

111TH CONGRESS
1ST SESSION

H. R. 1021

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 HOUSE OF REPRESENTATIVES

FEBRUARY 12, 2009

Mr. GENE GREEN of Texas (for himself and Mr. BURGESS) introduced the following bill; which was referred to the Committee on Energy and Commerce, and in addition to the Committee on Science and Technology, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned

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.

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 (a) SHORT TITLE.—This Act may be cited as the
5 “Access to America’s Orthopaedic Services Act of 2009”.

1 **SEC. 2. TABLE OF CONTENTS; DEFINITION.**

2 (a) TABLE OF CONTENTS.—The table of contents for
 3 this Act is as follows:

Sec. 1. Short title.

Sec. 2. Table of contents; 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.

4 (b) SECRETARY DEFINED.—For purposes of the Act,
 5 the term “Secretary” means the Secretary of Health and
 6 Human Services, except as otherwise provided.

7 **TITLE I—MUSCULOSKELETAL**
 8 **HEALTH**

9 **SEC. 101. FINDINGS.**

10 Congress makes the following findings:

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

13 (2) Musculoskeletal diseases account for more
 14 than one-half of all chronic conditions in people over
 15 50 years of age in developed countries.

1 (3) More than one in four individuals in the
2 United States has a musculoskeletal condition re-
3 quiring medical attention.

4 (4) Direct and indirect costs for bone and joint
5 health are \$849,000,000,000 per year in the United
6 States.

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

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

14 (7) Research demonstrates that there is need
15 among ethnic and racial minorities to improve
16 knowledge of and treatment for musculoskeletal dis-
17 eases and conditions.

18 **SEC. 102. MUSCULOSKELETAL RESEARCH.**

19 (a) REGULATIONS CONCERNING REPORTING CRI-
20 TERIA FOR PERCENT OF EFFORT.—

21 (1) IN GENERAL.—The Secretary, in consulta-
22 tion with the Director of the National Institutes of
23 Health, shall establish, by regulation, criteria for ac-
24 counting and reporting the percent of effort ex-

1 pended by researchers, with respect to research that
2 is—

3 (A) conducted during each fiscal year be-
4 ginning after the last day of the second fiscal
5 year following the date of enactment of this
6 Act; and

7 (B) funded through research grants on
8 musculoskeletal health awarded by either the
9 Director of the National Institutes of Health or
10 the Director of the Agency for Healthcare Re-
11 search and Quality.

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

17 (b) NEW INVESTIGATORS IN MUSCULOSKELETAL RE-
18 SEARCH.—

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

1 (A) The number of new investigators who
2 are awarded grants for musculoskeletal health
3 research by the National Institutes of Health
4 during the fiscal year.

5 (B) The total amount of funds awarded to
6 those investigators under such grants during
7 the fiscal year.

8 (C) The percentage of the National Insti-
9 tutes of Health's budget for musculoskeletal
10 health research that was awarded to such inves-
11 tigators through such grants during the fiscal
12 year.

13 (D) The race and ethnicity of the new in-
14 vestigators who are awarded such grants during
15 the fiscal year.

16 (E) A description of the efforts made by
17 the Director of the National Institutes of
18 Health to encourage individuals from underrep-
19 resented minority groups (as defined by the
20 Secretary) to apply for grants for musculo-
21 skeletal health research awarded by the Na-
22 tional Institutes of Health during the fiscal
23 year.

24 (2) RECOMMENDATIONS.—The first report sub-
25 mitted under paragraph (1) shall include, and subse-

1 quent reports may include, recommendations con-
2 cerning additional resources that the National Insti-
3 tutes of Health or other entities could use—

4 (A) to increase the number of new inves-
5 tigators awarded grants referred to in para-
6 graph (1)(A); and

7 (B) to increase the number of new inves-
8 tigators awarded such grants who are members
9 of underrepresented minority groups.

10 (3) DEFINITIONS.—For purposes of this sec-
11 tion, the following definitions apply:

12 (A) NEW INVESTIGATOR.—The term “new
13 investigator” has the meaning given the term
14 “new investigator” by the Secretary for pur-
15 poses of administering title III of the Public
16 Health Service Act (42 U.S.C. 241 et seq.), but
17 only with respect to musculoskeletal health re-
18 search.

19 (B) RACE; ETHNICITY.—The terms “race”
20 and “ethnicity” have the meaning given such
21 terms by the Office of Management and Budget
22 for purposes of Federal statistics and adminis-
23 trative reporting.

1 **SEC. 103. MUSCULOSKELETAL TRAUMA RESEARCH AND**
2 **CARE.**

3 (a) MUSCULOSKELETAL TRAUMA RESEARCH.—

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

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

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

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

21 (3) CONSULTATION.—In preparing and submit-
22 ting the report under paragraph (1), the Secretary
23 shall consult with—

24 (A) the Secretary of Defense; and

25 (B) the heads of other Federal depart-
26 ments and agencies that administer programs

1 and activities that are relevant to musculo-
2 skeletal trauma care, as determined by the Sec-
3 retary.

4 (b) ORTHOPAEDIC TREATMENT THROUGH TRAUMA
5 SYSTEMS.—

6 (1) STUDY.—The Secretary shall conduct a
7 study on the impact of trauma care systems that
8 connect hospitals with other providers of health care
9 services (including orthopedists) on musculoskeletal
10 health.

11 (2) PURPOSES OF STUDY.—The purposes of the
12 study under paragraph (1) shall include, at a min-
13 imum, the following:

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

17 (B) An examination of epidemiological
18 data on trauma patients with musculoskeletal
19 conditions or injuries, including the number of
20 such patients, the number of such conditions
21 and injuries, and the types of such conditions
22 and injuries.

23 (C) An evaluation of the ability of a pa-
24 tient with an orthopaedic condition or injury
25 originating from musculoskeletal trauma to ac-

cess specialty care relevant to that condition or injury.

(D) An examination of the impact of trauma rehabilitation care on musculoskeletal health and the ability of trauma patients with musculoskeletal conditions or injuries 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 under paragraph (1), including recommendations for improving the treatment of trauma patients with musculoskeletal injuries.

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 ‘Transplan-

1 tation Transmission Sentinel Network’, for the
2 detection, reporting, and tracking of disease
3 transmission from organ, tissue, or eye donors
4 to organ, tissue and eye transplant recipients.”.

5 (b) ACCREDITATION OF ESTABLISHMENTS AND PER-
6 SONNEL ENGAGED IN THE MANUFACTURE OF HUMAN
7 CELLS, TISSUES, OR CELLULAR OR TISSUE-BASED PROD-
8 UCTS.—

9 (1) IN GENERAL.—The Secretary shall issue
10 regulations relating to the accreditation of—

11 (A) establishments; and

12 (B) personnel who participate in the recov-
13 ery, processing, storage, labeling, packaging, or
14 distribution of human cells, tissues, or cellular
15 or tissue-based products for such establish-
16 ments.

17 (2) AUTHORITY OF SECRETARY.—In issuing the
18 regulations under paragraph (1), the Secretary
19 shall—

20 (A) establish an accreditation process mod-
21 eled after the Joint Commission (previously
22 known as the Joint Commission on Accredita-
23 tion of Healthcare Organizations); or

1 (B) adopt an accreditation process estab-
2 lished by a private entity that is in effect on the
3 date of enactment of this Act.

4 (3) DEFINITIONS.—For purposes of this sub-
5 section, the following definitions apply:

6 (A) ESTABLISHMENT.—The term “estab-
7 lishment” has the meaning given such term in
8 section 1271.3 of title 21, Code of Federal Reg-
9 ulations (or any successor regulation).

10 (B) HUMAN CELLS, TISSUES, OR CEL-
11 LULAR OR TISSUE-BASED PRODUCTS.—The
12 term “human cells, tissues, or cellular or tissue-
13 based products” has the meaning given such
14 term in section 1271.3 of title 21, Code of Fed-
15 eral Regulations (or any successor regulation).

16 (c) NATIONAL JOINT REPLACEMENT REGISTRY
17 STUDY.—

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

1 (2) CONTENTS OF PROPOSED REGISTRY.—In
2 evaluating the proposed registry under paragraph
3 (1), the Secretary shall assume that the registry in-
4 cludes, at a minimum, information on—

5 (A) the type of joint replaced;

6 (B) the side of the body on which the joint
7 is replaced;

8 (C) whether more than one operation was
9 required in connection with an artificial joint
10 replacement; and

11 (D) uniform identifiers for the artificial
12 joint (including the device lot number and cata-
13 log number).

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

22 **SEC. 105. TRAFFIC AND WORKPLACE SAFETY.**

23 (a) TRAFFIC SAFETY STUDY.—

24 (1) STUDY.—The Secretary, in consultation
25 with the Secretary of Transportation, shall conduct

1 a study, using epidemiological methods, on the fre-
2 quency, severity, and likely causes of severe trauma
3 to extremities resulting from motor vehicle crashes.

4 (2) REPORT.—Not later than 2 years after the
5 date of enactment of this Act, the Secretary shall
6 submit to Congress a report on the results of the
7 study under paragraph (1).

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

12 (b) WORKPLACE SAFETY STUDY.—

13 (1) IN GENERAL.—The Secretary, in consulta-
14 tion with the Secretary of Labor, shall conduct a
15 study, within the research framework of the Na-
16 tional Occupational Research Agenda coordinated by
17 the National Institute for Occupational Safety and
18 Health, on—

19 (A) the number of workplace-related mus-
20 culoskeletal injuries and conditions; and

21 (B) medical treatments provided to individ-
22 uals to treat such injuries and conditions.

23 (2) COLLECTION METHODOLOGY.—In con-
24 ducting the study under paragraph (1), the Sec-
25 retary shall collect information in a manner that al-

1 lows such information to be reported based on the
2 type of musculoskeletal injury or condition and the
3 race and ethnicity of the individual with such injury
4 or condition.

5 (3) REQUEST FOR INFORMATION FROM STATE
6 WORKERS COMPENSATION BOARDS.—The Secretary
7 may request that the head of each State agency that
8 has jurisdiction over workers compensation submit
9 information relevant to the study under paragraph
10 (1) to the Secretary.

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

16 **SEC. 106. PUBLIC EDUCATION CAMPAIGN.**

17 (a) IN GENERAL.—The Secretary, in consultation
18 with the Secretary of Education, the Secretary of Trans-
19 portation, the Consumer Product Safety Commission, and
20 the Chair of the President’s Council on Physical Fitness
21 and Sports, shall conduct a national public awareness pro-
22 gram on musculoskeletal health.

23 (b) CONTENTS OF PROGRAM.—The program shall in-
24 clude, at a minimum, the following components:

1 (1) GENERAL INFORMATION FOR THE PUB-
2 LIC.—A component providing education to the gen-
3 eral public on musculoskeletal health, including edu-
4 cation on healthy lifestyle practices relating to mus-
5 culoskeletal health.

6 (2) EDUCATION FOR HEALTH PROFES-
7 SIONALS.—A component providing education to
8 health professionals on musculoskeletal health, in-
9 cluding—

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

15 (B) the impact of musculoskeletal diseases
16 and conditions on racial and ethnic minority
17 populations.

18 (3) EDUCATION FOR GIRLS.—A component that
19 utilizes the program popularly known as “powerful
20 bones, powerful girls” to educate girls between 9 and
21 12 years of age on optimal bone health and the
22 methods to achieve such health, with a focus on re-
23 ducing the risk that such girls will develop
24 osteoporosis as adults.

1 (4) EDUCATION FOR SPECIAL POPULATIONS.—

2 A component providing education to the following
3 populations that address the specific needs of those
4 populations:

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

8 (B) Populations of the United States that
9 have disproportionally low levels of access to
10 orthopaedic services.

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

13 **SEC. 107. ORTHOPAEDIC PHYSICIAN WORKFORCE TRAIN-**
14 **ING STUDY.**

15 (a) STUDY.—The Secretary, acting through the Ad-
16 ministrator of the Health Resource Services Administra-
17 tion, shall conduct a study on the amount of funding avail-
18 able for graduate medical education in orthopaedics from
19 all sources and the impact of that amount of funding on
20 the availability of physicians trained in orthopaedics.

21 (b) REPORT.—Not later than 2 years after the date
22 of enactment of this Act, the Secretary shall submit to
23 Congress a report on the results of the study under sub-
24 section (a).

1 **SEC. 108. BONE DENSITY UNDER THE MEDICARE PROGRAM.**

2 (a) STANDARD MEASUREMENT TOOL FOR BONE
3 DENSITY STUDY.—

4 (1) STUDY.—The Secretary, in consultation
5 with the Director of the Agency for Healthcare Re-
6 search and Quality, the Director of the National In-
7 stitute of Biomedical Imaging and Bioengineering,
8 and the Administrator of the Centers for Medicare
9 & Medicaid Services, shall conduct a study on—

10 (A) the cost-effectiveness of all available
11 methods for measuring bone mass in bene-
12 ficiaries of the Medicare program under title
13 XVIII of the Social Security Act (42 U.S.C.
14 1395 et seq.) for the purpose of identifying the
15 most cost-effective method;

16 (B) the cost-effectiveness of different time
17 intervals between each bone mass screening for
18 each such beneficiary for the purpose of identi-
19 fying the most cost-effective interval;

20 (C) the frequency with which the cost-ef-
21 fectiveness of such methods and intervals
22 should be reviewed based on anticipated
23 changes in technology.

24 (2) REPORT.—

25 (A) IN GENERAL.—Not later than 2 years
26 after the date of enactment of this Act, the Sec-

1 retary shall submit to Congress and the Sec-
2 retary of Commerce a report on the results of
3 the study under paragraph (1).

4 (B) CONTENTS OF REPORT.—The report
5 under subparagraph (A) shall include, at a min-
6 imum, the following:

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

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

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

23 (4) REVISIONS TO RECOMMENDATIONS.—The
24 Secretary shall monitor developments in technology
25 used to measure bone density and prepare and sub-

1 mit to Congress and the Secretary of Commerce re-
2 ports updating the recommendations made under
3 paragraph (2)(B), as needed.

4 (b) STANDARD UNIT FOR MEASURING BONE DEN-
5 SITY.—

6 (1) REPORT.—Not later than three years after
7 the date of enactment of this Act, the Secretary of
8 Commerce, acting through the Director of the Na-
9 tional Institutes of Standards and Technology, shall
10 prepare and submit to Congress a report on rec-
11 ommendations concerning a standard unit for the
12 measurement of bone mass for use by the Medicare
13 program under title XVIII of the Social Security Act
14 (42 U.S.C. 1395 et seq.).

15 (2) CONSIDERATIONS FOR RECOMMENDA-
16 TIONS.—In proposing the recommendations under
17 paragraph (1), the Secretary of Commerce shall take
18 into consideration the recommendations made under
19 subsection (a)(2)(B), including any applicable up-
20 dates to such recommendations made under sub-
21 section (a)(4), and the accuracy and utility of the
22 recommended standard measurement unit as a diag-
23 nostic tool.

1 **SEC. 109. ACCESS TO ORTHOPAEDIC SERVICES FOR BENE-**
2 **FICIARIES OF MEDICAID AND SCHIP.**

3 (a) REPORT.—Not later than 2 years after the date
4 of enactment of this Act, the Comptroller General of the
5 United States shall prepare and submit a report to Con-
6 gress on access to orthopaedic services—

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

10 (2) by beneficiaries of the State Children’s
11 Health Insurance program under title XXI of the
12 Social Security Act (42 U.S.C. 1397aa et seq.).

13 (b) FOCUS ON BARRIERS TO ACCESS AFFECTING
14 CHILDREN.—The report under this section shall include,
15 at a minimum, information on barriers to access to
16 orthopaedic services that disproportionately affect children
17 who are beneficiaries of the Medicaid program or the State
18 Children’s Health Insurance program.

19 **SEC. 110. AGE-RELATED PROGRAMS.**

20 (a) STATE-BASED EXAMPLES OF NETWORK INNOVA-
21 TION, OPPORTUNITY, AND REPLICATION GRANT PRO-
22 GRAM.—The Secretary shall award grants to State agen-
23 cies in a manner similar to the manner in which grants
24 were awarded under the program of the Department of
25 Health and Human Services popularly known as the
26 “State-based Examples of Network Innovation, Oppor-

1 tunity, and Replication Grant Program” for the purpose
 2 of allowing such State agencies to establish or expand
 3 health and aging activities for seniors in the areas of clin-
 4 ical preventive services, physical activity, chronic disease
 5 self-management, and oral health.

6 (b) CHILDHOOD MUSCULOSKELETAL DISEASES,
 7 CONDITIONS, AND INJURIES REPORT.—Not later than 2
 8 years after the date of enactment of this Act, the Surgeon
 9 General of the Public Health Service shall prepare and
 10 submit to Congress a report on the burdens and costs as-
 11 sociated with childhood musculoskeletal diseases, condi-
 12 tions, and injuries in the United States.

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

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

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

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

23 (a) IN GENERAL.—The Secretary, acting through the
 24 Director of the National Center for Health Statistics and
 25 in consultation with the Director of the National Institute

1 on Aging, shall conduct a third longitudinal study on
2 aging in the United States in a manner similar to the
3 manner in which the second longitudinal study on aging
4 was conducted.

5 (b) DURATION.—The duration of the third longitu-
6 dinal study under subsection (a) shall be at least 6 years.

7 (c) AVAILABILITY OF DATA.—Data collected through
8 the third longitudinal study under subsection (a) shall be
9 made available to the public in a time and manner similar
10 to the time and manner in which data from the second
11 longitudinal study on aging was made available to the pub-
12 lic.

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