

SUBJECT: Creating an osteoporosis public education program

COMMITTEE: Public Health — committee substitute recommended

VOTE: 6 ayes — Berlanga, Hirschi, Coleman, Delisi, Glaze, McDonald
0 nays
3 absent — Janek, Maxey, Rodriguez

WITNESSES: For — Steven Petak, M.D., American Association of Clinical Endocrinologists; Rogene Tesar; Greg Hoosier, Texas Dietetic Association
Against — None
On — Philip Huang, M.D., Texas Department of Health

DIGEST: CSHB 1415 would direct the state health commissioner to develop and implement a public education program on the causes and associated risk factors of osteoporosis, and the value of early detection and prevention. The program would also identify the most cost-effective options for treatment.

The commissioner would be permitted to appoint a task force to assist in developing public education strategies. Members of the task force would not be entitled to compensation, per diem or expense reimbursement.

CSHB 1415 would also establish legislative findings that osteoporosis is a major health program that is often undiagnosed, resulting in fractures, pain, disability and immobility, that early detection and prevention are key health care strategies and that it is in the state's public interest to promote public awareness of the value of early detection, prevention and appropriate treatment. The bill would take immediate effect if approved by two thirds of the membership of each house.

SUPPORTERS SAY: CSHB 1415 would help save many individuals from unnecessary pain, suffering and costly medical treatment due to osteoporosis, a bone disease in which bone mass is lost, causing bone deterioration, fractures, curvature

of the spine, height loss and back pain. Because osteoporosis has no early signs or outward symptoms, public education is an important tool in preventing and treating the disease.

The incidence of osteoporosis is widespread, and public health expenditures would go a long way in improving the quality of life for many women and aging Texans. An estimated one out of every two women, and one out of every eight men, age 50 and over will sustain an osteoporosis-related fracture. The National Institute of Health has recognized osteoporosis as one of the four deadliest diseases among women, along with heart disease, stroke and breast cancer. Women are at higher risk of osteoporosis due to the loss of estrogen production during menopause.

Most women know very little about osteoporosis, but information has been shown to be a powerful motivator in changing behavior. Surveys have shown about three out of four women have never talked to their physician about osteoporosis, but that once learning about the disease over two-thirds were encouraged to take appropriate steps to change their behavior, such as eating a calcium-rich diet and increasing exercise.

CSHB 1415 would spend a little money now to reduce future individual and government expenditures for health care services. Osteoporosis is treatable and preventable, and early detection and outpatient medical, exercise and diet therapies are much less expensive than nursing home institutionalization and hospital, surgical, rehabilitation and medical equipment costs. It has been estimated that individuals, state government and insurance companies spent about \$701 million in 1993 in direct medical costs related to osteoporotic fractures. Medicaid nursing home expenditures related to admissions related to fractures totaled about \$131.9 million in 1994.

Public education efforts implemented now will also improve physician awareness of the disease and over time screening for osteoporosis can become a routine part of medical care. Most doctors are particularly unaware of risk factors affecting women in their 30s and 40s. Five states have enacted legislation that would implement osteoporosis-education programs (California, Illinois, Maryland, Massachusetts and Mississippi), and several others are considering it.

**OPPONENTS
SAY:**

CSHB 1415 would single out one disease for special public health treatment and cost the state about \$240,000 per year. Less costly approaches in educating the public or improving the detection of osteoporosis might include medical school training, continuing education courses or use of private sector resources such as medical and other health care associations.

NOTES:

The original version of HB 1415 would have required the establishment of an advisory council appointed by the board of health to report to the commissioner recommendations on public education strategies. It would have also authorized an appropriation of \$250,000 per year to implement the public education program.

SB 606 by Zaffirini, which passed the Senate on March 29, was reported by the House Public Health Committee on April 18 with a committee substitute identical to CSHB 1415. CSSB 606 is eligible to be considered in lieu of CSHB 1415.

CSHB 1416 by McDonald and SB 607 by Zaffirini, which passed the Senate on April 13, would require health insurers and HMOs to provide coverage for osteoporosis screening for high risk women. Both bills are pending in the House Insurance Committee following an April 12 hearing.