

GENERAL ASSEMBLY OF NORTH CAROLINA

SESSION 1999

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HOUSE BILL 1083

Short Title: Arthritis Educ. Task Force.

(Public)

Sponsors: Representatives Alexander; and Adams.

Referred to: Health, if favorable, Appropriations.

April 15, 1999

A BILL TO BE ENTITLED

AN ACT TO ESTABLISH THE ARTHRITIS EDUCATION TASK FORCE AND TO
APPROPRIATE FUNDS THEREFOR.

The General Assembly of North Carolina enacts:

Section 1.(a) There is established in the Department of Health and Human Services, Division of Community Health, the Arthritis Education Task Force. The Task Force shall have 18 members, as follows:

(1) From the Department of Health and Human Services:

- a. The Director of the Division of Community Health, or a designee thereof;
- b. The Director of the Division of Medical Assistance, or a designee thereof; and
- c. The Director of the Division of Aging, or a designee thereof;

(2) Appointed by the President Pro Tempore of the Senate:

- a. One member of the Senate;
- b. A local health director;
- c. A certified health educator;
- d. A representative of the North Carolina Association of Area Agencies on Aging; and
- e. A person with arthritis;

- 1 (3) Appointed by the Speaker of the House of Representatives:
2 a. One member of the House of Representatives;
3 b. A pharmacist;
4 c. A licensed dietitian/nutritionist;
5 d. A registered nurse; and
6 e. A person with arthritis;
- 7 (4) Appointed by the Governor:
8 a. A practicing rheumatologist;
9 b. A practicing physical therapist;
10 c. A rheumatologist specializing in research of the disease;
11 d. A representative of a North Carolina Chapter of the Arthritis
12 Foundation; and
13 e. A representative from the Governor's Council on Physical Fitness
14 and Health.

15 Section 1.(b) The Governor shall appoint the Chair of the Task Force. The
16 Vice-Chair shall be selected by the Task Force from among its membership. Each
17 appointing authority shall assure insofar as possible that its appointees reflect the
18 composition of the North Carolina population with regard to ethnic, racial, age, gender,
19 and religious composition.

20 Section 1.(c) The General Assembly and the Governor shall make their
21 appointments to the Task Force not later than 30 days after the adjournment of the 1999
22 General Assembly, Regular Session 1999. Vacancies on the Task Force shall be filled by
23 the original appointing authority using the criteria set out in this section for the original
24 appointment.

25 Section 1.(d) The Task Force shall meet at least quarterly or more frequently at
26 the call of the Chair.

27 Section 1.(e) The Task Force may establish committees for the purpose of
28 making special studies pursuant to its duties and may appoint non-Task Force members
29 to serve on each committee as resource persons. Resource persons shall be voting
30 members of the committees and shall receive subsistence and travel expenses in
31 accordance with G.S. 138-5 and G.S. 138-6. Committees may meet with the frequency
32 needed to accomplish the purposes of this section.

33 Section 1.(f) Members of the Task Force shall receive per diem and necessary
34 travel and subsistence expenses in accordance with G.S. 120-3.1, 138-5, and 138-6, as
35 applicable.

36 Section 1.(g) A majority of the Task Force shall constitute a quorum.

37 Section 1.(h) The Task Force may use funds allocated to it to establish one
38 full-time limited position and for other expenditures needed to assist the Task Force in
39 carrying out its duties.

40 Section 1.(i) In coordination with the National Arthritis Action Plan led by the
41 Centers for Disease Control and Prevention (CDC), the North Carolina Arthritis
42 Education Task Force has the following duties:

- 1 (1) To undertake a statistical and qualitative examination of the occurrence,
2 progression, and impact of arthritis including identification of
3 subpopulations at highest risk for developing arthritis, and establish a
4 profile of the arthritis burden in North Carolina.
- 5 (2) To raise public awareness of the causes and nature of arthritis, personal
6 risk factors, value of prevention and early detection, and options for
7 diagnosing and treating the disease.
- 8 (3) To organize and implement a statewide program for the implementation
9 of the arthritis self-help course, a cost-effective strategy for controlling
10 the pain and cost of arthritis.
- 11 (4) To identify, examine limitations of, and recommend to the Governor
12 and the General Assembly changes to existing laws, regulations,
13 programs, services, and policies to enhance arthritis prevention,
14 diagnosis, and treatment for the people of North Carolina.
- 15 (5) To determine and recommend to the Governor and the General
16 Assembly the funding and strategies needed to enact new or to modify
17 existing laws, regulations, programs, services, and policies to enhance
18 arthritis prevention, diagnosis, and treatment for the people of North
19 Carolina.
- 20 (6) To develop a statewide comprehensive Arthritis Action Plan, and
21 strategies for implementing the Plan and for promoting the Plan to the
22 general public, State and local officials, various public and private
23 organizations and associations, businesses and industries, agencies,
24 potential funding sources, and other community resources in
25 conjunction with the National Arthritis Action Plan as established by the
26 Arthritis Foundation and the U.S. Centers for Disease Control and
27 Prevention (CDC).
- 28 (7) To identify strategies to facilitate specific commitments to help
29 implement the Plan from the entities listed in subdivision (6) above.
- 30 (8) To facilitate coordination of and communication among State and local
31 agencies and organizations regarding current or future involvement in
32 achieving the aims of the National or North Carolina Arthritis Action
33 Plan.
- 34 (9) To receive and consider reports and testimony from individuals, local
35 health departments, community-based organizations, voluntary health
36 organizations, and other public and private organizations statewide, to
37 learn more about their contributions to arthritis diagnosis, prevention,
38 and treatment, and their ideas for improving arthritis prevention,
39 diagnosis, and treatment in North Carolina.

40 Section 1.(j) The Task Force shall submit a progress report to the Joint
41 Legislative Health Care Oversight Committee, the Governor, and the Fiscal Research
42 Division not later than April 1, 2000. The progress report shall address:

- 1 (1) Progress being made in fulfilling the duties of the Task Force and in
2 developing the North Carolina Arthritis Action Plan;
3 (2) The anticipated time frame for completion of the North Carolina
4 Arthritis Action Plan; and
5 (3) Recommended strategies or actions to reduce the occurrence of and
6 burdens suffered from arthritis by citizens of this State.

7 Section 1.(k) The Task Force shall submit its final report to the 2001 General
8 Assembly, the Governor, and the Fiscal Research Division not later than October 1, 2001.
9 Upon submission of its final report the Task Force shall expire.

10 Section 2. There is appropriated from the General Fund to the Department of
11 Health and Human Services, Division of Community Health, the sum of two hundred
12 fifty thousand dollars (\$250,000) for the 1999-2000 fiscal year and the sum of two
13 hundred fifty thousand dollars (\$250,000) for the 2000-2001 fiscal year. These funds
14 shall be allocated for the Arthritis Education Task Force created under this act.

15 Section 3. This act becomes effective July 1, 1999.