

SENATE BILL 22

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SB 851/01 - EEA

2002 Regular Session  
2lr0584

(PRE-FILED)

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By: ~~Senator Lawlah~~ **Senators Lawlah, Blount, Hollinger, Conway, Dyson,  
Forchard, Harris, and Schrader**

Requested: October 3, 2001  
Introduced and read first time: January 9, 2002  
Assigned to: Education, Health, and Environmental Affairs

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Committee Report: Favorable with amendments  
Senate action: Adopted  
Read second time: February 27, 2002

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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; requiring the Department Task Force to conduct a certain needs~~  
14 ~~assessment and to gather certain data ; authorizing the Task Force to hold~~  
15 ~~public hearings and solicit information from certain persons; requiring the~~  
16 ~~Department annually to make a certain evaluation and to submit a certain~~  
17 ~~report; establishing an Osteoporosis Advisory Council in the Department;~~  
18 ~~providing for the composition, authority, meeting procedure, staff, and~~  
19 ~~chairperson of the Council; making provisions for the compensation, terms,~~  
20 ~~vacancies, and removal of Council members; authorizing the Department to~~  
21 ~~accept certain grants, services, and property; requiring the Department to seek~~  
22 ~~a certain federal waiver; authorizing the Department to adopt certain~~  
23 ~~regulations; defining a certain term; and generally relating to a certain program~~  
24 Task Force concerning osteoporosis in the Department of Health and Mental  
25 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~~ 13-1608 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 SECRETARY:

33 (I) ONE MEMBER REPRESENTING A WOMEN'S HEALTH  
34 ORGANIZATION;

1                    (II)    NINE HEALTH CARE PROVIDERS REPRESENTING THE  
2 FOLLOWING PROFESSIONS:

- 3                    1.    RADIOLOGY;
- 4                    2.    ORTHOPEDICS;
- 5                    3.    NURSING;
- 6                    4.    PHYSICAL THERAPY;
- 7                    5.    RHEUMATOLOGY;
- 8                    6.    NUTRITION;
- 9                    7.    SOCIAL WORK;
- 10                  8.    GERIATRICS; AND
- 11                  9.    PHARMACY;

12                   (III)   TWO INDIVIDUALS WITH OSTEOPOROSIS;

13                   (IV)   ONE PUBLIC HEALTH EDUCATOR;

14                   (V)    ONE EXPERT IN BONE AND OSTEOPOROSIS RESEARCH,  
15 PREVENTION, AND TREATMENT; AND

16                   (VI)   ONE LOCAL HEALTH OFFICER, OR THE LOCAL HEALTH  
17 OFFICER'S DESIGNEE.

18    (C)    FROM AMONG ITS MEMBERS, THE TASK FORCE SHALL ELECT A  
19 CHAIRMAN.

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

21    (E)    A MAJORITY OF THE AUTHORIZED MEMBERSHIP OF THE TASK FORCE IS A  
22 QUORUM.

23    (F)    THE TASK FORCE:

24                   (1)    SHALL MAKE RECOMMENDATIONS TO THE DEPARTMENT  
25 CONCERNING ANY LEGISLATION OR REGULATION THAT MAY BE NECESSARY OR  
26 DESIRABLE TO IMPLEMENT THIS SUBTITLE; AND

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

1 13-1603.

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

5 (1) ~~DEVELOP~~ DEVELOPING A PUBLIC EDUCATION AND OUTREACH  
 6 CAMPAIGN TO PROMOTE OSTEOPOROSIS PREVENTION AND EDUCATION THAT  
 7 INCLUDES INFORMATION ABOUT:

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

9 (II) RISK FACTORS;

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

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

13 ~~(V)~~ (IV) DIAGNOSTIC PROCEDURES AND APPROPRIATE  
 14 INDICATIONS FOR THEIR USE;

15 ~~(VI)~~ (V) HORMONE REPLACEMENT, INCLUDING BENEFITS AND  
 16 RISKS;

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

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

20 ~~(IX)~~ (VIII) THE IMPACT OF LONG-TERM USE OF MEDICATIONS AND  
 21 MEDICAL TREATMENT FOR OTHER MEDICAL CONDITIONS ON THE DEVELOPMENT OF  
 22 OSTEOPOROSIS;

23 (2) ~~DEVELOP~~ DEVELOPING EDUCATIONAL MATERIALS THAT ARE  
 24 TARGETED PARTICULARLY TOWARD HIGH-RISK GROUPS AND MADE AVAILABLE FOR  
 25 CONSUMERS THROUGH LOCAL HEALTH DEPARTMENTS, LOCAL PHYSICIANS, OTHER  
 26 HEALTH CARE PROVIDERS, AND WOMEN'S ORGANIZATIONS;

27 (3) ~~DEVELOP~~ DEVELOPING PROFESSIONAL EDUCATION PROGRAMS FOR  
 28 HEALTH CARE PROVIDERS TO ASSIST PROVIDERS IN UNDERSTANDING RESEARCH  
 29 FINDINGS AND THE MATTERS SPECIFIED IN PARAGRAPH (1) OF THIS SUBSECTION;  
 30 ~~AND~~

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

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

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

3 2. STATES THAT THE DEPARTMENT DOES NOT LICENSE,  
4 CERTIFY, OR IN ANY OTHER WAY APPROVE OSTEOPOROSIS PROGRAMS OR CENTERS  
5 IN THE STATE; AND

6 (5) GATHERING APPROPRIATE DATA TO TRACK THE INCIDENCE OF  
7 OSTEOPOROSIS IN THE STATE.

8 ~~13-1605. 13-1604.~~

9 THE ~~DEPARTMENT~~ TASK FORCE SHALL CONDUCT A NEEDS ASSESSMENT TO  
10 IDENTIFY:

11 (1) AVAILABLE TECHNICAL ASSISTANCE AND EDUCATIONAL MATERIALS  
12 AND PROGRAMS CONCERNING OSTEOPOROSIS NATIONWIDE;

13 (2) THE LEVEL OF PUBLIC AND PROFESSIONAL AWARENESS ABOUT  
14 OSTEOPOROSIS;

15 (3) THE NEEDS OF OSTEOPOROSIS PATIENTS, AND THE FAMILIES AND  
16 CAREGIVERS OF OSTEOPOROSIS PATIENTS;

17 (4) THE NEEDS OF HEALTH CARE PROVIDERS, INCLUDING PHYSICIANS,  
18 NURSES, MANAGED CARE ORGANIZATIONS, AND OTHER HEALTH CARE PROVIDERS  
19 CONCERNING OSTEOPOROSIS;

20 (5) THE SERVICES AVAILABLE TO OSTEOPOROSIS PATIENTS;

21 (6) THE EXISTENCE OF OSTEOPOROSIS TREATMENT GROUPS, SUPPORT  
22 GROUPS, AND REHABILITATION SERVICES; AND

23 (7) THE NUMBER AND LOCATION OF BONE DENSITY TESTING  
24 EQUIPMENT.

25 ~~13-1606.~~

26 ~~THE DEPARTMENT SHALL GATHER APPROPRIATE DATA TO TRACK INCIDENTS~~  
27 ~~OF OSTEOPOROSIS IN THE STATE.~~

28 ~~13-1607. 13-1605.~~

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

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

32 (2) ~~SUBMIT A REPORT OF ITS~~ THE FINDINGS AND RECOMMENDATIONS;  
33 ~~TOGETHER WITH THE DATA COLLECTED UNDER § 13-1606 OF THIS SUBTITLE, OF THE~~

1 TASK FORCE TO THE GOVERNOR AND, SUBJECT TO § 2-1246 OF THE STATE  
2 GOVERNMENT ARTICLE, TO THE GENERAL ASSEMBLY.

3 ~~13-1608:~~

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

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

6 (1) ~~THE SECRETARY OF HEALTH AND MENTAL HYGIENE OR A DESIGNEE~~  
7 ~~OF THE SECRETARY;~~

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

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

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

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

14 (I) ~~ONE MEMBER REPRESENTING A WOMEN'S HEALTH~~  
15 ~~ORGANIZATION;~~

16 (II) ~~EIGHT HEALTH CARE PROVIDERS REPRESENTING THE~~  
17 ~~FOLLOWING PROFESSIONS:~~

18 1. ~~RADIOLOGY;~~

19 2. ~~ORTHOPEDICS;~~

20 3. ~~NURSING;~~

21 4. ~~PHYSICAL THERAPY;~~

22 5. ~~HOLISTIC MEDICINE;~~

23 6. ~~NUTRITION;~~

24 7. ~~SOCIAL WORK; AND~~

25 8. ~~CHIROPRACTIC;~~

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

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

28 (V) ~~ONE EXPERT IN BONE AND OSTEOPOROSIS RESEARCH,~~  
29 ~~PREVENTION, AND TREATMENT.~~

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

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

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

7 ~~(4) THE GOVERNOR MAY REMOVE A MEMBER FOR INCOMPETENCE OR~~  
8 ~~MISCONDUCT.~~

9 ~~(D) THE COUNCIL:~~

10 ~~(1) SHALL MAKE RECOMMENDATIONS TO THE DEPARTMENT~~  
11 ~~CONCERNING THE IMPLEMENTATION OF THIS SUBTITLE, INCLUDING~~  
12 ~~RECOMMENDATIONS CONCERNING ANY LEGISLATION OR REGULATIONS THAT MAY~~  
13 ~~BE NECESSARY OR DESIRABLE TO IMPLEMENT THIS SUBTITLE;~~

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

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

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

18 ~~(1) SELECT A CHAIRPERSON FROM THE MEMBERSHIP OF THE COUNCIL;~~  
19 ~~AND~~

20 ~~(2) SERVE WITHOUT COMPENSATION.~~

21 ~~(F) A MAJORITY OF THE AUTHORIZED MEMBERSHIP OF THE COUNCIL IS A~~  
22 ~~QUORUM.~~

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

24 ~~13-1609. 13-1606.~~

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

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

1 ~~13-1610.~~ 13-1607.

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

4 13-1608.

5     THE DEPARTMENT MAY ADOPT REGULATIONS NECESSARY TO CARRY OUT THIS  
6 SUBTITLE.

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