

ENROLLED

COMMITTEE SUBSTITUTE

FOR

H. B. 4198

(By Delegates Douglas, Compton, J. Martin, Fleischauer and Petersen)

[Passed March 9, 1996; in effect ninety days from passage.]

AN ACT to amend chapter sixteen of the code of West Virginia, one thousand nine hundred thirty-one, as amended, by adding thereto a new article, designated article five-m, relating to public health; creating the "Osteoporosis Prevention Education Act"; providing a short title; providing for the establishment of an osteoporosis prevention and treatment education program and the components thereof; requiring the bureau of public health to establish strategies to promote and maintain an osteoporosis prevention education program; establishing an interagency council on osteoporosis; appointing representatives; and establishing the duties of the council.

Be it enacted by the Legislature of West Virginia:

That chapter sixteen of the code of West Virginia, one thousand nine hundred thirty-one, as amended, be amended by adding thereto a new article, designated article five-m, to read as follows:

ARTICLE 5M. OSTEOPOROSIS PREVENTION EDUCATION ACT.

§16-5M-1. Short title.

- 1 This article may be known and cited as the "West
- 2 Virginia Osteoporosis Prevention Education Act."

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§16-5M-2. Responsibilities of bureau of public health.

1 (a) The bureau of public health shall establish 2 strategies to promote and maintain an osteoporosis 3 prevention education program in order to raise public 4 awareness, to educate consumers and to educate and train 5 health professionals, teachers and human service providers, 6 to include the following components:

7 (1) The bureau shall develop strategies for raising
8 public awareness of the causes and nature of osteoporosis,
9 personal risk factors, the value of prevention and early
10 detection and options for diagnosing and treating the
11 disease that include, but are not limited to, the following:

12 (A) Community forums;

13 (B) Health information and risk factor assessment atpublic events;

15 (C) Targeting at-risk populations;

16 (D) Providing reliable information to policymakers; 17 and

18 (E) Distributing information through county health 19 departments, schools, area agencies on aging, employer 20 wellness programs, physicians, hospitals, health mainte-21 nance organizations, women's groups, nonprofit organiza-22 tions, community-based organizations and departmental 23 offices;

(2) The bureau shall develop strategies for educating
consumers about risk factors, diet and exercise, diagnostic
procedures and their indications for use, risks and benefits
of drug therapies currently approved by the United States
food and drug administration, environmental safety and
injury prevention and the availability of self-help diagnostic, treatment and rehabilitation services;

(3) The bureau may develop strategies for educating
physicians and health professionals and training community service providers on the most up-to-date, accurate
scientific and medical information on osteoporosis prevention, diagnosis and treatment, therapeutic decisionmaking, including guidelines for detecting and treating

the disease in special populations, risks and benefits ofmedications and research advances;

39 (4) The bureau may conduct a needs assessment to40 identify:

41 (A) Research being conducted within the state;

42 (B) Available up-to-date technical assistance and 43 educational materials and programs nationwide;

44 (C) The level of public and professional awareness 45 about osteoporosis;

46 (D) The needs of osteoporosis patients, their families 47 and caregivers;

48 (E) The needs of health care providers, including 49 physicians, nurses, managed care organizations and other 50 health care providers;

51 (F) The services available to the osteoporosis patient;

52 (G) The existence of osteoporosis treatment pro-53 grams;

54 (H) The existence of osteoporosis support groups;

55 (I) The existence of rehabilitation services; and

56 (J) The number and location of bone density testing 57 equipment; and

58 (5) The bureau may replicate and use successful 59 osteoporosis programs and enter into contracts and 60 purchase materials or services from organizations with 61 appropriate expertise and knowledge of osteoporosis.

62 (b) Based on the needs assessment conducted pursuant 63 to this section, the bureau may develop and maintain a 64 resource guide to include osteoporosis related services. 65 This guide shall include a description of diagnostic testing procedures, appropriate indications for their use, drug 66 67 therapies currently approved by the United States food and drug administration, and a cautionary statement about 68 69 the current status of osteoporosis research, prevention and 70 treatment. The statement shall also indicate that the bureau Enr. Com. Sub. for H. B. 4198] 4

71 does not license, certify, or in any way approve72 osteoporosis programs or centers in the state.

(c) The bureau may promulgate rules in accordance
with the provisions of article three, chapter twenty-nine-a
of this code necessary to implement the provisions of this
article.

77 (d) Nothing in this article may be construed or 78 interpreted to mean that osteoporosis treatment or 79 osteoporosis education are required to be provided by the 80 bureau or the council created in section three of this 81 article. Nothing contained in this article may be construed 82 to mandate funding for osteoporosis education or any of 83 the programs contained in this article or to require any 84 appropriation by the Legislature.

§16-5M-3. Interagency council on osteoporosis.

1 (a) There is hereby established the interagency council 2 on osteoporosis. The director of public health shall chair 3 the council. The council shall have representatives from 4 appropriate state departments and agencies including, but 5 not limited to, the entities with responsibility for aging, 6 health care reform implementation, education, public 7 welfare and women's programs.

8 (b) The council shall:

9 (1) Coordinate osteoporosis programs conducted by 10 or through the bureau of public health;

11 (2) Establish a mechanism for sharing information on
12 osteoporosis among all officials and employees involved
13 in carrying out osteoporosis-related programs;

14 (3) Review and coordinate the most promising areas
15 of education, prevention and treatment concerning
16 osteoporosis;

17 (4) Assist the bureau of public health and other offices18 in developing and coordinating plans for education and19 health promotion on osteoporosis;

(5) Establish mechanisms to use the results of researchconcerning osteoporosis in the development of relevant

22 policies and programs; and

23 (6) Prepare a report that describes educational
24 initiatives on osteoporosis and transmit the report to the
25 Legislature and the governor and make the report
26 available to the public.

27 (c) The council shall establish and coordinate the 28 advisory panel on osteoporosis which will provide 29 nongovernmental input regarding the program. Member-30 ship shall include, but is not limited to, persons with 31 osteoporosis, public health educators, osteoporosis experts, 32 providers of osteoporosis health care, persons knowledge-33 able in health promotion and education and representa-34 tives of national osteoporosis organizations or their state 35 and regional affiliates.

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The Joint Committee on Enrolled Bills hereby certifies that the foregoing bill is correctly enrolled.

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Originating in the House.

Takes effect ninety days from passage. 10t Clerk of the Senate negacy n. Bion Clerk of the House of Delegates nli lof the Sendle President

Speaker of the House of Delegates

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