

SENATE BILL 22

Unofficial Copy
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2002 Regular Session
(21r0584)

ENROLLED BILL

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

Introduced by ~~Senator Lawlah~~ **Senators Lawlah, Blount, Hollinger, Conway,
Dyson, Forehand, Harris, and Schrader**

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.

President.

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 Task Force to~~
12 ~~make certain recommendations to the Department about certain osteoporosis~~
13 ~~initiatives~~ *Secretary of Health and Mental Hygiene to designate the chairman of*
14 *the Task Force; requiring the Department to provide staff for the Task Force;*
15 *requiring the Department Task Force to conduct a certain needs assessment;*
16 *requiring the Task Force to make certain recommendations to the Department*

1 ~~about certain osteoporosis initiatives and to gather certain data;~~ authorizing the
 2 Task Force to hold public hearings and solicit information from certain persons;
 3 requiring the Department annually to make a certain evaluation and to submit
 4 a certain report; establishing an Osteoporosis Advisory Council in the
 5 Department; providing for the composition, authority, meeting procedure, staff,
 6 and chairperson of the Council; making provisions for the compensation, terms,
 7 vacancies, and removal of Council members; authorizing the Department to
 8 accept certain grants, services, and property; requiring the Department to seek
 9 a certain federal waiver; requiring the Task Force to carry out its responsibilities
 10 to the extent funding is available; authorizing the Department to adopt certain
 11 regulations; defining a certain term; and generally relating to a certain ~~program~~
 12 Task Force concerning osteoporosis in the Department of Health and Mental
 13 Hygiene.

14 BY repealing and reenacting, without amendments,
 15 Article - Health - General
 16 Section 1-101(a) and (c)
 17 Annotated Code of Maryland
 18 (2000 Replacement Volume and 2001 Supplement)

19 BY adding to
 20 Article - Health - General
 21 Section 13-1601 through ~~13-1610 13-1608~~ 13-1606 to be under the new
 22 subtitle "Subtitle 16. Osteoporosis Prevention and Education ~~Program~~
 23 Task Force"
 24 Annotated Code of Maryland
 25 (2000 Replacement Volume and 2001 Supplement)

26 Preamble

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

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

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

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

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

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

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

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

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

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

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

20 WHEREAS, Educating the public and health care community throughout the
21 State about this potentially devastating disease is of paramount importance and is in
22 every respect in the public interest and to the benefit of all residents of the State; now,
23 therefore,

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

26 **Article - Health - General**

27 1-101.

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

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

30 SUBTITLE 16. OSTEOPOROSIS PREVENTION AND EDUCATION ~~PROGRAM~~ TASK
31 FORCE.

32 13-1601.

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

1 13-1602.

2 THE PURPOSES OF THIS SUBTITLE ARE TO:

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

7 (2) FACILITATE AND ENHANCE KNOWLEDGE AND UNDERSTANDING OF
8 OSTEOPOROSIS BY DISSEMINATING EDUCATIONAL MATERIALS, INFORMATION
9 ABOUT RESEARCH RESULTS, SERVICES, AND STRATEGIES FOR PREVENTION AND
10 TREATMENT TO PATIENTS, HEALTH PROFESSIONALS, AND THE PUBLIC;

11 (3) UTILIZE EDUCATIONAL AND TRAINING RESOURCES AND SERVICES
12 THAT HAVE BEEN DEVELOPED BY ORGANIZATIONS WITH APPROPRIATE EXPERTISE
13 AND KNOWLEDGE OF OSTEOPOROSIS AND TO USE AVAILABLE TECHNICAL
14 ASSISTANCE;

15 (4) EVALUATE EXISTING OSTEOPOROSIS SERVICES IN THE COMMUNITY
16 AND ASSESS THE NEED FOR IMPROVING THE QUALITY AND ACCESSIBILITY OF
17 COMMUNITY-BASED SERVICES;

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

20 (6) EDUCATE AND TRAIN SERVICE PROVIDERS, HEALTH
21 PROFESSIONALS, AND PHYSICIANS;

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

25 (8) COORDINATE STATE PROGRAMS AND SERVICES TO ADDRESS THE
26 ISSUE OF OSTEOPOROSIS;

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

29 (10) PROVIDE LASTING IMPROVEMENTS IN THE DELIVERY OF
30 OSTEOPOROSIS HEALTH CARE, AND THEREBY PROVIDE PATIENTS WITH AN
31 IMPROVED QUALITY OF LIFE AND SOCIETY WITH THE CONTAINMENT OF HEALTH
32 CARE COSTS.

33 13-1603.

34 THE DEPARTMENT SHALL ESTABLISH, PROMOTE, AND MAINTAIN AN
35 OSTEOPOROSIS PREVENTION AND EDUCATION PROGRAM TO PROMOTE PUBLIC
36 AWARENESS OF THE CAUSES OF OSTEOPOROSIS, OPTIONS FOR PREVENTION, AND

1 ~~THE VALUE OF EARLY DETECTION AND POSSIBLE TREATMENTS, INCLUDING THE~~
2 ~~BENEFITS AND RISKS OF THOSE TREATMENTS.~~

3 ~~13-1604.~~

4 (A) THERE IS AN OSTEOPOROSIS PREVENTION AND EDUCATION TASK FORCE
5 IN THE DEPARTMENT.

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

7 (1) THE DEPARTMENT'S OSTEOPOROSIS COORDINATOR; AND

8 (2) THE FOLLOWING 15 MEMBERS, APPOINTED BY THE SECRETARY
9 GOVERNOR:

10 (I) ~~ONE MEMBER REPRESENTING A REPRESENTATIVE OF A~~
11 WOMEN'S HEALTH ORGANIZATION;

12 (II) NINE HEALTH CARE PROVIDERS REPRESENTING THE
13 FOLLOWING PROFESSIONS:

14 1. RADIOLOGY;

15 2. ORTHOPEDICS;

16 3. NURSING;

17 4. PHYSICAL THERAPY;

18 5. RHEUMATOLOGY;

19 6. NUTRITION;

20 7. SOCIAL WORK;

21 8. GERIATRICS; AND

22 9. PHARMACY;

23 (III) TWO INDIVIDUALS WITH OSTEOPOROSIS;

24 (IV) ONE PUBLIC HEALTH EDUCATOR;

25 (V) ONE EXPERT IN BONE AND OSTEOPOROSIS RESEARCH,
26 PREVENTION, AND TREATMENT; AND

27 (VI) ONE LOCAL HEALTH OFFICER, OR THE LOCAL HEALTH
28 OFFICER'S DESIGNEE.

29 (C) ~~FROM AMONG ITS MEMBERS, THE TASK FORCE SHALL ELECT A~~
30 CHAIRMAN.

1 (C) THE SECRETARY SHALL DESIGNATE THE CHAIRMAN OF THE TASK FORCE.

2 (D) THE DEPARTMENT SHALL PROVIDE STAFF FOR THE TASK FORCE.

3 (E) A MAJORITY OF THE ~~AUTHORIZED MEMBERSHIP OF MEMBERS SERVING~~
4 ON THE TASK FORCE IS A QUORUM.

5 (F) THE TASK FORCE SHALL CONDUCT A NEEDS ASSESSMENT TO IDENTIFY:

6 (1) AVAILABLE TECHNICAL ASSISTANCE AND EDUCATIONAL
7 MATERIALS AND PROGRAMS CONCERNING OSTEOPOROSIS NATIONWIDE;

8 (2) THE LEVEL OF PUBLIC AND PROFESSIONAL AWARENESS ABOUT
9 OSTEOPOROSIS;

10 (3) THE NEEDS OF OSTEOPOROSIS PATIENTS, AND THE FAMILIES AND
11 CAREGIVERS OF OSTEOPOROSIS PATIENTS;

12 (4) THE NEEDS OF HEALTH CARE PROVIDERS, INCLUDING PHYSICIANS,
13 NURSES, AND MANAGED CARE ORGANIZATIONS, THAT PROVIDE SERVICES TO
14 OSTEOPOROSIS PATIENTS;

15 (5) THE SERVICES AVAILABLE TO OSTEOPOROSIS PATIENTS;

16 (6) THE EXISTENCE OF OSTEOPOROSIS TREATMENT GROUPS, SUPPORT
17 GROUPS, AND REHABILITATION SERVICES; AND

18 (7) THE AMOUNT AND LOCATION OF BONE DENSITY TESTING
19 EQUIPMENT.

20 (G) THE TASK FORCE:

21 (1) SHALL MAKE RECOMMENDATIONS TO THE DEPARTMENT
22 CONCERNING ABOUT:

23 (1) ANY LEGISLATION OR REGULATION THAT MAY BE NECESSARY OR
24 DESIRABLE TO IMPLEMENT THIS SUBTITLE; ~~AND~~

25 (2) MAY HOLD PUBLIC HEARINGS AND SOLICIT INFORMATION FROM
26 ANY PERSON, ORGANIZATION, OR GROUP AS THE TASK FORCE DEEMS NECESSARY.

27 ~~13-1603.~~

28 IN ESTABLISHING THE PROGRAM REQUIRED BY ~~§ 13-1603~~ OF THIS SUBTITLE,
29 THE DEPARTMENT SHALL: ~~THE TASK FORCE SHALL MAKE RECOMMENDATIONS TO~~
30 ~~THE DEPARTMENT ABOUT THE FOLLOWING:~~

31 (1) (2) DEVELOP ~~DEVELOPING~~ A PUBLIC EDUCATION AND OUTREACH
32 CAMPAIGN TO PROMOTE OSTEOPOROSIS PREVENTION AND EDUCATION THAT
33 INCLUDES INFORMATION ABOUT:

- 1 (I) THE CAUSES AND NATURE OF THE DISEASE;
- 2 (II) RISK FACTORS;
- 3 (III) ~~THE ROLE OF HYSTERECTOMY;~~
- 4 ~~(IV)~~ METHODS TO PREVENT THE DISEASE, INCLUDING NUTRITION,
5 DIET, AND PHYSICAL EXERCISE;
- 6 ~~(V)~~ (IV) DIAGNOSTIC PROCEDURES AND APPROPRIATE
7 INDICATIONS FOR THEIR USE;
- 8 ~~(VI)~~ (V) HORMONE REPLACEMENT, INCLUDING BENEFITS AND
9 RISKS;
- 10 ~~(VII)~~ (VI) ENVIRONMENTAL SAFETY AND INJURY PREVENTION;
- 11 ~~(VIII)~~ (VII) THE AVAILABILITY OF OSTEOPOROSIS DIAGNOSTIC
12 TREATMENT SERVICES IN THE COMMUNITY; AND
- 13 ~~(IX)~~ (VIII) THE IMPACT OF LONG-TERM USE OF MEDICATIONS AND
14 MEDICAL TREATMENT FOR OTHER MEDICAL CONDITIONS ON THE DEVELOPMENT OF
15 OSTEOPOROSIS;
- 16 ~~(X)~~ (3) ~~DEVELOP DEVELOPING~~ EDUCATIONAL MATERIALS THAT ARE
17 TARGETED PARTICULARLY TOWARD HIGH-RISK GROUPS AND MADE AVAILABLE FOR
18 CONSUMERS THROUGH LOCAL HEALTH DEPARTMENTS, LOCAL PHYSICIANS, OTHER
19 HEALTH CARE PROVIDERS, AND WOMEN'S ORGANIZATIONS;
- 20 ~~(3)~~ (4) ~~DEVELOP DEVELOPING~~ PROFESSIONAL EDUCATION PROGRAMS
21 FOR HEALTH CARE PROVIDERS TO ASSIST PROVIDERS IN UNDERSTANDING
22 RESEARCH FINDINGS AND THE MATTERS SPECIFIED IN PARAGRAPH (1) OF THIS
23 SUBSECTION; ~~AND~~
- 24 ~~(4)~~ (5) (I) ~~DEVELOP DEVELOPING AND MAINTAIN MAINTAINING~~ A
25 LIST OF CURRENT PROVIDERS, INCLUDING HOLISTIC PROVIDERS, OF SPECIALIZED
26 SERVICES FOR THE PREVENTION AND TREATMENT OF OSTEOPOROSIS; AND
- 27 (II) ~~DISSEMINATE DISSEMINATING~~ THE LIST WITH A DESCRIPTION
28 OF DIAGNOSTIC PROCEDURES, APPROPRIATE INDICATIONS FOR THE USE OF THE
29 PROCEDURES, AND A CAUTIONARY STATEMENT THAT:
- 30 1. INDICATES THE CURRENT STATUS OF OSTEOPOROSIS
31 RESEARCH, PREVENTION, AND TREATMENT; AND
- 32 2. STATES THAT THE DEPARTMENT DOES NOT LICENSE,
33 CERTIFY, OR IN ANY OTHER WAY APPROVE OSTEOPOROSIS PROGRAMS OR CENTERS
34 IN THE STATE; AND
- 35 ~~(5)~~ (6) GATHERING APPROPRIATE DATA TO TRACK THE INCIDENCE OF
36 OSTEOPOROSIS IN THE STATE.

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

4 ~~13-1605. 13-1604.~~

5 ~~THE DEPARTMENT TASK FORCE SHALL CONDUCT A NEEDS ASSESSMENT TO~~
6 ~~IDENTIFY:~~

7 ~~(1) AVAILABLE TECHNICAL ASSISTANCE AND EDUCATIONAL MATERIALS~~
8 ~~AND PROGRAMS CONCERNING OSTEOPOROSIS NATIONWIDE;~~

9 ~~(2) THE LEVEL OF PUBLIC AND PROFESSIONAL AWARENESS ABOUT~~
10 ~~OSTEOPOROSIS;~~

11 ~~(3) THE NEEDS OF OSTEOPOROSIS PATIENTS, AND THE FAMILIES AND~~
12 ~~CAREGIVERS OF OSTEOPOROSIS PATIENTS;~~

13 ~~(4) THE NEEDS OF HEALTH CARE PROVIDERS, INCLUDING PHYSICIANS,~~
14 ~~NURSES, MANAGED CARE ORGANIZATIONS, AND OTHER HEALTH CARE PROVIDERS~~
15 ~~CONCERNING OSTEOPOROSIS;~~

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

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

19 ~~(7) THE NUMBER AND LOCATION OF BONE DENSITY TESTING~~
20 ~~EQUIPMENT.~~

21 ~~13-1606.~~

22 ~~THE DEPARTMENT SHALL GATHER APPROPRIATE DATA TO TRACK INCIDENTS~~
23 ~~OF OSTEOPOROSIS IN THE STATE.~~

24 ~~13-1607. 13-1605. 13-1603.~~

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

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

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

32 ~~13-1608.~~

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

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

2 ~~(1) THE SECRETARY OF HEALTH AND MENTAL HYGIENE OR A DESIGNEE~~
3 ~~OF THE SECRETARY;~~

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

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

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

9 ~~(5) 13 MEMBERS APPOINTED BY THE GOVERNOR AS FOLLOWS:~~

10 ~~(I) ONE MEMBER REPRESENTING A WOMEN'S HEALTH~~
11 ~~ORGANIZATION;~~

12 ~~(II) EIGHT HEALTH CARE PROVIDERS REPRESENTING THE~~
13 ~~FOLLOWING PROFESSIONS:~~

14 ~~1. RADIOLOGY;~~

15 ~~2. ORTHOPEDICS;~~

16 ~~3. NURSING;~~

17 ~~4. PHYSICAL THERAPY;~~

18 ~~5. HOLISTIC MEDICINE;~~

19 ~~6. NUTRITION;~~

20 ~~7. SOCIAL WORK; AND~~

21 ~~8. CHIROPRACTIC;~~

22 ~~(III) TWO PERSONS WITH OSTEOPOROSIS;~~

23 ~~(IV) ONE PUBLIC HEALTH EDUCATOR; AND~~

24 ~~(V) ONE EXPERT IN BONE AND OSTEOPOROSIS RESEARCH,~~
25 ~~PREVENTION, AND TREATMENT.~~

26 ~~(C) (1) THE GOVERNOR SHALL DETERMINE AND STAGGER THE TERMS OF~~
27 ~~THE MEMBERS OF THE COUNCIL.~~

28 ~~(2) AT THE END OF A TERM, A MEMBER CONTINUES TO SERVE UNTIL A~~
29 ~~SUCCESSOR IS APPOINTED.~~

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

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

5 (D) ~~THE COUNCIL:~~

6 (1) SHALL MAKE RECOMMENDATIONS TO THE DEPARTMENT
7 CONCERNING THE IMPLEMENTATION OF THIS SUBTITLE, INCLUDING
8 RECOMMENDATIONS CONCERNING ANY LEGISLATION OR REGULATIONS THAT MAY
9 BE NECESSARY OR DESIRABLE TO IMPLEMENT THIS SUBTITLE;

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

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

13 (E) ~~THE MEMBERS OF THE COUNCIL SHALL:~~

14 (1) SELECT A CHAIRPERSON FROM THE MEMBERSHIP OF THE COUNCIL;
15 AND

16 (2) SERVE WITHOUT COMPENSATION.

17 (F) A MAJORITY OF THE AUTHORIZED MEMBERSHIP OF THE COUNCIL IS A
18 QUORUM.

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

20 ~~13-1609. 13-1606. 13-1604.~~

21 (A) THE DEPARTMENT MAY ACCEPT GRANTS, SERVICES, AND PROPERTY
22 FROM THE FEDERAL GOVERNMENT, FOUNDATIONS, ORGANIZATIONS, MEDICAL
23 SCHOOLS, OR FROM ANY OTHER LAWFUL SOURCE FOR THE PURPOSE OF
24 IMPLEMENTING THIS SUBTITLE AN OSTEOPOROSIS PREVENTION AND EDUCATION
25 PROGRAM.

26 (B) ~~THE DEPARTMENT SHALL SEEK ANY FEDERAL WAIVER THAT MAY BE~~
27 ~~NECESSARY TO MAXIMIZE THE RECEIPT OF FEDERAL FUNDS TO IMPLEMENT THIS~~
28 ~~SUBTITLE.~~

29 ~~13-1610. 13-1607. 13-1605.~~

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

32 ~~13-1608. 13-1606.~~

33 THE DEPARTMENT MAY ADOPT REGULATIONS ANY REGULATION NECESSARY
34 TO CARRY OUT THIS SUBTITLE.

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