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HB 4685

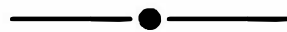
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2006 APR -4 P 2: 24

OFFICE WEST VIRGINIA
SECRETARY OF STATE

WEST VIRGINIA LEGISLATURE

SECOND REGULAR SESSION, 2006



ENROLLED

House Bill No. 4685

(By Delegates Leach, Morgan, Perdue and Long)



Passed March 11, 2006

In Effect Ninety Days from Passage

FILED

2006 APR -4 P 2: 24

OFFICE WEST VIRGINIA
SECRETARY OF STATE

E N R O L L E D

H. B. 4685

(BY DELEGATES LEACH, MORGAN, PERDUE AND LONG)

[Passed March 11, 2006; in effect ninety days from passage.]

AN ACT to amend the Code of West Virginia, 1931, as amended, by adding thereto a new article, designated §16-5U-1, §16-5U-2 and §16-5U-3, all relating to the “Arthritis Prevention Education Act”; establishing an arthritis prevention and treatment education program; requiring the Bureau for Public Health to establish strategies to promote and maintain an arthritis prevention education program; and establishing an interagency council on arthritis.

Be it enacted by the Legislature of West Virginia:

That the Code of West Virginia, 1931, as amended, be amended by adding thereto a new article, designated §16-5U-1, §16-5U-2 and §16-5U-3, all to read as follows:

ARTICLE 5U. ARTHRITIS PREVENTION EDUCATION ACT.

§16-5U-1. Short title.

1 This article may be known and cited as the “West Virginia
2 Arthritis Prevention Education Act.”

§16-5U-2. Responsibilities of Bureau for Public Health.

1 (a) The Bureau for Public Health shall establish strategies
2 to promote and maintain an arthritis prevention education
3 program in order to raise public awareness, to educate consum-
4 ers and to educate and train health professionals, teachers and
5 human service providers, to include the following components:

6 (1) The bureau shall develop strategies for raising public
7 awareness of the causes and nature of arthritis, personal risk
8 factors, the value of prevention and early detection and options
9 for diagnosing and treating the disease that include, but are not
10 limited to, the following:

11 (A) Community forums;

12 (B) Health information and risk factor assessment at public
13 events;

14 (C) Targeting at-risk populations;

15 (D) Providing reliable information to policymakers; and

16 (E) Distributing information through county health depart-
17 ments, schools, area agencies on aging, employer wellness
18 programs, physicians, hospitals, health maintenance organiza-
19 tions, women's groups, nonprofit organizations, community-
20 based organizations and departmental offices;

21 (2) The bureau shall develop strategies for educating
22 consumers about risk factors, diet and exercise, diagnostic
23 procedures and their indications for use, risks and benefits of
24 drug therapies currently approved by the United States Food
25 and Drug Administration, environmental safety and injury
26 prevention and the availability of self-help diagnostic, treatment
27 and rehabilitation services;

28 (3) The bureau may develop strategies for educating
29 physicians and health professionals and training community
30 service providers on the most up-to-date, accurate scientific and
31 medical information on arthritis prevention, diagnosis and
32 treatment, therapeutic decision-making, including guidelines for
33 detecting and treating the disease in special populations, risks
34 and benefits of medications and research advances;

35 (4) The bureau may conduct a needs assessment to identify:

36 (A) Research being conducted within the state;

37 (B) Available up-to-date technical assistance and educa-
38 tional materials and programs nationwide;

39 (C) The level of public and professional awareness about
40 arthritis;

41 (D) The needs of arthritis patients, their families and
42 caregivers;

43 (E) The needs of health care providers, including physi-
44 cians, nurses, managed care organizations and other health care
45 providers;

46 (F) The services available to the arthritis patient;

47 (G) The existence of arthritis treatment programs;

48 (H) The existence of arthritis support groups;

49 (I) The existence of rehabilitation services; and

50 (5) The bureau may replicate and use successful arthritis
51 programs and enter into contracts and purchase materials or
52 services from organizations with appropriate expertise and
53 knowledge of arthritis.

54 (b) Based on the needs assessment conducted pursuant to
55 this section, the bureau may develop and maintain a resource
56 guide to include arthritis-related services. This guide shall
57 include a description of diagnostic testing procedures, appropri-
58 ate indications for their use, drug therapies currently approved
59 by the United States Food and Drug Administration, and a
60 cautionary statement about the current status of arthritis
61 research, prevention and treatment. The statement shall also
62 indicate that the bureau does not license, certify, or in any way
63 approve arthritis programs or centers in the state.

64 (c) The bureau may promulgate rules in accordance with
65 the provisions of article three, chapter twenty-nine-a of this
66 code necessary to implement the provisions of this article.

67 (d) Nothing in this article may be construed or interpreted
68 to mean that arthritis treatment or arthritis education are
69 required to be provided by the bureau or the council created in
70 section three of this article. Nothing contained in this article
71 may be construed to mandate funding for arthritis education or
72 any of the programs contained in this article or to require any
73 appropriation by the Legislature.

§16-5U-3. Interagency council on arthritis.

1 (a) There is hereby established the interagency council on
2 arthritis. The Director of Public Health shall chair the council.
3 The council shall have representatives from appropriate state
4 departments and agencies including, but not limited to, the
5 entities with responsibility for aging, health care reform
6 implementation, education and public welfare.

7 (b) The council shall:

8 (1) Coordinate arthritis programs conducted by or through
9 the Bureau for Public Health;

10 (2) Establish a mechanism for sharing information on
11 arthritis among all officials and employees involved in carrying
12 out arthritis-related programs;

13 (3) Review and coordinate the most promising areas of
14 education, prevention and treatment concerning arthritis;

15 (4) Assist the Bureau for Public Health and other offices in
16 developing and coordinating plans for education and health
17 promotion on arthritis;

18 (5) Establish mechanisms to use the results of research
19 concerning arthritis in the development of relevant policies and
20 programs; and

21 (6) Prepare a report that describes educational initiatives on
22 arthritis and transmit the report to the Legislature and the
23 Governor and make the report available to the public.

24 (c) The council shall establish and coordinate the advisory
25 panel on arthritis which will provide nongovernmental input
26 regarding the program. Membership shall include, but is not
27 limited to, persons with arthritis, public health educators,
28 arthritis experts, providers of arthritis health care, persons
29 knowledgeable in health promotion and education and represen-
30 tatives of national arthritis organizations or their state and
31 regional affiliates.

That Joint Committee on Enrolled Bills hereby certifies that the foregoing bill is correctly enrolled.



Chairman Senate Committee



Chairman House Committee

Originating in the House.

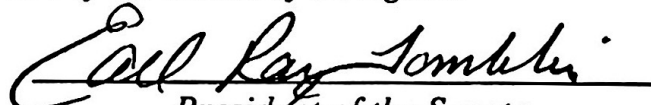
In effect ninety days from passage.



Clerk of the Senate



Clerk of the House of Delegates



President of the Senate



Speaker of the House of Delegates

The within is approved this the 30th
day of March 2006.



Governor

PRESENTED TO THE
GOVERNOR

MAR 27 2006

Time

4:15 pm