

SENATE, No. 1991

STATE OF NEW JERSEY

219th LEGISLATURE

INTRODUCED MARCH 5, 2020

Sponsored by:
Senator LORETTA WEINBERG
District 37 (Bergen)

SYNOPSIS

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

CURRENT VERSION OF TEXT

As introduced.



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

4
5 **BE IT ENACTED** *by the Senate and General Assembly of the State*
6 *of New Jersey:*

7
8 1. This act shall be known, and may be cited as, the “Arthritis
9 Quality of Life Initiative Act.”

10
11 2. The Legislature finds and declares that:

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

14 b. According to the federal Centers for Disease Control and
15 Prevention (CDC), between 2013 and 2015, an estimated 54.4
16 million U.S. adults (22.7 percent of the U.S. population) were
17 annually diagnosed with some form of arthritis, and 23.7 million (or
18 43.5 percent) of those adults reported experiencing limitations in
19 their daily activities as a result of the disease.

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

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

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

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

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

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

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

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

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

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

26
27 3. As used in this act:

28 “Council” means the Advisory Council on Arthritis that is
29 established pursuant to this act.

30 “Commissioner” means the Commissioner of Human Services.

31 “Department” means the Department of Human Services.

32 “Initiative” means the Arthritis Quality of Life Initiative that is
33 established pursuant to this act.

34 “Arthritis” means any of the more than 130 types of arthritis and
35 rheumatic diseases.

36
37 4. a. Within 180 days after the effective date of this act, the
38 commissioner shall establish the Arthritis Quality of Life Initiative
39 in the department. The purpose of the initiative shall be to: (1)
40 increase public awareness about arthritis, its symptoms, and
41 available treatment options; (2) publicize options for arthritis
42 prevention; (3) highlight the value of early diagnosis and treatment;
43 and (4) encourage and facilitate the delivery of programs and
44 services that are aimed at preventing arthritis-related complications
45 and improving the quality of life of people with arthritis.

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

- 1 (1) develop, and publicize on the department's Internet website,
2 a list of health care providers who offer specialized services for
3 persons with arthritis. Any such list shall include a cautionary
4 statement indicating the current status of arthritis research,
5 prevention, and treatment;
 - 6 (2) establish, or, if appropriate, authorize and facilitate the re-
7 establishment and ongoing maintenance, of two regionally-based
8 arthritis centers, one in the northern and one in the southern part of
9 the State;
 - 10 (3) implement a public information and outreach campaign that
11 includes, but need not be limited to, appropriate educational
12 materials that promote the early diagnosis and treatment of arthritis
13 and other rheumatic diseases;
 - 14 (4) implement a professional education program for health care
15 practitioners, which shall promote and endeavor to increase
16 professional levels of expertise in association with the diagnosis of
17 arthritis and the treatment and care of persons with the disease;
 - 18 (5) identify, and publicize on the department's Internet website,
19 programs and services that are designed to prevent arthritis, reduce
20 complications associated with arthritis, and improve the quality of
21 life of those living with the disease;
 - 22 (6) establish a phone-based referral and support network to help
23 arthritic persons identify appropriate health care providers, legal
24 advocates, and available programs and services; and
 - 25 (7) engage in, or promote and facilitate, the use of outcome-
26 based research designed to improve arthritis care and treatment, and
27 appropriately publicize the findings of such research.
- 28
- 29 5. a. The Advisory Council on Arthritis is established in the
30 department. The purpose of the council shall be to advise the
31 commissioner on the development and ongoing implementation and
32 operations of the Arthritis Qualify of Life Initiative in the State.
 - 33 b. The council shall include 19 members, as follows: the
34 Director of the Division of Aging Services in the Department of
35 Human Services, the Principal Deputy Commissioner of Public
36 Health in the Department of Health, the Director of Population
37 Health in the Department of Health, the Director of the Division on
38 Women in the Department of Children and Families, and the Chair
39 of the New Jersey Interagency Council on Osteoporosis in the
40 Department of Human Services, or their designees, who shall each
41 serve ex officio; and 14 public members who have expertise or
42 experience in arthritis or related subject matters, to be appointed by
43 the commissioner. The public members may include persons with
44 arthritis; public health educators; experts in arthritis research,
45 prevention, and treatment; experts in strategic health care planning;
46 representatives of arthritis health organizations; health care
47 providers, such as physicians or nurses; and any other actors whom

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

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

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

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

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

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

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

30
31 6. In addition to any monies that may be allocated by the State
32 for the purposes of the arthritis quality of life initiative, the
33 department shall be authorized to accept any special grant of
34 money, services, or property from the federal government or any of
35 its agencies, or from any foundation, organization, or medical
36 school, for the purposes of establishing and maintaining the
37 initiative, or facilitating the activities of the advisory council.

38
39 7. Not later than 18 months after the effective date of this act,
40 and annually thereafter, the commissioner shall submit a report to
41 the Governor, and, pursuant to section 2 of P.L.1991, c.164
42 (C.52:14-19.1), to the Legislature, describing the activities and
43 accomplishments of the initiative.

44
45 8. The commissioner shall adopt rules and regulations,
46 pursuant to the "Administrative Procedure Act," P.L.1968, c.410
47 (C.52:14B-1 et seq.), as may be necessary to effectuate the
48 provisions of this act.

1 9. This act shall take effect immediately.

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STATEMENT

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

18 Specifically, the bill would require the Commissioner of Human
19 Services to re-establish the Arthritis Quality of Life Initiative within
20 180 days after the bill’s effective date. The purpose of the initiative
21 is to: 1) increase public awareness about arthritis, its symptoms,
22 and available treatment options; 2) publicize options for arthritis
23 prevention; 3) highlight the value of early diagnosis and treatment;
24 and 4) encourage and facilitate the delivery of programs and
25 services that are aimed at preventing arthritis-related complications
26 and improving the quality of life of people with arthritis.

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

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

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

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

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

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

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

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

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

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

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

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

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