

1 (b) The Task Force shall have 25 members. The Governor shall appoint the
2 Chair, and the Vice-Chair shall be elected by the Task Force. The Director of the
3 Division of Health Promotion in the Department of Environment, Health, and Natural
4 Resources, the Director of the Division of Medical Assistance in the Department of
5 Human Resources, and the Director of the Division of Aging in the Department of
6 Human Resources, or their designees, shall be members of the Task Force.
7 Appointments to the Task Force shall be made as follows:

- 8 (1) By the General Assembly upon the recommendation of the President
9 Pro Tempore of the Senate, as follows:
10 a. Two members of the Senate;
11 b. A representative of a women's health organization;
12 c. A local health director;
13 d. A certified health educator;
14 e. A representative of the North Carolina Association of Area
15 Agencies on Aging; and
16 f. A person with osteoporosis.
- 17 (2) By the General Assembly upon the recommendation of the Speaker of
18 the House of Representatives, as follows:
19 a. Two members of the House of Representatives;
20 b. A county commissioner;
21 c. A licensed dietitian/nutritionist;
22 d. A pharmacist;
23 e. A registered nurse; and
24 f. A person with osteoporosis.
- 25 (3) By the Governor, as follows:
26 a. A practicing family physician, rheumatologist, or
27 endocrinologist;
28 b. A president or chief executive officer of a business upon
29 recommendation of a North Carolina wellness council which is a
30 member of the Wellness Councils of America;
31 c. A news director of a newspaper or television or radio station;
32 d. A representative of a North Carolina affiliate of the National
33 Osteoporosis Foundation;
34 e. A representative from the North Carolina Cooperative Extension
35 Service;
36 f. A representative of the Governor's Council on Physical Fitness
37 and Health; and
38 g. Two members at large.

39 (c) Each appointing authority shall assure insofar as possible that its appointees to
40 the Task Force reflect the composition of the North Carolina population with regard to
41 ethnic, racial, age, gender, and religious composition.

42 (d) The General Assembly and the Governor shall make their appointments to the
43 Task Force not later than 30 days after the adjournment of the 1997 General Assembly.

1 A vacancy on the Task Force shall be filled by the original appointing authority, using the
2 criteria set out in this section for the original appointment.

3 (e) The Task Force shall meet at least quarterly or more frequently at the call
4 of the Chair.

5 (f) The Task Force Chair may establish committees for the purpose of making
6 special studies pursuant to its duties and may appoint non-Task Force members to serve
7 on each committee as resource persons. Resource persons shall be voting members of the
8 committees and shall receive subsistence and travel expenses in accordance with G.S.
9 138-5 and G.S. 138-6. Committees may meet with the frequency needed to accomplish
10 the purposes of this section.

11 (g) Members of the Task Force shall receive per diem and necessary travel and
12 subsistence expenses in accordance with G.S. 120-3.1, 138-5, and 138-6, as applicable.

13 (h) A majority of the Task Force shall constitute a quorum for the transaction
14 of its business.

15 (i) The Task Force may use funds allocated to it to establish two positions and
16 for other expenditures needed to assist the Task Force in carrying out its duties.

17 (j) The Osteoporosis Prevention Task Force has the following duties:

18 (1) To undertake a statistical and qualitative examination of the incidence
19 of and causes of osteoporosis deaths and risks, including identification
20 of subpopulations at highest risk for developing osteoporosis, and
21 establish a profile of the osteoporosis burden in North Carolina.

22 (2) To raise public awareness on the causes and nature of osteoporosis,
23 personal risk factors, value of prevention and early detection, and
24 options for diagnosing and treating the disease.

25 (3) To identify priority strategies which are effective in preventing and
26 controlling risks for osteoporosis, and in diagnosing and treating
27 osteoporosis.

28 (4) To identify, examine limitations of, and recommend to the Governor
29 and the General Assembly changes to existing laws, regulations,
30 programs, services, and policies to enhance osteoporosis prevention,
31 diagnosis, and treatment for the people of North Carolina.

32 (5) To determine and recommend to the Governor and the General
33 Assembly the funding and strategies needed to enact new or to modify
34 existing laws, regulations, programs, services, and policies to enhance
35 osteoporosis prevention, diagnosis, and treatment for the people of
36 North Carolina.

37 (6) To adopt and promote a statewide comprehensive Osteoporosis
38 Prevention Plan to the general public, State and local elected officials,
39 various public and private organizations and associations, businesses
40 and industries, agencies, potential funding sources, and other
41 community resources.

42 (7) To identify and facilitate specific commitments to help implement the
43 Plan from the entities listed in subdivision (6) above.

- 1 (8) To facilitate coordination of and communication among State and local
2 agencies and organizations regarding current or future involvement in
3 achieving the aims of the Osteoporosis Prevention Plan.
- 4 (9) To receive and consider reports and testimony from individuals, local
5 health departments, community-based organizations, voluntary health
6 organizations, and other public and private organizations statewide, to
7 learn more about their contributions to osteoporosis diagnosis,
8 prevention, and treatment, and their ideas for improving osteoporosis
9 prevention, diagnosis, and treatment in North Carolina.
- 10 (k) The Task Force shall submit to the Governor and to the General Assembly
11 a preliminary report by January 1, 1998; an interim report within the first week of the
12 convening of the 1999 General Assembly; and a final report by October 1, 1999. The
13 reports shall address the Plan, actions and resources needed to fully implement the Plan,
14 and progress in achieving implementation of the Plan to reduce the occurrence of and
15 burden from osteoporosis in North Carolina. The reports shall include an accounting of
16 funds expended and anticipated funding needs for full implementation of recommended
17 plans and programs.
- 18 (l) Upon submission of its final report to the Governor and the 1999 General
19 Assembly, the Task Force shall expire.
- 20 Section 2. This act becomes effective July 1, 1997.