
By: **Delegate C. Davis**
Introduced and read first time: January 31, 2002
Assigned to: Environmental Matters

Committee Report: Favorable with amendments
House action: Adopted
Read second time: February 26, 2002

CHAPTER _____

1 AN ACT concerning

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

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; establishing an Osteoporosis Prevention~~
10 ~~and Education Task Force in the Department of Health and Mental Hygiene;~~
11 ~~providing for the composition of the Task Force; requiring the Secretary of~~
12 ~~Health and Mental Hygiene to designate the chairman of the Task Force;~~
13 ~~requiring the Department to provide staff for the Task Force; requiring the~~
14 ~~Department Task Force to conduct a certain needs assessment and to gather~~
15 ~~certain data ; requiring the Task Force to make certain recommendations to the~~
16 ~~Department about certain osteoporosis initiatives; authorizing the Task Force to~~
17 ~~hold public hearings and solicit information from certain persons;~~ requiring the
18 Department annually to ~~make a certain evaluation and to~~ submit a certain
19 report; ~~establishing an Osteoporosis Advisory Council in the Department;~~
20 ~~providing for the composition, authority, meeting procedure, staff, and~~
21 ~~chairperson of the Council and the compensation, terms, vacancies, and removal~~
22 ~~of its members; authorizing the Department to accept certain grants, services,~~
23 ~~and property; ~~requiring the Department to seek a certain federal waiver;~~~~
24 ~~requiring the Task Force to carry out its responsibilities to the extent funding is~~
25 ~~available; authorizing the Department to adopt certain regulations; defining a~~
26 ~~certain term; and generally relating to a certain ~~program~~ Task Force concerning~~
27 osteoporosis in the Department of Health and Mental Hygiene.

1 BY repealing and reenacting, without amendments,
2 Article - Health - General
3 Section 1-101(a) and (c)
4 Annotated Code of Maryland
5 (2000 Replacement Volume and 2001 Supplement)

6 BY adding to
7 Article - Health - General
8 Section 13-1601 through ~~13-1610~~ 13-1606 to be under the new subtitle
9 "Subtitle 16. Osteoporosis Prevention and Education ~~Program~~ Task Force"
10 Annotated Code of Maryland
11 (2000 Replacement Volume and 2001 Supplement)

12 Preamble

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

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

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

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

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

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

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

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

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

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

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

8 WHEREAS, Educating the public and health care community throughout the
9 State about this potentially devastating disease is of paramount importance and is in
10 every respect in the public interest and to the benefit of all residents of the State; now,
11 therefore,

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

14 **Article - Health - General**

15 1-101.

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

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

18 SUBTITLE 16. OSTEOPOROSIS PREVENTION AND EDUCATION ~~PROGRAM~~ TASK
19 FORCE.

20 13-1601.

21 IN THIS SUBTITLE, "OSTEOPOROSIS" MEANS A BONE DISEASE CHARACTERIZED
22 BY A REDUCTION IN BONE DENSITY ACCOMPANIED BY INCREASING POROSITY AND
23 BRITTLENESS AND ASSOCIATED WITH LOSS OF CALCIUM FROM THE BONES.

24 13-1602.

25 ~~THE PURPOSES OF THIS SUBTITLE ARE TO:~~

26 ~~(1) CREATE AND FOSTER A MULTIGENERATIONAL, STATEWIDE~~
27 ~~PROGRAM TO PROMOTE PUBLIC AWARENESS AND KNOWLEDGE ABOUT THE CAUSES~~
28 ~~OF OSTEOPOROSIS, PERSONAL RISK FACTORS, THE VALUE OF PREVENTION AND~~
29 ~~EARLY DETECTION, AND THE OPTIONS AVAILABLE FOR TREATMENT;~~

30 ~~(2) FACILITATE AND ENHANCE KNOWLEDGE AND UNDERSTANDING OF~~
31 ~~OSTEOPOROSIS BY DISSEMINATING EDUCATIONAL MATERIALS, INFORMATION~~
32 ~~ABOUT RESEARCH RESULTS, SERVICES, AND STRATEGIES FOR PREVENTION AND~~
33 ~~TREATMENT TO PATIENTS, HEALTH PROFESSIONALS, AND THE PUBLIC;~~

34 ~~(3) UTILIZE EDUCATIONAL AND TRAINING RESOURCES AND SERVICES~~
35 ~~THAT HAVE BEEN DEVELOPED BY ORGANIZATIONS WITH APPROPRIATE EXPERTISE~~

~~1 AND KNOWLEDGE OF OSTEOPOROSIS AND TO USE AVAILABLE TECHNICAL
2 ASSISTANCE;~~

~~3 (4) EVALUATE EXISTING OSTEOPOROSIS SERVICES IN THE COMMUNITY
4 AND ASSESS THE NEED FOR IMPROVING THE QUALITY AND ACCESSIBILITY OF
5 COMMUNITY BASED SERVICES;~~

~~6 (5) PROVIDE EASY ACCESS TO CLEAR, COMPLETE, AND ACCURATE
7 OSTEOPOROSIS INFORMATION AND REFERRAL SERVICES;~~

~~8 (6) EDUCATE AND TRAIN SERVICE PROVIDERS, HEALTH
9 PROFESSIONALS, AND PHYSICIANS;~~

~~10 (7) HEIGHTEN AWARENESS ABOUT THE PREVENTION, DETECTION, AND
11 TREATMENT OF OSTEOPOROSIS AMONG STATE AND LOCAL HEALTH AND HUMAN
12 SERVICE OFFICIALS, HEALTH EDUCATORS, AND POLICY MAKERS;~~

~~13 (8) COORDINATE STATE PROGRAMS AND SERVICES TO ADDRESS THE
14 ISSUE OF OSTEOPOROSIS;~~

~~15 (9) PROMOTE THE DEVELOPMENT OF SUPPORT GROUPS FOR
16 OSTEOPOROSIS PATIENTS AND THEIR FAMILIES AND CAREGIVERS; AND~~

~~17 (10) PROVIDE LASTING IMPROVEMENTS IN THE DELIVERY OF
18 OSTEOPOROSIS HEALTH CARE, AND THEREBY PROVIDE PATIENTS WITH AN
19 IMPROVED QUALITY OF LIFE AND SOCIETY WITH THE CONTAINMENT OF HEALTH
20 CARE COSTS.~~

~~21 13-1603.~~

~~22 THE DEPARTMENT SHALL ESTABLISH, PROMOTE, AND MAINTAIN AN
23 OSTEOPOROSIS PREVENTION AND EDUCATION PROGRAM TO PROMOTE PUBLIC
24 AWARENESS OF THE CAUSES OF OSTEOPOROSIS, OPTIONS FOR PREVENTION, AND
25 THE VALUE OF EARLY DETECTION AND POSSIBLE TREATMENTS, INCLUDING THE
26 BENEFITS AND RISKS OF THOSE TREATMENTS.~~

~~27 13-1604.~~

~~28 (A) THERE IS AN OSTEOPOROSIS PREVENTION AND EDUCATION TASK FORCE
29 IN THE DEPARTMENT.~~

~~30 (B) THE TASK FORCE CONSISTS OF THE FOLLOWING 16 MEMBERS:~~

~~31 (1) THE DEPARTMENT'S OSTEOPOROSIS COORDINATOR; AND~~

~~32 (2) THE FOLLOWING 15 MEMBERS, APPOINTED BY THE GOVERNOR:~~

~~33 (I) A REPRESENTATIVE OF A WOMEN'S HEALTH ORGANIZATION;~~

~~34 (II) NINE HEALTH CARE PROVIDERS REPRESENTING THE
35 FOLLOWING PROFESSIONS:~~

- 1 1. RADIOLOGY;
- 2 2. ORTHOPEDICS;
- 3 3. NURSING;
- 4 4. PHYSICAL THERAPY;
- 5 5. RHEUMATOLOGY;
- 6 6. NUTRITION;
- 7 7. SOCIAL WORK;
- 8 8. GERIATRICS; AND
- 9 9. PHARMACY;
- 10 (III) TWO INDIVIDUALS WITH OSTEOPOROSIS;
- 11 (IV) ONE PUBLIC HEALTH EDUCATOR;
- 12 (V) ONE EXPERT IN BONE AND OSTEOPOROSIS RESEARCH,
13 PREVENTION, AND TREATMENT; AND
- 14 (VI) ONE LOCAL HEALTH OFFICER, OR THE LOCAL HEALTH
15 OFFICER'S DESIGNEE.
- 16 (C) THE SECRETARY SHALL DESIGNATE THE CHAIRMAN OF THE TASK FORCE.
- 17 (D) THE DEPARTMENT SHALL PROVIDE STAFF FOR THE TASK FORCE.
- 18 (E) A MAJORITY OF THE MEMBERS SERVING ON THE TASK FORCE IS A
19 QUORUM.
- 20 (F) THE TASK FORCE SHALL CONDUCT A NEEDS ASSESSMENT TO IDENTIFY:
 - 21 (1) AVAILABLE TECHNICAL ASSISTANCE AND EDUCATIONAL
22 MATERIALS AND PROGRAMS CONCERNING OSTEOPOROSIS NATIONWIDE;
 - 23 (2) THE LEVEL OF PUBLIC AND PROFESSIONAL AWARENESS ABOUT
24 OSTEOPOROSIS;
 - 25 (3) THE NEEDS OF OSTEOPOROSIS PATIENTS, AND THE FAMILIES AND
26 CAREGIVERS OF OSTEOPOROSIS PATIENTS;
 - 27 (4) THE NEEDS OF HEALTH CARE PROVIDERS, INCLUDING PHYSICIANS,
28 NURSES, AND MANAGED CARE ORGANIZATIONS, THAT PROVIDE SERVICES TO
29 OSTEOPOROSIS PATIENTS;
 - 30 (5) THE SERVICES AVAILABLE TO OSTEOPOROSIS PATIENTS;

1 (6) THE EXISTENCE OF OSTEOPOROSIS TREATMENT GROUPS, SUPPORT
2 GROUPS, AND REHABILITATION SERVICES; AND

3 (7) THE AMOUNT AND LOCATION OF BONE DENSITY TESTING
4 EQUIPMENT.

5 (G) THE TASK FORCE SHALL MAKE RECOMMENDATIONS TO THE
6 DEPARTMENT ABOUT:

7 (1) ANY LEGISLATION OR REGULATION THAT MAY BE NECESSARY OR
8 DESIRABLE TO IMPLEMENT THIS SUBTITLE:

9 ~~IN ESTABLISHING THE PROGRAM REQUIRED BY § 13-1603 OF THIS SUBTITLE,~~
10 ~~THE DEPARTMENT SHALL:~~

11 (+) (2) ~~DEVELOP~~ DEVELOPING A PUBLIC EDUCATION AND OUTREACH
12 CAMPAIGN TO PROMOTE OSTEOPOROSIS PREVENTION AND EDUCATION THAT
13 INCLUDES INFORMATION ABOUT:

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

15 (II) RISK FACTORS;

16 (III) ~~THE ROLE OF HYSTERECTOMY;~~

17 ~~(IV)~~ METHODS TO PREVENT THE DISEASE, INCLUDING NUTRITION,
18 DIET, AND PHYSICAL EXERCISE;

19 ~~(V)~~ (IV) DIAGNOSTIC PROCEDURES AND APPROPRIATE
20 INDICATIONS FOR THEIR USE;

21 ~~(VI)~~ (V) HORMONE REPLACEMENT, INCLUDING BENEFITS AND
22 RISKS;

23 ~~(VII)~~ (VI) ENVIRONMENTAL SAFETY AND INJURY PREVENTION;

24 ~~(VIII)~~ (VII) THE AVAILABILITY OF OSTEOPOROSIS DIAGNOSTIC
25 TREATMENT SERVICES IN THE COMMUNITY; AND

26 ~~(IX)~~ (VIII) THE IMPACT OF LONG-TERM USE OF MEDICATIONS AND
27 MEDICAL TREATMENT FOR OTHER MEDICAL CONDITIONS ON THE DEVELOPMENT OF
28 OSTEOPOROSIS;

29 (±) (3) ~~DEVELOP~~ DEVELOPING EDUCATIONAL MATERIALS THAT ARE
30 TARGETED PARTICULARLY TOWARD HIGH-RISK GROUPS AND MADE AVAILABLE FOR
31 CONSUMERS THROUGH LOCAL HEALTH DEPARTMENTS, LOCAL PHYSICIANS, OTHER
32 HEALTH CARE PROVIDERS, AND WOMEN'S ORGANIZATIONS;

33 (±) (4) ~~DEVELOP~~ DEVELOPING PROFESSIONAL EDUCATION PROGRAMS
34 FOR HEALTH CARE PROVIDERS TO ASSIST PROVIDERS IN UNDERSTANDING

1 RESEARCH FINDINGS AND THE MATTERS SPECIFIED IN PARAGRAPH ~~(4)~~ (2) OF THIS
2 SUBSECTION; ~~AND~~

3 ~~(4)~~ (5) (I) ~~DEVELOP DEVELOPING AND MAINTAIN MAINTAINING A~~
4 LIST OF CURRENT PROVIDERS, INCLUDING HOLISTIC PROVIDERS, OF SPECIALIZED
5 SERVICES FOR THE PREVENTION AND TREATMENT OF OSTEOPOROSIS; AND

6 (II) ~~DISSEMINATE~~ DISSEMINATING THE LIST WITH A DESCRIPTION
7 OF DIAGNOSTIC PROCEDURES, APPROPRIATE INDICATIONS FOR THE USE OF THE
8 PROCEDURES, AND A CAUTIONARY STATEMENT THAT:

9 1. INDICATES THE CURRENT STATUS OF OSTEOPOROSIS
10 RESEARCH, PREVENTION, AND TREATMENT; AND

11 2. STATES THAT THE DEPARTMENT DOES NOT LICENSE,
12 CERTIFY, OR IN ANY OTHER WAY APPROVE OSTEOPOROSIS PROGRAMS OR CENTERS
13 IN THE STATE; AND

14 (6) GATHERING APPROPRIATE DATA TO TRACK THE INCIDENCE OF
15 OSTEOPOROSIS IN THE STATE.

16 (H) THE TASK FORCE MAY HOLD PUBLIC HEARINGS AND SOLICIT
17 INFORMATION FROM ANY PERSON, ORGANIZATION, OR GROUP AS THE TASK FORCE
18 DEEMS NECESSARY.

19 ~~13-1605.~~

20 ~~THE DEPARTMENT SHALL CONDUCT A NEEDS ASSESSMENT TO IDENTIFY:~~

21 ~~(1) AVAILABLE TECHNICAL ASSISTANCE AND EDUCATIONAL MATERIALS~~
22 ~~AND PROGRAMS CONCERNING OSTEOPOROSIS NATIONWIDE;~~

23 ~~(2) THE LEVEL OF PUBLIC AND PROFESSIONAL AWARENESS ABOUT~~
24 ~~OSTEOPOROSIS;~~

25 ~~(3) THE NEEDS OF OSTEOPOROSIS PATIENTS, AND THE FAMILIES AND~~
26 ~~CAREGIVERS OF OSTEOPOROSIS PATIENTS;~~

27 ~~(4) THE NEEDS OF HEALTH CARE PROVIDERS, INCLUDING PHYSICIANS,~~
28 ~~NURSES, MANAGED CARE ORGANIZATIONS, AND OTHER HEALTH CARE PROVIDERS~~
29 ~~CONCERNING OSTEOPOROSIS;~~

30 ~~(5) THE SERVICES AVAILABLE TO OSTEOPOROSIS PATIENTS;~~

31 ~~(6) THE EXISTENCE OF OSTEOPOROSIS TREATMENT GROUPS, SUPPORT~~
32 ~~GROUPS, AND REHABILITATION SERVICES; AND~~

33 ~~(7) THE NUMBER AND LOCATION OF BONE DENSITY TESTING~~
34 ~~EQUIPMENT.~~

1 ~~13-1606.~~

2 ~~THE DEPARTMENT SHALL GATHER APPROPRIATE DATA TO TRACK THE~~
3 ~~INCIDENCE OF OSTEOPOROSIS IN THE STATE.~~

4 ~~13-1607. 13-1603.~~

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

6 (1) ~~EVALUATE THE PERFORMANCE OF THE OSTEOPOROSIS PREVENTION~~
7 ~~AND EDUCATION PROGRAM ESTABLISHED UNDER THIS SUBTITLE; AND~~

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

12 ~~13-1608.~~

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

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

15 (1) ~~THE SECRETARY OF HEALTH AND MENTAL HYGIENE OR A DESIGNEE~~
16 ~~OF THE SECRETARY;~~

17 (2) ~~THE SECRETARY OF AGING OR A DESIGNEE OF THE SECRETARY;~~

18 (3) ~~ONE MEMBER OF THE MARYLAND HOUSE OF DELEGATES,~~
19 ~~APPOINTED BY THE SPEAKER OF THE HOUSE;~~

20 (4) ~~ONE MEMBER OF THE SENATE OF MARYLAND, APPOINTED BY THE~~
21 ~~PRESIDENT OF THE SENATE; AND~~

22 (5) ~~13 MEMBERS APPOINTED BY THE GOVERNOR AS FOLLOWS:~~

23 (i) ~~ONE MEMBER REPRESENTING A WOMEN'S HEALTH~~
24 ~~ORGANIZATION;~~

25 (ii) ~~EIGHT HEALTH CARE PROVIDERS REPRESENTING THE~~
26 ~~FOLLOWING PROFESSIONS:~~

27 1. ~~RADIOLOGY;~~

28 2. ~~ORTHOPEDICS;~~

29 3. ~~NURSING;~~

30 4. ~~PHYSICAL THERAPY;~~

31 5. ~~HOLISTIC MEDICINE;~~

1 6. NUTRITION;

2 7. SOCIAL WORK; AND

3 8. CHIROPRACTIC;

4 (III) TWO PERSONS WITH OSTEOPOROSIS;

5 (IV) ONE PUBLIC HEALTH EDUCATOR; AND

6 (V) ONE EXPERT IN BONE AND OSTEOPOROSIS RESEARCH,
7 PREVENTION, AND TREATMENT.

8 (C) (1) THE GOVERNOR SHALL DETERMINE AND STAGGER THE TERMS OF
9 THE MEMBERS OF THE COUNCIL.

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

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

14 (4) THE GOVERNOR MAY REMOVE A MEMBER FOR INCOMPETENCE OR
15 MISCONDUCT.

16 (D) THE COUNCIL:

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

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

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

24 (E) THE MEMBERS OF THE COUNCIL SHALL:

25 (1) SELECT A CHAIRPERSON FROM THE MEMBERSHIP OF THE COUNCIL;
26 AND

27 (2) SERVE WITHOUT COMPENSATION.

28 (F) A MAJORITY OF THE AUTHORIZED MEMBERSHIP OF THE COUNCIL IS A
29 QUORUM.

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

1 ~~43-1609.~~ 13-1604.

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

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 ~~43-1610.~~ 13-1605.

11 THE TASK FORCE SHALL CARRY OUT ITS RESPONSIBILITIES UNDER THIS
12 SUBTITLE TO THE EXTENT FUNDING IS AVAILABLE.

13 13-1606.

14 THE DEPARTMENT MAY ADOPT ANY REGULATION NECESSARY TO CARRY OUT
15 THIS SUBTITLE.

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