

106TH CONGRESS
1ST SESSION

H. R. 2294

To amend the Older Americans Act of 1965 to help prevent osteoporosis.

IN THE HOUSE OF REPRESENTATIVES

JUNE 22, 1999

Ms. BERKLEY (for herself, Mrs. ROUKEMA, Ms. DELAURO, Mrs. MALONEY of New York, Mr. MATSUI, Mr. HOYER, Mr. FROST, Mr. BORSKI, Ms. ESHOO, Ms. MILLENDER-MCDONALD, Mrs. CAPPS, Ms. WOOLSEY, Mrs. THURMAN, Mr. HASTINGS of Florida, Mr. RUSH, Mr. ISAKSON, Mr. CLYBURN, Mr. GUTIERREZ, Mr. SANDERS, Mrs. TAUSCHER, Mr. COSTELLO, Mr. WYNN, Ms. NORTON, Ms. SANCHEZ, Ms. STABENOW, Ms. CARSON, Ms. MCCARTHY of Missouri, Mr. McNULTY, Mr. HINCHEY, Mr. SHOWS, Mr. WEINER, Ms. SCHAKOWSKY, Mr. UDALL of Colorado, Mr. CAPUANO, Mrs. NAPOLITANO, Ms. JACKSON-LEE of Texas, Mr. HILLIARD, Mr. SERRANO, Mr. SANDLIN, Mr. NEAL of Massachusetts, and Mr. MORAN of Virginia) introduced the following bill; which was referred to the Committee on Education and the Workforce

A BILL

To amend the Older Americans Act of 1965 to help prevent osteoporosis.

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 “Osteoporosis Edu-
5 cation and Prevention Act of 1999”.

1 **SEC. 2. FINDINGS.**

2 Congress makes the following findings:

3 (1) Osteoporosis is a major public health prob-
4 lem affecting 28 million Americans, including 10
5 million who already have the disease and 18 million
6 more who have low bone mass placing them at risk
7 for fractures.

8 (2) Although there is currently no cure for
9 osteoporosis, it is preventable in most cases, if prop-
10 er steps are taken to preserve bone mass as a person
11 ages.

12 (3) Osteoporosis is a silent disease that often is
13 not discovered until a fracture occurs. One out of
14 two women and one out of eight men over age 50
15 will have an osteoporosis-related fracture in their
16 lifetimes.

17 (4) While both men and women may develop
18 osteoporosis, 80 percent are women. Most adult
19 women are not aware of their personal risk factors
20 for osteoporosis. A woman's risk of hip fracture is
21 equal to her combined risk of breast, uterine, and
22 ovarian cancer.

23 (5) Although 90 percent of fractures in women
24 65 years of age and older are osteoporosis-related,
25 most women presenting with fractures are not as-
26 sessed for osteoporosis.

1 (6) The estimated nationwide medical cost di-
2 rectly attributable to osteoporosis-related treatment
3 is more than \$13.8 billion annually, or \$38 million
4 each day, and the cost is rising. Much of this cost
5 might be avoidable with proper education about pre-
6 vention, diagnosis, and treatment of osteoporosis.
7 Currently, only 25 states have osteoporosis programs
8 to educate the public about osteoporosis.

9 **SEC. 3. AMENDMENT OF OLDER AMERICANS ACT OF 1965.**

10 (a) INCLUSION OF OSTEOPOROSIS PROGRAM IN AREA
11 PLAN.—Section 306(a)(6) of the Older Americans Act of
12 1965 is amended—

13 (1) in subparagraph (R)(iii), by striking “and”;

14 (2) in subparagraph (S), by adding at the end
15 “and”; and

16 (3) by adding at the end the following new sub-
17 paragraph:

18 “(T) coordinate education relating to
19 osteoporosis prevention, diagnosis, and treat-
20 ment, and in States or localities which have im-
21 plemented an osteoporosis education program,
22 cooperate with the agency having charge over
23 such program; and”.

24 (b) DEFINITION.—Section 363 of the Older Ameri-
25 cans Act of 1965 is amended—

1 (1) in paragraph (2), by inserting
2 “osteoporosis,” after “diabetes,”; and

3 (2) in paragraph (3), by inserting “, including
4 counseling and services relating to prevention, diag-
5 nosis, and treatment of osteoporosis” before the
6 semicolon.

7 (c) OSTEOPOROSIS PREVENTION DEMONSTRATION
8 PROGRAM.—Section 422(b) of the Older Americans Act
9 of 1965 is amended:

10 (1) in paragraph (12)(C), by striking the period
11 at the end and inserting “; and”; and

12 (2) by inserting at the end the following new
13 paragraph:

14 “(13)(A) determine the best practices for pro-
15 viding information and outreach services (including
16 programs and information, such as forums, semi-
17 nars, and large-print, easy-to-understand, and multi-
18 lingual literature) relating to prevention, diagnosis,
19 and treatment of osteoporosis; and

20 “(B) measure the effectiveness of an
21 osteoporosis prevention program over a three-year
22 period, as shown by an increase in the percentages
23 of individuals who have demonstrated expanded

- 1 awareness and knowledge of osteoporosis (including
- 2 knowledge of personal risk factors).”.

