Inventory of State Osteoporosis Activities

A Resource for Public Health Practitioners

Maryland Osteoporosis Prevention and Education Task Force
Maryland Department of Health and Mental Hygiene
Family Health Administration
June 2004

Robert L. Ehrlich, Jr., Governor · Michael S. Steele, Lt. Governor · Nelson J. Sabatini, Secretary
Introduction

Osteoporosis is a disease that causes bones to become porous and break (fracture) more easily. Although it was once thought to be an inevitable result of aging, osteoporosis is largely preventable and treatable for most people. Screening procedures and FDA-approved medications have become available during the past ten to fifteen years that can be used to effectively identify and treat osteoporosis patients. These developments can improve patient outcomes and reduce health care costs by decreasing the risk of initial, or subsequent fractures.

Forty-four million American men and women age 50 and older have either low bone mass (i.e., osteopenia, the bone-thinning condition that can progress to osteoporosis), or osteoporosis, and 68% of them are women.¹ Nationally, 17 billion dollars are spent annually on the medical costs associated with osteoporosis-related fractures.² Among major chronic diseases (e.g. cardiovascular disease, diabetes, arthritis, asthma and cancer), osteoporosis is the only disease without a funded program at the Centers for Disease Control and Prevention (CDC).

Without a national osteoporosis plan, or federal funding available for state program development, prevention and control efforts have varied widely among states. The purpose of this report is to provide a snapshot of current U.S. osteoporosis prevention and control activities and to serve as a resource for state chronic disease prevention/health promotion program directors interested in reducing the burden of osteoporosis. Lessons can be learned from states that have, or had funded osteoporosis programs, as well as states that have legislation with and without appropriations.

In 2002, the Chronic Disease Directors (CDD) formed an Osteoporosis Council in partnership with the CDD Women’s Health Council. Information for this report was collected from March to June 2004 through e-mail and phone conversations with the contact person listed for each state on the Osteoporosis Council Web site (www.chronicdisease.org/osteo_council/osteo-index.htm). For states without dedicated osteoporosis prevention staff, the chronic disease prevention, health promotion, or women’s health program director was contacted. An updated list of state health department osteoporosis contacts is provided in Appendix A.

State Osteoporosis Legislation

Thirty-two states currently have at least one osteoporosis-related legislation involving either; an osteoporosis prevention and education program, an Osteoporosis Task Force or an insurance coverage law for bone mineral density testing. Of the twenty-three states with osteoporosis prevention and education legislation, fourteen receive state funding (Table 1). A comprehensive listing of osteoporosis state laws is available from the National Conference of State Legislatures and is provided in Appendix B.³
Table 1. States With Osteoporosis Laws

<table>
<thead>
<tr>
<th>State</th>
<th>Osteoporosis Education Law</th>
<th>Osteoporosis Task Force Law</th>
<th>Bone Density Testing Law</th>
<th>State Funding</th>
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<td>Alabama</td>
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<tr>
<td>Wisconsin</td>
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</tbody>
</table>
The US map below provides a visual summary of osteoporosis legislation (updated June 2004). As a result of health department reorganizations, budget constraints, or loss of a legislative champion, several states have had significant reductions in their osteoporosis programs, funding, or legislation during the past several years (e.g., Connecticut, Iowa, Massachusetts, Ohio, South Carolina, Tennessee and Texas). Although Arizona no longer has legislation or state funding, the Arizona Osteoporosis Coalition was formed in 2002 as a non-profit organization (501c3). The Arizona State Department of Health osteoporosis contact serves on the Arizona Osteoporosis Coalition education subcommittee.
State / Strategic Osteoporosis Plans

Sixteen states have developed, or are in the process of developing state or strategic osteoporosis plans (Table 2). In addition, Alabama, Maryland and North Carolina have plans, future directions or recommendations for action listed in their Osteoporosis Task Force Annual Reports.

Table 2.

<table>
<thead>
<tr>
<th>State Plan</th>
<th>Strategic Plan</th>
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<tbody>
<tr>
<td>1. Arizona</td>
<td>2004-2007 business plan developed by Osteoporosis Coalition (501c3)</td>
</tr>
<tr>
<td>2. California</td>
<td>In process of writing initial plan, estimated completion - May 2005</td>
</tr>
<tr>
<td>3. Colorado</td>
<td>Updating in 2004-05</td>
</tr>
<tr>
<td>4. Florida</td>
<td>1994</td>
</tr>
<tr>
<td>5. Georgia</td>
<td>1999</td>
</tr>
<tr>
<td>6. Illinois</td>
<td>2002</td>
</tr>
<tr>
<td>7. Michigan</td>
<td>1996 plan is obsolete</td>
</tr>
<tr>
<td>8. New Jersey</td>
<td>2003 strategic plan being edited now</td>
</tr>
<tr>
<td>9. New York</td>
<td>2002 work plan</td>
</tr>
<tr>
<td>10. Oklahoma</td>
<td>Being developed</td>
</tr>
<tr>
<td>12. Rhode Island</td>
<td>2003-2008</td>
</tr>
<tr>
<td>13. Texas</td>
<td>2002 plan; program and funding now eliminated</td>
</tr>
<tr>
<td>14. Vermont</td>
<td>Being developed</td>
</tr>
<tr>
<td>15. Washington</td>
<td>1997 report is obsolete</td>
</tr>
<tr>
<td>16. West Virginia</td>
<td>Beginning July 2004</td>
</tr>
</tbody>
</table>
Although the focus of the plans varies from awareness and screening to prevention and education, key elements of state plans have been included by most states (e.g., involvement of stakeholders; description of the disease burden; existing prevention and control efforts; goals; objectives; population selection and strategies for interventions; combining strategies with other programs; resource development; evaluation; accessibility of plan).

State Osteoporosis Web Sites / Web Pages

To communicate osteoporosis prevention and control messages, a number of states have Web sites dedicated to osteoporosis, or have included osteoporosis pages in their state health department Web sites. The URL addresses are listed in Appendix C.

Osteoporosis Behavioral Risk Factor Surveillance

In March 2004, the CDC approved a set of seven Maryland-developed osteoporosis questions as an optional module for the 2005 national Behavioral Risk Factor Surveillance System (BRFSS) survey. The osteoporosis optional module questions are shown in Appendix D. The answers to the optional module questions can be analyzed with regard to numerous other osteoporosis-related factors that are addressed in the BRFSS core questionnaire (e.g., age, weight, gender, race/ethnicity, physical activity, smoking status, alcohol consumption, health care access, depression, activities of daily living and use of asthma medications). Questions in the BRFSS core questionnaire, physical activity and osteoporosis optional modules address the osteoporosis-related Healthy People 2010 Objectives (Appendix E).

Before the module was developed and rigorously tested with funding provided by the National Osteoporosis Foundation, there was no set of standardized questions available for state-level osteoporosis surveillance. Michigan developed a separate osteoporosis and arthritis surveillance questionnaire that they administered in 2000 and 2001 and will repeat in 2004 and 2005. Between 1998 and 2002, the following seventeen states used a variety of state-added osteoporosis questions on their BRFSS surveys (www.cdc.gov/brfss/questionnaires/questionnaires.htm):

1. Arizona
2. California
3. Connecticut
4. Florida
5. Georgia
6. Iowa
7. Massachusetts
8. Missouri
9. New Hampshire
10. New Jersey
11. New Mexico
12. Ohio
13. Pennsylvania
14. Rhode Island
15. Tennessee
16. Washington
17. West Virginia
At the time of this writing, funding was still being identified for the CDC to include the new osteoporosis optional module on the 2005 BRFSS survey. If funding needs are not met in time to administer the osteoporosis questions as an optional module on the 2005 survey, states are encouraged to use the seven questions shown in Appendix D as state-added questions without modifying the text, or the order of the questions. Uniform data collection among states will assist in a more accurate description of the disease prevalence and the knowledge and behaviors associated with osteoporosis.

Summary

State-level prevention and control efforts for osteoporosis have varied widely for more than a decade. Without a uniform osteoporosis surveillance system among states, or a national osteoporosis plan, state and federal program funding has been difficult to justify. The anticipated fall 2004 release of the Surgeon General’s Report on Osteoporosis and Bone Health will serve as a call to action for the nation to address this largely preventable and treatable disease. State-level public health practitioners interested in osteoporosis prevention and control can use this report as a resource for program development and advocacy.

References


## Appendix A: State Health Department Osteoporosis Contacts

<table>
<thead>
<tr>
<th>State</th>
<th>Contact</th>
<th>Phone Number</th>
<th>Email Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>ALABAMA</td>
<td>Mim Gaines</td>
<td>334-206-5649</td>
<td><a href="mailto:mgaines@adph.state.al.us">mgaines@adph.state.al.us</a></td>
</tr>
<tr>
<td>ALASKA</td>
<td>Carl Aronson</td>
<td>907-269-8055</td>
<td><a href="mailto:carl_aronson@health.state.ak.us">carl_aronson@health.state.ak.us</a></td>
</tr>
<tr>
<td>ARIZONA</td>
<td>Lee Renda</td>
<td>602-542-2831</td>
<td><a href="mailto:rendal@hs.state.az.us">rendal@hs.state.az.us</a></td>
</tr>
<tr>
<td>ARKANSAS</td>
<td>Jennifer Dillaha</td>
<td>501-280-4055</td>
<td><a href="mailto:jdillaha@healthyarkansas.com">jdillaha@healthyarkansas.com</a></td>
</tr>
<tr>
<td>CALIFORNIA</td>
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<td><a href="mailto:pford@dhs.ca.gov">pford@dhs.ca.gov</a></td>
</tr>
<tr>
<td>COLORADO</td>
<td>Rachel Oys</td>
<td>303-692-2606</td>
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</tr>
<tr>
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<td><a href="mailto:nancy.berger@po.state.ct.us">nancy.berger@po.state.ct.us</a></td>
</tr>
<tr>
<td>DELAWARE</td>
<td>Fred Breukelman</td>
<td>302-739-4724</td>
<td><a href="mailto:fred.breukelman@state.de.us">fred.breukelman@state.de.us</a></td>
</tr>
<tr>
<td>DISTRICT OF COLUMBIA</td>
<td>Stephanie L. Harper</td>
<td>202-442-9139</td>
<td><a href="mailto:sharper@dchealth.com">sharper@dchealth.com</a></td>
</tr>
<tr>
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<td>850-245-4444 x2982</td>
<td><a href="mailto:carol_scoggins@doh.state.fl.us">carol_scoggins@doh.state.fl.us</a></td>
</tr>
<tr>
<td>GEORGIA</td>
<td>Jean Gearing</td>
<td>404-657-6643</td>
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</tr>
<tr>
<td>HAWAII</td>
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</tr>
<tr>
<td>IDAHO</td>
<td>Patti Moran</td>
<td>208-332-7344</td>
<td><a href="mailto:MoranP@idhw.state.id.us">MoranP@idhw.state.id.us</a></td>
</tr>
<tr>
<td>ILLINOIS</td>
<td>Sharon Green</td>
<td>312-814-2684</td>
<td><a href="mailto:SGREEN@idph.state.il.us">SGREEN@idph.state.il.us</a></td>
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<tr>
<td>INDIANA</td>
<td>Andrea N. Frye</td>
<td>317-233-7019</td>
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<tr>
<td>IOWA</td>
<td>Laurene Hendricks</td>
<td>515-281-5675</td>
<td><a href="mailto:lhendric@idph.state.ia.us">lhendric@idph.state.ia.us</a></td>
</tr>
<tr>
<td>KANSAS</td>
<td>Paula Marmet</td>
<td>785-296-8916</td>
<td><a href="mailto:PMarmet@kdhe.state.ks.us">PMarmet@kdhe.state.ks.us</a></td>
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<tr>
<td>KENTUCKY</td>
<td>Curtis Rowe</td>
<td>502-564-7996</td>
<td><a href="mailto:Curtis.Rowe@ky.gov">Curtis.Rowe@ky.gov</a></td>
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<tr>
<td>LOUISIANA</td>
<td>Vicki Scanlan-Leishman</td>
<td>225-342-8095</td>
<td><a href="mailto:vsleishm@dhh.la.gov">vsleishm@dhh.la.gov</a></td>
</tr>
<tr>
<td>MAINE</td>
<td>Sharon Leahy-Lind</td>
<td>207-287-4577</td>
<td><a href="mailto:sharon.leahy-lind@maine.gov">sharon.leahy-lind@maine.gov</a></td>
</tr>
<tr>
<td>MARYLAND</td>
<td>Mary Concannon</td>
<td>410-767-4382</td>
<td><a href="mailto:mconcannon@dhh.state.md.us">mconcannon@dhh.state.md.us</a></td>
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<tr>
<td>MASSACHUSETTS</td>
<td>Maria Bettencourt</td>
<td>617-624-5470</td>
<td><a href="mailto:maria.bettencourt@state.ma.us">maria.bettencourt@state.ma.us</a></td>
</tr>
<tr>
<td>MICHIGAN</td>
<td>Denise Cyzman</td>
<td>517-335-8369</td>
<td><a href="mailto:cyzmand@michigan.gov">cyzmand@michigan.gov</a></td>
</tr>
</tbody>
</table>
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### Appendix B: Summary of Osteoporosis State Laws as of 6/2004

<table>
<thead>
<tr>
<th>State</th>
<th>Description</th>
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<tbody>
<tr>
<td><strong>Alabama</strong></td>
<td>Ala. Code § 22-13A-1 et seq. (1995) creates the Osteoporosis Prevention and Treatment Education Act to foster a multigenerational statewide program to promote public awareness and knowledge about the causes of osteoporosis, risk factors, the value of prevention and early detection, and the options available for treatment.</td>
</tr>
<tr>
<td><strong>American Samoa</strong></td>
<td>No current legislation.</td>
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<tr>
<td><strong>Alaska</strong></td>
<td>No current legislation.</td>
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<tr>
<td><strong>Arizona</strong></td>
<td>No current legislation.</td>
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<tr>
<td><strong>Arkansas</strong></td>
<td>Ark. Stat. Ann. § 20-15-1401 et seq. (1997) creates the Osteoporosis Prevention and Treatment Act and requires the department of health to coordinate with other agencies and organizations to establish, promote, and maintain an osteoporosis prevention and treatment education program. The purpose of the program is to raise public awareness, educate consumers, and educate and train health professionals and service providers.</td>
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</tbody>
</table>
| **California**      | Cal. Acts, Chap. No. 39 (2003) recognizes May 2003 as Osteoporosis Awareness Month, and encourages all people to honor their mothers by raising awareness of osteoporosis and enabling women to obtain the advantage of fast fracture protection by managing osteoporosis and maintaining bone health. (A.C.R. 82)  
  
  Cal. Acts, Chap. No. 73 (2002) recognizes May 2002 as Osteoporosis Awareness Month, and encourages all people in the state to become educated about their risks of developing osteoporosis, the methods of diagnosis of this disease, and the methods of treatment. (A.C.R. 173)  
  
  
  Cal. Health and Safety Code § 1367.67 (1993) requires insurers to provide coverage for diagnosis, treatment, and appropriate management of osteoporosis, which includes all technologies approved by the Federal Drug Administration (FDA) and bone mass measurement technologies as deemed medically appropriate. |
| **Colorado**        | No current legislation. |
| **Connecticut**     | Conn. Acts, P.A. 99-9 (1999) creates the Osteoporosis Education and |
Awareness Advisory Council for the purposes of assessing the extent of osteoporosis, advocacy, policy, public and medical education. The council is charged with instituting a statewide media campaign on prevention and preparing and distributing material to reach high-risk groups. The advisory council terminates two years from the date of its inception. (S.B. 1250) [Act expired in 2001]

Conn. Acts, P.A. 96-245 (1996) establishes a task force to study the availability of resources devoted to the prevention and treatment of osteoporosis. (S.B. 57) [Act expired in 1996]


District of Columbia No current legislation.

Florida Fla. Stat. § 381.87 (1996) creates the Osteoporosis Prevention and Education Program 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.

Fla. Stat. § 627.6409 (1996) requires insurers to provide coverage for the medically necessary diagnosis and treatment of osteoporosis for high-risk individuals, with some exceptions.


Ga. Code Ann. § 31-42.1 et seq. (1995) enacts the Osteoporosis Prevention and Treatment Education Act to create a multigenerational, statewide program to promote awareness and knowledge about osteoporosis, risk factors, prevention, detection and treatment options.

Guam No current legislation.

Hawaii No current legislation.

Idaho No current legislation.

any prescription drug used in the treatment of osteoporosis. (H.B. 3491)

**Ill. Rev. Stat. ch. 20, § 2305/8.2 (1994)** requires the Department of Public Health to establish, promote, and maintain an Osteoporosis Prevention and Education Program to promote public awareness of the causes of osteoporosis, options for prevention, the value of early detection and treatments.

**Indiana**  
*Ind. Code § 16-41-39.6 et seq. (1997)* allows the Department of Health to establish an osteoporosis prevention and treatment program and establishes the osteoporosis education fund.

**Iowa**  
*No current legislation.*

**Kansas**  
*Kan. Stat. Ann. § 40-4601 (2001)* requires insurers to provide coverage for services related to diagnosis, treatment and management of osteoporosis. This includes bone mass measurement where medically necessary for an individual. (S.B. 19)

**Kentucky**  
*Ky. Rev. Stat. § 304.17-3163 (1998)* requires insurers to make available and offer coverage for bone density testing for women 35 years and older to obtain baseline data for the early detection of osteoporosis.

**Louisiana**  

**Maine**  
*No current legislation.*

**Maryland**  

*Md. Insurance Code Ann. § 15-823 (1997)* requires coverage for reimbursement for bone mass measurement for individuals when the measurement is requested by a health care provider. The law requires insurance plans to provide specified coverage for individuals for a procedure used to identify bone mass or detect bone loss for the prevention, diagnosis and treatment of osteoporosis.

**Massachusetts**  
*No current legislation.*

**Michigan**  

Minnesota

Minn. Stat. § 327.20 (1996) permits the use of direct exposure x-ray film in radiographic absorptionmetry for the diagnosis and management of osteoporosis. (Chap. 203 (SF 1908)

Minn. Laws, Chap. 207 (Art. 6) (1995) (appropriations bill) requires the Department of Health to report on the need for an osteoporosis prevention and treatment program and authorizes the department to apply for grants and gifts to establish a program. (SF 1110)

Mississippi

Miss. Code Ann. § 41-93-1 et seq. (1994) establishes the Osteoporosis Prevention and Treatment Education Act to create a statewide program to promote public awareness and knowledge about the causes of osteoporosis, personal risk factors, the value of prevention and early detection and the options available for treatment.

Missouri

Mo. Rev. Stat. § 192.640 et seq. (1995) authorizes the Department of Health to establish, promote and maintain an osteoporosis prevention and education program to promote public awareness of causes of osteoporosis, options for prevention, the value of early detection and possible treatments. The law also authorizes the department to establish an osteoporosis advisory council to be appointed by the health department director.

Montana

No current legislation.

Nebraska

No current legislation.

Nevada

Nev. Rev. Stat. § 236.065 (1997) requires the governor to proclaim annually that the week beginning with Mother’s Day is Osteoporosis Prevention and Awareness Week in Nevada.

New Hampshire

N.H. Rev. Stat. § 126:I-1 et seq. (1997) requires the Department of Health and Human Services to establish, promote and maintain an osteoporosis prevention and education program. The program is to promote public awareness of causes of osteoporosis options for prevention, and the value of early detection and possible treatments, including the benefits and risks of those treatments. The law also provides for the establishment of an advisory council.

New Jersey

N.J. Stat. § 26:2R-1 et seq. (1997) establishes 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. The law also creates an Interagency Council on Osteoporosis.
New Mexico  

New York  
**N.Y. Public Health Law § 2705 et seq. (1998)** establishes the Osteoporosis Prevention and Education Program to promote public awareness of the causes of osteoporosis, options for prevention, and the value of early detection and possible treatments. The program implements a public education and outreach campaign to promote osteoporosis prevention and a professional education program for health care providers and health-related community-based organizations. The law also creates an osteoporosis advisory council. (A.B. 11723)

**N.Y. Acts, Chap. No. 554 (2002)** requires that certain health insurance contracts provide coverage for bone mineral density measurements or tests, and for contracts that include prescription drugs, drugs and devices approved by the FDA. Additionally, the insurer or HMO must adopt standards that include the criteria of the federal Medicare program and the National Institutes of Health for the detection of osteoporosis, when determining coverage for bone mineral density measurements or tests.

North Carolina  
**N.C. Gen. Stat. § 58-3-174 (1999)** requires insurers to provide coverage for scientifically proven and approved bone mass measurement for the diagnosis and evaluation of osteoporosis or low bone mass.


North Dakota  
No current legislation.

Ohio  

Oklahoma  
**Okla. Stat. tit. 63, § 1-260.3 et seq. (1999)** establishes within the Department of Health an osteoporosis prevention and treatment education program. The law also creates the Interagency Council on Osteoporosis.

**Okla. Stat. tit. 36, § 6060.1 (1996)** requires insurers to provide coverage for bone density testing for people whose medical histories indicate a high risk of osteoporosis, when the test is requested by a primary care or referral physician.

Oregon  
No current legislation.

Pennsylvania  
Prevention and Education Program to raise public awareness of the causes and effects of osteoporosis, personal risk factors, prevention, early detection and options for diagnosis and treatment.

Rhode Island  

**R.I. Gen. Laws § 23-70-1 (1997)** authorizes the use of existing resources to educate the public on the causes of osteoporosis and the personal risk factors, publicize the value of early detection and prevention, and identify the most cost-effective options available for treatment. In addition, the law allows for the director of the Department of Health to appoint a task force to make recommendations.

South Carolina  
**S.C. Code Ann. § 44-125-10 et seq. (1997)** establishes the Osteoporosis Prevention, Treatment, and Education Act and the Osteoporosis Education Fund for the purpose of promoting public awareness, prevention, and treatment of osteoporosis. The law requires the Department of Health and Environmental Control to administer the fund and to establish an Osteoporosis Prevention and Treatment Education Program.

South Dakota  
No current legislation.

Tennessee  


**Tenn. Code Ann. § 56-7-2506 (1996)** creates the Bone Mass Measurement Coverage Act. The law allows insurers to provide coverage to a qualified individual for scientifically proven bone mass measurement (bone density testing) for the diagnosis and treatment of osteoporosis.

**Tenn. Pub. Acts, H. Jt. Res. 431 (1996)** continues the special joint committee to study women's health issues for two years to further study and make recommendations on women's health issues. The resolution notes that the committee has devised more specific recommendations relative to women's health issues, including osteoporosis research in state educational facilities. (not codified)

program to promote public awareness and knowledge about osteoporosis within
the department of health.

Texas

coverage for medically accepted bone mass measurement for the detection of
low bone mass and to determine the risk of osteoporosis and fractures associated
with osteoporosis.

program to promote public awareness of the benefits and value of the early
detection, prevention and appropriate treatment of osteoporosis. The law also
provides for the appointment of an osteoporosis task force.

U.S. Virgin Islands **No current legislation.**

Utah **No current legislation.**

Vermont **No current legislation.**

Virginia

with the Medical Society of Virginia, to initiate an osteoporosis prevention and
education program to promote public knowledge of the causes, prevention and
value of early detection of osteoporosis.

Washington

Magnuson Institute for Biomedical Research and Health Professions Training.
The law supports biomedical research into the causes, treatment and
management of osteoporosis.

West Virginia

**W. Va. Code § 16-5M-1 et seq. (1996)** creates the Osteoporosis Prevention
Education Act and requires the Bureau of Public Health to promote and maintain
the program by developing strategies for educating the public and health
professionals. The act also establishes the Interagency Council on Osteoporosis
to coordinate osteoporosis programs conducted by the Bureau of Public Health.

Wisconsin

**Wis. Stat. § 534, 592 and 3482 (1997)** provides funds to provide health care
screening, referral, follow-up and patient education to low-income, underinsured
and uninsured women. The law requires the Department of Health and Family
Services to use the funding to increase women's awareness of issues that affect
their health and reduce the prevalence of chronic and debilitating health
conditions that affect women. The law requires the department to enhance
community activities by establishing and maintaining a comprehensive women's
health program that addresses all major risk factors for chronic disease for
middle-aged and older women. The act also authorizes the department to support
an osteoporosis prevention and education program.

Wyoming **No current legislation.**

### Appendix C: State Osteoporosis URL Addresses

<table>
<thead>
<tr>
<th>State</th>
<th>URL Addresses</th>
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<tbody>
<tr>
<td>Alabama</td>
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<td>New York</td>
<td><a href="http://nysopep.org">http://nysopep.org</a></td>
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Appendix D:  **CDC-Approved BRFSS Osteoporosis Optional Module**

**Osteoporosis (os-tee-oh-por-o-sis)** is a condition where bones become brittle and break (fracture) more easily. It is *not* the same condition as osteoarthritis, a joint disease.

1. Have you ever been told by a doctor, nurse, or other health professional how to prevent osteoporosis?

   1   Yes
   2   No
   7   Don’t know / Not sure
   9   Refused

2. A bone density test uses a special machine to look for osteoporosis. Have you ever had a bone density test?

   Interviewer Notes: Bone density tests can include ultrasound, x-ray, or DEXA and can be performed on the heel, finger, forearm/wrist, hip, or spine. Bone density tests take about 15 minutes to perform and are not the same as bone scans which can take hours to perform and use injections.

   1   Yes
   2   No
   7   Don’t know / Not sure
   9   Refused

3. Have you ever been told by a doctor, nurse, or other health professional that you have osteoporosis?

   Interviewer Notes: Don’t include osteopenia, or low bone mass

   1   Yes [Go To Question 4]
   2   No  [Go To Question 5]
   7   Don’t know / Not sure  [Go To Question 5]
   9   Refused  [Go To Question 5]
4. Are you currently taking prescription medicine for your osteoporosis other than calcium supplements and multivitamins?

*Interviewer Notes:* Osteoporosis medications include:

- Actonel (Risedronate)
- Cholecalciferol
- Ergocalciferol
- Estrogen
- Evista (Raloxifene)
- Forteo (Teriparitide, Parathyroid Hormone)
- Fosamax (Alendronate)
- Miacalcin (Nasal spray calcitonin)
- Rocaltrol
- Testosterone
- Vitamin D by prescription

1. Yes
2. No
7. Don’t know / Not sure
9. Refused

5. Are you currently taking calcium supplements, or antacids containing calcium for bone health?

*Interviewer Notes:* Antacids containing calcium include Rolaids and Tums. Calcium supplements include the following:

**Calcium Carbonate**
- Generic Form
- Caltrate
- Os-Cal
- Tums Ultra
- Viactiv

**Calcium Citrate**
- Citracal
- Calcium Citrate

**Calcium Complex**
- Calcet

**Calcium Phosphate**
- Posture-D

1. Yes
2. No
7. Don’t know / Not sure
9. Refused
6. How often do you do physical activities specifically designed to **strengthen** your muscles such as lifting weights, push-ups, or pull-ups?

1 ___ ___ Per day  
2 ___ ___ Per week  
3 ___ ___ Per month  
4 ___ ___ Per year  
5 ___ ___ Never  
7 ___ ___ Don't know/Not sure  
9 ___ ___ Refused

7. How often do you eat foods that are high in calcium such as milk, yogurt, cheese, or calcium-fortified food?

1 ___ ___ Per day  
2 ___ ___ Per week  
3 ___ ___ Per month  
4 ___ ___ Per year  
5 ___ ___ Never  
7 ___ ___ Don't know/Not sure  
9 ___ ___ Refused
Appendix E: **Osteoporosis-Related Healthy People 2010 Objectives**

The following osteoporosis-related Healthy People 2010 Objectives correlate with the questions in the BRFSS core questionnaire, physical activity module and the osteoporosis optional module (OM):

**Objective 2-9**  
Reduce the proportion of adults with osteoporosis. (OM Question #3)

**Objective 2-10**  
Reduce the proportion of adults who are hospitalized with vertebral fractures related to osteoporosis. (OM Question #3)

**Objective 7-11**  
Increase the proportion of local health departments that have established culturally appropriate and linguistically competent community health promotion and disease prevention programs. (OM Question #1)

**Objective 19-1**  
Increase the proportion of adults who are at a healthy weight. (Core question)

**Objective 19-11**  
Increase the proportion of persons aged 2 years and older that meet dietary recommendations for calcium. (OM Question #7)

**Objective 22-1**  
Reduce the proportion of adults who engage in no leisure time physical activity. (Core question)

**Objective 22-2**  
Increase the proportion of adults who engage regularly, preferably daily, in moderate physical activity for at least 30 minutes per day. (Physical Activity Module question)

**Objective 22-4**  
Increase the proportion of adults who perform physical activities that enhance and maintain muscular strength and endurance. (OM Question #6, Physical Activity Module question)
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