

Health; diseases; Michigan arthritis prevention and control  
program; create.

HEALTH: Diseases; HEALTH: Disabilities

A bill to amend 1978 PA 368, entitled  
"Public health code,"  
(MCL 333.1101 to 333.25211) by adding part 55a.

**THE PEOPLE OF THE STATE OF MICHIGAN ENACT:**

1 PART 55A.

2 ARTHRITIS PREVENTION AND CONTROL

3 SEC. 5551. THIS PART SHALL BE KNOWN AND MAY BE CITED AS THE  
4 "ARTHRITIS PREVENTION AND CONTROL ACT".

5 SEC. 5553. THE LEGISLATURE FINDS ALL OF THE FOLLOWING:

6 (A) THAT ARTHRITIS ENCOMPASSES MORE THAN 100 HUMAN DISEASES  
7 AND CONDITIONS THAT AFFECT JOINTS, THE SURROUNDING TISSUES, AND  
8 OTHER CONNECTIVE TISSUES.

9 (B) THAT, 1 OF THE MOST COMMON FAMILY OF DISEASES IN THE  
10 UNITED STATES, ARTHRITIS AFFECTS NEARLY 1 OF EVERY 6 AMERICANS,  
11 AND WILL IMPACT AN ESTIMATED 60,000,000 PEOPLE BY THE YEAR 2020.

1 (C) THAT ARTHRITIS IS THE LEADING CAUSE OF DISABILITY IN THE  
2 UNITED STATES, AND LIMITS THE DAILY ACTIVITIES OF MORE THAN  
3 7,000,000 PEOPLE IN THIS COUNTRY.

4 (D) THAT ALTHOUGH PREVAILING MYTHS INACCURATELY PORTRAY  
5 ARTHRITIS AS A SENIOR CITIZEN'S DISEASE, ARTHRITIS IS A MULTIGEN-  
6 ERATIONAL DISEASE THAT HAS BECOME 1 OF THE COUNTRY'S MOST PRESS-  
7 ING PUBLIC HEALTH PROBLEMS.

8 (E) THAT ARTHRITIS HAS A SIGNIFICANT IMPACT ON QUALITY OF  
9 LIFE, NOT ONLY FOR THE INDIVIDUAL WHO EXPERIENCES ITS PAINFUL  
10 SYMPTOMS AND RESULTING DISABILITY, BUT ALSO FOR FAMILY MEMBERS  
11 AND CAREGIVERS.

12 (F) THAT ENORMOUS ECONOMIC AND SOCIAL COSTS ARE ASSOCIATED  
13 WITH TREATING ARTHRITIS AND ITS COMPLICATIONS, ESTIMATED AT  
14 ALMOST \$80,000,000,000.00 ANNUALLY.

15 (G) THAT CURRENTLY, THE CHALLENGE EXISTS TO ENSURE DELIVERY  
16 OF EFFECTIVE, BUT OFTEN UNDERUTILIZED, INTERVENTIONS THAT ARE  
17 NECESSARY IN THE PREVENTION OR REDUCTION OF ARTHRITIS-RELATED  
18 PAIN AND DISABILITY.

19 (H) THAT ALTHOUGH THERE EXISTS A LARGE QUANTITY OF PUBLIC  
20 INFORMATION AND PROGRAMS ABOUT ARTHRITIS, THE INFORMATION AND  
21 PROGRAMS REMAIN INADEQUATELY DISSEMINATED AND INSUFFICIENT IN  
22 ADDRESSING THE NEEDS OF SPECIFIC DIVERSE POPULATIONS AND OTHER  
23 UNDERSERVED GROUPS.

24 (I) THAT THE ARTHRITIS FOUNDATION, THE CENTERS FOR DISEASE  
25 CONTROL AND PREVENTION, AND THE ASSOCIATION OF STATE AND TERRITO-  
26 RIAL HEALTH OFFICIALS HAVE LED THE DEVELOPMENT OF A PUBLIC HEALTH

1 STRATEGY, KNOWN AS THE NATIONAL ARTHRITIS ACTION PLAN, TO RESPOND  
2 TO THIS CHALLENGE.

3 (J) THAT EDUCATING THE PUBLIC AND THE HEALTH CARE COMMUNITY  
4 THROUGHOUT THE STATE ABOUT THIS DEVASTATING DISEASE IS OF PARA-  
5 MOUNT IMPORTANCE AND IS IN EVERY RESPECT IN THE PUBLIC INTEREST  
6 AND TO THE BENEFIT OF ALL RESIDENTS OF THIS STATE.

7 SEC. 5555. THE PURPOSES OF THIS PART ARE AS FOLLOWS:

8 (A) TO CREATE AND FOSTER A STATEWIDE PROGRAM THAT PROMOTES  
9 PUBLIC AWARENESS AND INCREASES KNOWLEDGE ABOUT THE CAUSES OF  
10 ARTHRITIS, THE IMPORTANCE OF EARLY DIAGNOSIS AND APPROPRIATE MAN-  
11 AGEMENT, EFFECTIVE PREVENTION STRATEGIES, AND PAIN PREVENTION AND  
12 MANAGEMENT.

13 (B) TO DEVELOP KNOWLEDGE AND ENHANCE UNDERSTANDING OF  
14 ARTHRITIS BY DISSEMINATING EDUCATIONAL MATERIALS, INFORMATION ON  
15 RESEARCH RESULTS, SERVICES PROVIDED, AND STRATEGIES FOR PREVEN-  
16 TION AND CONTROL TO PATIENTS, HEALTH PROFESSIONALS, AND THE  
17 PUBLIC.

18 (C) TO ESTABLISH A SOLID SCIENTIFIC BASE OF KNOWLEDGE ON THE  
19 PREVENTION OF ARTHRITIS AND RELATED DISABILITY THROUGH SURVEIL-  
20 LANCE, EPIDEMIOLOGY, AND PREVENTION RESEARCH.

21 (D) TO UTILIZE EDUCATIONAL AND TRAINING RESOURCES AND SERV-  
22 ICES DEVELOPED BY ORGANIZATIONS WITH APPROPRIATE EXPERTISE AND  
23 KNOWLEDGE OF ARTHRITIS AND TO USE AVAILABLE TECHNICAL  
24 ASSISTANCE.

25 (E) TO EVALUATE THE NEED FOR IMPROVING THE QUALITY AND  
26 ACCESSIBILITY OF EXISTING COMMUNITY-BASED ARTHRITIS SERVICES.

(F) TO HEIGHTEN AWARENESS ABOUT THE PREVENTION, DETECTION, AND TREATMENT OF ARTHRITIS AMONG STATE AND LOCAL HEALTH OFFICIALS, HEALTH PROFESSIONALS AND OTHER HEALTH CARE PROVIDERS, AND POLICY MAKERS.

(G) TO IMPLEMENT AND COORDINATE STATE AND LOCAL PROGRAMS AND SERVICES TO REDUCE THE PUBLIC HEALTH BURDEN OF ARTHRITIS.

(H) TO ADEQUATELY FUND THE PROGRAMS DESCRIBED IN SUBDIVISION (G) ON A STATE LEVEL.

(I) TO PROVIDE LASTING IMPROVEMENTS IN THE DELIVERY OF HEALTH CARE FOR INDIVIDUALS WITH ARTHRITIS AND THEIR FAMILIES, THUS IMPROVING THEIR QUALITY OF LIFE WHILE ALSO CONTAINING HEALTH CARE COSTS.

SEC. 5557. THE DIRECTOR OF THE DEPARTMENT SHALL DO ALL OF THE FOLLOWING:

(A) PROVIDE SUFFICIENT STAFF TO IMPLEMENT THE ARTHRITIS PREVENTION AND CONTROL PROGRAM.

(B) PROVIDE APPROPRIATE TRAINING FOR THE STAFF OF THE ARTHRITIS PREVENTION AND CONTROL PROGRAM.

(C) IDENTIFY THE APPROPRIATE ORGANIZATIONS TO CARRY OUT THE PROGRAM.

(D) BASE THE PROGRAM ON THE MOST CURRENT SCIENTIFIC INFORMATION AND FINDINGS.

(E) WORK TO INCREASE AND IMPROVE COMMUNITY-BASED SERVICES AVAILABLE TO PEOPLE WITH ARTHRITIS AND THEIR FAMILY MEMBERS.

(F) WORK WITH GOVERNMENTAL OFFICES, NATIONAL VOLUNTARY HEALTH ORGANIZATIONS AND THEIR LOCAL CHAPTERS, COMMUNITY AND BUSINESS LEADERS, COMMUNITY ORGANIZATIONS, AND HEALTH CARE AND

1 HUMAN SERVICE PROVIDERS TO COORDINATE EFFORTS AND MAXIMIZE STATE  
2 RESOURCES IN THE AREAS OF PREVENTION, EDUCATION, DETECTION, PAIN  
3 MANAGEMENT, AND TREATMENT OF ARTHRITIS.

4 (G) IDENTIFY AND, WHEN APPROPRIATE, USE EVIDENCE-BASED  
5 ARTHRITIS PROGRAMS AND OBTAIN RELATED MATERIALS AND SERVICES FROM  
6 ORGANIZATIONS WITH APPROPRIATE EXPERTISE AND KNOWLEDGE OF  
7 ARTHRITIS.

8 SEC. 5559. (1) THE DEPARTMENT SHALL ESTABLISH, PROMOTE, AND  
9 MAINTAIN AN ARTHRITIS PREVENTION AND CONTROL PROGRAM IN ORDER TO  
10 RAISE PUBLIC AWARENESS, EDUCATE CONSUMERS, EDUCATE AND TRAIN  
11 HEALTH PROFESSIONALS, TEACHERS, AND HUMAN SERVICES PROVIDERS, AND  
12 FOR OTHER PURPOSES.

13 (2) THE DEPARTMENT SHALL CONDUCT A NEEDS ASSESSMENT TO IDEN-  
14 TIFY ALL OF THE FOLLOWING, AS IT RELATES TO ARTHRITIS:

15 (A) EPIDEMIOLOGICAL AND OTHER PUBLIC HEALTH RESEARCH BEING  
16 CONDUCTED WITHIN THE STATE.

17 (B) AVAILABLE TECHNICAL ASSISTANCE AND EDUCATIONAL MATERIALS  
18 AND PROGRAMS NATIONWIDE AND WITHIN THE STATE.

19 (C) THE LEVEL OF PUBLIC AND PROFESSIONAL ARTHRITIS  
20 AWARENESS.

21 (D) THE NEEDS OF PEOPLE IN THIS STATE WITH ARTHRITIS, THEIR  
22 FAMILIES, AND CAREGIVERS.

23 (E) EDUCATIONAL AND SUPPORT SERVICE NEEDS OF HEALTH CARE  
24 PROVIDERS, INCLUDING, BUT NOT LIMITED TO, PHYSICIANS, NURSES, AND  
25 MANAGED CARE ORGANIZATIONS.

26 (F) THE SERVICES AVAILABLE TO A PERSON WITH ARTHRITIS.

1 (G) THE EXISTENCE OF ARTHRITIS TREATMENT, SELF-MANAGEMENT,  
2 PHYSICAL ACTIVITY, AND OTHER EDUCATION PROGRAMS.

3 (H) THE EXISTENCE OF REHABILITATION SERVICES.

4 (3) THE DEPARTMENT SHALL ESTABLISH AND COORDINATE AN  
5 ADVISORY PANEL ON ARTHRITIS THAT WILL PROVIDE NONGOVERNMENTAL  
6 INPUT REGARDING THE ARTHRITIS PREVENTION AND CONTROL PROGRAM.  
7 MEMBERSHIP SHALL INCLUDE, BUT IS NOT LIMITED TO, PERSONS WITH  
8 ARTHRITIS, PUBLIC HEALTH EDUCATORS, MEDICAL EXPERTS ON ARTHRITIS,  
9 PROVIDERS OF ARTHRITIS HEALTH CARE, PERSONS KNOWLEDGEABLE IN  
10 HEALTH PROMOTION AND EDUCATION, AND REPRESENTATIVES OF NATIONAL  
11 ARTHRITIS ORGANIZATIONS AND THEIR LOCAL CHAPTERS.

12 (4) THE DEPARTMENT SHALL USE, BUT IS NOT LIMITED TO, STRATE-  
13 GIES CONSISTENT WITH THE NATIONAL ARTHRITIS ACTION PLAN, THE  
14 MICHIGAN ARTHRITIS ACTION PLAN, AND OTHER EXISTING STATE PLANNING  
15 EFFORTS TO RAISE PUBLIC AWARENESS AND KNOWLEDGE ON THE CAUSES AND  
16 NATURE OF ARTHRITIS, PERSONAL RISK FACTORS, VALUE OF PREVENTION  
17 AND EARLY DETECTION, WAYS TO MINIMIZE PREVENTABLE PAIN, AND  
18 OPTIONS FOR DIAGNOSING AND TREATING THE DISEASE.

19 (5) THE DEPARTMENT MAY REPLICATE AND USE SUCCESSFUL ARTHRI-  
20 TIS PROGRAMS AND ENTER INTO CONTRACTS AND/OR PURCHASE MATERIALS  
21 OR SERVICES FROM ENTITIES WITH APPROPRIATE EXPERTISE FOR SUCH  
22 SERVICES AND MATERIALS AS ARE NECESSARY TO CARRY OUT THE GOALS OF  
23 THE ARTHRITIS PREVENTION AND CONTROL PROGRAM.

24 (6) THE DEPARTMENT MAY ENTER INTO AN AGREEMENT WITH 1 OR  
25 MORE NATIONAL ORGANIZATIONS WITH EXPERTISE IN ARTHRITIS TO IMPLE-  
26 MENT PARTS OF THE ARTHRITIS PREVENTION AND CONTROL PROGRAM.

1        SEC. 5561. (1) THE DIRECTOR MAY ACCEPT GRANTS, SERVICES,  
2        AND PROPERTY FROM THE FEDERAL GOVERNMENT AND FROM PRIVATE  
3        FOUNDATIONS, ORGANIZATIONS, MEDICAL SCHOOLS, AND OTHER ENTITIES  
4        AS MAY BE AVAILABLE FOR THE PURPOSES OF FULFILLING THE OBLIGA-  
5        TIONS OF THE ARTHRITIS PREVENTION AND CONTROL PROGRAM.

6        (2) THE DIRECTOR SHALL SEEK A FEDERAL WAIVER OR WAIVERS THAT  
7        MAY BE NECESSARY TO MAXIMIZE FUNDS RECEIVED FROM THE FEDERAL GOV-  
8        ERNMENT TO IMPLEMENT THE ARTHRITIS PREVENTION AND CONTROL  
9        PROGRAM.