

SENATE BILL 572

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2002 Regular Session
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By: **Senators Hollinger, Astle, Collins, Conway, Frosh, Kelley, and Lawlah**
Introduced and read first time: February 1, 2002
Assigned to: Education, Health, and Environmental Affairs

Committee Report: Favorable with amendments
Senate action: Adopted
Read second time: March 19, 2002

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
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)~~ (1) ENHANCE UNDERSTANDING OF ARTHRITIS BY DISSEMINATING
26 ~~TO PATIENTS, HEALTH PROFESSIONALS, AND THE PUBLIC: EDUCATIONAL~~
27 ~~MATERIALS TO HIGH RISK GROUPS, AS DETERMINED BY THE SECRETARY;~~

28 (I) EDUCATIONAL MATERIALS;

29 (II) INFORMATION ON RESEARCH RESULTS;

30 (III) INFORMATION ON SERVICES PROVIDED; AND

31 (IV) STRATEGIES FOR PREVENTION AND CONTROL;

32 ~~(3)~~ (2) ESTABLISH A SOLID SCIENTIFIC BASE OF KNOWLEDGE ON THE
33 PREVENTION OF ARTHRITIS AND RELATED DISABILITY THROUGH SURVEILLANCE,
34 EPIDEMIOLOGY, AND PREVENTION RESEARCH;

35 ~~(4)~~ (3) UTILIZE EDUCATIONAL AND TRAINING RESOURCES AND
36 SERVICES DEVELOPED BY ORGANIZATIONS WITH APPROPRIATE EXPERTISE AND
37 KNOWLEDGE OF ARTHRITIS AND USE AVAILABLE TECHNICAL ASSISTANCE;

1 ~~(5)~~ (4) EVALUATE THE NEED FOR IMPROVING THE QUALITY AND
2 ACCESSIBILITY OF EXISTING COMMUNITY-BASED ARTHRITIS SERVICES;

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

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

8 ~~(8)~~ (7) IMPROVE THE QUALITY OF LIFE AND CONTAIN HEALTH CARE
9 COSTS 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)~~ (1) IDENTIFY THE APPROPRIATE ORGANIZATIONS TO CARRY OUT
23 THE PROGRAM;

24 ~~(4)~~ (2) BASE THE PROGRAM ON THE MOST CURRENT SCIENTIFIC
25 INFORMATION AND FINDINGS;

26 ~~(5)~~ (3) WORK TO INCREASE AND IMPROVE COMMUNITY-BASED
27 SERVICES AVAILABLE TO PEOPLE WITH ARTHRITIS AND THEIR FAMILY MEMBERS;

28 ~~(6)~~ (4) 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)~~ (5) 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 the Department of
8 Health and Mental Hygiene shall implement this Act using existing budgeted
9 resources.

10 SECTION 3. AND BE IT FURTHER ENACTED, That this Act shall take
11 effect October 1, 2002.