

**Department of Fiscal Services**  
Maryland General Assembly

**FISCAL NOTE**

House Joint Resolution 4 (Delegate Goldwater, et al.)  
Environmental Matters

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**Osteoporosis Prevention and Education Program**

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This joint resolution requests the Department of Health and Mental Hygiene (DHMH) to (1) establish a task force of local medical experts to study ways to reduce the incidence of osteoporosis among Maryland citizens; and (2) to initiate within available resources an osteoporosis prevention and education program. The task force is to issue a report on its study to the Governor and General Assembly by December 31, 1996.

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**Fiscal Summary**

**State Effect:** Expenditures are not affected, although up to \$379,600 in staff resources would need to be reassigned from other programs within DHMH, if the joint resolution is complied with. Revenues are not affected.

**Local Effect:** Local health departments could receive an additional \$277,500 in grants from the Department of Health and Mental Hygiene to carry out osteoporosis prevention and education programs.

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**Fiscal Analysis**

**State Expenditures:** Because a joint resolution is an expression of legislative intent only, compliance is not required and expenditures are not directly affected. Should the terms of this joint resolution be complied with, however, expenditures in the Department of Health and Mental Hygiene will not increase due to the resolution's provision that an osteoporosis prevention and education program be developed within available resources.

However, DHMH advises that the effect of the resolution will be to reassign \$379,600 in staff and other operating expenses from current chronic disease prevention and family planning activities to the osteoporosis prevention and education program required by the

resolution. The \$379,600 in reassigned resources includes \$80,000 for three positions (Nutritionist, Community Health Educator, and Office Secretary), \$277,500 for grants to local health departments or private vendors for prevention and education, and \$22,000 in other operating expenditures. DHMH assumed that a lesser effort would result in negligible changes in the public's behavior.

The Department of Fiscal Services advises that other chronic disease prevention programs within the Local and Family Health Administration range from a magnitude of \$25,000 for an infant hearing and screening program required by federal law to \$200,000 for a diabetes control program to \$1.2 million for a cardiovascular disease control program. The infant hearing and screening program expenses are primarily for printing of informational materials; the diabetes program includes \$100,000 in permanent and contractual positions and \$70,000 in grants to local health departments; the cardiovascular program includes \$400,000 in permanent and contractual positions and \$800,000 in grants to local jurisdictions. One factor in the variation in grant amounts to local health departments is due to whether a particular disease is statewide or particular jurisdictions need to be targeted. In the case of osteoporosis, the incidence is assumed to be distributed equally among the jurisdictions.

Task force committee members would be reimbursed for expenses under the standard State travel regulations. Any such expenditures would depend upon the time, location, and frequency of the task force's meetings. Travel and DHMH staffing expenditures are assumed to be minimal and absorbable within existing DHMH resources.

**Local Effect:** Local health departments could receive an additional \$277,500 in grants from the Department of Health and Mental Hygiene to carry out osteoporosis prevention and education programs.

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**Information Source(s):** Department of Health and Mental Hygiene (Local and Family Health Administration), Department of Fiscal Services

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