
SUBSTITUTE SENATE BILL 6239

State of Washington

54th Legislature

1996 Regular Session

By Senate Committee on Ways & Means (originally sponsored by Senators Wojahn, Winsley, Thibaudeau, Loveland, Kohl, Long, Fairley, A. Anderson, Prentice, McAuliffe, Sheldon, Wood, Rinehart, Roach, Spanel, Hale, Drew, Franklin, Rasmussen, Snyder, Haugen, Fraser and Bauer)

Read first time 02/06/96.

1 AN ACT Relating to osteoporosis prevention and treatment education;
2 adding new sections to chapter 43.70 RCW; and creating a new section.

3 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF WASHINGTON:

4 NEW SECTION. **Sec. 1.** This act may be known and cited as the
5 "osteoporosis prevention and treatment education act."

6 NEW SECTION. **Sec. 2.** (1) The legislature hereby finds the
7 following:

8 (a) Osteoporosis, a bone-thinning disease, is a major public health
9 problem that poses a threat to the health and quality of life to as
10 many as twenty-five million Americans;

11 (b) The one and one-half million fractures each year that result
12 from osteoporosis cause pain, disability, immobility, and social
13 isolation, affecting quality of life and threatening people's ability
14 to live independently;

15 (c) Because osteoporosis progresses silently and without sensation
16 over many years and many cases remain undiagnosed, its first symptom is
17 often a fracture, typically of the hip, spine, or wrist;

1 (d) One of two women and one of five men will suffer an
2 osteoporotic fracture in their lifetimes;

3 (e) A woman's risk of hip fracture is equal to her combined risk of
4 breast, uterine, and ovarian cancer;

5 (f) The annual direct and indirect costs of osteoporosis to the
6 health care system are estimated to be as high as eighteen billion
7 dollars in 1993 and are expected to rise to sixty to eighty billion
8 dollars by the year 2020;

9 (g) Since osteoporosis progresses silently and currently has no
10 cure, prevention, early diagnosis, and treatment are key to reducing
11 the prevalence of and devastation from this disease;

12 (h) Although there exists a large quantity of public information
13 about osteoporosis, it remains inadequately disseminated and not
14 tailored to meet the needs of specific population groups;

15 (i) Most people, including physicians, health care providers, and
16 government agencies, continue to lack knowledge in the prevention,
17 detection, and treatment of the disease;

18 (j) Experts in the field of osteoporosis believe that with greater
19 awareness of the value of prevention among medical experts, service
20 providers, and the public, osteoporosis will be preventable and
21 treatable in the future, thereby reducing the costs of long-term care;

22 (k) Osteoporosis is a multigenerational issue because building
23 strong bones during youth and preserving them during adulthood may
24 prevent fractures in later life; and

25 (l) Educating the public and health care community throughout the
26 state about this potentially devastating disease is of paramount
27 importance and is in every respect in the public interest and to the
28 benefit of all residents of the state.

29 (2) The purposes of sections 2 through 10 of this act are to:

30 (a) Create and foster a multigenerational, state-wide program to
31 promote public awareness and knowledge about the causes of
32 osteoporosis, personal risk factors, the value of prevention and early
33 detection, and the options available for treatment;

34 (b) Facilitate and enhance knowledge and understanding of
35 osteoporosis by disseminating educational materials, information about
36 research results, services, and strategies for prevention and treatment
37 to patients, health professionals, and the public;

- 1 (c) Utilize educational and training resources and services that
2 have been developed by organizations with appropriate expertise and
3 knowledge of osteoporosis and to use available technical assistance;
- 4 (d) Evaluate existing osteoporosis services in the community and
5 assess the need for improving the quality and accessibility of
6 community-based services;
- 7 (e) provide easy access to clear, complete, and accurate
8 osteoporosis information and referral services;
- 9 (f) Educate and train service providers, health professionals, and
10 physicians;
- 11 (g) Heighten awareness about the prevention, detection, and
12 treatment of osteoporosis among state and local health and human
13 service officials, health educators, and policy makers;
- 14 (h) Coordinate state programs and services to address the issue of
15 osteoporosis;
- 16 (i) Promote the development of support groups for osteoporosis
17 patients and their families and caregivers;
- 18 (j) Adequately fund these programs; and
- 19 (k) Provide lasting improvements in the delivery of osteoporosis
20 health care, thus providing patients with an improved quality of life
21 and society with the containment of health care costs.

22 NEW SECTION. **Sec. 3.** The secretary shall:

- 23 (1) Provide sufficient staff to implement the osteoporosis
24 prevention and treatment education program;
- 25 (2) Provide appropriate training for staff of the osteoporosis
26 prevention and treatment education program;
- 27 (3) Identify the appropriate entities to carry out the program;
- 28 (4) Base the program on the most up-to-date scientific information
29 and findings;
- 30 (5) Work to improve the capacity of community-based services
31 available to osteoporosis patients;
- 32 (6) Work with governmental offices, community and business leaders,
33 community organizations, health care and human service providers, and
34 national osteoporosis organizations to coordinate efforts and maximize
35 state resources in the areas of prevention, education, and treatment of
36 osteoporosis; and
- 37 (7) Identify and when appropriate replicate or use successful
38 osteoporosis programs and procure related materials and services from

1 organizations with appropriate expertise and knowledge of osteoporosis,
2 as described in section 9 of this act.

3 NEW SECTION. **Sec. 4.** The department shall establish, promote, and
4 maintain an osteoporosis prevention and treatment education program as
5 an integral part of its health promotion and disease prevention efforts
6 in order to raise public awareness, educate consumers, educate and
7 train health professionals, teachers, and human service providers, and
8 for other purposes.

9 NEW SECTION. **Sec. 5.** Within available resources, the department
10 may use any of the following strategies for raising public awareness on
11 the causes and nature of osteoporosis, personal risk factors, value of
12 prevention and early detection, and options for diagnosing and treating
13 the disease:

14 (1) An outreach campaign utilizing print, radio, and television
15 public service announcements, advertisements, posters, and other
16 materials;

17 (2) Community forums;

18 (3) Health information and risk factor assessment at public events;

19 (4) Targeting at-risk populations;

20 (5) Providing reliable information to policy makers;

21 (6) Distributing information through county health departments,
22 schools, area agencies on aging, employer wellness programs,
23 physicians, hospitals and health maintenance organizations, women's
24 groups, nonprofit organizations, community-based organizations, and
25 departmental regional offices.

26 NEW SECTION. **Sec. 6.** Within available resources, the department
27 may use any of the following strategies for educating consumers about
28 risk factors, diet and exercise, diagnostic procedures and their
29 indications for use, risks, and benefits of drug therapies currently
30 approved by the United States food and drug administration,
31 environmental safety and injury prevention, and the availability of
32 diagnostic, treatment, and rehabilitation services:

33 (1) Identify and obtain educational materials including brochures
34 and videotapes which translate accurately the latest scientific
35 information on osteoporosis in easy-to-understand terms;

1 (2) Build a state-wide capacity to provide information and referral
2 on all aspects of osteoporosis, including educational materials and
3 counseling;

4 (3) Establish state linkage with an existing toll-free hotline for
5 consumers;

6 (4) Facilitate the development and maintenance of osteoporosis
7 support groups; and

8 (5) Conduct workshops and seminars for lay audiences.

9 NEW SECTION. **Sec. 7.** Within available resources, the department
10 may use any of the following strategies for educating physicians and
11 health professionals and training community service providers on the
12 most up-to-date, accurate scientific and medical information on
13 osteoporosis prevention, diagnosis, and treatment, therapeutic decision
14 making, including guidelines for detecting and treating the disease in
15 special populations, risks and benefits of medications, and research
16 advances:

17 (1) Identify and obtain educational materials for the professional
18 that translates the latest scientific and medical information into
19 clinical applications;

20 (2) Raise awareness among physicians and health and human services
21 professionals as to the importance of osteoporosis prevention, early
22 detection, treatment, and rehabilitation;

23 (3) Identify and use available curricula for training health and
24 human service providers and community leaders on osteoporosis
25 prevention, detection, and treatment;

26 (4) Provide workshops and seminars for in-depth professional
27 development in the field of the care and management of the patient with
28 osteoporosis; and

29 (5) Conduct a state-wide conference on osteoporosis at appropriate
30 intervals.

31 NEW SECTION. **Sec. 8.** (1) Within available resources, the
32 department may conduct a needs assessment to identify:

33 (a) Research being conducted within the state;

34 (b) Available technical assistance and educational materials and
35 programs nationwide;

36 (c) Levels of public and professional awareness about osteoporosis;

37 (d) Needs of osteoporosis patients, their families, and caregivers;

- 1 (e) Needs of health care providers, including physicians, nurses,
2 managed care organizations, and other health care providers;
- 3 (f) Services available to the osteoporosis patient;
- 4 (g) Existence of osteoporosis treatment programs;
- 5 (h) Existence of osteoporosis support groups;
- 6 (i) Existence of rehabilitation services; and
- 7 (j) Number and location of bone density testing equipment.

8 (2) Based on the needs assessment, the department shall develop and
9 maintain a list of osteoporosis-related services and osteoporosis
10 health care providers with specialization in services to prevent,
11 diagnose, and treat osteoporosis. This list must be disseminated with
12 a description of diagnostic testing procedures, appropriate indications
13 for their use, drug therapies currently approved by the United States
14 food and drug administration, and a cautionary statement about the
15 current status of osteoporosis research, prevention, and treatment.
16 The statement must also indicate that the department does not license,
17 certify, or in any way approve osteoporosis programs or centers in the
18 state.

19 NEW SECTION. **Sec. 9.** (1) The governor may assign an existing
20 interagency health policy group to function in part as an interagency
21 oversight council on osteoporosis.

22 (2) The council shall assist department of health efforts to:

23 (a) Coordinate osteoporosis programs;

24 (b) Establish a mechanism for sharing information on osteoporosis
25 among all officials and employees involved in carrying out
26 osteoporosis-related programs;

27 (c) Coordinate the most promising areas of education, prevention,
28 and treatment concerning osteoporosis;

29 (d) Assist other departments and offices in developing and
30 coordinating plans for education and health promotion on osteoporosis;

31 (e) Establish mechanisms to use the results of research concerning
32 osteoporosis in the development of relevant policies and programs; and

33 (f) Prepare a report that describes educational initiatives on
34 osteoporosis sponsored by the state and makes recommendations for new
35 educational initiatives on osteoporosis, and transmit the report to the
36 state legislature and make the report available to the public.

1 (3)(a) The department shall establish and coordinate an advisory
2 panel on osteoporosis that provides nongovernmental input regarding the
3 osteoporosis prevention and treatment education program.

4 (b) Membership on the advisory panel must include, but is not
5 limited to, persons with osteoporosis, women's health organizations,
6 public health educators, osteoporosis experts, providers of
7 osteoporosis health care, persons knowledgeable in health promotion and
8 education, and representatives of national osteoporosis organizations
9 or their state or regional affiliates.

10 NEW SECTION. Sec. 10. (1) The department may replicate and use
11 successful osteoporosis programs and either or both enter into
12 contracts and purchase materials or services from organizations with
13 appropriate expertise and knowledge of osteoporosis for such services
14 and materials as, but not limited to, the following:

- 15 (a) Educational information and materials on the causes,
16 prevention, detection, treatment, and management of osteoporosis;
17 (b) Training of staff;
18 (c) Physician and health care professional education and training
19 and clinical conferences;
20 (d) Conference organization and staffing;
21 (e) Regional office development and staffing;
22 (f) Nominations for advisory panels;
23 (g) Support group development;
24 (h) Consultation;
25 (i) Resource library facilities;
26 (j) Training home health aides and nursing home personnel; and
27 (k) Training teachers.

28 (2) The department may enter into an agreement or agreements to
29 work with a national organization or organizations with expertise in
30 osteoporosis to establish and staff an office or offices of that
31 organization in the state to implement parts of the osteoporosis
32 program.

33 NEW SECTION. Sec. 11. The secretary may accept grants, services,
34 and property from the federal government, foundations, organizations,
35 medical schools, and other entities as may be available for the
36 purposes of fulfilling the obligations of this program.

1 NEW SECTION. **Sec. 12.** The secretary shall seek any federal waiver
2 or waivers that may be necessary to maximize funds from the federal
3 government to implement this program.

4 NEW SECTION. **Sec. 13.** Sections 2 through 12 of this act are each
5 added to chapter 43.70 RCW.

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