

SENATE BILL 851

Unofficial Copy  
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2001 Regular Session  
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CF HB 235

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By: **Senator Lawlah**  
Introduced and read first time: February 21, 2001  
Assigned to: Rules

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A BILL ENTITLED

1 AN ACT concerning

2                           **Department of Health and Mental Hygiene - Osteoporosis Prevention and**  
3                           **Education Program**

4 FOR the purpose of requiring the Department of Health and Mental Hygiene to  
5 establish a certain osteoporosis prevention and education program; specifying  
6 certain purposes of this Act; requiring the Department to develop a certain  
7 public education and outreach campaign, to develop certain educational  
8 materials and professional education programs, and to develop, maintain, and  
9 distribute a list of certain providers; requiring the Department to conduct a  
10 certain needs assessment and to gather certain data; requiring the Department  
11 annually to make a certain evaluation and to submit a certain report;  
12 establishing an Osteoporosis Advisory Council in the Department; providing for  
13 the composition, authority, meeting procedure, staff, and chairperson of the  
14 Council and the compensation, terms, vacancies, and removal of its members;  
15 authorizing the Department to accept certain grants, services, and property;  
16 requiring the Department to seek a certain federal waiver; authorizing the  
17 Department to adopt certain regulations; defining a certain term; and generally  
18 relating to a certain program concerning osteoporosis in the Department of  
19 Health and Mental Hygiene.

20 BY repealing and reenacting, without amendments,  
21 Article - Health - General  
22 Section 1-101(a) and (c)  
23 Annotated Code of Maryland  
24 (2000 Replacement Volume)

25 BY adding to  
26 Article - Health - General  
27 Section 13-1601 through 13-1610 to be under the new subtitle "Subtitle 16.  
28 Osteoporosis Prevention and Education Program"  
29 Annotated Code of Maryland  
30 (2000 Replacement Volume)

1 Preamble

2 WHEREAS, Osteoporosis, a bone-thinning disease, is a major public health  
3 problem that poses a threat to the health and quality of life to as many as 25 million  
4 Americans; and

5 WHEREAS, The 1.5 million fractures each year that result from osteoporosis  
6 cause pain, disability, immobility, and social isolation, affecting quality of life and  
7 threatening the ability to live independently; and

8 WHEREAS, Because osteoporosis progresses silently and without sensation  
9 over many years, and many cases remain undiagnosed, its first symptom is often a  
10 fracture, typically of the hip, spine, or wrist; and

11 WHEREAS, One of two women and one of five men will suffer an osteoporosis  
12 fracture in their lifetime; and

13 WHEREAS, A woman's risk of hip fracture is equal to her combined risk of  
14 breast, uterine, and ovarian cancer; and

15 WHEREAS, The annual direct and indirect costs of osteoporosis to the health  
16 care system are estimated to have been as high as \$18 billion in 1993, and are  
17 expected to rise to \$60-\$80 billion by the year 2020; and

18 WHEREAS, Since osteoporosis progresses silently and currently has no cure,  
19 prevention, early diagnosis, and treatment are key to reducing the prevalence of and  
20 devastation from this disease; and

21 WHEREAS, Although there exists a large quantity of public information about  
22 osteoporosis, it remains inadequately disseminated and not tailored to meet the needs  
23 of specific population groups; and

24 WHEREAS, Most people, including physicians, health care providers, and  
25 government agencies, continue to lack knowledge in the prevention, detection, and  
26 treatment of the disease; and

27 WHEREAS, Experts in the field of osteoporosis believe that with greater  
28 awareness of the value of prevention among medical experts, service providers, and  
29 the public, osteoporosis will be preventable and treatable in the future, thereby  
30 reducing the costs of long-term care; and

31 WHEREAS, Osteoporosis is a multigenerational issue because building strong  
32 bones during youth and preserving them during adulthood may prevent fractures in  
33 later life; and

34 WHEREAS, Educating the public and health care community throughout the  
35 State about this potentially devastating disease is of paramount importance and is in  
36 every respect in the public interest and to the benefit of all residents of the State; now,  
37 therefore,

1 SECTION 1. BE IT ENACTED BY THE GENERAL ASSEMBLY OF  
2 MARYLAND, That the Laws of Maryland read as follows:

3 **Article - Health - General**

4 1-101.

5 (a) In this article the following words have the meanings indicated.

6 (c) "Department" means the Department of Health and Mental Hygiene.

7 SUBTITLE 16. OSTEOPOROSIS PREVENTION AND EDUCATION PROGRAM.

8 13-1601.

9 IN THIS SUBTITLE, "OSTEOPOROSIS" MEANS A BONE DISEASE CHARACTERIZED  
10 BY A REDUCTION IN BONE DENSITY ACCOMPANIED BY INCREASING POROSITY AND  
11 BRITTLINESS AND ASSOCIATED WITH LOSS OF CALCIUM FROM THE BONES.

12 13-1602.

13 THE PURPOSES OF THIS SUBTITLE ARE TO:

14 (1) CREATE AND FOSTER A MULTIGENERATIONAL, STATEWIDE  
15 PROGRAM TO PROMOTE PUBLIC AWARENESS AND KNOWLEDGE ABOUT THE CAUSES  
16 OF OSTEOPOROSIS, PERSONAL RISK FACTORS, THE VALUE OF PREVENTION AND  
17 EARLY DETECTION, AND THE OPTIONS AVAILABLE FOR TREATMENT;

18 (2) FACILITATE AND ENHANCE KNOWLEDGE AND UNDERSTANDING OF  
19 OSTEOPOROSIS BY DISSEMINATING EDUCATIONAL MATERIALS, INFORMATION  
20 ABOUT RESEARCH RESULTS, SERVICES, AND STRATEGIES FOR PREVENTION AND  
21 TREATMENT TO PATIENTS, HEALTH PROFESSIONALS, AND THE PUBLIC;

22 (3) UTILIZE EDUCATIONAL AND TRAINING RESOURCES AND SERVICES  
23 THAT HAVE BEEN DEVELOPED BY ORGANIZATIONS WITH APPROPRIATE EXPERTISE  
24 AND KNOWLEDGE OF OSTEOPOROSIS AND TO USE AVAILABLE TECHNICAL  
25 ASSISTANCE;

26 (4) EVALUATE EXISTING OSTEOPOROSIS SERVICES IN THE COMMUNITY  
27 AND ASSESS THE NEED FOR IMPROVING THE QUALITY AND ACCESSIBILITY OF  
28 COMMUNITY-BASED SERVICES;

29 (5) PROVIDE EASY ACCESS TO CLEAR, COMPLETE, AND ACCURATE  
30 OSTEOPOROSIS INFORMATION AND REFERRAL SERVICES;

31 (6) EDUCATE AND TRAIN SERVICE PROVIDERS, HEALTH  
32 PROFESSIONALS, AND PHYSICIANS;

1 (7) HEIGHTEN AWARENESS ABOUT THE PREVENTION, DETECTION, AND  
2 TREATMENT OF OSTEOPOROSIS AMONG STATE AND LOCAL HEALTH AND HUMAN  
3 SERVICE OFFICIALS, HEALTH EDUCATORS, AND POLICY MAKERS;

4 (8) COORDINATE STATE PROGRAMS AND SERVICES TO ADDRESS THE  
5 ISSUE OF OSTEOPOROSIS;

6 (9) PROMOTE THE DEVELOPMENT OF SUPPORT GROUPS FOR  
7 OSTEOPOROSIS PATIENTS AND THEIR FAMILIES AND CAREGIVERS; AND

8 (10) PROVIDE LASTING IMPROVEMENTS IN THE DELIVERY OF  
9 OSTEOPOROSIS HEALTH CARE, AND THEREBY PROVIDE PATIENTS WITH AN  
10 IMPROVED QUALITY OF LIFE AND SOCIETY WITH THE CONTAINMENT OF HEALTH  
11 CARE COSTS.

12 13-1603.

13 THE DEPARTMENT SHALL ESTABLISH, PROMOTE, AND MAINTAIN AN  
14 OSTEOPOROSIS PREVENTION AND EDUCATION PROGRAM TO PROMOTE PUBLIC  
15 AWARENESS OF THE CAUSES OF OSTEOPOROSIS, OPTIONS FOR PREVENTION, AND  
16 THE VALUE OF EARLY DETECTION AND POSSIBLE TREATMENTS, INCLUDING THE  
17 BENEFITS AND RISKS OF THOSE TREATMENTS.

18 13-1604.

19 IN ESTABLISHING THE PROGRAM REQUIRED BY § 13-1603 OF THIS SUBTITLE,  
20 THE DEPARTMENT SHALL:

21 (1) DEVELOP A PUBLIC EDUCATION AND OUTREACH CAMPAIGN TO  
22 PROMOTE OSTEOPOROSIS PREVENTION AND EDUCATION THAT INCLUDES  
23 INFORMATION ABOUT:

24 (I) THE CAUSES AND NATURE OF THE DISEASE;

25 (II) RISK FACTORS;

26 (III) THE ROLE OF HYSTERECTOMY;

27 (IV) METHODS TO PREVENT THE DISEASE, INCLUDING NUTRITION,  
28 DIET, AND PHYSICAL EXERCISE;

29 (V) DIAGNOSTIC PROCEDURES AND APPROPRIATE INDICATIONS  
30 FOR THEIR USE;

31 (VI) HORMONE REPLACEMENT, INCLUDING BENEFITS AND RISKS;

32 (VII) ENVIRONMENTAL SAFETY AND INJURY PREVENTION;

33 (VIII) THE AVAILABILITY OF OSTEOPOROSIS DIAGNOSTIC  
34 TREATMENT SERVICES IN THE COMMUNITY; AND

1 (IX) THE IMPACT OF LONG-TERM USE OF MEDICATIONS AND  
2 MEDICAL TREATMENT FOR OTHER MEDICAL CONDITIONS ON THE DEVELOPMENT OF  
3 OSTEOPOROSIS;

4 (2) DEVELOP EDUCATIONAL MATERIALS THAT ARE TARGETED  
5 PARTICULARLY TOWARD HIGH-RISK GROUPS AND MADE AVAILABLE FOR  
6 CONSUMERS THROUGH LOCAL HEALTH DEPARTMENTS, LOCAL PHYSICIANS, OTHER  
7 HEALTH CARE PROVIDERS, AND WOMEN'S ORGANIZATIONS;

8 (3) DEVELOP PROFESSIONAL EDUCATION PROGRAMS FOR HEALTH  
9 CARE PROVIDERS TO ASSIST PROVIDERS IN UNDERSTANDING RESEARCH FINDINGS  
10 AND THE MATTERS SPECIFIED IN PARAGRAPH (1) OF THIS SUBSECTION; AND

11 (4) (I) DEVELOP AND MAINTAIN A LIST OF CURRENT PROVIDERS,  
12 INCLUDING HOLISTIC PROVIDERS, OF SPECIALIZED SERVICES FOR THE PREVENTION  
13 AND TREATMENT OF OSTEOPOROSIS; AND

14 (II) DISSEMINATE THE LIST WITH A DESCRIPTION OF DIAGNOSTIC  
15 PROCEDURES, APPROPRIATE INDICATIONS FOR THE USE OF THE PROCEDURES, AND  
16 A CAUTIONARY STATEMENT THAT:

17 1. INDICATES THE CURRENT STATUS OF OSTEOPOROSIS  
18 RESEARCH, PREVENTION, AND TREATMENT; AND

19 2. STATES THAT THE DEPARTMENT DOES NOT LICENSE,  
20 CERTIFY, OR IN ANY OTHER WAY APPROVE OSTEOPOROSIS PROGRAMS OR CENTERS  
21 IN THE STATE.

22 13-1605.

23 THE DEPARTMENT SHALL CONDUCT A NEEDS ASSESSMENT TO IDENTIFY:

24 (1) AVAILABLE TECHNICAL ASSISTANCE AND EDUCATIONAL MATERIALS  
25 AND PROGRAMS CONCERNING OSTEOPOROSIS NATIONWIDE;

26 (2) THE LEVEL OF PUBLIC AND PROFESSIONAL AWARENESS ABOUT  
27 OSTEOPOROSIS;

28 (3) THE NEEDS OF OSTEOPOROSIS PATIENTS, AND THE FAMILIES AND  
29 CAREGIVERS OF OSTEOPOROSIS PATIENTS;

30 (4) THE NEEDS OF HEALTH CARE PROVIDERS, INCLUDING PHYSICIANS,  
31 NURSES, MANAGED CARE ORGANIZATIONS, AND OTHER HEALTH CARE PROVIDERS  
32 CONCERNING OSTEOPOROSIS;

33 (5) THE SERVICES AVAILABLE TO OSTEOPOROSIS PATIENTS;

34 (6) THE EXISTENCE OF OSTEOPOROSIS TREATMENT GROUPS, SUPPORT  
35 GROUPS, AND REHABILITATION SERVICES; AND

1                   (7)     THE NUMBER AND LOCATION OF BONE DENSITY TESTING  
2 EQUIPMENT.

3 13-1606.

4     THE DEPARTMENT SHALL GATHER APPROPRIATE DATA TO TRACK INCIDENTS  
5 OF OSTEOPOROSIS IN THE STATE.

6 13-1607.

7     ON OR BEFORE DECEMBER 1 OF EACH YEAR, THE DEPARTMENT SHALL:

8                   (1)     EVALUATE THE PERFORMANCE OF THE OSTEOPOROSIS PREVENTION  
9 AND EDUCATION PROGRAM ESTABLISHED UNDER THIS SUBTITLE; AND

10                  (2)     SUBMIT A REPORT OF ITS FINDINGS AND RECOMMENDATIONS,  
11 TOGETHER WITH THE DATA COLLECTED UNDER § 13-1606 OF THIS SUBTITLE, TO THE  
12 GOVERNOR AND, SUBJECT TO § 2-1246 OF THE STATE GOVERNMENT ARTICLE, TO THE  
13 GENERAL ASSEMBLY.

14 13-1608.

15     (A)     THERE IS AN OSTEOPOROSIS ADVISORY COUNCIL IN THE DEPARTMENT.

16     (B)     THE COUNCIL CONSISTS OF 17 MEMBERS AS FOLLOWS:

17                  (1)     THE SECRETARY OF HEALTH AND MENTAL HYGIENE OR A DESIGNEE  
18 OF THE SECRETARY;

19                  (2)     THE SECRETARY OF AGING OR A DESIGNEE OF THE SECRETARY;

20                  (3)     ONE MEMBER OF THE MARYLAND HOUSE OF DELEGATES,  
21 APPOINTED BY THE SPEAKER OF THE HOUSE;

22                  (4)     ONE MEMBER OF THE SENATE OF MARYLAND, APPOINTED BY THE  
23 PRESIDENT OF THE SENATE; AND

24                  (5)     13 MEMBERS APPOINTED BY THE GOVERNOR AS FOLLOWS:

25                           (I)     ONE MEMBER REPRESENTING A WOMEN'S HEALTH  
26 ORGANIZATION;

27                           (II)    EIGHT HEALTH CARE PROVIDERS REPRESENTING THE  
28 FOLLOWING PROFESSIONS:

29                                   1.     RADIOLOGY;

30                                   2.     ORTHOPEDICS;

31                                   3.     NURSING;

1 4. PHYSICAL THERAPY;

2 5. HOLISTIC MEDICINE;

3 6. NUTRITION;

4 7. SOCIAL WORK; AND

5 8. CHIROPRACTIC;

6 (III) TWO PERSONS WITH OSTEOPOROSIS;

7 (IV) ONE PUBLIC HEALTH EDUCATOR; AND

8 (V) ONE EXPERT IN BONE AND OSTEOPOROSIS RESEARCH,  
9 PREVENTION, AND TREATMENT.

10 (C) (1) THE GOVERNOR SHALL DETERMINE AND STAGGER THE TERMS OF  
11 THE MEMBERS OF THE COUNCIL.

12 (2) AT THE END OF A TERM, A MEMBER CONTINUES TO SERVE UNTIL A  
13 SUCCESSOR IS APPOINTED.

14 (3) A MEMBER WHO IS APPOINTED AFTER A TERM HAS BEGUN SERVES  
15 ONLY FOR THE REMAINDER OF THE TERM AND UNTIL A SUCCESSOR IS APPOINTED.

16 (4) THE GOVERNOR MAY REMOVE A MEMBER FOR INCOMPETENCE OR  
17 MISCONDUCT.

18 (D) THE COUNCIL:

19 (1) SHALL MAKE RECOMMENDATIONS TO THE DEPARTMENT  
20 CONCERNING THE IMPLEMENTATION OF THIS SUBTITLE, INCLUDING  
21 RECOMMENDATIONS CONCERNING ANY LEGISLATION OR REGULATIONS THAT MAY  
22 BE NECESSARY OR DESIRABLE TO IMPLEMENT THIS SUBTITLE;

23 (2) MAY HOLD PUBLIC HEARINGS AND SOLICIT INFORMATION FROM  
24 ANY PERSON, ORGANIZATION, OR GROUP AS THE COUNCIL DEEMS NECESSARY; AND

25 (3) SHALL DETERMINE THE TIMES AND PLACES OF ITS MEETINGS.

26 (E) THE MEMBERS OF THE COUNCIL SHALL:

27 (1) SELECT A CHAIRPERSON FROM THE MEMBERSHIP OF THE COUNCIL;  
28 AND

29 (2) SERVE WITHOUT COMPENSATION.

30 (F) A MAJORITY OF THE AUTHORIZED MEMBERSHIP OF THE COUNCIL IS A  
31 QUORUM.

1 (G) THE DEPARTMENT SHALL PROVIDE STAFF SUPPORT FOR THE COUNCIL.

2 13-1609.

3 (A) THE DEPARTMENT MAY ACCEPT GRANTS, SERVICES, AND PROPERTY  
4 FROM THE FEDERAL GOVERNMENT, FOUNDATIONS, ORGANIZATIONS, MEDICAL  
5 SCHOOLS, OR FROM ANY OTHER LAWFUL SOURCE FOR THE PURPOSE OF  
6 IMPLEMENTING THIS SUBTITLE.

7 (B) THE DEPARTMENT SHALL SEEK ANY FEDERAL WAIVER THAT MAY BE  
8 NECESSARY TO MAXIMIZE THE RECEIPT OF FEDERAL FUNDS TO IMPLEMENT THIS  
9 SUBTITLE.

10 13-1610.

11 THE DEPARTMENT MAY ADOPT ANY REGULATION NECESSARY TO CARRY OUT  
12 THIS SUBTITLE.

13 SECTION 2. AND BE IT FURTHER ENACTED, That this Act shall take effect  
14 October 1, 2001.