

GENERAL ASSEMBLY OF NORTH CAROLINA

SESSION 1997

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HOUSE BILL 913

Short Title: Osteoporosis Task Force.

(Public)

Sponsors: Representatives Russell; Adams, Alexander, Bowie, Boyd-McIntyre, Earle, Easterling, Gardner, Jarrell, Luebke, Morris, Mosley, Smith, and Wainwright.

Referred to: Appropriations.

April 10, 1997

A BILL TO BE ENTITLED

**AN ACT TO ESTABLISH THE OSTEOPOROSIS PREVENTION TASK FORCE,
AND TO APPROPRIATE FUNDS THEREFOR.**

Whereas, osteoporosis, a disease characterized by low bone mass that increases bone fragility and susceptibility to fracture, is a major public health problem that threatens the health and quality of life of as many as 28 million Americans and their families, and as many as 749,494 North Carolinians, their families, family caregivers, and friends; and

Whereas, North Carolinians sustain 32,000 fractures each year from osteoporosis, costing \$125 million in direct medical treatment; and

Whereas, the annual direct and indirect costs of osteoporosis to the health care system are estimated to have been as high as \$14 billion in 1995 and expected to rise to \$60-\$80 billion by the year 2020; and

Whereas, most people, including physicians, health care providers, and government agencies lack knowledge in the prevention, detection, and treatment of the disease; Now, therefore,

The General Assembly of North Carolina enacts:

Section 1. (a) There is appropriated from the General Fund to the Department of Environment, Health, and Natural Resources, Division of Adult Health Promotion, the

1 sum of three hundred fifty thousand dollars (\$350,000) for the 1997-98 fiscal year and
2 the sum of three hundred fifty thousand dollars (\$350,000) for the 1998-99 fiscal year, for
3 the Osteoporosis Prevention Task Force created under this act.

4 (b) The North Carolina Osteoporosis Prevention Task Force is created in
5 the Division of Health Promotion, Department of Environment, Health, and Natural
6 Resources.

7 (c) The Task Force shall have 25 members. The Governor shall appoint the
8 Chair, and the Vice-chair shall be elected by the Task Force. The Director of the
9 Division of Health Promotion in the Department of Environment, Health, and Natural
10 Resources, the Director of the Division of Medical Assistance in the Department of
11 Human Resources, and the Director of the Division of Aging in the Department of
12 Human Resources, or their designees, shall be members of the Task Force.
13 Appointments to the Task Force shall be made as follows:

14 (1) By the General Assembly upon the recommendation of the President
15 Pro Tempore of the Senate, as follows:

- 16 a. Two members of the Senate;
- 17 b. A representative of a women's health organization;
- 18 c. A local health director;
- 19 d. A certified health educator;
- 20 e. A representative of the North Carolina Association of Area
21 Agencies on Aging; and
- 22 f. A person with osteoporosis.

23 (2) By the General Assembly upon the recommendation of the Speaker of
24 the House of Representatives, as follows:

- 25 a. Two members of the House of Representatives;
- 26 b. A county commissioner;
- 27 c. A licensed dietitian/nutritionist;
- 28 d. A pharmacist;
- 29 e. A registered nurse; and
- 30 f. A person with osteoporosis.

31 (3) By the Governor, as follows:

- 32 a. A practicing family physician, rheumatologist, or
33 endocrinologist;
- 34 b. A president or chief executive officer of a business upon
35 recommendation of a North Carolina wellness council which is a
36 member of the Wellness Councils of America;
- 37 c. A news director of a newspaper or television or radio station;
- 38 d. A representative of a North Carolina affiliate of the National
39 Osteoporosis Foundation;
- 40 e. A representative from the North Carolina Cooperative Extension
41 Service;
- 42 f. A representative of the Governor's Council on Physical Fitness
43 and Health; and

- 1 g. Two members at large.
- 2 (d) Each appointing authority shall assure insofar as possible that its
3 appointees to the Task Force reflect the composition of the North Carolina population
4 with regard to ethnic, racial, age, gender, and religious composition.
- 5 (e) The General Assembly and the Governor shall make their appointments
6 to the Task Force not later than 30 days after the adjournment of the 1997 General
7 Assembly, Regular Session 1997. A vacancy on the Task Force shall be filled by the
8 original appointing authority, using the criteria set out in this section for the original
9 appointment.
- 10 (f) The Task Force shall meet at least quarterly or more frequently at the
11 call of the Chair.
- 12 (g) The Task Force Chair may establish committees for the purpose of
13 making special studies pursuant to its duties, and may appoint non-Task Force members
14 to serve on each committee as resource persons. Resource persons shall be voting
15 members of the committees and shall receive subsistence and travel expenses in
16 accordance with G.S. 138-5 and G.S. 138-6. Committees may meet with the frequency
17 needed to accomplish the purposes of this section.
- 18 (h) Members of the Task Force shall receive per diem and necessary travel
19 and subsistence expenses in accordance with G.S. 120-3.1, 138-5 and 138-6, as
20 applicable.
- 21 (i) A majority of the Task Force shall constitute a quorum for the
22 transaction of its business.
- 23 (j) The Task Force may use funds allocated to it to establish two positions
24 and for other expenditures needed to assist the Task Force in carrying out its duties.
- 25 (k) The Osteoporosis Prevention Task Force has the following duties:
- 26 (1) To undertake a statistical and qualitative examination of the incidence
27 of and causes of osteoporosis deaths and risks, including identification
28 of subpopulations at highest risk for developing osteoporosis, and
29 establish a profile of the osteoporosis burden in North Carolina.
- 30 (2) To raise public awareness on the causes and nature of osteoporosis,
31 personal risk factors, value of prevention and early detection, and
32 options for diagnosing and treating the disease.
- 33 (3) To identify priority strategies which are effective in preventing and
34 controlling risks for osteoporosis, and in diagnosing and treating
35 osteoporosis.
- 36 (4) To identify, examine limitations of, and recommend to the Governor
37 and the General Assembly changes to existing laws, regulations,
38 programs, services, and policies to enhance osteoporosis prevention,
39 diagnosis, and treatment for the people of North Carolina.
- 40 (5) To determine and recommend to the Governor and the General
41 Assembly the funding and strategies needed to enact new or to modify
42 existing laws, regulations, programs, services, and policies to enhance

- 1 osteoporosis prevention, diagnosis, and treatment for the people of
2 North Carolina.
- 3 (6) To adopt and promote a statewide comprehensive Osteoporosis
4 Prevention Plan to the general public, State and local elected officials,
5 various public and private organizations and associations, businesses
6 and industries, agencies, potential funding sources, and other
7 community resources.
- 8 (7) To identify and facilitate specific commitments to help implement the
9 Plan from the entities listed in subdivision (6) above.
- 10 (8) To facilitate coordination of and communication among State and local
11 agencies and organizations regarding current or future involvement in
12 achieving the aims of the Osteoporosis Prevention Plan.
- 13 (9) To receive and consider reports and testimony from individuals, local
14 health departments, community-based organizations, voluntary health
15 organizations, and other public and private organizations statewide, to
16 learn more about their contributions to osteoporosis diagnosis,
17 prevention, and treatment, and their ideas for improving osteoporosis
18 prevention, diagnosis, and treatment in North Carolina.
- 19 (l) The Task Force shall submit to the Governor and to the General
20 Assembly a preliminary report by January 1, 1998; an interim report within the first week
21 of the convening of the 1999 General Assembly; and a final report by October 1, 1999.
22 The reports shall address the Plan, actions and resources needed to fully implement the
23 Plan, and progress in achieving implementation of the Plan to reduce the occurrence of
24 and burden from osteoporosis in North Carolina. The reports shall include an accounting
25 of funds expended and anticipated funding needs for full implementation of
26 recommended plans and programs.
- 27 (m) Upon submission of its final report to the Governor and the 1999
28 General Assembly, the Task Force shall expire.
- 29 Section 2. This act becomes effective July 1, 1997.