

ARTHRITIS PREVENTION AND CONTROL ACT

Mitchell Bean, Director
Phone: (517) 373-8080
<http://www.house.mi.gov/hfa>

House Bill 5123

Sponsor: Rep. Leslie Mortimer

Committee: Health Policy

Complete to 5-22-06

A SUMMARY OF HOUSE BILL 5123 AS INTRODUCED 9-6-05

The bill would add a new Part 55A, entitled "Arthritis Prevention and Control," to the Public Health Code. The bill would be known and cited as *the Michigan Arthritis Prevention and Control Act*. Modeled after a national initiative to address the growing numbers of people diagnosed with arthritis, the economic impact of the disease, and the need for effective preventive and treatment measures, the bill contains several legislative findings, sets forth the act's purpose, and prescribes duties for the Department of Community Health and its director.

Legislative Findings. Many of the legislative findings mirror language in the Executive Summary of the *National Arthritis Action Plan: A Public Health Strategy* developed by the Arthritis Foundation, the Association of State and Territorial Health Officials, and the Centers for Disease Control and Prevention. The findings include information that arthritis is the leading cause of disability in the U.S., affects one in six people, and that existing information and programs about arthritis remain inadequately disseminated and insufficient in addressing the needs of specific diverse populations and other underserved groups. With economic and social costs associated with treating arthritis and its complications estimated at \$80 billion annually, the findings specify that educating the public and the health care community throughout the state about the disease is of paramount importance and is in the public interest and to the benefit of all state residents.

Purposes of the act. Purposes detailed in the bill include the need to create a statewide program promoting public awareness and increasing knowledge about the causes of arthritis, the importance of early diagnosis and appropriate management, effective prevention strategies, and pain prevention and management. Other stated purposes include the need for greater dissemination of educational materials; strategies for building a solid scientific base of knowledge on the prevention of arthritis and related disability; increasing awareness about the prevention, detection, and treatment of arthritis among state and local health officials, health professionals, and policy makers; reducing the public burden of arthritis by implementing and coordinating state and local programs and services; and adequately funding the programs described in the purpose section of the bill.

Duties of the DCH director. Among many duties detailed in the bill, the director would have to provide sufficient staff, and provide training for the staff, to implement the Arthritis Prevention and Control Program; identify appropriate organizations to carry out

the program; increase and improve community-based services available for those afflicted with arthritis and their families; and work with public and private entities to coordinate efforts and maximize state resources in the areas of prevention, education, detection, pain management, and treatment of arthritis.

In addition, the director could accept grants, services, and property from the federal government and various public and private entities, such as medical schools, for the purposes of fulfilling the obligations of the program. The director would also have to seek a federal waiver or waivers as necessary to maximize federal funds received to implement the Arthritis Prevention and Control Program.

Duties of the Department of Community Health. In order to raise public awareness; educate consumers; and educate and train health professionals, teachers, and human services providers, among others, the DCH would have to establish, promote, and maintain the Arthritis Prevention and Control Program. In addition, the DCH would have to do the following.

- Conduct a needs assessment to identify arthritis research being conducted within the state; available technical assistance and educational materials and programs, the level of public and private awareness of arthritis; the needs of those with arthritis (and their families); the educational and support service needs of health providers; available services for those afflicted with arthritis; and the existence of arthritis treatment, self-management, physical activity, and other education programs and rehabilitation services.
- Establish and coordinate an advisory panel on arthritis that would provide nongovernmental input regarding the program.
- Use strategies consistent with the National Arthritis Action Plan, the Michigan Arthritis Action Plan, and other state planning efforts to raise public awareness on the causes and nature of arthritis, personal risk factors, value of prevention and early detection, ways to minimize preventable pain, and options for diagnosing and treating the disease.

The department could replicate and use successful arthritis programs, enter contracts, and purchase materials or services from entities with the appropriate expertise necessary to carry out the goals of the Arthritis Prevention and Control Program. The department could also enter into an agreement with one or more national organizations with expertise in arthritis to implement parts of the program.

FISCAL IMPACT:

House Bill 5123, as introduced, has fiscal implications for the Department of Community Health (DCH). The establishment of a statewide program and staff, an advisory panel, implementation and coordination of state and local services, performance of a needs assessment, and the stated goals and responsibilities of the state in the bill may require an

additional state financial commitment, which must be adequate as stated in Sec. 5555 (h) of the bill.

In the current fiscal year the Department finances a Michigan Arthritis Initiative program with \$772,500 of federal grant funds for arthritis and lupus programs and \$105,000 of state general funds. Current funds support 2 state positions and contracts to work toward implementation of program objectives and federal grant requirements.

The current program obligations are not incompatible with the bill's stated objectives; however, federal funding could fluctuate. Additional state funding would be necessary to implement the bill's comprehensive provisions in a timely manner. If federal funding declines, state funds may be needed to replace the lost federal funds and sustain current program efforts.

Legislative Analyst: Susan Stutzky
Fiscal Analyst: Susan Frey

■ This analysis was prepared by nonpartisan House staff for use by House members in their deliberations, and does not constitute an official statement of legislative intent.