

**GENERAL ASSEMBLY OF NORTH CAROLINA**  
**SESSION 2003**

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**HOUSE BILL 1560\***

Short Title: Osteoporosis Education Program. (Public)

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Sponsors: Representatives Insko, B. Allen (Primary Sponsors); L. Allen, Farmer-Butterfield, Fisher, Glazier, Jones, Luebke, McLawhorn, Parmon, Wainwright, Warren, and Weiss.

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Referred to: Health.

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May 20, 2004

A BILL TO BE ENTITLED

1  
2 AN ACT TO ESTABLISH THE OSTEOPOROSIS PREVENTION, TREATMENT,  
3 AND DIAGNOSIS PROGRAM IN THE DEPARTMENT OF HEALTH AND  
4 HUMAN SERVICES.

5       Whereas, osteoporosis, a bone-weakening disease, is a major public health  
6 problem that poses a threat to the health and quality of life for as many as 44 million  
7 Americans, 10 million already have the disease and 34 million have osteopenia or low  
8 bone mass and are at risk; and

9       Whereas, nearly 1.27 million North Carolinians are estimated to have  
10 osteoporosis or osteopenia; and

11       Whereas, osteoporosis is responsible for more than 1.5 million fractures a  
12 year, including 300,000 hip fractures, 250,000 wrist fractures, and 300,000 fractures at  
13 other sites, which cause pain, disability, immobility, and social isolation; and

14       Whereas, because osteoporosis progresses without symptoms or notice until a  
15 fracture occurs, prevention, early diagnosis, and treatment are the key to reducing the  
16 prevalence and devastation from this disease; and

17       Whereas, one in two women and one in four men over 50 will have an  
18 osteoporosis-related fracture; and

19       Whereas, the estimated national direct expenditures (hospitals and nursing  
20 homes) for osteoporotic and associated fractures were \$17 billion in 2001, equaling a  
21 cost of \$47 million each day; and

22       Whereas, the medical costs associated with osteoporosis in North Carolina  
23 totaled \$455 million in 2002 and are expected to increase to \$514 million by 2005; and

24       Whereas, although a large body of public information exists from various  
25 sources about osteoporosis, it is often inadequately disseminated and not tailored to  
26 meet the needs of specific population groups; and

1 Whereas, many people, including physicians, health providers, government  
2 agencies, and health and aging professionals, remain uninformed about the prevention,  
3 detection, and treatment of the disease; and

4 Whereas, osteoporosis experts believe that a greater awareness of the value of  
5 prevention among physicians, health providers, government agencies, professionals in  
6 the fields of health and aging, and the general public will reduce occurrences of the  
7 disease, thereby reducing the costs of long-term care; and

8 Whereas, osteoporosis is a multigenerational issue in that building strong  
9 bones during childhood and early adolescence may prevent fractures later in life; and

10 Whereas, educating the public and health care community throughout the  
11 State about this potentially devastating disease is of great importance and benefit to the  
12 residents of North Carolina; Now, therefore,  
13 The General Assembly of North Carolina enacts:

14 **SECTION 1.** Article 7 of Chapter 130A of the General Statutes is amended  
15 by adding the following new Part to read:

16 "Part 6. Osteoporosis.

17 **"§ 130A-224. Department to establish program.**

18 (a) The Department shall establish and administer a program for the prevention  
19 and diagnosis of osteoporosis and for the care and treatment of persons with  
20 osteoporosis. The purposes of the program shall include:

21 (1) Developing public awareness of the causes and nature of osteoporosis,  
22 personal risk factors, value of prevention and early detection, and  
23 options for diagnosing and treating the disease.

24 (2) Educating consumers about risk factors, diet and exercise, diagnostic  
25 procedures and their indications for use, risks and benefits of drug  
26 therapies currently approved by the U.S. Food and Drug  
27 Administration, environmental safety and injury prevention, and the  
28 availability of self-help diagnostic, treatment, and rehabilitation  
29 services.

30 (3) Training and educating physicians and other professionals in the areas  
31 of health and aging on the most accurate scientific and medical  
32 information for osteoporosis prevention, diagnosis, and treatment,  
33 therapeutic decision making, which can include the guidelines for  
34 detecting and treating the disease in special populations, risks and  
35 benefits of medications, and research advances.

36 (4) Utilizing resources and materials from other organizations with  
37 expertise in the osteoporosis field.

38 (b) The Commission may adopt rules necessary to implement the program."

39 **SECTION 2.** This act becomes effective October 1, 2004.