

HOUSE BILL 247

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2002 Regular Session  
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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 Zirkin**

Introduced and read first time: January 21, 2002

Assigned to: Environmental Matters

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A BILL ENTITLED

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, 13-510, 13-511, and 13-512  
14 Annotated Code of Maryland  
15 (2000 Replacement Volume and 2001 Supplement)

16 BY repealing and reenacting, with amendments,

17 Article - Health - General  
18 Section 13-501, 13-502, 13-503, 13-504, 13-505, and 13-506 to be under the  
19 amended subtitle "Subtitle 5. Arthritis Prevention and Control Act"  
20 Annotated Code of Maryland  
21 (2000 Replacement Volume and 2001 Supplement)

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

1 **Article - Health - General**

2 Subtitle 5. [Advisory Counsel on] Arthritis [and Related Diseases] PREVENTION  
3 AND CONTROL ACT.

4 13-501.

5 THE ARTHRITIS PREVENTION AND CONTROL PROGRAM IS A PROGRAM IN THE  
6 DEPARTMENT FOR THE PURPOSE OF RAISING PUBLIC AWARENESS, EDUCATING  
7 CONSUMERS, AND EDUCATING AND TRAINING HEALTH PROFESSIONALS, TEACHERS,  
8 AND PROVIDERS ABOUT ARTHRITIS.

9 [13-501.] 13-502.

10 (A) In this subtitle[,] THE FOLLOWING WORDS HAVE THE MEANINGS  
11 INDICATED.

12 (B) "Advisory Council" means the State Advisory Council on Arthritis and  
13 Related Diseases.

14 (C) "PROGRAM" MEANS THE ARTHRITIS PREVENTION AND CONTROL  
15 PROGRAM.

16 13-503.

17 THE GENERAL ASSEMBLY FINDS THAT:

18 (1) ARTHRITIS ENCOMPASSES MORE THAN 100 DISEASES AND  
19 CONDITIONS THAT AFFECT JOINTS, THE SURROUNDING TISSUES, AND OTHER  
20 CONNECTIVE TISSUES;

21 (2) AS ONE OF THE MOST COMMON FAMILY OF DISEASES IN THE UNITED  
22 STATES, ARTHRITIS AFFECTS NEARLY ONE OF EVERY SIX AMERICANS AND WILL  
23 IMPACT AN ESTIMATED 60,000,000 PEOPLE BY THE YEAR 2020;

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

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

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

33 (6) THE ECONOMIC AND SOCIAL COSTS ASSOCIATED WITH TREATING  
34 ARTHRITIS AND THE COMPLICATIONS OF ARTHRITIS ARE ESTIMATED AT ALMOST  
35 \$80,000,000,000 ANNUALLY;

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

4 (8) THE LARGE QUANTITY OF PUBLIC INFORMATION AND PROGRAMS  
5 ABOUT ARTHRITIS REMAIN INADEQUATELY DISSEMINATED AND ARE INSUFFICIENT  
6 IN ADDRESSING THE NEEDS OF SPECIFIC DIVERSE POPULATIONS AND OTHER  
7 UNDERSERVED GROUPS;

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

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

18 13-504.

19 THE PURPOSES OF THIS SUBTITLE ARE TO:

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

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

27 (I) EDUCATIONAL MATERIALS;

28 (II) INFORMATION ON RESEARCH RESULTS;

29 (III) INFORMATION ON SERVICES PROVIDED; AND

30 (IV) STRATEGIES FOR PREVENTION AND CONTROL;

31 (3) ESTABLISH A SOLID SCIENTIFIC BASE OF KNOWLEDGE ON THE  
32 PREVENTION OF ARTHRITIS AND RELATED DISABILITY THROUGH SURVEILLANCE,  
33 EPIDEMIOLOGY, AND PREVENTION RESEARCH;

34 (4) UTILIZE EDUCATIONAL AND TRAINING RESOURCES AND SERVICES  
35 DEVELOPED BY ORGANIZATIONS WITH APPROPRIATE EXPERTISE AND KNOWLEDGE  
36 OF ARTHRITIS AND USE AVAILABLE TECHNICAL ASSISTANCE;

1 (5) EVALUATE THE NEED FOR IMPROVING THE QUALITY AND  
2 ACCESSIBILITY OF EXISTING COMMUNITY-BASED ARTHRITIS SERVICES;

3 (6) INCREASE AWARENESS ABOUT THE PREVENTION, DETECTION, AND  
4 TREATMENT OF ARTHRITIS AMONG STATE AND LOCAL HEALTH OFFICIALS,  
5 PROVIDERS, PROFESSIONALS, AND POLICY MAKERS;

6 (7) IMPLEMENT AND COORDINATE STATE AND LOCAL PROGRAMS AND  
7 SERVICES TO REDUCE THE PUBLIC HEALTH BURDEN OF ARTHRITIS; AND

8 (8) IMPROVE THE QUALITY OF LIFE AND CONTAIN HEALTH CARE COSTS  
9 FOR INDIVIDUALS WITH ARTHRITIS AND THEIR FAMILIES.

10 [13-502.] 13-505.

11 There is a State Advisory Council on Arthritis and Related Diseases FOR THE  
12 PROGRAM.

13 [13-503.] 13-506.

14 (a) (1) The Advisory Council consists of 15 members appointed by the  
15 Governor.

16 (2) Of the 15 members:

17 (i) 2 shall be representatives of the physicians and arthritis health  
18 professionals at the State's 2 medical schools;

19 (ii) 1 shall be a representative of the Department;

20 (iii) 1 shall be a representative of the Division of Vocational  
21 Rehabilitation;

22 (iv) 1 shall be a representative of the Department of Aging;

23 (v) 1 shall be a representative of the Governor's Committee on  
24 Employment of the Handicapped;

25 (vi) 3 shall be members of voluntary agencies, including the  
26 Maryland Chapter of the Arthritis Foundation, the Maryland Lupus Foundation, and  
27 Home Health Care Inc.;

28 (vii) 2 shall be representatives from hospitals or health professionals  
29 or both outside of the major metropolitan areas;

30 (viii) 2 shall be representatives from the health care industry,  
31 including the pharmaceutical industry and third-party payors; and

32 (ix) 2 shall be arthritic patients or family members of arthritic  
33 patients.

1 (b) (1) The term of a member is 4 years.

2 (2) The terms of members are staggered as required by the terms  
3 provided for members of the Advisory Council on July 1, 1989.

4 (3) At the end of a term, a member continues to serve until a successor is  
5 appointed and qualifies.

6 (4) A member who is appointed after a term has begun serves only for  
7 the rest of the term and until a successor is appointed and qualifies.

8 (c) The Governor may remove a member for incompetence or misconduct.

9 [13-504.] 13-507.

10 From among the members of the State Advisory Council, the Governor shall  
11 appoint a chairman for a 2-year term.

12 [13-505.] 13-508.

13 (a) A majority of the members then serving on the Advisory Council is a  
14 quorum.

15 (b) The Advisory Council shall determine the times and places of its meetings.

16 (c) A member of the Advisory Council:

17 (1) May not receive compensation; but

18 (2) Is entitled to reimbursement for expenses under the Standard State  
19 Travel Regulations, as provided in the State budget.

20 (d) The Secretary shall designate the staff necessary to carry out this subtitle.  
21 [13-506.] 13-509.

22 In addition to the powers and duties set forth elsewhere in this subtitle, the  
23 Advisory Council has the following powers and duties:

24 (1) TO ADVISE THE DEPARTMENT ON THE IMPLEMENTATION OF THE  
25 PROGRAM;

26 (2) TO PROVIDE ASSISTANCE TO THE DEPARTMENT IN THE  
27 DEVELOPMENT OF THE PROGRAM BY:

28 [(1)] (I) [To study and to make recommendations for] RECOMMENDING  
29 an integrated State program of education and applied research in gerontology and  
30 geriatrics;

1            [(2)]    (II)    [To develop and coordinate] DEVELOPING AND COORDINATING  
2 programs in vocational rehabilitation and industry designed to assist individuals with  
3 arthritis to remain productive members of the State's workforce;

4            [(3)]    (III)   [To coordinate] COORDINATING the development of a strategic  
5 plan of patient education throughout the State, involving State and local health  
6 departments, private agencies, pharmaceutical companies, medical schools, and  
7 related professional organizations;

8            [(4)]    (IV)   [To address] ADDRESSING gaps in the delivery of State service  
9 and to make recommendations designed to contain costs associated with arthritis  
10 prevention, treatment, and vocational training;

11           [(5)]    (V)    [To coordinate] COORDINATING the activities of public and  
12 private agencies, medical schools, and related professional groups to improve the  
13 quality of life for individuals with arthritis and their families; and

14                    (VI)    MAKING ANY OTHER RECOMMENDATIONS FOR CARRYING OUT  
15 THE PURPOSES OF THE PROGRAM AS PROVIDED IN § 13-504 OF THIS SUBTITLE; AND

16            [(6)]    (3)    To submit a report annually to the Governor on the work of the  
17 Advisory Council.

18 13-510.

19        THE SECRETARY SHALL:

20            (1)    PROVIDE SUFFICIENT STAFF TO IMPLEMENT THE PROGRAM;

21            (2)    PROVIDE APPROPRIATE TRAINING FOR STAFF OF THE PROGRAM;

22            (3)    IDENTIFY THE APPROPRIATE ORGANIZATIONS TO CARRY OUT THE  
23 PROGRAM;

24            (4)    BASE THE PROGRAM ON THE MOST CURRENT SCIENTIFIC  
25 INFORMATION AND FINDINGS;

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

28            (6)    WORK WITH GOVERNMENTAL OFFICES, NATIONAL VOLUNTARY  
29 HEALTH ORGANIZATIONS AND THEIR LOCAL CHAPTERS, COMMUNITY AND BUSINESS  
30 LEADERS, COMMUNITY ORGANIZATIONS, AND HEALTH CARE AND HUMAN SERVICE  
31 PROVIDERS TO COORDINATE EFFORTS AND MAXIMIZE STATE RESOURCES IN THE  
32 AREAS OF PREVENTION, EDUCATION, DETECTION, PAIN MANAGEMENT, AND  
33 TREATMENT OF ARTHRITIS; AND

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

1 13-511.

2 THE OPERATION, MANAGEMENT, AND ADMINISTRATION OF THE PROGRAM  
3 SHALL BE FUNDED AS PROVIDED FOR IN THE STATE BUDGET.

4 13-512.

5 THIS SUBTITLE MAY BE CITED AS THE "MARYLAND ARTHRITIS PREVENTION  
6 AND CONTROL ACT".

7 SECTION 2. AND BE IT FURTHER ENACTED, That this Act shall take effect  
8 October 1, 2002.