

House Bill 1119

By: Representatives Harbin of the 118<sup>th</sup>, Keen of the 179<sup>th</sup>, Lindsey of the 54<sup>th</sup>, Rynders of the 152<sup>nd</sup>, and Kaiser of the 59<sup>th</sup>

A BILL TO BE ENTITLED  
AN ACT

1 To amend Title 31 of the Official Code of Georgia Annotated, relating to health, so as to  
2 provide for a short title; to provide for legislative findings and purposes; to provide for the  
3 development and implementation of an arthritis prevention and control program; to provide  
4 for related matters; to repeal conflicting laws; and for other purposes.

5 BE IT ENACTED BY THE GENERAL ASSEMBLY OF GEORGIA:

6 style="text-align:center">**SECTION 1.**

7 This Act shall be known and may be cited as the "Georgia Arthritis Prevention and Control  
8 Act."

9 style="text-align:center">**SECTION 2.**

10 The General Assembly finds that:

- 11 (1) Arthritis encompasses more than 100 diseases and conditions that affect joints, the  
12 surrounding tissues, and other connective tissues;
- 13 (2) As one of the most common family of diseases in the United States, arthritis affects  
14 nearly one of every five Americans and will impact an estimated 67 million people by the  
15 year 2030;
- 16 (3) Arthritis is the most common cause of disability in the United States, limiting daily  
17 activities for more than 17.4 million citizens;
- 18 (4) Although prevailing myths inaccurately portray arthritis as an old person's disease,  
19 arthritis is a multigenerational disease that has become one of this country's most pressing  
20 public health problems;
- 21 (5) This disease has a significant impact on quality of life, not only for the individual who  
22 experiences its painful symptoms and resulting disability, but also for family members and  
23 caregivers;
- 24 (6) Compounding this picture are the enormous economic and social costs associated with  
25 treating arthritis and its complications; in 2003, the costs were \$127.3 billion with \$80.8

26 billion and \$47 billion attributable to medical care expenditures and lost earnings,  
27 respectively; \$3.9 billion of that was the cost in Georgia;

28 (7) Currently, the challenge exists to ensure delivery of effective, but often underutilized,  
29 interventions that are necessary in the prevention or reduction of arthritis related pain and  
30 disability;

31 (8) Although there exists a large quantity of public information and programs about  
32 arthritis, it remains inadequately disseminated and insufficient in addressing the needs of  
33 specific diverse populations and other underserved groups;

34 (9) The Arthritis Foundation, the Centers for Disease Control and Prevention, and the  
35 Association of State and Territorial Health Officials have led in the development of a  
36 public health strategy, the National Arthritis Action Plan, to respond to this challenge; and

37 (10) Educating the public and health care community throughout this state about this  
38 devastating disease is of paramount importance and is in every aspect in the public interest  
39 and to the benefit of all residents of the State of Georgia.

### 40 **SECTION 3.**

41 The General Assembly finds that the purposes of this Act are to:

42 (1) Create and foster a state-wide program that promotes public awareness and increases  
43 knowledge about the causes of arthritis, the importance of early diagnosis and appropriate  
44 management, effective prevention strategies, and pain prevention and management;

45 (2) Develop knowledge and enhance understanding of arthritis by disseminating  
46 educational materials, information on research results, services provided, and strategies for  
47 prevention and control to patients, health professionals, and the public;

48 (3) Establish a solid scientific base of knowledge on the prevention of arthritis and related  
49 disabilities through surveillance, epidemiology, and prevention research;

50 (4) Utilize educational and training resources and services developed by organizations  
51 with appropriate expertise and knowledge of arthritis and use available technical assistance;

52 (5) Evaluate the need for improving the quality and accessibility of existing community  
53 based arthritis services;

54 (6) Heighten awareness about the prevention, detection, and treatment of arthritis among  
55 state and local health and human officials, health professionals and providers, and policy  
56 makers;

57 (7) Implement and coordinate state and local programs and services to reduce the public  
58 health burden of arthritis;

59 (8) Fund adequately these programs on a state level; and

60 (9) Provide lasting improvements in the delivery of health care for individuals with  
 61 arthritis and their families, thus improving their quality of life while also containing health  
 62 care costs.

63 **SECTION 4.**

64 Title 31 of the Official Code of Georgia Annotated, relating to health, is amended by adding  
 65 a new chapter to read as follows:

66 "CHAPTER 47

67 31-47-1.

68 (a) The Department of Community Health shall establish, promote, and maintain an  
 69 'Arthritis Prevention and Control Program' in order to raise public awareness, educate  
 70 consumers, educate and train health professionals, teachers, and human services providers,  
 71 and for other purposes.

72 (b) As a part of the 'Arthritis Prevention and Control Program,' the Department of  
 73 Community Health shall periodically conduct a needs assessment to identify:

74 (1) Epidemiological and other public health research being conducted within this state;

75 (2) Available technical assistance and educational materials and programs nation-wide  
 76 and within this state;

77 (3) The level of public and professional arthritis awareness;

78 (4) The needs of people with arthritis, their families, and caregivers;

79 (5) Educational and support service needs of health care providers, including physicians,  
 80 nurses, managed care organizations, and other health care providers;

81 (6) The services available to a person with arthritis;

82 (7) The existence of arthritis treatment, self-management, physical activity, and other  
 83 educational programs; and

84 (8) The existence of rehabilitation services.

85 (c) The Department of Community Health shall establish and coordinate an advisory panel  
 86 on arthritis which shall provide nongovernmental input regarding the 'Arthritis Prevention  
 87 and Control Program.' Membership shall include, but shall not be limited to, persons with  
 88 arthritis, public health educators, medical experts on arthritis, providers of arthritis health  
 89 care, persons knowledgeable in health promotion and education, and representatives of  
 90 national arthritis organizations and their local chapters.

91 (d) The Department of Community Health shall use, but shall not be limited to, strategies  
 92 consistent with the National Arthritis Action Plan and existing state planning efforts to  
 93 raise public awareness and knowledge about the causes and nature of arthritis, personal risk

94 factors, the value of prevention and early detection, ways to minimize preventable pain,  
 95 and options for diagnosing and treating the disease.

96 (e)(1) Subject to appropriation, the Department of Community Health may replicate and  
 97 use successful arthritis programs and enter into contracts and purchase materials or  
 98 services from entities with appropriate expertise for such services and materials as are  
 99 necessary to carry out the goals of the 'Arthritis Prevention and Control Program.'

100 (2) Subject to appropriation, the Department of Community Health may enter into  
 101 agreements with national organizations with expertise in arthritis to implement parts of  
 102 the 'Arthritis Prevention and Control Program.'

103 31-47-2.

104 The commissioner of community health shall:

105 (1) Provide sufficient staff to implement the 'Arthritis Prevention and Control Program';

106 (2) Provide appropriate training for staff of the 'Arthritis Prevention and Control  
 107 Program';

108 (3) Identify the appropriate organizations to carry out the program;

109 (4) Base the program on the most current scientific information and findings;

110 (5) Work to increase and improve community based services available to people with  
 111 arthritis and their family members;

112 (6) Work with governmental offices, national voluntary health organizations and their  
 113 local chapters, community and business leaders, community organizations, and health  
 114 care and human service providers to coordinate efforts and maximize state resources in  
 115 the areas of prevention, education, detection, pain management, and treatment of arthritis;

116 and

117 (7) Identify and, when appropriate, use evidence based arthritis programs and obtain  
 118 related materials and services from organizations with appropriate expertise and  
 119 knowledge of arthritis.

120 31-47-3.

121 (a) The commissioner of community health may accept grants, services, and property from  
 122 the federal government, foundations, organizations, medical schools, and other entities as  
 123 may be available for the purposes of fulfilling the obligations of this chapter.

124 (b) The commissioner of community health shall seek any federal waiver or waivers that  
 125 may be necessary to maximize funds from the federal government to implement this  
 126 chapter."

127

**SECTION 5.**

128 All laws and parts of laws in conflict with this Act are repealed.