

Introduced by Senator DeSaulnier

February 18, 2011

An act relating to public health.

LEGISLATIVE COUNSEL'S DIGEST

SB 616, as introduced, DeSaulnier. Wellness Program Demonstration Project.

Existing law establishes various programs to prevent disease and promote health. Existing federal law, the Patient Protection and Affordable Care Act, by July 1, 2014, establishes a 10-state Wellness Program Demonstration Project to promote health and prevent disease.

This bill would state the intent of the Legislature to enact legislation to create a wellness program to prevent disease and promote health that meets all necessary federal qualifications for California to be a participating pilot state.

Vote: majority. Appropriation: no. Fiscal committee: no.
State-mandated local program: no.

The people of the State of California do enact as follows:

- 1 SECTION 1. The Legislature finds and declares all of the
- 2 following:
- 3 (a) The President of the United States signed comprehensive
- 4 health reform into law on March 23, 2010. The federal Patient
- 5 Protection and Affordable Care Act (Public Law 111-148) and the
- 6 federal Health Care and Education Reconciliation Act of 2010
- 7 (Public Law 111-152) represent a significant reform of the nation's
- 8 health delivery system, including many provisions designed to

1 promote prevention, wellness, and patient-centered health
2 outcomes.

3 (b) Federal health reform has several provisions that focus on
4 prevention and health promotion, including community-based
5 obesity prevention programs, community transformation grants,
6 nutrition labeling, individualized wellness plan pilots, and
7 workplace wellness programs.

8 (c) California has a strong history of public health prevention
9 programs, including, but not limited to, one of the nation’s leading
10 tobacco control programs. Since 1989, there has been a 35 percent
11 decrease in smoking prevalence, a 61 percent decline in per capita
12 cigarette consumption, and a decrease in lung cancer incidence
13 that is over three times the rate of decline seen in the rest of the
14 nation. Collectively, the program’s efforts have saved the state
15 \$86 billion in direct health care costs.

16 (d) Unfortunately, California’s priority populations remain at
17 greater risk of tobacco use, disease, and death. African American
18 males continue to have the highest smoking prevalence, 21.3
19 percent, compared to their counterparts in all other major race and
20 ethnicity groups who smoke at a range between 14.9 percent and
21 17.2 percent, inclusive. African American and non-Hispanic white
22 females also have significantly higher smoking prevalence rates,
23 of 17.3 percent and 12.5 percent respectively, compared to Hispanic
24 and Asian and Pacific Islander females whose smoking prevalence
25 rates are 7.1 percent and 5.5 percent, respectively. However, the
26 most startling evidence of disparity lies with smoking prevalence
27 among low-income populations.

28 (e) California will be a national model for public health
29 interventions and prevention and wellness programs. Communities
30 and individuals must be empowered to make changes that best
31 address their circumstances and resource needs.

32 SEC. 2. It is the intent of the Legislature to enact legislation
33 to create a wellness program to prevent disease and promote health.
34 This program should meet all necessary federal qualifications for
35 California to be a participating pilot state in the Wellness Program
36 Demonstration Project that will be established no later than July
37 1, 2014, in accordance with Section 1201 of the federal Patient
38 Protection and Affordable Care Act (Public Law 111-148).

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