

SENATE BILL No. 759

September 20, 2005, Introduced by Senator BISHOP and referred to the Committee on Health Policy.

A bill to amend 1978 PA 368, entitled
"Public health code,"
(MCL 333.1101 to 333.25211) by adding part 55a.

THE PEOPLE OF THE STATE OF MICHIGAN ENACT:

PART 55A.

ARTHRITIS PREVENTION AND CONTROL

SEC. 5551. THIS PART SHALL BE KNOWN AND MAY BE CITED AS THE
"ARTHRITIS PREVENTION AND CONTROL ACT".

SEC. 5553. THE LEGISLATURE FINDS ALL OF THE FOLLOWING:

(A) THAT ARTHRITIS ENCOMPASSES MORE THAN 100 HUMAN DISEASES
AND CONDITIONS THAT AFFECT JOINTS, THE SURROUNDING TISSUES, AND
OTHER CONNECTIVE TISSUES.

(B) THAT, 1 OF THE MOST COMMON FAMILY OF DISEASES IN THE

1 UNITED STATES, ARTHRITIS AFFECTS NEARLY 1 OF EVERY 6 AMERICANS, AND
2 WILL IMPACT AN ESTIMATED 60,000,000 PEOPLE BY THE YEAR 2020.

3 (C) THAT ARTHRITIS IS THE LEADING CAUSE OF DISABILITY IN THE
4 UNITED STATES, AND LIMITS THE DAILY ACTIVITIES OF MORE THAN
5 7,000,000 PEOPLE IN THIS COUNTRY.

6 (D) THAT ALTHOUGH PREVAILING MYTHS INACCURATELY PORTRAY
7 ARTHRITIS AS A SENIOR CITIZEN'S DISEASE, ARTHRITIS IS A
8 MULTIGENERATIONAL DISEASE THAT HAS BECOME 1 OF THE COUNTRY'S MOST
9 PRESSING PUBLIC HEALTH PROBLEMS.

10 (E) THAT ARTHRITIS HAS A SIGNIFICANT IMPACT ON QUALITY OF
11 LIFE, NOT ONLY FOR THE INDIVIDUAL WHO EXPERIENCES ITS PAINFUL
12 SYMPTOMS AND RESULTING DISABILITY, BUT ALSO FOR FAMILY MEMBERS AND
13 CAREGIVERS.

14 (F) THAT ENORMOUS ECONOMIC AND SOCIAL COSTS ARE ASSOCIATED
15 WITH TREATING ARTHRITIS AND ITS COMPLICATIONS, ESTIMATED AT ALMOST
16 \$80,000,000,000.00 ANNUALLY.

17 (G) THAT CURRENTLY, THE CHALLENGE EXISTS TO ENSURE DELIVERY OF
18 EFFECTIVE, BUT OFTEN UNDERUTILIZED, INTERVENTIONS THAT ARE
19 NECESSARY IN THE PREVENTION OR REDUCTION OF ARTHRITIS-RELATED PAIN
20 AND DISABILITY.

21 (H) THAT ALTHOUGH THERE EXISTS A LARGE QUANTITY OF PUBLIC
22 INFORMATION AND PROGRAMS ABOUT ARTHRITIS, THE INFORMATION AND
23 PROGRAMS REMAIN INADEQUATELY DISSEMINATED AND INSUFFICIENT IN
24 ADDRESSING THE NEEDS OF SPECIFIC DIVERSE POPULATIONS AND OTHER
25 UNDERSERVED GROUPS.

26 (I) THAT THE ARTHRITIS FOUNDATION, THE CENTERS FOR DISEASE
27 CONTROL AND PREVENTION, AND THE ASSOCIATION OF STATE AND

1 TERRITORIAL HEALTH OFFICIALS HAVE LED THE DEVELOPMENT OF A PUBLIC
2 HEALTH STRATEGY, KNOWN AS THE NATIONAL ARTHRITIS ACTION PLAN, TO
3 RESPOND TO THIS CHALLENGE.

4 (J) THAT EDUCATING THE PUBLIC AND THE HEALTH CARE COMMUNITY
5 THROUGHOUT THE STATE ABOUT THIS DEVASTATING DISEASE IS OF PARAMOUNT
6 IMPORTANCE AND IS IN EVERY RESPECT IN THE PUBLIC INTEREST AND TO
7 THE BENEFIT OF ALL RESIDENTS OF THIS STATE.

8 SEC. 5555. THE PURPOSES OF THIS PART ARE AS FOLLOWS:

9 (A) TO CREATE AND FOSTER A STATEWIDE PROGRAM THAT PROMOTES
10 PUBLIC AWARENESS AND INCREASES KNOWLEDGE ABOUT THE CAUSES OF
11 ARTHRITIS, THE IMPORTANCE OF EARLY DIAGNOSIS AND APPROPRIATE
12 MANAGEMENT, EFFECTIVE PREVENTION STRATEGIES, AND PAIN PREVENTION
13 AND MANAGEMENT.

14 (B) TO DEVELOP KNOWLEDGE AND ENHANCE UNDERSTANDING OF
15 ARTHRITIS BY DISSEMINATING EDUCATIONAL MATERIALS, INFORMATION ON
16 RESEARCH RESULTS, SERVICES PROVIDED, AND STRATEGIES FOR PREVENTION
17 AND CONTROL TO PATIENTS, HEALTH PROFESSIONALS, AND THE PUBLIC.

18 (C) TO ESTABLISH A SOLID SCIENTIFIC BASE OF KNOWLEDGE ON THE
19 PREVENTION OF ARTHRITIS AND RELATED DISABILITY THROUGH
20 SURVEILLANCE, EPIDEMIOLOGY, AND PREVENTION RESEARCH.

21 (D) TO UTILIZE EDUCATIONAL AND TRAINING RESOURCES AND SERVICES
22 DEVELOPED BY ORGANIZATIONS WITH APPROPRIATE EXPERTISE AND KNOWLEDGE
23 OF ARTHRITIS AND TO USE AVAILABLE TECHNICAL ASSISTANCE.

24 (E) TO EVALUATE THE NEED FOR IMPROVING THE QUALITY AND
25 ACCESSIBILITY OF EXISTING COMMUNITY-BASED ARTHRITIS SERVICES.

26 (F) TO HEIGHTEN AWARENESS ABOUT THE PREVENTION, DETECTION, AND
27 TREATMENT OF ARTHRITIS AMONG STATE AND LOCAL HEALTH OFFICIALS,

1 HEALTH PROFESSIONALS AND OTHER HEALTH CARE PROVIDERS, AND POLICY
2 MAKERS.

3 (G) TO IMPLEMENT AND COORDINATE STATE AND LOCAL PROGRAMS AND
4 SERVICES TO REDUCE THE PUBLIC HEALTH BURDEN OF ARTHRITIS.

5 (H) TO ADEQUATELY FUND THE PROGRAMS DESCRIBED IN SUBDIVISION
6 (G) ON A STATE LEVEL.

7 (I) TO PROVIDE LASTING IMPROVEMENTS IN THE DELIVERY OF HEALTH
8 CARE FOR INDIVIDUALS WITH ARTHRITIS AND THEIR FAMILIES, THUS
9 IMPROVING THEIR QUALITY OF LIFE WHILE ALSO CONTAINING HEALTH CARE
10 COSTS.

11 SEC. 5557. THE DIRECTOR OF THE DEPARTMENT SHALL DO ALL OF THE
12 FOLLOWING:

13 (A) PROVIDE SUFFICIENT STAFF TO IMPLEMENT THE ARTHRITIS
14 PREVENTION AND CONTROL PROGRAM.

15 (B) PROVIDE APPROPRIATE TRAINING FOR THE STAFF OF THE
16 ARTHRITIS PREVENTION AND CONTROL PROGRAM.

17 (C) IDENTIFY THE APPROPRIATE ORGANIZATIONS TO CARRY OUT THE
18 PROGRAM.

19 (D) BASE THE PROGRAM ON THE MOST CURRENT SCIENTIFIC
20 INFORMATION AND FINDINGS.

21 (E) WORK TO INCREASE AND IMPROVE COMMUNITY-BASED SERVICES
22 AVAILABLE TO PEOPLE WITH ARTHRITIS AND THEIR FAMILY MEMBERS.

23 (F) WORK WITH GOVERNMENTAL OFFICES, NATIONAL VOLUNTARY HEALTH
24 ORGANIZATIONS AND THEIR LOCAL CHAPTERS, COMMUNITY AND BUSINESS
25 LEADERS, COMMUNITY ORGANIZATIONS, AND HEALTH CARE AND HUMAN SERVICE
26 PROVIDERS TO COORDINATE EFFORTS AND MAXIMIZE STATE RESOURCES IN THE
27 AREAS OF PREVENTION, EDUCATION, DETECTION, PAIN MANAGEMENT, AND

1 TREATMENT OF ARTHRITIS.

2 (G) IDENTIFY AND, WHEN APPROPRIATE, USE EVIDENCE-BASED
3 ARTHRITIS PROGRAMS AND OBTAIN RELATED MATERIALS AND SERVICES FROM
4 ORGANIZATIONS WITH APPROPRIATE EXPERTISE AND KNOWLEDGE OF
5 ARTHRITIS.

6 SEC. 5559. (1) THE DEPARTMENT SHALL ESTABLISH, PROMOTE, AND
7 MAINTAIN AN ARTHRITIS PREVENTION AND CONTROL PROGRAM IN ORDER TO
8 RAISE PUBLIC AWARENESS, EDUCATE CONSUMERS, EDUCATE AND TRAIN HEALTH
9 PROFESSIONALS, TEACHERS, AND HUMAN SERVICES PROVIDERS, AND FOR
10 OTHER PURPOSES.

11 (2) THE DEPARTMENT SHALL CONDUCT A NEEDS ASSESSMENT TO
12 IDENTIFY ALL OF THE FOLLOWING, AS IT RELATES TO ARTHRITIS:

13 (A) EPIDEMIOLOGICAL AND OTHER PUBLIC HEALTH RESEARCH BEING
14 CONDUCTED WITHIN THE STATE.

15 (B) AVAILABLE TECHNICAL ASSISTANCE AND EDUCATIONAL MATERIALS
16 AND PROGRAMS NATIONWIDE AND WITHIN THE STATE.

17 (C) THE LEVEL OF PUBLIC AND PROFESSIONAL ARTHRITIS AWARENESS.

18 (D) THE NEEDS OF PEOPLE IN THIS STATE WITH ARTHRITIS, THEIR
19 FAMILIES, AND CAREGIVERS.

20 (E) EDUCATIONAL AND SUPPORT SERVICE NEEDS OF HEALTH CARE
21 PROVIDERS, INCLUDING, BUT NOT LIMITED TO, PHYSICIANS, NURSES, AND
22 MANAGED CARE ORGANIZATIONS.

23 (F) THE SERVICES AVAILABLE TO A PERSON WITH ARTHRITIS.

24 (G) THE EXISTENCE OF ARTHRITIS TREATMENT, SELF-MANAGEMENT,
25 PHYSICAL ACTIVITY, AND OTHER EDUCATION PROGRAMS.

26 (H) THE EXISTENCE OF REHABILITATION SERVICES.

27 (3) THE DEPARTMENT SHALL ESTABLISH AND COORDINATE AN ADVISORY

1 PANEL ON ARTHRITIS THAT WILL PROVIDE NONGOVERNMENTAL INPUT
2 REGARDING THE ARTHRITIS PREVENTION AND CONTROL PROGRAM. MEMBERSHIP
3 SHALL INCLUDE, BUT IS NOT LIMITED TO, PERSONS WITH ARTHRITIS,
4 PUBLIC HEALTH EDUCATORS, MEDICAL EXPERTS ON ARTHRITIS, PROVIDERS OF
5 ARTHRITIS HEALTH CARE, PERSONS KNOWLEDGEABLE IN HEALTH PROMOTION
6 AND EDUCATION, AND REPRESENTATIVES OF NATIONAL ARTHRITIS
7 ORGANIZATIONS AND THEIR LOCAL CHAPTERS.

8 (4) THE DEPARTMENT SHALL USE, BUT IS NOT LIMITED TO,
9 STRATEGIES CONSISTENT WITH THE NATIONAL ARTHRITIS ACTION PLAN, THE
10 MICHIGAN ARTHRITIS ACTION PLAN, AND OTHER EXISTING STATE PLANNING
11 EFFORTS TO RAISE PUBLIC AWARENESS AND KNOWLEDGE ON THE CAUSES AND
12 NATURE OF ARTHRITIS, PERSONAL RISK FACTORS, VALUE OF PREVENTION AND
13 EARLY DETECTION, WAYS TO MINIMIZE PREVENTABLE PAIN, AND OPTIONS FOR
14 DIAGNOSING AND TREATING THE DISEASE.

15 (5) THE DEPARTMENT MAY REPLICATE AND USE SUCCESSFUL ARTHRITIS
16 PROGRAMS, ENTER INTO CONTRACTS, AND PURCHASE MATERIALS OR SERVICES
17 FROM ENTITIES WITH APPROPRIATE EXPERTISE FOR SUCH SERVICES AND
18 MATERIALS AS ARE NECESSARY TO CARRY OUT THE GOALS OF THE ARTHRITIS
19 PREVENTION AND CONTROL PROGRAM.

20 (6) THE DEPARTMENT MAY ENTER INTO AN AGREEMENT WITH 1 OR MORE
21 NATIONAL ORGANIZATIONS WITH EXPERTISE IN ARTHRITIS TO IMPLEMENT
22 PARTS OF THE ARTHRITIS PREVENTION AND CONTROL PROGRAM.

23 SEC. 5561. (1) THE DIRECTOR MAY ACCEPT GRANTS, SERVICES, AND
24 PROPERTY FROM THE FEDERAL GOVERNMENT AND FROM PRIVATE FOUNDATIONS,
25 ORGANIZATIONS, MEDICAL SCHOOLS, AND OTHER ENTITIES AS MAY BE
26 AVAILABLE FOR THE PURPOSES OF FULFILLING THE OBLIGATIONS OF THE
27 ARTHRITIS PREVENTION AND CONTROL PROGRAM.

1 (2) THE DIRECTOR SHALL SEEK A FEDERAL WAIVER OR WAIVERS THAT
2 MAY BE NECESSARY TO MAXIMIZE FUNDS RECEIVED FROM THE FEDERAL
3 GOVERNMENT TO IMPLEMENT THE ARTHRITIS PREVENTION AND CONTROL
4 PROGRAM.