

AMENDED IN ASSEMBLY APRIL 16, 2015

AMENDED IN ASSEMBLY APRIL 8, 2015

CALIFORNIA LEGISLATURE—2015–16 REGULAR SESSION

ASSEMBLY BILL

No. 572

**Introduced by Assembly Member Beth Gaines
(Coauthors: Assembly Members Chávez, Cristina Garcia, and
Gonzalez Gonzalez, and Ridley-Thomas)**

February 24, 2015

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 572, as amended, Beth Gaines. California Diabetes Program.

Existing law establishes the State Department of Public Health and sets forth its powers and duties pertaining to, among other things, protecting, preserving, and advancing public health, including disseminating information regarding diseases.

This bill would require the State Department of Public Health to develop a detailed action plan for the prevention and treatment of diabetes, and to submit a report to the Legislature by ~~an unspecified date~~ *January 1, 2018*, that includes an update on the status of the plan and the progress of plan objectives and outcomes.

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. Diabetes.
6

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

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

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

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

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

21 (e) The prevalence of diagnosed gestational diabetes in
22 California has increased 60 percent in just seven years, from 3.3
23 percent of hospital deliveries in 1998 to 5.3 percent of hospital
24 deliveries in 2005, with the federal Centers for Disease Control
25 and Prevention stating that the diagnosis rate could run as high as
26 18.3 percent.

27 (f) The fiscal impact to the State of California, including total
28 health care and related costs for the treatment of diabetes, was over
29 \$35.9 billion in 2010.

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

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

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

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

1 (k) It is the intent of the Legislature to require the State
2 Department of Public Health to provide to the Legislature
3 information, including the annual federal Centers for Disease
4 Control and Prevention progress report, on diabetes prevention
5 and control activities conducted by the State Department of Public
6 Health and expenditures associated with diabetes prevention and
7 control activities. These activities are set forth by the State
8 Department of Public Health in the California Wellness Plan 2014
9 and the report dated September 2014 entitled “Burden of Diabetes
10 in California.”

11 104251. (a) The State Department of Public Health shall
12 develop a detailed action plan for the prevention and treatment of
13 diabetes in the state. The plan shall include, at a minimum, all of
14 the following items:

15 (1) Priorities and performance measures that are based upon
16 evidence-based strategies to prevent or control diabetes. The plan
17 shall also identify expected outcomes of the action steps proposed
18 and establish benchmarks for controlling and preventing relevant
19 forms of diabetes.

20 (2) An analysis of the financial impact on the state of all types
21 of diabetes. This assessment shall include the number of persons
22 living with diabetes, the number of family members affected by
23 diabetes, the financial impact diabetes and its complications have
24 on the state, and the financial impact of diabetes in comparison to
25 other chronic diseases and conditions.

26 (3) A summary of expenditures *by the department* on programs
27 and activities aimed at preventing or controlling diabetes.

28 (4) A summary of the amount and source of any funding directed
29 to the department for programs and activities aimed at controlling
30 or preventing diabetes.

31 (5) A description of the existing level of coordination between
32 state departments and entities with regard to activities,
33 programmatic activities, and the provision of information to the
34 public regarding managing, treating, and preventing all forms of
35 diabetes and its complications.

36 (6) A detailed budget blueprint identifying needs, costs, and
37 resources required to implement the plan. This blueprint shall
38 include a budget range for each action step identified.

39 (7) Policy recommendations for the prevention and treatment
40 of diabetes.

1 (b) The plan may revise the priorities and performance measures
2 previously set forth as part of the California Wellness Plan, the
3 Burden of Diabetes in California report, or other diabetes
4 prevention programs within the State Department of Public Health.

5 (c) The State Department of Public Health shall submit a report
6 to the Legislature on or before ~~_____~~ *January 1, 2018*, and
7 biennially thereafter, that includes an update on the status of the
8 plan and the progress of plan objectives and outcomes. The report
9 shall additionally include recommendations for improving the plan
10 based upon activities and findings to date. The State Department
11 of Public Health shall make the report and any updates issued
12 pursuant to this section available on its Internet Web site.

13 (d) (1) The requirement for submitting a report imposed under
14 subdivision (c) is inoperative on ~~_____~~, pursuant to Section ~~10231.5~~
15 ~~of the Government Code~~. *January 1, 2024*.

16 (2) The report submitted to the Legislature pursuant to this
17 section shall be submitted in compliance with Section 9795 of the
18 Government Code.