

MAINE STATE LEGISLATURE

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ONE HUNDRED AND SEVENTH LEGISLATURE

Legislative Document

No. 1722

H. P. 1280

In House, April 2, 1975

Referred to the Committee on Health and Institutional Services. Sent up for concurrence and ordered printed.

EDWIN H. PERT, Clerk

Presented by Mr. Blodgett of Waldoboro.

STATE OF MAINE

IN THE YEAR OF OUR LORD NINETEEN HUNDRED
SEVENTY-FIVE

AN ACT Creating the Maine Arthritis Task Force.

Be it enacted by the People of the State of Maine, as follows:

Sec. 1. 22 MRSA c. 267 is enacted to read:

CHAPTER 267

ARTHRITIS

SUBCHAPTER I

GENERAL PROVISIONS

§ 1651. Short title

This chapter may be cited as the "Maine Arthritis Prevention, Treatment, Education and Rehabilitation Act of 1975."

§ 1652. Definitions

For the purposes of this chapter, unless the context otherwise indicates, the following words shall have the following meanings.

1. Arthritis. "Arthritis" means those disease entities described by Hollander. Rheumatologic may be used by lay persons interchangeably with arthritis.

2. Commissioner. "Commissioner" means the Commissioner of the Department of Health and Welfare, or his or her successor.

3. Department. "Department" means the Maine Department of Health and Welfare.

4. Executive director. "Executive director" means the Executive Director of the Maine Chapter of The Arthritis Foundation.

5. Secretary. "Secretary" means the Maine State Secretary for the Arthritis Task Force.

6. Task force. "Task force" means the Maine Arthritis and Rheumatologic Task Force.

§ 1653. State agencies to cooperate

State agencies shall cooperate fully with the task force in carrying out this chapter. The task force is authorized to request such personnel, financial assistance, facilities and data as are reasonably required to assist the task force secretary to fulfill its powers and duties.

State agencies proposing to develop, establish, conduct or administer programs or to assist programs relating to this chapter shall, prior to carrying out such actions, consult with the task force. Each agency of State Government shall advise the Arthritis Task Force of its activities relating to this chapter.

Each state agency, in the implementation of its activities relating to this chapter, shall keep the task force secretary informed of its status.

SUBCHAPTER II

ARTHRITIS TASK FORCE SECRETARY

§ 1654. Secretary

There shall be in the State of Maine, an Arthritis Task Force Secretary.

The task force operations shall be administered by a secretary who shall be appointed by the task force, after consultation with the commissioner. The secretary shall serve in the unclassified service. The secretary shall serve at the pleasure of the task force after consultation with the commissioner. Vacancies shall be filled in the same manner as provided for original appointments.

The secretary shall serve on a full-time basis and must be a person qualified by training and experience to carry out the type of responsibilities described in section 1655.

The secretary shall possess full authority and responsibility for administering all the powers and duties provided in section 1655 with the advice of the task force pursuant to section 1655. The secretary shall assume and discharge all responsibilities vested in the office.

§ 1655. Powers and duties

The secretary shall establish in accordance with the purposes and intent of this chapter, with the advice of the task force and subject to the direction of the task force, the overall planning, policy, objectives and priorities for all functions and activities relating to rheumatologic health, which are con-

ducted by or supported by the State of Maine. It is the purpose and intent of this chapter that the task force shall have the objectives to improve the physical well-being in Maine residents to a minimal and acceptable level; and to improve and expend rheumatological health services in Maine. The task force shall serve as the state's primary administrative, coordinating and planning unit for carrying out this chapter. In order to achieve the above, the task force shall have the power and duty to carry out, but not be limited to, the following.

1. Review of funding sources. Ongoing review of all possible sources of funding, public and private, for improving health and development of proposals to secure these funds when appropriate.

2. Provide assistance. Provide coordinated technical assistance and consultation to federal, state, county and municipal programs concerned with arthritis to avoid duplication.

3. Technical assistance; consultation. Provide technical assistance and consultation to schools with school presentations, i.e., programs on prevention, and to the Department of Educational and Cultural Services for the purposes of integrating arthritis information into Maine schools health education programs.

4. Conduct studies and develop data. Conduct studies and develop primary data for the purposes of documenting specific arthritis problems in the State.

5. Provide information to health profession. Provide consultation and program information to the health profession, health professional education institutions and volunteer agencies.

6. Conduct annual review of statutes. Conduct annual reviews of the statutes and guidelines governing use of physicians and other apropos personnel and make recommendations to the Legislature for changes which would benefit the public's health.

7. Administer funds. Administer in accordance with the interest and objectives of this chapter or within any limitations which may apply from the sources of such funds, any funds from any source for the benefit of Maine's residents in need of rheumatological services. The executive director shall have the power to receive for the office all funds granted by any private, federal, state, county, local or other source and the executive director shall use such funds to carry out the purposes of this chapter.

8. Report to Governor and Legislature. Prepare on or before January 10, 1976, and thereafter annually, a detailed report, that shall be submitted by the commissioner. Such report shall include a state-wide plan and describe the implementation of the office. Such report shall be submitted to the Governor in accordance with Title 5 sections 43, 44, 45 and 46 and to the Legislature.

9. Other activities. Carry out any other activities designed to control or deter progressive rheumatologic disease in the State.

SUBCHAPTER III
MAINE ARTHRITIS TASK FORCE

§ 1656. Task force

The Executive Director of the Arthritis Foundation, Maine Chapter, Inc., with the advice of the board of trustees, shall, within 60 days of the date of the enactment of this subchapter establish a Maine Task Force on Arthritis and Related Musculoskeletal Diseases, hereafter in this section referred to as the task force.

§ 1657. Membership

The task force shall be composed of 7 members as follows:

1. Three members appointed by the Commissioner of Health and Welfare from scientists or physicians who are not in the employment of the State or Federal Government, who represent the various specialties and disciplines involving arthritis and related musculoskeletal disease, and of whom at least 2 are practicing clinical rheumatologists and at least one is an orthopaedic surgeon.

2. Two members appointed by the Commissioner of Health and Welfare from the general public. The members appointed under this paragraph shall be arthritis sufferers.

3. The Chairman of the Board of Trustees of The Arthritis Foundation, Maine Chapter, or his designee;

4. The Chief Medical Director of the Veterans' Administration, at Togus, or his designee.

The members of the task force shall select a chairman from among their own number.

Members shall be appointed for a term of 3 years, except those of the members first approved by the commissioner, 3 shall be appointed for a term of 2 years, and 3 shall be appointed for a term of one year, as designated by the commissioner at the time of appointment; except that any member appointed to fill a vacancy occurring prior to the expiration of the term for which his predecessor was appointed shall be appointed only for the remainder of such term. Any vacancy in the council shall not affect its powers, but shall be filled in the same manner by which the original appointment was made.

Members shall be eligible for reappointment for not more than one full consecutive term and may serve after the expiration of their term until their successors have been appointed, qualified and taken office; except that members initially appointed for a one year term may be reappointed to one full 3-year term.

§ 1658. Duties of the task force

The duties of the task force shall be:

1. Develop plans. Develop a comprehensive, state-wide plan, in cooperation with other state-wide health planning organizations when deemed appropriate to:

A. Expand and coordinate the research, treatment and control effort against arthritis and related musculoskeletal diseases;

B. Advance educational activities for patients, professional and allied health personnel, and the public which will alert the citizens of the State of Maine to the early indications of arthritis and related musculoskeletal diseases; and

C. Emphasize the significance of early detection and proper control of these diseases and of the complications which may evolve from them.

The plan shall be reviewed annually.

2. To recognize and support:

A. A center for arthritis prevention, research, screening, early detection, training, treatment and rehabilitation programs, assess a need for new facilities; and

B. A program to develop new and improved state-wide methods of arthritis screening and early detection;

C. Establishment of a central arthritis screening and early detection data bank at the Maine Medical Center.

§ 1659. Additional powers and duties

The task force shall have, regarding arthritis and related musculoskeletal diseases, the power and duty to:

1. Advise, consult and assist the Executive and Legislative Branches of the State Government, on activities of State Government related to arthritis. The task force shall be solely advisory in nature. The council may make recommendations regarding any function intended to improve the quality of such physical health;

2. Serve as an advocate on behalf of arthritics health, promoting and assisting activities designed to meet at the state and community levels the problems of such individuals. The task force shall serve as an ombudsman on behalf of individual citizens as a class in matters relating to arthritis problems under the jurisdiction of State Government;

3. Assist the department in reviewing and evaluating state and federal policies regarding arthritis health programs and other activities affecting people, conducted or assisted by any state department or agencies;

4. Provide public forums, including the conduct of public hearings, sponsorship of conferences, workshops, and other such meetings, to obtain information about, discuss and publicize the needs of and solutions to arthritis health problems.

§ 1660. Foundation to cooperate

The task force may require the services of the Executive Director of The Arthritis Foundation, Maine Chapter, and such additional personnel as it determines are necessary for the performance of the task force's functions.

An official employee, consultant or any other individual employed, retained or otherwise compensated by or representative of the Executive Branch of the Government of the State of Maine shall not be a member of the council; but shall assist the council if so requested.

Members of the task force who are officers or employees of the State shall serve as members of the task force without compensation in addition to that received in their regular public employment.

All members of the task force shall be entitled to reimbursement for travel, subsistence, and other necessary expenses incurred by them in the performance of their duties as members of the task force.

The task force shall review a survey of all state and local health programs and rehabilitative activities relating to arthritis and related diseases and assess the adequacy, technical soundness and coordination of such programs and activities. All state departments and agencies administering health programs and activities relating to arthritis and related diseases shall provide such cooperation and assistance relating to such programs and activities as is reasonably necessary for the task force to make such survey and assessment.

The task force shall monitor formulation of one, 3 and 5-year plans to combat arthritis and related musculoskeletal diseases with specific recommendations for the utilization and organization of state resources for that purpose. Such plans shall be based on a comprehensive survey investigating the magnitude of arthritis and related musculoskeletal diseases, their epidemiology, their economic and social consequences, and an evaluation of available scientific information and the resources capable of dealing with the problem. The plans shall include at least the following:

1. A plan for a coordinated research program encompassed, but not to be limited to, programs of the Maine Medical Center Rheumatic Disease Laboratory, the University of Maine, Comprehensive Health Planning, Regional Medical Program, any or all divisions of the Department of Health and Welfare, any or all federal, state or private research projects being conducted within or without the State of Maine. This coordinated research program will provide plans for:

A. Investigation into the epidemiology, etiology, and prevention and control of arthritis and related musculoskeletal diseases, including investigation into the social, environmental, behavioral, nutritional, biological, and genetic determinants and influences involved in the epidemiology, etiology, prevention and control of these diseases;

B. Studies and research into the basic biological processes and mechanisms involved in the underlying normal and abnormal phenomena associated with arthritis;

C. Research into the development, trial, and evaluation of techniques, used in, and approaches to, the diagnosis, early detection, treatment, prevention and control of arthritis and related musculoskeletal diseases;

D. Programs to evaluate the current resources for the rehabilitation of the arthritis patient and establish criteria for the potential for rehabilitation of the patient;

E. The coordination of a common descriptive vocabulary with a national syllabary in basic and clinical research and a standardized clinical patient data card for arthritis and related musculoskeletal diseases for the purpose of standardizing collection, storage, and retrieval of research and treatment data to facilitate collaborative and comparative studies of large patient populations;

F. To partially support a system for the collection, analysis, and dissemination of all data useful in the screening, prevention, diagnosis, and treatment of arthritis and related musculoskeletal diseases, including the partial financial support of a state data storage bank, accessible and amenable to the existing data systems, on arthritis research, screening, diagnosis, prevention, control, and treatment to collect, catalog, store, and disseminate information as to the practical application of research and other activities pertaining to arthritis and related musculoskeletal diseases;

G. A program for the acceleration of statewide efforts for national cooperation in and exchange of knowledge on all aspects of research, screening, early detection, diagnosis, treatment, prevention, and control of arthritis and related musculoskeletal diseases for the next 5 years.

2. Proposed state, and local programs for:

A. The education and training of scientists, clinicians, surgeons, including orthopaedic surgeons, and other health and allied health professionals and educators in the fields and specialties requisite to the conduct of programs regarding arthritis and related musculoskeletal and other related diseases.

The secretary shall attend all meetings of the task force, other appropriate meetings and hearings.

The task force shall elect the chairperson and such other officers from its members as it deems appropriate.

§ 1661. Administrative authority

The task force shall meet at the call of the chairperson or at the call of $\frac{1}{2}$ of the members appointed and currently holding office. The task force shall meet at least once every month. The secretary shall keep minutes of all meetings, including a list of people in attendance.

The arthritis foundation, to the extent feasible and reasonable, shall make available to the task force such staff, facilities, equipment, supplies, information and other assistance as it may reasonably require to carry out its activities.

Any reasonable and proper expenses of the task force shall be borne out of currently available state or federal funds. Each member of the task force shall serve without compensation but may be reimbursed on the same basis as employees of the state departments for the actual travel and other necessary expenses incurred in the performance of duties. The task force is authorized to appoint subcommittees.

A majority of the task force members shall constitute a quorum for the purpose of conducting the business of the task force and exercising all the powers of the task force. A vote of the majority of the members present shall be sufficient for all actions of the task force.

Sec. 2. Appropriation. There is appropriated from the General Fund to the Department of Health and Welfare, Maine Arthritis and Rheumatologic Task Force, the sum of \$20,000 to carry out the purposes of this Act. The breakdown shall be as follows:

	1975-76	1976-77
HEALTH AND WELFARE, DEPARTMENT OF		
Maine Arthritis and		
Rheumatologic Task Force		
Personal Services	(1) \$ 7,500	(1) \$ 7,875
All Other	2,500	2,125
	<hr/>	<hr/>
	\$10,000	\$10,000

STATEMENT OF FACT

This Bill if enacted, may serve as a model in establishing in an organized manner a priority system to channel a flow of outside resources into the targets of need for the arthritics of the State and other Maine citizens afflicted with chronic illnesses.