ASSEMBLY, No. 2304

STATE OF NEW JERSEY

219th LEGISLATURE

INTRODUCED JANUARY 27, 2020

Sponsored by:
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SYNOPSIS

Re-establishes Arthritis Quality of Life Initiative and Advisory Council on Arthritis in DHS.

CURRENT VERSION OF TEXT

As introduced.

(Sponsorship Updated As Of: 1/11/2021)

AN ACT permanently re-establishing an arthritis initiative in the Department of Human Services and supplementing Title 26 of the Revised Statutes.

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

1. This act shall be known, and may be cited as, the "Arthritis Quality of Life Initiative Act."

2. The Legislature finds and declares that:

a. Arthritis is the most common cause of disability, and one of the most costly chronic diseases, in the United States.

b. According to the federal Centers for Disease Control and Prevention (CDC), between 2013 and 2015, an estimated 54.4 million U.S. adults (22.7 percent of the U.S. population) were annually diagnosed with some form of arthritis, and 23.7 million (or 43.5 percent) of those adults reported experienced limitations in their daily activities as a result of the disease.

c. As of 2015, approximately 1.6 million people in New Jersey, or about 18 percent of the State's population, suffered from arthritis, and 675,000 (or 42 percent) of those people reported experiencing limitations in their daily activities.

d. By the year 2040, the CDC estimates that approximately 78 million U.S. adults (or 26 percent of the U.S. population) will be annually diagnosed with arthritis, and 35 million of those adults will be subject to arthritis-attributable activity limitations.

e. Arthritis has a profound economic impact, and in 2013, the most recent year for which CDC cost data is available, the total nationwide arthritis-attributable medical care costs and earnings losses among adults with arthritis totaled $303.5 billion, or 1 percent of the total U.S. Gross Domestic Product (GDP).

f. On an individual level, an adult with arthritis will spend approximately $2,117 more in medical costs per year, and will take home $4,040 less in annual wages (due to lost productivity), than an adult who does not have the disease.

g. Osteoarthritis, which is the most common form of arthritis, affects more than 30 million adults in the U.S., and was the second most costly health condition treated in U.S. hospitals during 2013, accounting for $16.5 billion, or 4.3 percent of the combined costs for all hospitalizations.

h. There is no cure for arthritis; however, there are varying treatment options, which may include physical therapy, lifestyle changes, orthopedic bracing, medications, or joint replacement surgery.

i. There are also programs and services available that can allow for earlier diagnosis and treatment of arthritis, and improve the quality of life of people who have this disease.

j. In 1999, the New Jersey Legislature enacted the "Arthritis Quality of Life Initiative Act," P.L.1999, c.72 (C.26:2V-1 et seq.), which required the Department of Health to establish an arthritis-focused public education initiative and two regionally-based pilot arthritis centers, and which further established an Advisory Council on Arthritis to advise the department on the development and implementation of the initiative.

k. In 2012, the initiative and advisory council were transferred to the Department of Human Services; however, only a year after this transfer occurred, the Legislature enacted P.L.2013, c.253, which repealed the "Arthritis Quality of Life Initiative Act" on the basis that the advisory council was no longer active.

l. As evidenced by the statistics described in this section, there is still a significant need for arthritis-related public education and arthritis-focused care in this State and nation, and it is, therefore, reasonable and necessary for the Legislature to reinstate the previously existing Arthritis Quality of Life Initiative and the Advisory Council on Arthritis in the Department of Human Services, in order to ensure that there is a permanent mechanism pursuant to which the State can: (1) continuously increase public awareness of arthritis and available advancements in care; (2) provide necessary information to reduce the physical and emotional impact of arthritis, and to decrease the health care and economic costs associated therewith; and (3) facilitate improved access to arthritis care in the State.

3. As used in this act:

"Council" means the Advisory Council on Arthritis that is established pursuant to this act.

"Commissioner" means the Commissioner of Human Services.

"Department" means the Department of Human Services.

"Initiative" means the Arthritis Quality of Life Initiative that is established pursuant to this act.

"Arthritis" means any of the more than 130 types of arthritis and rheumatic diseases.

4. a. Within 180 days after the effective date of this act, the commissioner shall establish the Arthritis Quality of Life Initiative in the department. The purpose of the initiative shall be to: (1) increase public awareness about arthritis, its symptoms, and available treatment options; (2) publicize options for arthritis prevention; (3) highlight the value of early diagnosis and treatment; and (4) encourage and facilitate the delivery of programs and services that are aimed at preventing arthritis-related complications and improving the quality of life of people with arthritis.

b. In establishing the initiative, the commissioner shall, at a minimum:

(1) develop, and publicize on the department's Internet website, a list of health care providers who offer specialized services for persons with arthritis. Any such list shall include a cautionary statement indicating the current status of arthritis research, prevention, and treatment;

(2) establish, or, if appropriate, authorize and facilitate the re-establishment and ongoing maintenance, of two regionally-based arthritis centers, one in the northern and one in the southern part of the State;

(3) implement a public information and outreach campaign that includes, but need not be limited to, appropriate educational materials that promote the early diagnosis and treatment of arthritis and other rheumatic diseases;

(4) implement a professional education program for health care practitioners, which shall promote and endeavor to increase professional levels of expertise in association with the diagnosis of arthritis, and the treatment and care of persons with the disease;

(5) identify, and publicize on the department's Internet website, programs and services that are designed to prevent arthritis, reduce complications associated with arthritis, and improve the quality of life of those living with the disease;

(6) establish a phone-based referral and support network to help arthritic persons identify appropriate health care providers, legal advocates, and available programs and services; and

(7) engage in, or promote and facilitate, the use of outcome-based research designed to improve arthritis care and treatment, and appropriately publicize the findings of such research.

5. a. The Advisory Council on Arthritis is established in the department. The purpose of the council shall be to advise the commissioner on the development and ongoing implementation and operations of the Arthritis Qualify of Life Initiative in the State.

b. The council shall include 19 members, as follows: the Director of the Division of Aging Services in the Department of Human Services, the Principal Deputy Commissioner of Public Health in the Department of Health, the Director of Population Health in the Department of Health, the Director of the Division on Women in the Department of Children and Families, and the Chair of the New Jersey Interagency Council on Osteoporosis in the Department of Human Services, or their designees, who shall each serve ex officio; and 14 public members who have expertise or experience in arthritis or related subject matters, to be appointed by the commissioner. The public members may include persons with arthritis; public health educators; experts in arthritis research, prevention, and treatment; experts in strategic health care planning; representatives of arthritis health organizations; health care providers, such as physicians or nurses; and any other actors whom

the commissioner believes would provide relevant or helpful information on arthritis.

c. The members of the council shall serve without compensation, but may be reimbursed for travel and other necessary expenses incurred in the performance of their duties, within the limits of funds appropriated or otherwise made available to the council for its purposes.

d. Each public member of the council shall serve for a term of three years, except that, of the members first appointed, four shall serve for terms of three years, five shall serve for terms of two years, and five shall serve for terms of one year. Each member shall hold office for the term of appointment, and until their successor is appointed and qualified.

e. Any vacancy in the council membership shall be filled, for the unexpired term, in the same manner provided for the original appointment. Members shall be eligible for reappointment to the council.

f. The council shall organize as soon as practicable after the appointment of a majority of its members, and shall select a chairperson from among its members, and a secretary, who need not be a member of the council.

g. The department shall provide professional and clerical staff to the council as may be necessary for the council's purposes, and the council shall also be entitled to call upon the services of any other State, county, or municipal department, board, commission, or agency, as may be available to it for its purposes.

h. In executing its duties under this act, the council shall consult with associations, organizations, and individuals who are knowledgeable about the needs of persons with arthritis.

6. In addition to any monies that may be allocated by the State for the purposes of the arthritis quality of life initiative, the department shall be authorized to accept 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, for the purposes of establishing and maintaining the initiative, or facilitating the activities of the advisory council.

7. Not later than 18 months after the effective date of this act, and annually thereafter, the commissioner shall submit a report to the Governor, and, pursuant to section 2 of P.L.1991, c.164 (C.52:14-19.1), to the Legislature, describing the activities and accomplishments of the initiative.

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

9. This act shall take effect immediately.

STATEMENT

This bill would re-establish the Arthritis Quality of Life Initiative and the Advisory Council on Arthritis in the Department of Human Services (DHS). The initiative and the advisory council were initially established in the Department of Health, through the enactment of the "Arthritis Quality of Life Initiative Act," at P.L.1999, c.72 (C.26:2V-1 et seq.). In 2012, the Legislature transferred the initiative and the advisory council to the DHS; but only a year later, in 2013, the Legislature repealed the "Arthritis Quality of Life Initiative Act," on the basis that the advisory council was inactive. This bill would permanently reinstitute the initiative and the council in the DHS, in order to ensure that arthritis continues to be sufficiently addressed in the State.

Specifically, the bill would require the Commissioner of Human Services to re-establish the Arthritis Quality of Life Initiative within 180 days after the bill's effective date. The purpose of the initiative is to: 1) increase public awareness about arthritis, its symptoms, and available treatment options; 2) publicize options for arthritis prevention; 3) highlight the value of early diagnosis and treatment; and 4) encourage and facilitate the delivery of programs and services that are aimed at preventing arthritis-related complications and improving the quality of life of people with arthritis.

In establishing the initiative, the bill would require the commissioner, at a minimum, to:

1) develop, and publicize on the department's Internet website, a list of health care providers who offer specialized services for persons with arthritis;

2) establish, or, if appropriate, authorize and facilitate the re-establishment and ongoing maintenance, of two regionally-based arthritis centers, one in the northern and one in the southern part of the State;

3) implement a public information and outreach campaign that includes, but need not be limited to, appropriate educational materials that promote the early diagnosis and treatment of arthritis and other rheumatic diseases;

4) implement a professional education program for health care practitioners, which is to promote and endeavor to increase professional levels of expertise in association with the diagnosis of arthritis, and the treatment and care of persons with the disease;

5) identify, and publicize on the department's Internet website, programs and services that are designed to prevent arthritis, reduce complications associated with arthritis, and improve the quality of life of those living with the disease;

6) establish a phone-based referral and support network to help arthritic persons identify appropriate health care providers, legal advocates, and available programs and services; and

7) engage in, or promote and facilitate, the use of outcome-based research designed to improve arthritis care and treatment, and appropriately publicize the findings of such research.

The bill would also re-establish the Advisory Council on Arthritis in the DHS. The purpose of the council would be to advise the commissioner on the development and ongoing implementation and operations of the Arthritis Qualify of Life Initiative.

The council would include 19 members, as follows: the Director of the Division of Aging Services in the Department of Human Services, the Principal Deputy Commissioner of Public Health in the Department of Health, the Director of Population Health in the Department of Health, the Director of the Division on Women in the Department of Children and Families, and the Chair of the New Jersey Interagency Council on Osteoporosis in the Department of Human Services, or their designees, who would each serve ex officio; and 14 public members who have expertise or experience in arthritis or related subject matters, to be appointed by the commissioner.

Each public member of the council would serve for a term of three years, except that, of the members first appointed, four would serve for terms of three years, five would serve for terms of two years, and five would serve for terms of one year. Each member is to hold office for the term of appointment, and until their successor is appointed and qualified. Members are eligible for reappointment to the council.

The council would be required to organize as soon as practicable after the appointment of a majority of its members. The members would serve without compensation, but could be reimbursed for travel and other necessary expenses incurred in the performance of their duties, within the limits of funds appropriated or otherwise made available to the council for its purposes.

Not later than 18 months after the bill’s effective date, and annually thereafter, the commissioner will be required to submit a report to the Governor and the Legislature describing the activities and accomplishments of the initiative.