Unofficial Copy J1 2002 Regular Session (2lr0522)

ENROLLED BILL

-- Environmental Matters/Education, Health, and Environmental Affairs --

Introduced by **Delegates Hammen, Boutin, Branch, Conroy, D. Davis, Doory, Dypski, Eckardt, Finifter, Harrison, A. Jones, Klausmeier, Krysiak, Love, McHale, McIntosh, Morhaim, Nathan-Pulliam, Rosenberg, and** <u>Zirkin, Zirkin, and Snodgrass</u>

Read and Examined by Proofreaders:

Proofreader.

Proofreader.

Sealed with the Great Seal and presented to the Governor, for his approval this _____ day of ______ at _____ o'clock, ____M.

Speaker.

CHAPTER____

1 AN ACT concerning

2

Arthritis Prevention and Control Act

3 FOR the purpose of establishing the Arthritis Prevention and Control Program in the

4 Department of Health and Mental Hygiene; defining certain terms; providing

5 for certain findings of the General Assembly related to arthritis; providing for

6 the purposes of the Program; altering the powers and duties of the State

7 Advisory Council on Arthritis and Related Diseases; providing for the duties of

8 the Secretary of Health and Mental Hygiene in administering the Program;

9 providing for the funding of the Program; and generally relating to the Arthritis

10 Prevention and Control Program.

11 BY adding to

- 12 Article Health General
- 13 Section 13-501, 13-503, 13-504, 13-510, 13-511, and 13-512

1 2	Annotated Code of Maryland (2000 Replacement Volume and 2001 Supplement)						
3 4 5 6 7 8	BY repealing and reenacting, with amendments, Article - Health - General Section 13-501, 13-502, 13-503, 13-504, 13-505, and 13-506 to be under the amended subtitle "Subtitle 5. Arthritis Prevention and Control Act" Annotated Code of Maryland (2000 Replacement Volume and 2001 Supplement)						
9 10	SECTION 1. BE IT ENACTED BY THE GENERAL ASSEMBLY OF MARYLAND, That the Laws of Maryland read as follows:						
11	1 Article - Health - General						
12 13	Subtitle 5. [Advisory Counsel on] Arthritis [and Related Diseases] PREVENTION AND CONTROL ACT.						
14	13-501.						
17	 THE ARTHRITIS PREVENTION AND CONTROL PROGRAM IS A PROGRAM IN THE DEPARTMENT FOR THE PURPOSE OF RAISING PUBLIC AWARENESS, EDUCATING CONSUMERS, AND EDUCATING AND TRAINING HEALTH PROFESSIONALS, TEACHERS, AND PROVIDERS ABOUT ARTHRITIS. 						
19	[13-501.] 13-502.						
20 21	(A) In this subtitle[,] THE FOLLOWING WORDS HAVE THE MEANINGS INDICATED.						
22 23	(B) "Advisory Council" means the State Advisory Council on Arthritis and Related Diseases.						
24 25	(C) "PROGRAM" MEANS THE ARTHRITIS PREVENTION AND CONTROL PROGRAM.						
26	13-503.						
27	THE GENERAL ASSEMBLY FINDS THAT:						
	(1) ARTHRITIS ENCOMPASSES MORE THAN 100 DISEASES AND CONDITIONS THAT AFFECT JOINTS, THE SURROUNDING TISSUES, AND OTHER CONNECTIVE TISSUES;						
	(2) AS ONE OF THE MOST COMMON FAMILY OF DISEASES IN THE UNITED STATES, ARTHRITIS AFFECTS NEARLY ONE OF EVERY SIX AMERICANS AND WILL IMPACT AN ESTIMATED 60,000,000 PEOPLE BY THE YEAR 2020;						

1 (3) ARTHRITIS IS THE LEADING CAUSE OF DISABILITY IN THE UNITED 2 STATES, LIMITING DAILY ACTIVITIES FOR MORE THAN 7,000,000 PEOPLE;

3 (4) ALTHOUGH PREVAILING MYTHS INACCURATELY PORTRAY
4 ARTHRITIS AS AN OLD PERSON'S DISEASE, ARTHRITIS IS A MULTIGENERATIONAL
5 DISEASE THAT HAS BECOME ONE OF THE COUNTRY'S MOST PRESSING HEALTH
6 PROBLEMS;

7 (5) ARTHRITIS HAS A SIGNIFICANT IMPACT ON QUALITY OF LIFE FOR
8 THE INDIVIDUAL EXPERIENCING THE PAINFUL SYMPTOMS AND FOR THE FAMILY
9 MEMBERS AND CAREGIVERS PROVIDING FOR THAT INDIVIDUAL;

10 (6) THE ECONOMIC AND SOCIAL COSTS ASSOCIATED WITH TREATING 11 ARTHRITIS AND THE COMPLICATIONS OF ARTHRITIS ARE ESTIMATED AT ALMOST 12 \$80,000,000,000 ANNUALLY;

(7) CURRENTLY, THE CHALLENGE EXISTS TO ENSURE DELIVERY OF
 EFFECTIVE, BUT OFTEN UNDERUTILIZED, INTERVENTIONS THAT ARE NECESSARY IN
 THE PREVENTION OR REDUCTION OF ARTHRITIS-RELATED PAIN AND DISABILITY;

16 (8) THE LARGE QUANTITY OF PUBLIC INFORMATION AND PROGRAMS
17 ABOUT ARTHRITIS REMAIN INADEQUATELY DISSEMINATED AND ARE INSUFFICIENT
18 IN ADDRESSING THE NEEDS OF SPECIFIC DIVERSE POPULATIONS AND OTHER
19 UNDERSERVED GROUPS;

(9) THE ARTHRITIS FOUNDATION, THE CENTERS FOR DISEASE CONTROL
AND PREVENTION, AND THE ASSOCIATION OF STATE AND TERRITORIAL HEALTH
OFFICIALS HAVE LED THE DEVELOPMENT OF A PUBLIC HEALTH STRATEGY, THE
NATIONAL ARTHRITIS ACTION PLAN, TO ENSURE THE DELIVERY OF EFFECTIVE, BUT
OFTEN UNDERUTILIZED INTERVENTIONS THAT ARE NECESSARY IN THE
PREVENTION OR REDUCTION OF ARTHRITIS-RELATED PAIN AND DISABILITY; AND

(10) EDUCATING THE PUBLIC AND HEALTH CARE COMMUNITY
THROUGHOUT THE STATE ABOUT ARTHRITIS IS OF PARAMOUNT IMPORTANCE AND IS
IN EVERY RESPECT IN THE PUBLIC INTEREST AND TO THE BENEFIT OF ALL
RESIDENTS OF THE STATE.

30 13-504.

31 THE PURPOSES OF THIS SUBTITLE ARE TO:

(1) CREATE AND FOSTER A STATEWIDE PROGRAM THAT PROMOTES
PUBLIC AWARENESS AND INCREASES KNOWLEDGE ABOUT THE CAUSES OF
ARTHRITIS, THE IMPORTANCE OF EARLY DIAGNOSIS AND APPROPRIATE
MANAGEMENT, EFFECTIVE PREVENTION STRATEGIES, AND PAIN PREVENTION AND
MANAGEMENT;

37 (2) ENHANCE UNDERSTANDING OF ARTHRITIS BY DISSEMINATING TO
 38 PATIENTS, HEALTH PROFESSIONALS, AND THE PUBLIC:

4		HOUSE BILL 247
1	(I)	EDUCATIONAL MATERIALS;
2	(II)	INFORMATION ON RESEARCH RESULTS;
3	(III)	INFORMATION ON SERVICES PROVIDED; AND
4	(IV)	STRATEGIES FOR PREVENTION AND CONTROL;
	ARTHRI	BLISH A SOLID SCIENTIFIC BASE OF KNOWLEDGE ON THE FIS AND RELATED DISABILITY THROUGH SURVEILLANCE, EVENTION RESEARCH;
	ORGANIZ	ZE EDUCATIONAL AND TRAINING RESOURCES AND SERVICES ZATIONS WITH APPROPRIATE EXPERTISE AND KNOWLEDGE AVAILABLE TECHNICAL ASSISTANCE;
11 (5) 12 ACCESSIBILITY (UATE THE NEED FOR IMPROVING THE QUALITY AND FING COMMUNITY-BASED ARTHRITIS SERVICES;
	ARTHRI	CASE AWARENESS ABOUT THE PREVENTION, DETECTION, AND TIS AMONG STATE AND LOCAL HEALTH OFFICIALS, NALS, AND POLICY MAKERS;
16 (7) 17 SERVICES TO RE		EMENT AND COORDINATE STATE AND LOCAL PROGRAMS AND HE PUBLIC HEALTH BURDEN OF ARTHRITIS; AND
18 (8) 19 FOR INDIVIDUAI		OVE THE QUALITY OF LIFE AND CONTAIN HEALTH CARE COSTS ARTHRITIS AND THEIR FAMILIES.
20 [13-502.] 13-505.		
21There is a State22PROGRAM.	Advisory	Council on Arthritis and Related Diseases FOR THE
23 [13-503.] 13-506.		
24 (a) (1) 25 Governor.	The Ac	lvisory Council consists of 15 members appointed by the
26 (2)	Of the	15 members:
2728 professionals at the	(i) State's 2	2 shall be representatives of the physicians and arthritis health medical schools;
29	(ii)	1 shall be a representative of the Department;
30 31 Rehabilitation;	(iii)	1 shall be a representative of the Division of Vocational
32	(iv)	1 shall be a representative of the Department of Aging;

1 2	Employment	of the H	(v) andicapp	1 shall be a representative of the Governor's Committee on ed;			
	Maryland Ch Home Health			3 shall be members of voluntary agencies, including the itis Foundation, the Maryland Lupus Foundation, and			
6 7	or both outsid	de of the	(vii) major me	2 shall be representatives from hospitals or health professionals etropolitan areas;			
8 9	including the	pharmac	(viii) ceutical in	2 shall be representatives from the health care industry, and ustry and third-party payors; and			
10 11	patients.		(ix)	2 shall be arthritic patients or family members of arthritic			
12	(b)	(1)	The term	n of a member is 4 years.			
13 14		(2) member		ns of members are staggered as required by the terms Advisory Council on July 1, 1989.			
15 16	appointed an	(3) nd qualifi		nd of a term, a member continues to serve until a successor is			
17 18		(4) le term ar		per who is appointed after a term has begun serves only for successor is appointed and qualifies.			
19	(c)	The Gov	vernor ma	ay remove a member for incompetence or misconduct.			
20	[13-504.] 13	-507.					
21 22	From among the members of the State Advisory Council, the Governor shall appoint a chairman for a 2-year term.						
23	[13-505.] 13	-508.					
24 25	(a) quorum.	A major	ity of the	e members then serving on the Advisory Council is a			
26	(b)	The Adv	visory Co	uncil shall determine the times and places of its meetings.			
27	(c)	A memb	er of the	Advisory Council:			
28		(1)	May not	receive compensation; but			
29 30		(2) lations, a		ed to reimbursement for expenses under the Standard State ed in the State budget.			

31 (d) The Secretary shall designate the staff necessary to carry out this subtitle.

1 [13-506.] 13-509.				
In addition to the powers and duties set forth elsewhere in this subtitle, the Advisory Council has the following powers and duties:				
4 (1) TO ADVISE THE DEPARTMENT ON THE IMPLEMENTATION OF THE 5 PROGRAM;				
6 (2) TO PROVIDE ASSISTANCE TO THE DEPARTMENT IN THE 7 DEVELOPMENT OF THE PROGRAM BY:				
8 [(1)] (I) [To study and to make recommendations for] RECOMMENDING 9 an integrated State program of education and applied research in gerontology and 10 geriatrics;				
11[(2)](II)[To develop and coordinate] DEVELOPING AND COORDINATING12programs in vocational rehabilitation and industry designed to assist individuals with13arthritis to remain productive members of the State's workforce;				
14 [(3)] (III) [To coordinate] COORDINATING the development of a strategic 15 plan of patient education throughout the State, involving State and local health 16 departments, private agencies, pharmaceutical companies, medical schools, and 17 related professional organizations;				
18 [(4)] (IV) [To address] ADDRESSING gaps in the delivery of State service 19 and to make recommendations designed to contain costs associated with arthritis 20 prevention, treatment, and vocational training;				
 [(5)] (V) [To coordinate] COORDINATING the activities of public and private agencies, medical schools, and related professional groups to improve the quality of life for individuals with arthritis and their families; and 				
24(VI)MAKING ANY OTHER RECOMMENDATIONS FOR CARRYING OUT25THE PURPOSES OF THE PROGRAM AS PROVIDED IN § 13-504 OF THIS SUBTITLE; AND				
26[(6)](3)To submit a report annually to the Governor on the work of the27Advisory Council.				
28 13-510.				
29 THE SECRETARY SHALL:				
30 (1) PROVIDE SUFFICIENT STAFF TO IMPLEMENT THE PROGRAM;				
31 (2) PROVIDE APPROPRIATE TRAINING FOR STAFF OF THE PROGRAM;				
32 (3) IDENTIFY THE APPROPRIATE ORGANIZATIONS TO CARRY OUT THE 33 PROGRAM;				
 34 (4) BASE THE PROGRAM ON THE MOST CURRENT SCIENTIFIC 35 INFORMATION AND FINDINGS; 				

1 (5) WORK TO INCREASE AND IMPROVE COMMUNITY-BASED SERVICES 2 AVAILABLE TO PEOPLE WITH ARTHRITIS AND THEIR FAMILY MEMBERS;

3 (6) WORK WITH GOVERNMENTAL OFFICES, NATIONAL VOLUNTARY
4 HEALTH ORGANIZATIONS AND THEIR LOCAL CHAPTERS, COMMUNITY AND BUSINESS
5 LEADERS, COMMUNITY ORGANIZATIONS, AND HEALTH CARE AND HUMAN SERVICE
6 PROVIDERS TO COORDINATE EFFORTS AND MAXIMIZE STATE RESOURCES IN THE
7 AREAS OF PREVENTION, EDUCATION, DETECTION, PAIN MANAGEMENT, AND
8 TREATMENT OF ARTHRITIS; AND

9 (7) IDENTIFY AND, WHEN APPROPRIATE, USE EVIDENCE-BASED
10 ARTHRITIS PROGRAMS AND OBTAIN RELATED MATERIALS AND SERVICES FROM
11 ORGANIZATIONS WITH APPROPRIATE EXPERTISE AND KNOWLEDGE OF ARTHRITIS.

12 13-511.

13 THE OPERATION, MANAGEMENT, AND ADMINISTRATION OF THE PROGRAM14 SHALL BE FUNDED AS PROVIDED FOR IN THE STATE BUDGET.

15 13-512.

16 THIS SUBTITLE MAY BE CITED AS THE "MARYLAND ARTHRITIS PREVENTION17 AND CONTROL ACT".

18 SECTION 2. AND BE IT FURTHER ENACTED, That this Act shall take effect

19 October 1, 2002.