§ 2706. Osteoporosis prevention and education program established. 1. There is hereby created within the department the osteoporosis prevention and education program. This program is established to promote public awareness of the causes of osteoporosis, options for prevention, the value of early detection and possible treatments, including their benefits and risks.

2. The program shall include: (a) establishment of a public education and outreach campaign to promote osteoporosis prevention and education that will enable individuals to make informed choices about their health, including, but not limited to the following:

(1) cause and nature of the disease;

(2) risk factors;

(3) impact of menopause;

(4) impact of drug interactions;

(5) prevention, including but not limited to:

(i) nutrition and diet and,

(ii) physical exercise;

(6) diagnostic procedures and appropriate indications for their use;

(7) all available treatment options, including benefits and risks;

(8) environmental safety and injury prevention;

(9) implications of hip fracture and the potential options for rehabilitation;

(10) rest and use of appropriate body mechanics;

(11) availability of osteoporosis diagnostic and treatment services in the community.

(b) development of educational materials to be made available for consumers, particularly targeted to high risk groups, through local departments of health, local health care practitioners, practitioners of gerontology and geriatrics, other health care providers, including, but not limited to, health maintenance organizations, hospitals, walk-in medical care centers, mobile care units, surgi-centers, health-oriented places of business, clinics and organizations serving women and the aged populations.

(c) development and provision of professional education programs for health care providers and health-related community-based organizations, including, but not limited to, the following:

(1) research findings;
(2) cause and nature of the disease;
(3) risk factors, including but not limited to, lifestyle, heredity, and drug interactions;
(4) impact of menopause;
(5) prevention, including, but not limited to:
(i) nutrition and diet and,
(ii) physical exercise;
(6) diagnostic procedures and appropriate indications for their use;
(7) all medical and surgical treatment options, including experimental and established drug therapies, and the benefits and risks of each option;
(8) environmental safety and injury prevention;
(9) availability of osteoporosis diagnostic and treatment and support services in the community.

3. The commissioner shall seek any federal waiver or waivers that may be necessary to maximize funds from the federal government, including, but not limited to, funds provided under Titles XVIII and XIX of the federal Social Security Act for the services provided under this section. The commissioner may accept any grants, awards or other funds or appropriations as may be made available for the purposes of this section.