

112TH CONGRESS
1ST SESSION

S. 966

To amend the Public Health Service Act to provide for osteoporosis and related bone disease education, research, and surveillance, and for other purposes.

IN THE SENATE OF THE UNITED STATES

MAY 12, 2011

Mrs. GILLIBRAND introduced the following bill; which was read twice and referred to the Committee on Health, Education, Labor, and Pensions

A BILL

To amend the Public Health Service Act to provide for osteoporosis and related bone disease education, research, and surveillance, and for other purposes.

1 *Be it enacted by the Senate and House of Representa-*
2 *tives of the United States of America in Congress assembled,*

3 **SECTION 1. SHORT TITLE.**

4 This Act may be cited as the “Bone Health Pro-
5 motion and Research Act of 2011”.

6 **SEC. 2. FINDINGS.**

7 Congress makes the following findings:

8 (1) Bone health is critical to the overall health
9 and quality of life of Americans. Bone provides mo-

1 bility, support, and protection for the body and acts
2 as a storehouse for essential minerals.

3 (2) Osteoporosis is a condition in which the
4 bones become weak and can break from a minor fall
5 or, in serious cases, from simple actions such as
6 sneezing. An estimated 34,000,000 Americans have
7 low bone mass or osteopenia, which puts them at
8 risk for osteoporosis and bone fractures. In addition,
9 10,000,000 Americans have osteoporosis.

10 (3) Eight million of those with osteoporosis are
11 women, and an estimated 2,000,000 American men
12 have osteoporosis. The United States Surgeon Gen-
13 eral says that by 2020 one in two Americans over
14 age 50 is expected to have or to be at risk of devel-
15 oping osteoporosis of the hip; even more will be at
16 risk of developing osteoporosis at any site in the
17 skeleton.

18 (4) According to estimated figures, osteoporosis
19 was responsible for more than 2,000,000 fractures
20 in 2005, including hip, spine, wrist, and other frac-
21 tures. The number of fractures due to osteoporosis
22 is expected to rise to more than 3,000,000 by 2025.
23 Approximately 1 in 2 women and up to 1 in 4 men
24 over age 50 will break a bone because of
25 osteoporosis.

1 (5) An average of 24 percent of hip fracture pa-
2 tients age 50 and older die in the year following
3 their fracture.

4 (6) Osteoporosis costs our health care system
5 an estimated \$19,000,000,000 each year. By 2025,
6 experts predict that osteoporosis will account for
7 \$25,300,000,000 in costs.

8 (7) Individuals with certain diseases are at
9 higher risk of developing osteoporosis. For example,
10 diabetes patients are at increased risk for developing
11 an osteoporosis-related fracture. Cancer patients are
12 also at increased risk because many cancer thera-
13 pies, such as chemotherapy and corticosteroids, have
14 direct negative effects on bone. Also, certain cancers,
15 including prostate and breast cancer, may be treated
16 with hormonal therapy, which can cause bone loss.

17 (8) Osteogenesis imperfecta is characterized by
18 fragile bones and frequent fractures. It is estimated
19 to afflict an estimated 40,000 people.

20 (9) Paget's disease of the bone, a geriatric dis-
21 order that results in enlarged and deformed bones in
22 one or more parts of the body, afflicts an estimated
23 700,000 Americans over the age of 60.

24 (10) Lifestyle factors can affect bone health.
25 For example, the chemicals in cigarette smoke are

1 harmful to bone cells and smoking may make it
2 harder to absorb calcium. Heavy drinking can re-
3 duce bone formation and may also affect the body's
4 calcium supply.

5 (11) The 2004 Surgeon General's Report,
6 "Bone Health and Osteoporosis: A Report of the
7 Surgeon General", said that Americans must be en-
8 couraged to: get enough calcium and vitamin D; en-
9 gage in regular weight-bearing and muscle-strenght-
10 ening exercise; avoid smoking and excessive alcohol;
11 and talk to their healthcare providers about bone
12 health.

13 (12) The Nation's annual direct and indirect
14 costs for bone and joint health are
15 \$849,000,000,000—7.7 percent of the United States
16 gross domestic product.

17 (13) Greater efforts and commitments are need-
18 ed from Congress, the States, providers, and pa-
19 tients to lessen the burden of osteoporosis and re-
20 lated bone diseases on Americans.

21 **SEC. 3. NATIONAL BONE HEALTH PROGRAM.**

22 Part B of title III of the Public Health Service Act
23 (42 U.S.C. 243 et seq.) is amended by inserting after sec-
24 tion 314 the following:

1 **“SEC. 315. NATIONAL BONE HEALTH PROGRAM.**

2 “(a) ESTABLISHMENT OF PROGRAM.—The Secretary
3 may develop and implement a National Bone Health Pro-
4 gram (in this section referred to as the ‘Program’) con-
5 sistent with this section.

6 “(b) CONTROL, PREVENTION, AND SURVEIL-
7 LANCE.—

8 “(1) IN GENERAL.—Under the Program, the
9 Secretary, acting through the Director of the Cen-
10 ters for Disease Control and Prevention, may, di-
11 rectly or through competitive grants to eligible enti-
12 ties, conduct, support, and promote the coordination
13 of research, investigations, demonstrations, training,
14 and studies relating to the control, prevention, and
15 surveillance of osteoporosis and related bone dis-
16 eases.

17 “(2) TRAINING AND TECHNICAL ASSISTANCE.—
18 With respect to the planning, development, and op-
19 eration of any activity carried out under paragraph
20 (1), the Secretary may provide training, technical
21 assistance, supplies, equipment, or services, and may
22 assign any officer or employee of the Department of
23 Health and Human Services to a State or local
24 health agency, or to any public or nonprofit entity
25 designated by a State health agency, in lieu of pro-
26 viding grant funds under this subsection.

1 “(3) OSTEOPOROSIS AND RELATED BONE DIS-
2 EASE PREVENTION RESEARCH AT THE CENTERS FOR
3 DISEASE CONTROL AND PREVENTION.—The Sec-
4 retary may provide additional grant support under
5 this subsection to encourage the expansion of re-
6 search related to the prevention and management of
7 osteoporosis and related bone diseases at the Centers
8 for Disease Control and Prevention.

9 “(4) ELIGIBLE ENTITY.—For purposes of this
10 subsection, the term ‘eligible entity’ means a na-
11 tional public or private nonprofit entity that dem-
12 onstrates to the satisfaction of the Secretary, in the
13 application described in subsection (e), the ability of
14 the entity to carry out the activities described in
15 paragraph (1).

16 “(c) EDUCATION AND OUTREACH.—

17 “(1) IN GENERAL.—Under the Program, the
18 Secretary may coordinate and carry out national
19 education and outreach activities, directly or through
20 the provision of grants to eligible entities, to sup-
21 port, develop, and implement education initiatives
22 and outreach strategies appropriate for osteoporosis
23 and related bone diseases.

24 “(2) INITIATIVES AND STRATEGIES.—Initiatives
25 and strategies implemented under paragraph (1)

1 may include public awareness campaigns, public
2 service announcements, and community partnership
3 workshops, as well as programs targeted at busi-
4 nesses and employers, managed care organizations,
5 and health care providers.

6 “(3) PRIORITY.—In carrying out paragraph (1),
7 the Secretary—

8 “(A) may emphasize prevention, early di-
9 agnosis, and appropriate management of
10 osteoporosis and related bone disease, and op-
11 portunities for effective patient self-manage-
12 ment; and

13 “(B) may give priority to reaching high-
14 risk or underserved populations.

15 “(4) COLLABORATION.—In carrying out this
16 subsection, the Secretary shall consult and collabo-
17 rate with the Advisory Committee established in sub-
18 section (g).

19 “(5) ELIGIBLE ENTITY.—For purposes of this
20 subsection, the term ‘eligible entity’ means a na-
21 tional public or private nonprofit entity that dem-
22 onstrates to the satisfaction of the Secretary, in the
23 application described in subsection (e), the ability of
24 the entity to carry out the activities described in
25 paragraph (1).

1 “(d) COMPREHENSIVE STATE GRANTS.—

2 “(1) IN GENERAL.—Under the Program, the
3 Secretary may award grants to eligible entities to
4 provide support for comprehensive osteoporosis and
5 related bone disease control and prevention pro-
6 grams and to enable such entities to provide public
7 health surveillance, prevention, and control activities
8 related to osteoporosis and related bone diseases.

9 “(2) ELIGIBILITY.—To be eligible to receive a
10 grant under this subsection, an entity shall be a
11 State or Indian tribe.

12 “(3) APPLICATION.—To be eligible to receive a
13 grant under this subsection, an entity shall submit
14 to the Secretary an application at such time, in such
15 manner, and containing such agreements, assur-
16 ances, and information as the Secretary may re-
17 quire, including a comprehensive osteoporosis and
18 related bone disease control and prevention plan
19 that—

20 “(A) is developed with the advice of stake-
21 holders from the public, private, and nonprofit
22 sectors that have expertise relating to
23 osteoporosis and related bone disease control,
24 prevention, and treatment that increase the

1 quality of life and decrease the level of dis-
2 ability;

3 “(B) is intended to reduce the morbidity of
4 osteoporosis and related bone diseases, with pri-
5 ority on preventing and controlling osteoporosis
6 and related bone diseases in at-risk populations
7 and reducing disparities in osteoporosis and re-
8 lated bone disease prevention, diagnosis, man-
9 agement, and quality of care in underserved
10 populations;

11 “(C) describes the osteoporosis and related
12 bone disease services and activities to be under-
13 taken or supported by the entity; and

14 “(D) demonstrates the relationship the en-
15 tity has with the community and local entities
16 and how the entity plans to involve such com-
17 munity and local entities in carrying out the ac-
18 tivities described in paragraph (1).

19 “(4) USE OF FUNDS.—An eligible entity may
20 use amounts received under a grant awarded under
21 this subsection to conduct, in a manner consistent
22 with the comprehensive osteoporosis and related
23 bone disease control and prevention plan submitted
24 by the entity in the application under paragraph
25 (3)—

1 “(A) public health surveillance and epide-
2 miological activities relating to the prevalence of
3 osteoporosis and related bone disease and as-
4 sessment of disparities in osteoporosis and re-
5 lated bone disease prevention, diagnosis, man-
6 agement, and care;

7 “(B) public information and education pro-
8 grams; and

9 “(C) education, training, and clinical skills
10 improvement activities for health professionals,
11 including allied health personnel.

12 “(e) GENERAL APPLICATION.—To be eligible to re-
13 ceive a grant under this section, except under subsection
14 (d), an entity shall submit to the Secretary an application
15 at such time, in such manner, and containing such agree-
16 ments, assurances, and information as the Secretary may
17 require, including a description of how funds received
18 under a grant awarded under this section will supplement
19 or fulfill unmet needs identified in a comprehensive
20 osteoporosis and related bone disease control and preven-
21 tion plan of the entity.

22 “(f) DEFINITIONS.—For purposes of this section:

23 “(1) INDIAN TRIBE.—The term ‘Indian tribe’
24 has the meaning given such term in section 4(e) of

1 the Indian Self-Determination and Education Assist-
2 ance Act.

3 “(2) STATE.—The term ‘State’ means any
4 State of the United States, the District of Columbia,
5 the Commonwealth of Puerto Rico, the Virgin Is-
6 lands, American Samoa, Guam, and the Northern
7 Mariana Islands.

8 “(g) ADVISORY COMMITTEE.—

9 “(1) ESTABLISHMENT.—Not later than 90 days
10 after the date of the enactment of this section, the
11 Secretary, acting through the Director of the Cen-
12 ters for Disease Control and Prevention, shall estab-
13 lish a committee to be known as the Osteoporosis
14 and Related Bone Disease Advisory Committee (re-
15 ferred to in this section as the ‘Advisory Com-
16 mittee’). The Advisory Committee shall be composed
17 of at least one member, to be appointed by the Sec-
18 retary, acting through the Director of the Centers
19 for Disease Control and Prevention, representing
20 each of the following:

21 “(A) National voluntary health organiza-
22 tions that focus on issues relating to
23 osteoporosis or other bone diseases.

1 “(B) Professional societies that focus on
2 issues relating to osteoporosis or other bone dis-
3 eases.

4 “(C) The Centers for Disease Control and
5 Prevention, to include, upon the recommenda-
6 tion of the Director of the Centers, representa-
7 tives of the Coordinating Center for Health
8 Promotion, the Coordinating Center for Health
9 Information and Service, and the Coordinating
10 Center for Environmental Health and Injury
11 Prevention.

12 “(D) State public health departments.

13 “(E) The National Institutes of Health, to
14 include, upon the recommendation of the Direc-
15 tor of the National Institutes of Health, rep-
16 resentatives of the National Institute of Arthri-
17 tis and Musculoskeletal and Skin Diseases, the
18 National Cancer Institute, the National Insti-
19 tute of Biomedical Imaging and Bioengineering,
20 the National Institute of Child Health and
21 Human Development, the National Institute of
22 Dental and Craniofacial Research, the National
23 Institute of Diabetes and Digestive and Kidney
24 Diseases, the National Institute on Aging, the
25 Office of Dietary Supplements, the Office of

1 Rare Diseases, and the Office of Research on
2 Women’s Health.

3 “(F) Patients with osteoporosis or related
4 bone diseases or their family members.

5 “(G) The Office on Women’s Health in the
6 Department of Health and Human Services.

7 “(H) Clinicians with expertise on
8 osteoporosis or related bone diseases.

9 “(I) Other stakeholders from the public,
10 private, and nonprofit sectors with expertise re-
11 lating to osteoporosis or other bone disease con-
12 trol, prevention, and treatment.

13 “(2) DUTIES.—The Advisory Committee shall
14 advise the Secretary and the Assistant Secretary for
15 Health regarding the manner in which such officials
16 can—

17 “(A) ensure interagency coordination and
18 communication and minimize overlap regarding
19 efforts to address osteoporosis and related bone
20 diseases;

21 “(B) conduct and support national edu-
22 cation and outreach activities;

23 “(C) identify opportunities to coordinate
24 efforts with other Federal and State agencies

1 and private organizations addressing such dis-
2 eases;

3 “(D) ensure that public health policy deci-
4 sions and information disseminated to the pub-
5 lic and physicians are evidence-based and popu-
6 lation-focused;

7 “(E) advise relevant Federal agencies on
8 priorities related to osteoporosis and related
9 bone diseases;

10 “(F) conduct surveillance and data collec-
11 tion and disseminate epidemiological informa-
12 tion in accordance with section 320B; and

13 “(G) expand and intensify research on
14 osteoporosis and related bone diseases in ac-
15 cordance with section 404I.

16 “(h) AUTHORIZATION OF APPROPRIATIONS.—There
17 are authorized to be appropriated to carry out this section
18 \$22,000,000 for each of fiscal years 2011 through 2013.”.

19 **SEC. 4. HHS RESEARCH ACTIVITIES WITH RESPECT TO**
20 **OSTEOPOROSIS AND RELATED BONE DIS-**
21 **EASES.**

22 Part A of title IV of the Public Health Service Act
23 (42 U.S.C. 281 et seq.) is amended by adding at the end
24 the following:

1 **“SEC. 404I. BONE HEALTH INITIATIVE.**

2 “(a) EXPANSION AND INTENSIFICATION OF ACTIVI-
3 TIES.—

4 “(1) IN GENERAL.—The Director of NIH shall
5 expand and intensify programs of the National Insti-
6 tutes of Health with respect to research and related
7 activities concerning osteoporosis and related bone
8 diseases, including osteogenesis imperfecta, Paget’s
9 disease of bone, and rare bone diseases.

10 “(2) COORDINATION; CONSULTATION.—The Di-
11 rector of NIH shall carry out paragraph (1)—

12 “(A) in coordination with the directors of
13 the National Institute of Arthritis and Musculo-
14 skeletal and Skin Diseases, the National Cancer
15 Institute, the National Institute of Biomedical
16 Imaging and Bioengineering, the National In-
17 stitute of Child Health and Human Develop-
18 ment, the National Institute of Dental and
19 Craniofacial Research, the National Institute of
20 Diabetes and Digestive and Kidney Diseases,
21 the National Institute on Aging, the Office of
22 Rare Diseases, the Office of Research on Wom-
23 en’s Health, and any other national research in-
24 stitutes or offices, as appropriate; and

25 “(B) in consultation with additional Fed-
26 eral officials, the advisory committee established

1 under section 315(g), and any national vol-
2 untary health organizations, professional soci-
3 eties, and private entities, as appropriate.

4 “(b) PLANNING GRANTS AND CONTRACTS FOR INNO-
5 VATIVE RESEARCH IN OSTEOPOROSIS AND RELATED
6 BONE DISEASES.—

7 “(1) IN GENERAL.—In carrying out subsection
8 (a)(1), the Director of NIH shall award planning
9 grants or contracts for the establishment of new re-
10 search programs, or enhancement of existing re-
11 search programs, that focus on osteoporosis and re-
12 lated bone diseases, including osteogenesis
13 imperfecta, Paget’s disease of bone, and rare bone
14 diseases.

15 “(2) RESEARCH.—

16 “(A) TYPES OF RESEARCH.—In carrying
17 out this subsection, the Secretary shall encour-
18 age basic, clinical, and translational research
19 that focuses on osteoporosis and related bone
20 diseases, including osteogenesis imperfecta,
21 Paget’s disease of bone, and rare bone diseases.

22 “(B) PRIORITY.—In awarding planning
23 grants or contracts under paragraph (1), the
24 Director of NIH may give priority to collabo-
25 rative partnerships, which may include aca-

1 demic health centers, private sector entities,
2 and nonprofit organizations.

3 “(C) NEW AND EARLY STAGE INVESTIGA-
4 TORS.—The Director of NIH shall make an ef-
5 fort to fund research by new and early stage in-
6 vestigators under paragraph (1).

7 “(c) AUTHORIZATION OF APPROPRIATIONS.—For the
8 purpose of carrying out this section, there is authorized
9 to be appropriated \$250,000,000 for each of fiscal years
10 2011 through 2013. Such authorization shall be in addi-
11 tion to any authorization of appropriations under any
12 other provision of law to carry out research activities on
13 osteoporosis or related bone diseases.”.

14 **SEC. 5. SURVEILLANCE ACTIVITIES RELATED TO BONE DIS-**
15 **EASES AT THE CENTERS FOR DISEASE CON-**
16 **TROL AND PREVENTION.**

17 Part B of title III of the Public Health Service Act
18 (42 U.S.C. 243 et seq.) is amended by inserting after sec-
19 tion 320A the following:

20 **“SEC. 320B. SURVEILLANCE REGARDING OSTEOPOROSIS**
21 **AND RELATED BONE DISEASES.**

22 “(a) IN GENERAL.—The Secretary, acting through
23 the Director of the Centers for Disease Control and Pre-
24 vention, may award grants to and enter into cooperative
25 agreements with public or nonprofit private entities for the

1 collection, analysis, and reporting of data on osteoporosis
2 and related bone diseases, including osteogenesis
3 imperfecta and Paget's disease of bone.

4 “(b) TECHNICAL ASSISTANCE.—In awarding grants
5 and entering into agreements under subsection (a), the
6 Secretary may provide direct technical assistance in lieu
7 of cash.

8 “(c) COORDINATION WITH ADVISORY COMMITTEE
9 AND NIH.—The Secretary shall ensure that epidemiolog-
10 ical and other types of information obtained under sub-
11 section (a) is made available to the National Institutes of
12 Health. The advisory committee established under section
13 315(g) shall advise the Secretary in the coordination of
14 epidemiological efforts and in the expansion and inten-
15 sification of programs for conducting surveillance and
16 data collection activities under this section.

17 “(d) AUTHORIZATION OF APPROPRIATIONS.—For the
18 purpose of carrying out this section, there is authorized
19 to be appropriated \$25,000,000 for each of fiscal years
20 2011 through 2015.”.

○