

AMENDED IN ASSEMBLY APRIL 23, 2014

AMENDED IN ASSEMBLY APRIL 2, 2014

AMENDED IN ASSEMBLY MARCH 20, 2014

CALIFORNIA LEGISLATURE—2013–14 REGULAR SESSION

ASSEMBLY BILL

No. 1592

Introduced by Assembly Member Beth Gaines
(Coauthors: Assembly Members Fox, Garcia, and Gonzalez)

February 3, 2014

An act to add Article 1 (commencing with Section 104250) to Chapter 4 of Part 1 of Division 103 of the Health and Safety Code, relating to diabetes.

LEGISLATIVE COUNSEL'S DIGEST

AB 1592, as amended, Beth Gaines. California Diabetes Program.

Existing law establishes the State Department of Public Health and sets forth its powers and duties, including, but not limited to, the administration of the California Diabetes Program.

This bill would require the department to submit a report to the Legislature by December 31 of each odd-numbered year that is to include, among other things, ~~information on the financial impact of diabetes on the Medi-Cal program and public health programs; an assessment of the benefits of implemented programs and activities aimed at preventing and controlling diabetes,~~ and detailed action plans for combating diabetes with a range of actionable items for consideration by the ~~Legislature, as specified,~~ *Legislature that will aid in attaining the goals set forth by the State Department of Public Health in the California Wellness Plan for 2014 and the Diabetes Burden Report,* and would require the department to make the biannual reports available

on its Internet Web site. The bill would authorize the department to use statistical data from external sources and requires the State Department of Health Care Services to provide the department with any relevant statistical data for purposes of creating the biannual reports. The bill would require the department to ensure that all grant funds from the federal Centers for Disease Control and Prevention and other federal sources for the California Diabetes Program are expended for the purpose of diabetes prevention, treatment, and awareness pursuant to the grant requirements, and the creation of the biannual reports.

The bill would also make related findings and declarations.

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

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

1 SECTION 1. Article 1 (commencing with Section 104250) is
2 added to Chapter 4 of Part 1 of Division 103 of the Health and
3 Safety Code, to read:

4
5 Article 1. California Diabetes Program
6

7 104250. The Legislature finds and declares all of the following:

8 (a) It is reported by the California Diabetes Program that one
9 in seven adult Californians has diabetes, and the numbers are rising
10 rapidly. The actual number of those whose lives are affected by
11 diabetes is unknown and stands to be much higher when factoring
12 in the incidence of type 1 diabetes and undiagnosed gestational
13 diabetes.

14 (b) California has the greatest number of annual new cases of
15 diabetes in the United States.

16 (c) The incidence of diabetes amongst all Californians has
17 increased 32 percent over the past decade.

18 (d) Over 11.4 million people in California have prediabetes, a
19 condition that is a precursor to full onset type 2 diabetes. This
20 suggests that the total population of those diagnosed will continue
21 to rise in the absence of interventions.

22 (e) The prevalence of diagnosed gestational diabetes in
23 California has increased 60 percent in just seven years, from 3.3
24 percent of hospital deliveries in 1998 to 5.3 percent of hospital
25 deliveries in 2005, with the federal Centers for Disease Control

1 and Prevention stating that the diagnosis rate could run as high as
2 18.3 percent.

3 (f) The fiscal impact to the State of California, including total
4 health care and related costs for the treatment of diabetes, was over
5 \$35.9 billion in 2010.

6 (g) A recent study of a large state with a sizable diabetes
7 population found that the rate of diagnosed diabetes in the state's
8 Medicaid population is nearly double that of its general population.

9 (h) There is no cure for any type of diabetes.

10 (i) Diabetes when left untreated can lead to serious and costly
11 complications and a reduced lifespan.

12 (j) Many of these serious complications can be delayed or
13 avoided with timely diagnosis, effective patient self-care, and
14 improved social awareness.

15 (k) *The State Department of Public Health has created the*
16 *California Wellness Plan for 2014 that provides a set of desired*
17 *outcomes regarding diabetes in the state.*

18 (l) *The State Department of Public Health will complete a*
19 *Diabetes Burden Report by December 31, 2014, and will include*
20 *in the report, information on the prevalence of diabetes in*
21 *California compared to the rest of the United States, risk factors*
22 *for developing diabetes and diabetes complications, and the*
23 *prevalence of obesity, inactivity, and cardiovascular disease risk*
24 *factors among individuals with diabetes as compared to individuals*
25 *without diabetes in California. The report will address the*
26 *prevalence of prediabetes, complications of diabetes, and diabetes*
27 *mortality in California as compared to the rest of the United States.*
28 *The report will also outline the department's programs and*
29 *activities that address the burden of diabetes in California.*

30 ~~(k)~~

31 (m) It is the intent of the Legislature to require the State
32 Department of Public Health, *as part of the California Diabetes*
33 *Program*, to create a diabetes action plan that provides policy
34 guidance to prevent, treat, and increase awareness of diabetes and
35 ~~that aids in the reduction of the fiscal impact of diabetes to aid the~~
36 ~~state in complying with the goals set forth by the State Department~~
37 ~~of Public Health in the California Wellness Plan for 2014 and the~~
38 ~~Diabetes Burden Report.~~

39 104251. (a) The State Department of Public Health, as part of
40 the California Diabetes Program, shall submit a report to the

1 Legislature by December 31 of each odd-numbered year that shall
2 include all of the following:

3 ~~(1) The financial impact of all types of diabetes on the Medi-Cal~~
4 ~~program and public health programs, and shall include both of the~~
5 ~~following:~~

6 ~~(A) The number of individuals with diabetes covered by~~
7 ~~Medi-Cal and the number of individuals with diabetes without~~
8 ~~insurance.~~

9 ~~(B) The cost or impact diabetes and its complications place on~~
10 ~~both public and private entities within the state.~~

11 ~~(2) The number of persons with diabetes and family members~~
12 ~~impacted by prevention and diabetes control programs implemented~~
13 ~~by the State Department of Public Health, the financial toll or~~
14 ~~impact diabetes and its complications places on the program, and~~
15 ~~the financial toll or impact diabetes and its complications places~~
16 ~~on the State Department of Public Health in comparison to other~~
17 ~~chronic diseases and conditions.~~

18 ~~(3)~~

19 ~~(1) An assessment of the benefits of implemented programs and~~
20 ~~activities aimed at preventing and controlling diabetes. The~~
21 ~~assessment shall document both of the following:~~

22 ~~(A) The amount and source for any funding directed to the State~~
23 ~~Department of Public Health *and the State Department of Health*~~
24 ~~*Care Services* from the Legislature for programs and activities~~
25 ~~aimed at reaching those with diabetes.~~

26 ~~(B) The amount and source for any funding directed to the State~~
27 ~~Department of Public Health *and the State Department of Health*~~
28 ~~*Care Services* that may be used for the purposes of the action plans~~
29 ~~required pursuant to paragraph~~(5)~~ (3).~~

30 ~~(4)~~

31 ~~(2) A description of the level of coordination between the State~~
32 ~~Department of Public Health and the ~~Medi-Cal program~~ *State*~~
33 ~~*Department of Health Care Services* in preventing, treating,~~
34 ~~managing, and increasing awareness of all forms of diabetes and~~
35 ~~its complications *within the Medi-Cal population.*~~

36 ~~(5)~~

37 ~~(3) Detailed action plans for combating diabetes with a range~~
38 ~~of actionable items for consideration by the Legislature. The plans~~
39 ~~shall identify proposed action steps to reduce the impact of type~~
40 ~~1 diabetes, type 2 diabetes, gestational diabetes, prediabetes, and~~

1 ~~their related complications. The plans shall also identify expected~~
2 ~~outcomes of the action steps proposed in the following biennium~~
3 ~~while also establishing benchmarks for preventing and controlling~~
4 ~~relevant forms of diabetes. Legislature that will aid in attaining~~
5 ~~the goals set forth by the State Department of Public Health in the~~
6 ~~California Wellness Plan for 2014 and the Diabetes Burden Report.~~

7 ~~(6)~~

8 (4) A detailed budget blueprint identifying needs, costs, and
9 resources required to implement the action plans required pursuant
10 to paragraph ~~(5)~~ (3) for consideration by the Legislature. The
11 budget blueprint to the Legislature shall include a cost-benefit
12 analysis to assist in prioritizing plans by level of efficiency.

13 (b) The State Department of Public Health shall make the
14 biannual reports available on its Internet Web site.

15 (c) A report submitted pursuant to subdivision (a) shall be
16 submitted in compliance with Section 9795 of the Government
17 Code.

18 104252. (a) In order to reduce potential costs incurred by the
19 State Department of Public Health in the process of creating the
20 biannual reports as required pursuant to Section 104251, the State
21 Department of Public Health may use statistical data from external
22 sources.

23 (b) (1) The State Department of Health Care Services shall
24 provide to the State Department of Public Health any relevant
25 statistical data for the purposes of the creation of the biannual
26 report.

27 (2) To ensure patient privacy, all data transferred to the State
28 Department of Public Health from the State Department of Health
29 Care Services shall conform to requirements described in the
30 federal Health Insurance Portability and Accountability Act of
31 1996 (Public Law 104-191).

32 104253. The State Department of Public Health shall ensure
33 that all grant funds from the federal Centers for Disease Control
34 and Prevention and other federal sources for the California Diabetes
35 Program are expended for the purpose of diabetes prevention,
36 treatment, awareness pursuant to the grant requirements, and the
37 creation of the biannual reports as required pursuant to Section
38 104251.

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