

GENERAL ASSEMBLY OF NORTH CAROLINA

SESSION 1997

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HOUSE BILL 1716*

Short Title: Funds/Osteoporosis Task Force.

(Public)

Sponsors: Representatives Boyd-McIntyre; Russell (Cosponsors), Adams, Aldridge, Alexander, Blue, Bonner, Bowie, Capps, Clary, Cole, Creech, Davis, Dedmon, Earle, Easterling, Gamble, Goodwin, Grady, Gray, Hackney, Hall, Hardaway, Hightower, R. Hunter, Hurley, Insko, Jarrell, Jeffus, Luebke, McAllister, McMahan, Michaux, Mosley, Oldham, Preston, Saunders, Sexton, Sherrill, Sutton, Tolson, Wainwright, Warner, Watson, C. Wilson, Womble, and Wright.

Referred to: Appropriations.

June 1, 1998

A BILL TO BE ENTITLED

1 AN ACT TO APPROPRIATE FUNDS FOR THE CONTINUING WORK OF THE
2 OSTEOPOROSIS TASK FORCE.
3

4 The General Assembly of North Carolina enacts:

5 Section 1. Section 15.32 of S.L. 1997-443 reads as rewritten:

6 "Section 15.32. (a) ~~Of the funds appropriated in this act to the Department of~~
7 ~~Environment, Health, and Natural Resources, Division of Health Promotion, the sum of~~
8 ~~two hundred thousand dollars (\$200,000) for the 1997-98 fiscal year shall be allocated~~
9 ~~for the Osteoporosis Prevention Task Force created under this section. There is~~
10 appropriated from the General Fund to the Department of Health and Human Services,
11 Division of Community Health, the sum of two hundred twenty-five thousand dollars
12 (\$225,000) for the 1998-99 fiscal year for allocation to the Osteoporosis Task Force.

13 (b) ~~The North Carolina Osteoporosis Prevention Task Force is created in the~~
14 ~~Division of Health Promotion, Department of Environment, Health, and Natural~~
15 ~~Resources. Community Health, Department of Health and Human Services.~~

1 ~~(e) The Task Force shall have 25 members. The Governor shall appoint the Chair,~~
2 ~~and the Vice Chair shall be elected by the Task Force. The Director of the Division of~~
3 ~~Health Promotion in the Department of Environment, Health, and Natural Resources,~~
4 ~~Community Health, Department of Health and Human Services, the Director of the~~
5 ~~Division of Medical Assistance in the Department of Human Resources, Health and~~
6 ~~Human Services, and the Director of the Division of Aging in the Department of Human~~
7 ~~Resources, Health and Human Services, or their designees, shall be members of the Task~~
8 Force. Appointments to the Task Force shall be made as follows:

9 (1) By the President Pro Tempore of the Senate, as follows:

- 10 a. Two members of the Senate;
11 b. A representative of a women's health organization;
12 c. A local health director;
13 d. A certified health educator;
14 e. A representative of the North Carolina Association of Area
15 Agencies on Aging; and
16 f. A person with osteoporosis.

17 (2) By the Speaker of the House of Representatives, as follows:

- 18 a. Two members of the House of Representatives;
19 b. A county commissioner;
20 c. A licensed dietitian/nutritionist;
21 d. A pharmacist;
22 e. A registered nurse; and
23 f. A person with osteoporosis.

24 (3) By the Governor, as follows:

- 25 a. A practicing family physician, rheumatologist, or
26 endocrinologist;
27 b. A president or chief executive officer of a business upon
28 recommendation of a North Carolina wellness council which is a
29 member of the Wellness Councils of America;
30 c. A news director of a newspaper or television or radio station;
31 d. A representative of a North Carolina affiliate of the National
32 Osteoporosis Foundation;
33 e. A representative from the North Carolina Cooperative Extension
34 Service;
35 f. A representative of the Governor's Council on Physical Fitness
36 and Health; and
37 g. Two members at large.

38 (d) Each appointing authority shall assure insofar as possible that its appointees to
39 the Task Force reflect the composition of the North Carolina population with regard to
40 ethnic, racial, age, gender, and religious composition.

41 (e) The General Assembly and the Governor shall make their appointments to the
42 Task Force not later than 30 days after the adjournment of the 1997 General Assembly,

1 Regular Session 1998. A vacancy on the Task Force shall be filled by the original
2 appointing authority, using the criteria set out in this section for the original appointment.

3 (f) The Task Force shall meet at least quarterly or more frequently at the call of
4 the Chair.

5 (g) The Task Force Chair may establish committees for the purpose of making
6 special studies pursuant to its duties and may appoint non-Task Force members to serve
7 on each committee as resource persons. Resource persons shall be voting members of the
8 committees and shall receive subsistence and travel expenses in accordance with G.S.
9 138-5 and G.S. 138-6. Committees may meet with the frequency needed to accomplish
10 the purposes of this section.

11 (h) Members of the Task Force shall receive per diem and necessary travel and
12 subsistence expenses in accordance with G.S. 120-3.1, 138-5, and 138-6, as applicable.

13 (i) A majority of the Task Force shall constitute a quorum for the transaction of its
14 business.

15 (j) The Task Force may use funds allocated to it to establish one and one-half full-
16 time limited position positions and for other expenditures needed to assist the Task Force
17 in carrying out its duties.

18 (k) The Osteoporosis Prevention Task Force has the following duties:

19 ~~(1) To undertake a statistical and qualitative examination of the incidence~~
20 ~~of and causes of osteoporosis deaths and risks, including identification~~
21 ~~of subpopulations at highest risk for developing osteoporosis, and~~
22 ~~establish a profile of the osteoporosis burden in North Carolina.~~

23 ~~(2) To raise public awareness on the causes and nature of osteoporosis,~~
24 ~~personal risk factors, value of prevention and early detection, and~~
25 ~~options for diagnosing and treating the disease.~~

26 ~~(3) To identify priority strategies which are effective in preventing and~~
27 ~~controlling risks for osteoporosis, and in diagnosing and treating~~
28 ~~osteoporosis.~~

29 ~~(4) To identify, examine limitations of, and recommend to the Governor~~
30 ~~and the General Assembly changes to existing laws, regulations,~~
31 ~~programs, services, and policies to enhance osteoporosis prevention,~~
32 ~~diagnosis, and treatment for the people of North Carolina.~~

33 ~~(5) To determine and recommend to the Governor and the General~~
34 ~~Assembly the funding and strategies needed to enact new or to modify~~
35 ~~existing laws, regulations, programs, services, and policies to enhance~~
36 ~~osteoporosis prevention, diagnosis, and treatment for the people of~~
37 ~~North Carolina.~~

38 ~~(6) To develop a statewide comprehensive Osteoporosis Prevention Plan,~~
39 ~~and strategies for Plan implementation and for promoting the Plan to the~~
40 ~~general public, State and local elected officials, various public and~~
41 ~~private organizations and associations, businesses and industries,~~
42 ~~agencies, potential funding sources, and other community resources.~~

- 1 ~~(7)~~ ~~To identify strategies to facilitate specific commitments to help~~
2 ~~implement the Plan from the entities listed in subdivision (6) above.~~
- 3 (1a) To educate physicians and health and aging professionals on
4 osteoporosis epidemiology, pathogenesis, prevention and treatment; on
5 sources of information and assistance; on screening and diagnosis; and
6 on the psychological and sociological impact of osteoporosis on
7 families, communities, and the State.
- 8 (2a) To provide a multistrategy consumer education program including
9 workshops to inform, stimulate, and enable all age groups to take action
10 against osteoporosis.
- 11 (3a) To raise public awareness, knowledge, and understanding across the
12 State about osteoporosis risk factors, prevention, diagnosis, and disease
13 management.
- 14 (4a) To develop a statewide media campaign and education program that can
15 be delivered through local health departments.
- 16 (85a) To facilitate coordination of and communication among State and local
17 agencies and organizations regarding current or future involvement in
18 achieving the aims of the Osteoporosis Prevention Plan.
- 19 (96a) To receive and consider reports and testimony from individuals, local
20 health departments, community-based organizations, voluntary health
21 organizations, and other public and private organizations statewide, to
22 learn more about their contributions to osteoporosis diagnosis,
23 prevention, and treatment, and their ideas for improving osteoporosis
24 prevention, diagnosis, and treatment in North Carolina.
- 25 (l) The Task Force shall submit a progress report to the Joint Legislative
26 Commission on Governmental Operations, the Governor, and the Fiscal Research
27 Division not later than April 1, ~~1998~~-1999. The progress report shall address:
- 28 (1) Progress being made in fulfilling the duties of the Task Force ~~and in~~
29 ~~developing the Osteoporosis Prevention Plan, Force, and~~
- 30 (2) ~~The anticipated time frame for completion of the Prevention Plan, and~~
- 31 (3) Recommended strategies or actions to reduce the occurrence of and
32 burdens suffered from osteoporosis by citizens of this State.
- 33 The Task Force shall submit its final report to the 1999 General Assembly, the Governor,
34 and the Fiscal Research Division not later than October 1, 1999.
- 35 (m) Upon submission of its final report to the Governor and the 1999 General
36 Assembly, the Task Force shall expire."
- 37 Section 2. This act becomes effective July 1, 1998.