

## CHAPTER 191

AN ACT establishing an osteoporosis prevention and education program in the Department of Health and Senior Services and supplementing Title 26 of the Revised Statutes.

**BE IT ENACTED** by the Senate and General Assembly of the State of New Jersey:

C.26:2R-1 Short title.

1. This act shall be known and may be cited as the "Osteoporosis Prevention and Education Program Act."

C.26:2R-2 Definitions relative to "Osteoporosis Prevention and Education Program Act."

2. As used in this act:

"Commissioner" means the Commissioner of Health and Senior Services.

"Council" means the Interagency Council on Osteoporosis established pursuant to this act.

"Department" means the Department of Health and Senior Services.

"Program" means the osteoporosis prevention and education program established pursuant to this act.

C.26:2R-3 Establishment of osteoporosis prevention and education program.

3. a. The Commissioner of Health and Senior Services shall establish an osteoporosis prevention and education program in the Department of Health and Senior Services. The purpose of the program is to promote: public awareness of the causes of osteoporosis; options for prevention; the value of early detection; and possible treatments, including the benefits and risks of those treatments. The department may accept, for that purpose, any special grant of money, services, or property from the federal government or any of its agencies, or from any foundation, organization, or medical school.

b. The program shall include the following:

(1) Development of a public education and outreach campaign to promote osteoporosis prevention and education, including, but not limited to, the following subjects:

(a) The cause and nature of the disease;

(b) Risk factors;

(c) The role of hysterectomy;

(d) Prevention of osteoporosis, including nutrition, diet, and physical exercise;

(e) Diagnostic procedures and appropriate indications for their use;

(f) Hormone replacement, including the benefits and risks;

(g) Environmental safety and injury prevention; and

(h) Availability of osteoporosis diagnostic treatment services in the community.

(2) Development of educational materials to be made available for consumers, particularly targeted to high-risk groups, through local boards of health, physicians, other health care providers, including, but not limited to, health maintenance organizations, hospitals, and clinics, and women's organizations.

(3) Development of professional education programs for health care providers to assist them in understanding research findings and the subjects set forth in paragraph (1) of this subsection.

(4) Development and maintenance of a list of current providers of specialized services for the prevention and treatment of osteoporosis. Dissemination of the list shall be accompanied by a description of diagnostic procedures, appropriate indications for their use, and a cautionary statement about the current status of osteoporosis research, prevention, and treatment. The statement shall also indicate that the department does not license, certify, or in any other way approve osteoporosis programs or centers in this State.

C.26:2R-4 Establishment of Interagency Council on Osteoporosis.

4. There is established an Interagency Council on Osteoporosis in the department to advise the commissioner on the development and implementation of the program. The members of the council shall be appointed by the commissioner, and shall include the following: The Director of the Division of Epidemiology, Environmental and Occupational Health Services and the Assistant Commissioner of Senior Affairs in the department and the Director of the Division on Women in the Department of Community Affairs, as ex officio members, and public members who are representatives of: persons with osteoporosis; women's health organizations; public

health educators; experts in bone and osteoporosis research, prevention and treatment; and health care providers, including at least one radiologist, orthopedist, registered professional nurse, physical therapist and nutritionist. The members of the council shall serve without compensation and shall not be reimbursed for any expenses incurred by them in the performance of their duties.

C.26:2R-5 Report to Governor, Legislature.

5. The commissioner shall report to the Governor and the Legislature no later than 18 months after the effective date of this act, and annually thereafter, on the activities and accomplishments of the program.

C.26:2R-6 Rules, regulations.

6. The commissioner, pursuant to the "Administrative Procedure Act," P.L.1968, c.410 (C.52:14B-1 et seq.), shall adopt rules and regulations to effectuate the purposes of this act.

7. This act shall take effect immediately.

Approved August 6, 1997.