To improve research, diagnosis, and treatment of musculoskeletal diseases, conditions, and injuries, to conduct a longitudinal study on aging, and for other purposes.

IN THE SENATE OF THE UNITED STATES

JULY 30, 2009

Mr. CARDIN (for himself and Mr. BURR) introduced the following bill; which was read twice and referred to the Committee on Health, Education, Labor, and Pensions

A BILL

To improve research, diagnosis, and treatment of musculoskeletal diseases, conditions, and injuries, to conduct a longitudinal study on aging, and for other purposes.

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE.

This Act may be cited as the “Access to America’s Orthopaedic Services Act of 2009”.

SECTION 2. TABLE OF CONTENTS.

The table of contents for this Act is as follows:

Sec. 1. Short title.
Sec. 2. Table of contents.
Sec. 3. Definition.
TITLE I—MUSCULOSKELETAL HEALTH

Sec. 101. Findings.
Sec. 102. Musculoskeletal research.
Sec. 103. Musculoskeletal trauma research and care.
Sec. 104. Transplants, tissues, and replacement joints.
Sec. 105. Traffic and workplace safety.
Sec. 106. Public education campaign.
Sec. 107. Orthopaedic physician workforce training study.
Sec. 108. Bone density under the Medicare program.
Sec. 109. Access to orthopaedic services for beneficiaries of Medicaid and SCHIP.
Sec. 110. Age-related programs.
Sec. 111. Minority health disparities.

TITLE II—THIRD LONGITUDINAL STUDY ON AGING

Sec. 201. Third longitudinal study on aging.

1 SEC. 3. DEFINITION.

In this Act, the term “Secretary” means the Secretary of Health and Human Services, except as otherwise provided.

TITLE I—MUSCULOSKELETAL HEALTH

SEC. 101. FINDINGS.

Congress makes the following findings:

(1) Musculoskeletal diseases and other conditions are the leading cause of disability in the United States.

(2) Musculoskeletal conditions account for more than one-half of all chronic conditions in people over 50 years of age in developed countries.

(3) More than 1 in 4 individuals in the United States has a musculoskeletal condition requiring medical attention.
(4) Direct and indirect costs for bone and joint health are $849,000,000,000 per year in the United States.

(5) Musculoskeletal conditions are the greatest cause of total lost workdays and medical bed days in the United States.

(6) The 2004 Surgeon General Report on Bone Health and Osteoporosis concluded that there is a lack of awareness of bone disease among the public and health care professionals.

(7) Research demonstrates that there is need among ethnic and racial minorities to improve knowledge of and treatment for musculoskeletal diseases and other conditions.

SEC. 102. MUSCULOSKELETAL RESEARCH.

(a) Regulations Concerning Reporting Criteria for Percent of Effort.—

(1) In general.—The Secretary, in consultation with the Director of the National Institutes of Health, shall establish, by regulation, criteria for accounting for and reporting the percent of effort expended by researchers, with respect to research that is—

(A) conducted during each fiscal year beginning after the last day of the second full fis-
cal year following the date of enactment of this Act; and

(B) funded through research grants, on musculoskeletal health, awarded by either the Director of the National Institutes of Health or the Director of the Agency for Healthcare Research and Quality.

(2) DEADLINE FOR REGULATIONS.—Not later than the last day of the 2-year period beginning on the date of enactment of this Act, the Secretary shall issue the regulations required by paragraph (1).

(b) NEW INVESTIGATORS IN MUSCULOSKELETAL RESEARCH.—

(1) REPORT.—Not later than 90 days after the last day of each fiscal year that begins more than 1 year following the date of enactment of this Act, the Secretary, in consultation with the Director of the National Institutes of Health, shall prepare and submit to Congress a report on each of the following:

(A) The number of new investigators who are awarded grants for musculoskeletal health research by the National Institutes of Health during the fiscal year involved.
(B) The total amount of funds awarded to those investigators through such grants during the fiscal year.

(C) The percentage of the National Institutes of Health’s budget for musculoskeletal health research that was awarded to those investigators through such grants during the fiscal year.

(D) The backgrounds of those investigators who are awarded such grants during the fiscal year, analyzed by race and ethnicity.

(E) A description of the efforts made by the Director of the National Institutes of Health to encourage individuals from underrepresented minority groups (as defined by the Secretary) to apply for grants for musculoskeletal health research awarded by the National Institutes of Health during the fiscal year.

(2) RECOMMENDATIONS.—The first report submitted under paragraph (1) shall include, and subsequent reports may include, recommendations concerning additional resources that the National Institutes of Health or other entities could use—
(A) to increase the number of new investigators awarded grants referred to in paragraph (1)(A); and

(B) to increase the number of new investigators awarded such grants who are members of underrepresented minority groups (as defined by the Secretary).

(3) DEFINITIONS.—In this section:

(A) NEW INVESTIGATOR.—The term “new investigator” has the meaning given the term by the Secretary for purposes of administering title III of the Public Health Service Act (42 U.S.C. 241 et seq.), but only with respect to musculoskeletal health research.

(B) RACE; ETHNICITY.—The terms “race” and “ethnicity” have the meanings given such terms by the Office of Management and Budget for purposes of Federal statistics and administrative reporting.

SEC. 103. MUSCULOSKELETAL TRAUMA RESEARCH AND CARE.

(a) MUSCULOSKELETAL TRAUMA RESEARCH.—

(1) REPORT.—Not later than 2 years after the date of enactment of this Act, the Secretary shall prepare and submit to Congress a report on all pro-
grams and activities relating to musculoskeletal
trauma care that are being conducted by the Federal
Government or supported by funding made available
by Federal Government.

(2) CONTENTS OF REPORT.—Such report shall
include, at a minimum, each of the following:

(A) Information on the status of each Fed-
eral program and activity referred to in para-
graph (1), including specific information on any
research program and activity.

(B) Information on the methods being
used to coordinate research being conducted
under such Federal programs and activities and
the effectiveness of such methods.

(3) CONSULTATION.—In preparing the report
under paragraph (1), the Secretary shall consult
with—

(A) the Secretary of Defense; and

(B) the heads of other Federal depart-
ments and agencies that administer programs
and activities relating to musculoskeletal trauma
care, as determined by the Secretary of
Health and Human Services.

(b) ORTHOPAEDIC TREATMENT THROUGH TRAUMA
CARE SYSTEMS.—
(1) **STUDY.**—The Secretary shall conduct a study on the impact of trauma care systems that connect hospitals with other providers of musculoskeletal health care services (including orthopedists).

(2) **PURPOSES OF STUDY.**—The purposes of the study under paragraph (1) shall include, at a minimum, each of the following:

(A) An examination of the provision of acute and rehabilitative care to trauma patients with musculoskeletal injuries or other conditions.

(B) An examination of epidemiological data on trauma patients with musculoskeletal injuries or other conditions, including the number of such patients, the number of such injuries and conditions, and the types of such injuries and conditions.

(C) An evaluation of the ability of a patient with an orthopaedic injury or other condition originating from musculoskeletal trauma to access specialty care relevant to that injury or condition.

(D) An examination of the impact of trauma rehabilitation care on musculoskeletal health and the ability of trauma patients with
musculoskeletal injuries or other conditions to access postacute rehabilitative services.

(3) REPORT.—Not later than 2 years after the date of enactment of this Act, the Secretary shall submit to Congress a report on the results of the study conducted under paragraph (1), including recommendations for improving the treatment of trauma patients with musculoskeletal injuries or other conditions.

SEC. 104. TRANSPLANTS, TISSUES, AND REPLACEMENT JOINTS.

(a) TRANSPLANTATION TRANSMISSION SENTINEL NETWORK.—Section 372(b)(2) of the Public Health Service Act (42 U.S.C. 274(b)(2)) is amended—

(1) in subparagraph (N), by striking “and” at the end;

(2) in subparagraph (O), by striking the period at the end and inserting “, and”; and

(3) by adding at the end the following:

“(P) establish and operate a national web-based system, to be known as the ‘Transplantation Transmission Sentinel Network’, for the detection, reporting, and tracking of disease transmission from organ, tissue, or eye donors to organ, tissue or eye transplant recipients.”.
(b) Accreditation of Establishments and Personnel Engaged in the Manufacture of Human Cells, Tissues, or Cellular or Tissue-Based Products.—

(1) In general.—The Secretary shall issue regulations relating to the accreditation of—

(A) establishments; and

(B) personnel who participate in the recovery, processing, storage, labeling, packaging, or distribution of human cells, tissues, or cellular or tissue-based products for such establishments.

(2) Authority of Secretary.—In issuing the regulations under paragraph (1), the Secretary shall—

(A) establish an accreditation process modeled after the process used by the Joint Commission (previously known as the Joint Commission on Accreditation of Healthcare Organizations); or

(B) adopt an accreditation process, established by a private entity, that is in effect on the date of enactment of this Act.

(3) Definitions.—In this subsection:
(A) Establishment.—The term “establishment” has the meaning given such term in section 1271.3 of title 21, Code of Federal Regulations (or any corresponding similar regulation or ruling).

(B) Human Cells, Tissues, or Cellular or Tissue-based Products.—The term “human cells, tissues, or cellular or tissue-based products” has the meaning given such term in section 1271.3 of title 21, Code of Federal Regulations (or any corresponding similar regulation or ruling).

(c) National Joint Replacement Registry Study.—

(1) Study.—The Secretary shall conduct a study evaluating the advantages and disadvantages of establishing a national registry for the purpose of tracking the safety and effectiveness of artificial joints used to replace joints in beneficiaries of the Medicare program under title XVIII of the Social Security Act (42 U.S.C. 1395 et seq.).

(2) Contents of Proposed Registry.—In evaluating the proposed registry under paragraph (1), the Secretary shall assume that the registry includes, at a minimum, information on—
(A) the type of joint replaced;
(B) the side of the body on which the joint
is replaced;
(C) whether more than 1 operation was re-
quired in replacing a joint with an artificial
joint; and
(D) uniform identifiers (including the de-
vice lot number and catalog number) for the ar-
tificial joint involved.

(3) REPORT.—Not later than 2 years after the
date of enactment of this Act, the Secretary shall
submit to Congress a report on the results of the
study under paragraph (1) and recommendation for
changes to the Medicare program, including any nec-
essary changes to the Medicare claims form, to allow
for the collection of information required for the reg-
istry.

SEC. 105. TRAFFIC AND WORKPLACE SAFETY.

(a) TRAFFIC SAFETY STUDY.—

(1) STUDY.—The Secretary, in consultation
with the Secretary of Transportation, shall conduct
a study, using epidemiological methods, on the fre-
quency, severity, and likely causes of severe trauma
to extremities resulting from motor vehicle crashes.
(2) REPORT.—Not later than 2 years after the date of enactment of this Act, the Secretary of Health and Human Services shall submit to Congress a report on the results of the study conducted under paragraph (1).

(3) MOTOR VEHICLE DEFINED.—In this subsection, the term “motor vehicle” has the meaning given such term in section 405 of title 23, United States Code.

(b) WORKPLACE SAFETY STUDY.—

(1) IN GENERAL.—The Secretary, in consultation with the Secretary of Labor, shall conduct a study, within the research framework of the National Occupational Research Agenda coordinated by the National Institute for Occupational Safety and Health, on—

(A) the number of workplace-related musculoskeletal injuries and other conditions; and

(B) medical treatments provided to individuals to treat such injuries and conditions.

(2) COLLECTION METHODOLOGY.—In conducting the study under paragraph (1), the Secretary of Health and Human Services shall collect information in a manner that allows such information to be reported and analyzed on the basis of the
type of musculoskeletal injury or condition involved and the race and ethnicity of the individual with such injury or condition.

(3) Request for information from state workers compensation boards.—The Secretary may request that the head of each State agency that has jurisdiction over workers compensation submit information relevant to the study under paragraph (1) to the Secretary.

(4) Report.—Not later than 2 years after the date of enactment of this Act, the Secretary shall submit to Congress a report on the results of the study under paragraph (1), analyzed by type of injury or condition, and race and ethnicity.

SEC. 106. PUBLIC EDUCATION CAMPAIGN.

(a) In general.—The Secretary, in consultation with the Secretary of Education, the Secretary of Transportation, the Chairman of the Consumer Product Safety Commission, and the Chair of the President’s Council on Physical Fitness and Sports, shall conduct a national public awareness program on musculoskeletal health.

(b) Contents of program.—The program shall include, at a minimum, each of the following components:

(1) General information for the public.—A component providing education to the gen-
eral public on musculoskeletal health, including edu-
cation on healthy lifestyle practices relating to mus-
culoskeletal health.

(2) Education for Health Professionals.—A component providing education to
health professionals on musculoskeletal health, in-
cluding—

(A) specific information on musculoskeletal
health in medically underserved populations (as
defined in section 330(b)(3) of the Public
Health Service Act (42 U.S.C. 254b(b)(3))); and

(B) information of the impact of musculo-
skeletal diseases and other conditions on racial
and ethnic minority populations.

(3) Education for Girls.—A component that
utilizes the program popularly known as “powerful
bones, powerful girls” to educate girls ages 9
through 12 on optimal bone health and the methods
to achieve such health, with a focus on reducing the
risk that such girls will develop osteoporosis as
adults.

(4) Education for Special Populations.—
A component providing education to each of the fol-
lowing populations, that addresses the specific needs of those populations:

(A) Populations of the United States that have disproportionately high levels of musculo-
skeletal disease and injury and other conditions.

(B) Populations of the United States that have disproportionately low levels of access to orthopaedic services.

(C) Racial and ethnic minority populations of the United States.

SEC. 107. ORTHOPAEDIC PHYSICIAN WORKFORCE TRAIN-
ING STUDY.

(a) Study.—The Secretary, acting through the Administrator of the Health Resources and Services Admin-
istration, shall conduct a study on the amount of funding available, from all sources, for graduate medical education in orthopaedics and the impact of that amount of funding on the availability of physicians trained in orthopaedics.

(b) Report.—Not later than 2 years after the date of enactment of this Act, the Secretary shall submit to Congress a report on the results of the study conducted under subsection (a).

SEC. 108. BONE DENSITY UNDER THE MEDICARE PROGRAM.

(a) Standard Measurement Tool for Bone Density Study.—
(1) **STUDY.**—The Secretary, in consultation with the Director of the Agency for Healthcare Research and Quality, the Director of the National Institute of Biomedical Imaging and Bioengineering, and the Administrator of the Centers for Medicare & Medicaid Services, shall conduct a study on—

(A) the cost-effectiveness of all available methods for measuring bone mass in beneficiaries of the Medicare program under title XVIII of the Social Security Act (42 U.S.C. 1395 et seq.) for the purpose of identifying the most cost-effective method;

(B) the cost-effectiveness of different time intervals between bone mass screenings for such beneficiaries for the purpose of identifying the most cost-effective interval; and

(C) the frequency with which the cost-effectiveness of such methods and intervals should be reviewed based on anticipated changes in technology.

(2) **REPORT.**—

(A) **IN GENERAL.**—Not later than 2 years after the date of enactment of this Act, the Secretary shall submit to Congress and the Sec-
retary of Commerce a report on the results of
the study under paragraph (1).

(B) CONTENTS OF REPORT.—The report
submitted under subparagraph (A) shall in-
clude, at a minimum, information on each of
the following:

(i) The most cost-effective method for
measuring bone mass in beneficiaries of
the Medicare program and a recommenda-
tion for the adoption of such method by
the Medicare program.

(ii) The most cost-effective interval
between bone mass screenings for such
beneficiaries and recommendation for the
adoption of such interval by the Medicare
program.

(3) UNITED STATES PREVENTIVE SERVICES
TASK FORCE.—In making the recommendations
under paragraph (2)(B), the Secretary shall take
into consideration any relevant guidelines in the
most recent Guide to Clinical Preventive Services
issued by the United States Preventive Services
Task Force.

(4) REVISIONS TO RECOMMENDATIONS.—The
Secretary shall monitor developments in technology
used to measure bone density and prepare and submit to Congress and the Secretary of Commerce reports updating the recommendations made under paragraph (2)(B), as needed.

(b) **Standard Unit for Measuring Bone Density.**—

1. **Report.**—Not later than 3 years after the date of enactment of this Act, the Secretary of Commerce, acting through the Director of the National Institute of Standards and Technology, shall prepare and submit to Congress a report containing recommendations concerning a standard unit for the measurement of bone mass for use by the Medicare program under title XVIII of the Social Security Act (42 U.S.C. 1395 et seq.).

2. **Considerations for Recommendations.**—In proposing the recommendations under paragraph (1), the Secretary of Commerce shall take into consideration the recommendations made under subsection (a)(2)(B), including any applicable updates to such recommendations made under subsection (a)(4), and the accuracy and utility of the recommended standard measurement unit as a diagnostic tool.
SEC. 109. ACCESS TO ORTHOPAEDIC SERVICES FOR BENEFICIARIES OF MEDICAID AND SCHIP.

(a) Report.—Not later than 2 years after the date of enactment of this Act, the Comptroller General of the United States shall prepare and submit a report to Congress on access to orthopaedic services—

(1) by beneficiaries of the Medicaid program under title XIX of the Social Security Act (42 U.S.C. 1396 et seq.); and

(2) by beneficiaries of the State children’s health insurance program under title XXI of the Social Security Act (42 U.S.C. 1397aa et seq.).

(b) Focus on Barriers to Access Affecting Children.—The report prepared under this section shall include, at a minimum, information on barriers to access to orthopaedic services that disproportionately affect children who are beneficiaries of the Medicaid program or the State children’s health insurance program.

SEC. 110. AGE-RELATED PROGRAMS.

(a) State-Based Examples of Network Innovation, Opportunity, and Replication Grant Program.—The Secretary shall award grants to State agencies in a manner similar to the manner in which grants were awarded under the program of the Department of Health and Human Services popularly known as the “State-based Examples of Network Innovation, Oppor-
tunity, and Replication Grant Program” for the purpose of allowing such State agencies to establish or expand health and aging activities for seniors in the areas of clinical preventive services, physical activity, chronic disease self-management, and oral health.

(b) **Childhood Musculoskeletal Diseases, Conditions, and Injuries Report.**—Not later than 2 years after the date of enactment of this Act, the Surgeon General shall prepare and submit to Congress a report on the burdens and costs associated with childhood musculoskeletal diseases, conditions, and injuries in the United States.

**SEC. 111. MINORITY HEALTH DISPARITIES.**

The Secretary, acting through the Deputy Assistant Secretary for Minority Health, shall treat musculoskeletal diseases and conditions as a priority for programs and grants affiliated with the Office of Minority Health and may incorporate initiatives related to musculoskeletal diseases and conditions into the initiatives of such Office.

**TITLE II—THIRD LONGITUDINAL STUDY ON AGING**

**SEC. 201. THIRD LONGITUDINAL STUDY ON AGING.**

(a) **In General.**—The Secretary, acting through the Director of the National Center for Health Statistics and in consultation with the Director of the National Institute
on Aging, shall conduct a third longitudinal study on aging in the United States in a manner similar to the manner in which the second longitudinal study on aging was conducted.

(b) Duration.—The duration of the third longitudinal study under subsection (a) shall be at least 6 years.

(c) Availability of Data.—Data collected through the third longitudinal study under subsection (a) shall be made available to the public in a time and manner similar to the time and manner in which data from the second longitudinal study on aging was made available to the public.