

By Representative Littlefield

1                                   A bill to be entitled  
2           An act relating to arthritis prevention and  
3           control; creating s. 385.210, F.S.; creating  
4           the "Arthritis Prevention and Control Act";  
5           providing legislative findings; providing  
6           purposes; directing the Department of Health to  
7           establish an arthritis prevention and control  
8           program; requiring the department to conduct a  
9           needs assessment; providing for establishment  
10          of an advisory panel on arthritis; providing  
11          for implementation of a public awareness  
12          effort; providing for funding through  
13          contributions; directing the Secretary of  
14          Health to seek federal waivers as necessary to  
15          maximize federal funding; providing an  
16          effective date.

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18 Be It Enacted by the Legislature of the State of Florida:

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20           Section 1. Section 385.210, Florida Statutes, is  
21          created to read:

22           385.210 Arthritis prevention and control.--

23           (1) SHORT TITLE.--This act may be cited as the  
24 "Arthritis Prevention and Control Act."

25           (2) LEGISLATIVE FINDINGS.--The Legislature finds the  
26 following:

27           (a) Arthritis encompasses more than 100 diseases and  
28 conditions that affect joints, the surrounding tissues, and  
29 other connective tissues.

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1       (b) Arthritis is the leading cause of disability in  
2 the United States, limiting daily activities for more than 7  
3 million citizens.

4       (c) This disease has a significant impact on quality  
5 of life, not only for the individual who experiences its  
6 painful symptoms and resulting disability, but also for family  
7 members and caregivers.

8       (d) There are enormous economic and social costs  
9 associated with treating arthritis and its complications,  
10 which are estimated at almost \$80 billion annually in the  
11 United States.

12       (e) Currently, the challenge exists to ensure delivery  
13 of effective, but often underutilized, interventions that are  
14 necessary in the prevention or reduction of arthritis-related  
15 pain and disability.

16       (f) Although there exists a large quantity of public  
17 information about arthritis, such information remains  
18 inadequately disseminated and insufficient in addressing the  
19 needs of specific diverse populations and other underserved  
20 groups.

21       (g) The Arthritis Foundation, Florida Chapter, the  
22 Centers for Disease Control and Prevention, and the  
23 Association of State and Territorial Health Officials have led  
24 the development of a public health strategy, the National  
25 Arthritis Action Plan, to respond to this challenge.

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

30       (3) PURPOSES.--The purposes of this section are to:  
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- 1       (a) Create and foster a statewide program that  
2 promotes public awareness and increases knowledge about the  
3 causes of arthritis, the importance of early diagnosis and  
4 appropriate management, effective prevention strategies, and  
5 pain prevention and management.
- 6       (b) Develop knowledge and enhance understanding of  
7 arthritis by disseminating educational materials and  
8 information on research results, services provided, and  
9 strategies for prevention and control to patients, health  
10 professionals, and the public.
- 11       (c) Establish a solid scientific base of knowledge on  
12 the prevention of arthritis and related disabilities through  
13 surveillance, epidemiology, and prevention research.
- 14       (d) Utilize educational and training resources and  
15 services developed by organizations with appropriate expertise  
16 and knowledge of arthritis and to use available technical  
17 assistance.
- 18       (e) Evaluate the need for improving the quality and  
19 accessibility of existing community-based arthritis services.
- 20       (f) Heighten awareness among state and local health  
21 and human services officials, health professionals and  
22 providers, and policymakers about the prevention, detection,  
23 and treatment of arthritis.
- 24       (g) Implement and coordinate state and local programs  
25 and services to reduce the public health burden of arthritis.
- 26       (h) Provide lasting improvements in the delivery of  
27 health care for individuals with arthritis and their families,  
28 thus improving their quality of life while also containing  
29 health care costs.
- 30       (4) ARTHRITIS PREVENTION AND CONTROL PROGRAM.--  
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1       (a) Program establishment.--The Department of Health  
2 shall establish, promote, and maintain an arthritis prevention  
3 and control program to raise public awareness, educate  
4 consumers, and educate and train health professionals,  
5 teachers, and human services providers, and for other purposes  
6 as provided in this section.

7       (b) Needs assessment.--The department shall conduct a  
8 needs assessment to identify:

9           1. Epidemiological and other research on arthritis  
10 being conducted within the state.

11           2. Available technical assistance and educational  
12 materials and programs on arthritis nationwide and within the  
13 state.

14           3. The level of public and professional awareness of  
15 arthritis.

16           4. The needs of people with arthritis, their families,  
17 and caregivers.

18           5. The educational and support service needs of health  
19 care providers, including physicians, nurses, and managed care  
20 organizations.

21           6. The services available to persons with arthritis.

22           7. The existence of arthritis treatment,  
23 self-management, physical activity, and other education  
24 programs.

25           8. The existence of rehabilitation services.

26       (c) Advisory panel on arthritis.--The department shall  
27 establish and coordinate an advisory panel on arthritis to  
28 provide nongovernmental input regarding the arthritis  
29 prevention and control program. Membership shall include, but  
30 is not limited to, persons with arthritis, public health  
31 educators, medical experts on arthritis, providers of

1 arthritis health care, persons knowledgeable in health  
2 promotion and education, and representatives of national  
3 arthritis organizations and their local chapters.

4 (d) Public awareness.--The department shall use, but  
5 is not limited to, strategies consistent with the National  
6 Arthritis Action Plan and existing state planning efforts to  
7 raise public awareness and knowledge on the causes and nature  
8 of arthritis, personal risk factors, the value of prevention  
9 and early detection, ways to minimize preventable pain, and  
10 options for diagnosing and treating the disease.

11 (5) FUNDING.--

12 (a) Contributions.--The Secretary of Health may accept  
13 grants, services, and property from the Federal Government,  
14 foundations, organizations, medical schools, and other  
15 entities as may be available for the purposes of fulfilling  
16 the obligations of this program.

17 (b) Federal waivers.--The secretary shall seek any  
18 federal waiver or waivers that may be necessary to maximize  
19 funds from the Federal Government to implement this program.

20 Section 2. This act shall take effect upon becoming a  
21 law.

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23 HOUSE SUMMARY

24  
25 Creates the "Arthritis Prevention and Control Act."  
26 Provides legislative findings and purposes. Directs the  
27 Department of Health to establish an arthritis prevention  
28 and control program and to conduct a needs assessment.  
29 Provides for establishment of a nongovernmental advisory  
30 panel on arthritis to provide input regarding the  
31 program. Directs the department to implement a public  
awareness effort. Provides for funding of the program  
through contributions from public and private entities.  
Directs the Secretary of Health to seek federal waivers  
as necessary to maximize federal funding for the program.