating the public and health care community
  28 throughout this Commonwealth about this potentially
  29 devastating disease is of paramount importance and is in
  30 every respect in the public interest and to the benefit of

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- 1 all residents of this Commonwealth.
- The General Assembly declares that it is the purpose of this 2 3 act:
- 4 To create and foster a multigenerational, Statewide 5 program to promote public awareness and knowledge about the causes of osteoporosis, personal risk factors, the value of 6 prevention and early detection and the options available for 7
- (2.)To facilitate and enhance knowledge and 9 10 understanding of osteoporosis by disseminating educational 11 materials, information about research results, services and 12 strategies for prevention and treatment to patients, health professionals and the public.
  - To utilize educational and training resources and (3)services that have been developed by organizations with appropriate expertise and knowledge of osteoporosis and to use available technical assistance.
    - To evaluate existing osteoporosis services in the community and assess the need for improving the quality and accessibility of community-based services.
    - To provide easy access to clear, complete and accurate osteoporosis information and referral services.
- 23 To educate and train service providers, health (6) professionals and physicians. 24
- 25 To heighten awareness about the prevention, 26 detection and treatment of osteoporosis among Commonwealth 27 and local health and human service officials, health 28 educators and policymakers.
- 29 To coordinate Commonwealth programs and services to 30 address the issue of osteoporosis.

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treatment.

- 1 (9) To promote the development of support groups for
- 2 osteoporosis patients and their families and caregivers.
- 3 (10) To adequately fund these programs.
- 4 (11) To provide lasting improvements in the delivery of
- 5 osteoporosis health care, thus providing patients with an
- 6 improved quality of life and society with the containment of
- 7 health care costs.
- 8 The General Assembly of the Commonwealth of Pennsylvania
- 9 hereby enacts as follows:
- 10 Section 1. Short title.
- 11 This act shall be known and may be cited as the Osteoporosis
- 12 Prevention and Treatment Education Act.
- 13 Section 2. Definitions.
- 14 The following words and phrases when used in this act shall
- 15 have the meanings given to them in this section unless the
- 16 context clearly indicates otherwise:
- "Council." The Interagency Council on Osteoporosis.
- 18 "Department." The Department of Health of the Commonwealth.
- 19 "Program." The Osteoporosis Prevention and Treatment
- 20 Education Program established in section 3.
- "Secretary." The Secretary of Health.
- 22 Section 3. Establishment of the Osteoporosis Prevention and
- 23 Treatment Education Program.
- 24 The department shall:
- 25 (1) Provide sufficient staff to implement the
- 26 Osteoporosis Prevention and Treatment Education Program.
- 27 (2) Provide appropriate training for staff of the
- 28 program.
- 29 (3) Identify the appropriate entities to carry out the
- 30 program.

- 1 (4) Base the program on the most up-to-date scientific 2 information and findings.
- 3 (5) Work to improve the capacity of community-based 4 services available to osteoporosis patients.
- 5 (6) Work with governmental offices, community and
- 6 business leaders, community organizations, health care and
- 7 human service providers and national osteoporosis
- 8 organizations to coordinate efforts and maximize State
- 9 resources in the areas of prevention, education and treatment
- of osteoporosis.
- 11 (7) Identify and, when appropriate, replicate or use
- successful osteoporosis programs and procure related
- materials and services from organizations with appropriate
- expertise and knowledge of osteoporosis, as described in
- 15 section 7.
- 16 Section 4. Public awareness and education.
- 17 (a) General rule. -- The department shall establish, promote
- 18 and maintain an osteoporosis prevention and treatment education
- 19 program in order to raise public awareness, educate consumers,
- 20 educate and train health professionals, teachers and human
- 21 service providers and for other purposes.
- 22 (b) Public awareness.--The department shall use, but is not
- 23 limited to, the following methods for raising public awareness
- 24 on the causes and nature of osteoporosis, personal risk factors,
- 25 value of prevention and early detection and options for
- 26 diagnosing and treating the disease:
- 27 (1) An outreach campaign utilizing print, radio and
- television public service announcements, advertisements,
- 29 posters and other materials.
- 30 (2) Community forums.

- 1 (3) Health information and risk factor assessment at 2 public events.
- 3 (4) Targeting at-risk populations.
- 4 (5) Providing reliable information to policymakers.
- 5 (6) Distributing information through county health
- 6 departments, schools, area agencies on aging, employer
- 7 wellness programs, physicians, hospitals and health
- 8 maintenance organizations, women's groups, nonprofit
- 9 organizations, community-based organizations and departmental
- 10 regional offices.
- 11 (c) Consumer education. -- The department shall use, but is
- 12 not limited to, the following methods for educating consumers
- 13 about risk factors, diet and exercise, diagnostic procedures and
- 14 their indications for use, risks and benefits of drug therapies
- 15 currently approved by the United States Food and Drug
- 16 Administration, environmental safety and injury prevention and
- 17 the availability of diagnostic, treatment and rehabilitation
- 18 services:
- 19 (1) Identify and obtain educational materials, including
- 20 brochures and videotapes which translate accurately the
- 21 latest scientific information on osteoporosis in easy-to-
- 22 understand terms.
- 23 (2) Build a Statewide capacity to provide information
- and referral on all aspects of osteoporosis, including
- 25 educational materials and counseling.
- 26 (3) Establish State linkage with an existing toll-free
- 27 hotline for consumers.
- 28 (4) Facilitate the development and maintenance of
- osteoporosis support groups.
- 30 (5) Conduct workshops and seminars for lay audiences.

- 1 (d) Professional education. -- The department shall use, but
- 2 is not limited to, the following methods for educating
- 3 physicians and health professionals and training community
- 4 service providers on the most up-to-date, accurate scientific
- 5 and medical information on osteoporosis prevention, diagnosis
- 6 and treatment, therapeutic decision making, including guidelines

professional which translates the latest scientific and

- 7 for detecting and treating the disease in special populations,
- 8 risks and benefits of medications and research advances:
- 9 (1) Identify and obtain education materials for the
- 11 medical information into clinical applications.
- 12 (2) Raise awareness among physicians and health and
- human services professionals as to the importance of
- osteoporosis prevention, early detection, treatment and
- 15 rehabilitation.

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- 16 (3) Identify and use available curricula for training
- 17 health and human services providers and community leaders on
- osteoporosis prevention, detection and treatment.
- 19 (4) Provide workshops and seminars for in-depth
- 20 professional development in the field of care and management
- of patients with osteoporosis.
- 22 (5) Conduct a Statewide conference on osteoporosis at
- 23 appropriate intervals.
- 24 Section 5. Needs assessment.
- 25 (a) Assessment. -- The department shall conduct a needs
- 26 assessment to identify:
- 27 (1) Research being conducted within this Commonwealth.
- 28 (2) Available technical assistance and educational
- 29 materials and programs nationwide.
- 30 (3) The level of public and professional awareness about

- 1 osteoporosis.
- 2 (4) The needs of osteoporosis patients, their families
- 3 and caregivers.
- 4 (5) Needs of health care providers, including
- 5 physicians, nurses, managed care organizations and other
- 6 health care providers.
- 7 (6) The services available to the osteoporosis patient.
- 8 (7) Existence of osteoporosis treatment programs.
- 9 (8) Existence of osteoporosis support groups.
- 10 (9) Existence of rehabilitation services.
- 11 (10) Number and location of bone density testing
- 12 equipment.
- 13 (b) List of services.--Based on the needs assessment, the
- 14 department shall develop and maintain a list of osteoporosis-
- 15 related services and osteoporosis health care providers with
- 16 specialization in services to prevent, diagnose and treat
- 17 osteoporosis. This list will be disseminated with a description
- 18 of diagnostic testing procedures, appropriate indications for
- 19 their use, drug therapies currently approved by the United
- 20 States Food and Drug Administration and a cautionary statement
- 21 about the current status of osteoporosis research, prevention
- 22 and treatment. Such a statement shall also indicate that the
- 23 department does not license, certify or in any way approve
- 24 osteoporosis programs or centers in the State.
- 25 Section 6. Interagency Council on Osteoporosis.
- 26 (a) Establishment.--There is hereby established the
- 27 Interagency Council on Osteoporosis. The secretary shall chair
- 28 the council. The council shall have representatives from
- 29 appropriate State departments and agencies including, but not
- 30 limited to, the entities with responsibility for aging, health

- 1 care reform implementation, education, public welfare and
- 2 women's programs.
- 3 (b) Functions.--The council shall:
- 4 (1) Coordinate osteoporosis programs conducted by or
- 5 through the department.
- 6 (2) Establish a mechanism for sharing information on
- 7 osteoporosis among all officials and employees involved in
- 8 carrying out osteoporosis-related programs.
- 9 (3) Review and coordinate the most promising areas of
- 10 education, prevention and treatment concerning osteoporosis.
- 11 (4) Assist the department and other offices in
- developing and coordinating plans for education and health
- 13 promotion on osteoporosis.
- 14 (5) Establish mechanisms to use the results of research
- concerning osteoporosis in the development of relevant
- 16 policies and programs.
- 17 (6) Prepare a report that describes educational
- initiatives on osteoporosis sponsored by the State and make
- 19 recommendations for new educational initiatives on
- 20 osteoporosis and transmit the report to the General Assembly
- and make the report available to the public.
- 22 (c) Advisory Panel on Osteoporosis. --
- 23 (1) The council shall establish and coordinate the
- 24 Advisory Panel on Osteoporosis which will provide
- 25 nongovernmental input regarding the program.
- 26 (2) Membership shall include, but is not limited to,
- 27 persons with osteoporosis, women's health organizations,
- 28 public health educators, osteoporosis experts, providers of
- osteoporosis health care, persons knowledgeable in health
- 30 promotion and education and representatives of national

- 1 osteoporosis organizations or their State and regional
- 2 affiliates.
- 3 Section 7. Technical assistance.
- 4 (a) General rule. -- The department may replicate and use
- 5 successful osteoporosis programs and enter into contracts or
- 6 purchase materials or services from organizations with
- 7 appropriate expertise and knowledge of osteoporosis for such
- 8 services and materials such as, but not limited to, the
- 9 following:
- 10 (1) Educational information and materials on the causes,
- 11 prevention, detection, treatment and management of
- 12 osteoporosis.
- 13 (2) Training of staff.
- 14 (3) Physician and health care professional education and
- 15 training and clinical conferences.
- 16 (4) Conference organization and staffing.
- 17 (5) Regional office development and staffing.
- 18 (6) Nominations for advisory panels.
- 19 (7) Support group development.
- 20 (8) Consultation.
- 21 (9) Resource library facilities.
- 22 (10) Training home health aides and nursing home
- personnel.
- 24 (11) Training teachers.
- 25 (b) Agreements. -- The department may enter into an agreement
- 26 to work with a national organizations with expertise in
- 27 osteoporosis to establish and staff an office of that
- 28 organization in this Commonwealth to implement parts of the
- 29 osteoporosis program.
- 30 Section 8. Funding.

- 1 (a) Appropriations.--This act shall be funded through moneys
- 2 which the General Assembly may, from time to time, appropriate.
- 3 (b) Contributions.--The secretary may accept grants,
- 4 services and property from the Federal Government, foundations,
- 5 organizations, medical schools and other entities as may be
- 6 available for the purposes of fulfilling the obligations of this
- 7 act.
- 8 (c) Waivers.--The secretary shall seek any Federal waiver or
- 9 waivers that may be necessary to maximize funds from the Federal
- 10 Government to implement this act.
- 11 Section 9. Effective date.
- 12 This act shall take effect in 60 days.