

ARTHRITIS PREVENTION AND CONTROL ACT

Mitchell Bean, Director
Phone: (517) 373-8080
<http://www.house.mi.gov/hfa>

House Bill 5364 (Substitute H-1)

Sponsor: Rep. Steve Bieda

Committee: Health Policy

First Analysis (5-23-08)

BRIEF SUMMARY: The bill would create the Michigan Arthritis Prevention and Control Act.

FISCAL IMPACT: The bill would have fiscal implications for the Department of Community Health, as discussed in more detail later.

THE APPARENT PROBLEM:

Arthritis encompasses over 100 different diseases, affects one in every six Michigan residents (about 2.4 million people, according to the Department of Community Health), is among the top causes of disability in the state and the number one cause nationally, and some estimates put the current economic and social costs associated with treating arthritis and its complications at about \$80 billion annually. The prevalence of arthritis is expected to increase over the next decade and costs associated with the disease are also expected to increase significantly.

Though often believed to be an inevitable aspect of old age, two-thirds of arthritis sufferers are under the age of 65. Research shows that some forms of arthritis can be prevented with weight control and taking precautions to reduce the risk of occupational or sports injuries. The disabling effects of other forms can be mitigated with early detection and appropriate treatment.

In the late 1990s, the Centers for Disease Control and Prevention (CDC), in conjunction with the Arthritis Foundation, the Association of State and Territorial Health Officials, and about 90 other organizations, developed the *National Arthritis Action Plan: A Public Health Strategy* to improve the quality of life for adults and children afflicted with the disease and to change the public's attitudes and behaviors about self-management. A key component in achieving the goals of the CDC's arthritis program is building state programs. According to information provided on the CDC's website, states use CDC funding to partner with state Arthritis Foundation chapters to increase public awareness, improve the state's and chapter's ability to monitor the burden of arthritis, and coordinate and conduct interventions.

Many states have adopted their own state arthritis action plans. In general, these plans acknowledge the social and economic impact arthritis has on their residents and create frameworks for action plans to implement recommendations identified in the *National Arthritis Action Plan*. The Michigan Arthritis Action Plan (MAAP), developed by the Department of Community Health, Arthritis Foundation Michigan Chapter, and

University of Michigan, along with many others, was published in May, 2001. It "represents the steps that Michigan can take to prevent, manage and decrease the burden of arthritic conditions on Michigan citizens and their families" and aims to "reduce the unnecessary health care costs associated with arthritic conditions." Since that time, the Department of Community Health has operated an arthritis program within the Division of Chronic Disease and Injury Control to work towards implementing the goals of the MAAP.

Some feel that legislation is needed to ensure the continuation of the arthritis program. Therefore, legislation has been offered to codify elements of the MAAP.

THE CONTENT OF THE BILL:

The bill would add a new Part 55A, entitled "Arthritis Prevention and Control," to the Public Health Code. The bill would be known and cited as the Arthritis Prevention and Control Act. Modeled after a national initiative to address the growing numbers of people diagnosed with arthritis, the economic impact of the disease, and the need for effective preventive and treatment measures, the bill sets forth the act's purposes and prescribes duties for the Department of Community Health and its director.

Purposes of the act. Purposes detailed in the bill include the need to create a statewide program promoting public awareness and increasing knowledge about the causes of arthritis, the importance of early diagnosis and appropriate management, effective prevention strategies, and pain prevention and management. Other stated purposes include the need for greater dissemination of educational materials; strategies for building a solid scientific base of knowledge on the prevention of arthritis and related disability; increasing awareness about the prevention, detection, and treatment of arthritis among state and local health officials, health professionals, and policy makers; reducing the public burden of arthritis by implementing and coordinating state and local programs and services; adequately funding the programs described in the purpose section of the bill; and providing lasting improvements in the delivery of health care for individuals with arthritis and their families, thereby improving their quality of life while containing health care costs.

Duties of the DCH director. Among many duties detailed in the bill, the director—upon appropriation of necessary funding—would have to provide sufficient staff, and provide training for the staff, to implement the Arthritis Prevention and Control Program; identify appropriate organizations to carry out the program; increase and improve community-based services available for those afflicted with arthritis and their families; and work with public and private entities to coordinate efforts and maximize state resources in the areas of prevention, education, detection, pain management, and treatment of arthritis.

Duties of the Department of Community Health. In order to raise public awareness; educate consumers; and educate and train health professionals, teachers, and human services providers, among others, the DCH—upon appropriation of necessary funding—

would have to establish, promote, and maintain the Arthritis Prevention and Control Program. In addition, the DCH would have to do the following.

- Conduct a needs assessment to identify arthritis research being conducted within the state; available technical assistance and educational materials and programs, the level of public and private awareness of arthritis; the needs of those with arthritis (and their families); the educational and support service needs of health providers; available services for those afflicted with arthritis; and the existence of arthritis treatment, self-management, physical activity, and other education programs and rehabilitation services.
- Establish and coordinate an advisory panel on arthritis that would provide nongovernmental input regarding the program.
- Use strategies consistent with the National Arthritis Action Plan, the Michigan Arthritis Action Plan, and other state planning efforts to raise public awareness on the causes and nature of arthritis, personal risk factors, value of prevention and early detection, ways to minimize preventable pain, and options for diagnosing and treating the disease.
- The department could replicate and use successful arthritis programs, enter contracts, and purchase materials or services from entities with the appropriate expertise necessary to carry out the goals of the Arthritis Prevention and Control Program. The department could also enter into an agreement with one or more national organizations with expertise in arthritis to implement parts of the program.

In addition, the department could accept grants, services, and property from the federal government and various public and private entities, such as private foundations and medical schools, for the purposes of fulfilling the obligations of the program. The department would also have to seek a federal waiver or waivers as necessary to maximize federal funds received to implement the Arthritis Prevention and Control Program.

FISCAL INFORMATION:

House Bill 5364 (H-1) has fiscal implications for the Department of Community Health (DCH). The establishment of a statewide program and staff, an advisory panel, implementation and coordination of state and local services, performance of a needs assessment, and the stated goals and responsibilities of the state in the bill would require an additional state financial commitment. The bill imposes the responsibilities "upon appropriation of necessary funding," providing flexibility to the department.

DCH indicates that the bill would expand the scope of its existing arthritis program and would require additional funds of \$2.0 - \$3.0 million. In the current fiscal year, the department finances a Michigan Arthritis Program with \$948,300 of funding: \$793,300 of federal grant funds for arthritis programs, \$105,000 of state general funds, and \$50,000

of Healthy Michigan Funds. Current funds support 1 state position and various contracts to work toward implementation of program objectives and federal grant requirements. Michigan also receives \$426,800 of federal grant funds for lupus programs; lupus is a type of arthritis.

Additionally, federal funding may fluctuate. If federal funding declines, additional state funds may be needed to replace the lost federal funds and sustain current or expanded program efforts.

ARGUMENTS:

For:

Early diagnosis and appropriate medical management are two factors that can greatly enhance the quality of life of an arthritis sufferer. Though some life changes are helpful for all arthritis sufferers, such as keeping affected joints mobile but protected from activities that could damage them further, other treatments and especially drug therapies are very specific to the form of the disease. Approximately 31 percent of adults in Michigan have been told by a doctor that they have arthritis, yet only one-third of these patients know what kind of arthritis they have. Moreover, there are only 102 board certified rheumatologists in the state and over two million arthritis patients, and six pediatric rheumatologists for the more than 10,000 children with juvenile rheumatoid arthritis; therefore, many patients see only a primary care physician. This underscores the need for increased education of both patients and physicians regarding proper diagnosis and appropriate treatment plans.

Enactment of the bill will ensure continued support for and operation of the state's efforts to reduce the burden of arthritis on its citizenry. Considering the numbers of people afflicted with arthritis and the significant social and economic costs associated with treatment and lost productivity, it is imperative that the state do all it can to address this serious public health issue. Creation of a statewide program empowered to implement recommendations of the Michigan Arthritis Action Plan will, among many benefits, increase public awareness of the disease, increase physician competency to diagnose and treat patients, improve rural access to specialists and rehabilitation programs (i.e., warm water exercise programs), coordinate state and local programs, and encourage self-management and prevention efforts.

POSITIONS:

Representatives of the Arthritis Foundation testified in support of the bill. (5-22-08)

Legislative Analyst: Susan Stutzky
Fiscal Analyst: Susan Frey

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