

AMENDED IN ASSEMBLY JANUARY 7, 2008

AMENDED IN ASSEMBLY APRIL 10, 2007

CALIFORNIA LEGISLATURE—2007—08 REGULAR SESSION

ASSEMBLY BILL

No. 1154

Introduced by Assembly Member Leno

February 23, 2007

An act to add and repeal Section 131086 of the Health and Safety Code, relating to diabetes.

LEGISLATIVE COUNSEL'S DIGEST

AB 1154, as amended, Leno. Diabetes.

Existing law authorizes the State Department of *Public Health Services* to perform studies, demonstrate innovative methods, and disseminate information relating to the protection, preservation, and advancement of public health. ~~Effective July 1, 2007, these duties will be transferred to the State Department of Public Health.~~

This bill would require the department, in consultation with the California Health Alliance Commission, to develop *and administer* a diabetes risk reduction pilot program within 24 counties to *review, analyze, and report on* the outcomes from integrative care ~~to the causes of diabetes through proactive prevention.~~ *The bill would establish the Diabetes Prevention and Treatment Pilot Program Fund in the State Treasury, and would require the department to deposit any moneys received from the federal government or from private donations into the fund to be used, upon appropriation by the Legislature, for the pilot program. The bill would provide that it shall only become operative if adequate funds, as determined by the department, are appropriated in the annual Budget Act for the pilot program. The bill would provide*

that its provisions shall become inoperative on July 1 following the 4th fiscal year after the first appropriation is made for purposes of the bill and are repealed on the January 1 following that date.

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. The Legislature finds and declares all of the
2 following:

3 (a) Clear and substantial evidence indicates that a combination
4 of better food and hydration, with prudent activity and a healthy
5 attitude, promotes health and reduces the risk of chronic diseases,
6 particularly diabetes. The benefits of this combination range from
7 restorative sleep to enhanced hormone and neurochemical balance.
8 All of these contribute to, and are synergistic in achieving, a
9 healthy balance of sugar and energy in the body. As a result,
10 effective habit modification is able to reduce the risk of diabetes,
11 particularly in at-risk participants.

12 (b) Recent research confirms a rapid and accelerating increase
13 in diabetes, particularly in California's children. The human and
14 financial costs are staggering and avoidable. Access to healthier
15 choices and resources facilitates the practice of healthy habits.

16 (c) Diabetes and its antecedents and consequences drain precious
17 resources from the state.

18 (d) Diabetes negatively impacts productivity and quality of life,
19 while increasing substantially the risk of complications ranging
20 from heart attacks to kidney failure, stroke to blindness, and fragile
21 blood vessels to amputation. The promotion of healthy habits that
22 is reinforced with information and documentation of perceived
23 and tangible benefits is more effective than communicating a
24 general message of prevention while largely focusing on early
25 disease detection and communicating the principles of prevention
26 in the abstract rather than actionable terms.

27 (e) Proactive prevention in diabetes risk mitigation is a public
28 health concept that supports community health promotion habits
29 and practices that show evidence-based efficacy in at-risk
30 populations. Proactive prevention programs include incentives for
31 more whole foods, fruits, vegetables, pulses, nuts, seeds, and herbs
32 along with adequate water, regular physical activity, and expression

1 or receipt of appreciation and for the help we can be to ourselves
2 and those in need. All this contributes to better weight maintenance
3 by eating a balanced variety of nourishing foods and drinking
4 adequate amounts of water and herbal teas, choosing moments in
5 which to appreciate what we have, and enjoying the kind of regular
6 activity appropriate to our functional age and abilities.

7 (f) A primary strategy of proactive prevention is to increase
8 access to health enhancing practices, resources, and choices.
9 Reinforcement of healthier choices and reduction of barriers
10 coupled with incentives for use are components of this approach.
11 Incentives for health promoting actions are both financial and
12 emotional.

13 (g) Existing law requires the State Department of Health
14 Services to promote the public health and welfare.

15 (h) It is the intent of the Legislature that the program established
16 pursuant to this act will document the program outcomes in
17 rigorous tests and formal statistical measures, as well as by
18 consumer quality of life outcome surveys performed by the
19 California Health Alliance.

20 (i) It is the intent of the Legislature that the program established
21 pursuant to this act will document the benefits of proactive
22 prevention in diabetes risk mitigation at its cause.

23 (j) It is also the intent of the Legislature for the pilot program
24 established pursuant to this act to improve the health and well-being
25 of at-risk Californians by addressing the causes of diabetes and
26 monitoring the benefits people enjoy through the application of
27 proactive prevention.

28 SEC. 2. Section 131086 is added to the Health and Safety Code,
29 to read:

30 131086. (a) As used in this section:

31 (1) "Commission" means the California Health Alliance
32 Commission, a private nonprofit organization focused upon the
33 health of the state's citizens.

34 (2) "Department" means the State Department of Public Health.

35 (3) "Director" means the state public health officer.

36 ~~(b) The department shall, in consultation with the California~~
37 ~~Health Alliance, develop a diabetes risk reduction pilot program~~
38 ~~within 24 counties to analyze and report the outcomes from~~
39 ~~integrative care to the causes of diabetes through proactive~~
40 ~~prevention.~~

1 (c) The program shall include all of the following components:

2 (1) ~~The use of information technology and media to facilitate~~
3 ~~and reinforce messages of the benefits of more nutritious whole~~
4 ~~foods, including fresh fruits and vegetables, seeds, nuts, and herbs~~
5 ~~along with good hydration. These messages and resources to~~
6 ~~increase physical activity shall be coupled with an appreciation of~~
7 ~~those who take these constructive steps. Specially trained~~
8 ~~pharmacists and nurses shall provide reminders that include, for~~
9 ~~example, the importance of mineral and water intake during~~
10 ~~exercise or exposure to temperatures over 80°F or cold and dry~~
11 ~~conditions.~~

12 (2) ~~The monitoring of risks that predict diabetes development~~
13 ~~or progression.~~

14 (3) ~~Reporting, after review by the California Health Alliance~~
15 ~~Commission, to the director on the opportunities to improve quality~~
16 ~~of life outcomes and reduce lifetime costs through the application~~
17 ~~of the pilot program.~~

18 (4) ~~Quarterly internal updates on how the program increases~~
19 ~~access, reinforces the benefits, and documents the results of the~~
20 ~~program. These quarterly updates shall be delivered to the~~
21 ~~commission no later than 30 days after the close of each quarter~~
22 ~~and to the department at least annually.~~

23 (5) ~~Strategies to reduce diabetes risk within low-income, at-risk~~
24 ~~communities and populations.~~

25 (6) ~~Strategies to promote the health of food stamp recipients~~
26 ~~and reduce health risk behaviors. These strategies shall be a priority~~
27 ~~of the program.~~

28 (7) ~~Inclusion of the federal Centers for Disease Control and~~
29 ~~Prevention's Diabetes Prevention Guidelines to document the risk~~
30 ~~and harm reduction as well as to document the outcomes of this~~
31 ~~program.~~

32 (d) ~~In communities selected to enroll in the pilot program, the~~
33 ~~department shall provide dedicated health professionals and support~~
34 ~~personnel to implement the pilot program, as recommended by the~~
35 ~~commission's Diabetes Risk Reduction Update.~~

36 (e) ~~The department shall provide technical and logistical support~~
37 ~~as needed and predicated upon funding of the public-private~~
38 ~~partnership responsible for this pilot program.~~

39 (f) ~~The department, in consultation with the State Department~~
40 ~~of Social Services, shall seek any necessary federal government~~

1 ~~approvals to allow the use of the Food Stamp Electronic Benefits~~
2 ~~Card, as provided in Chapter 3 (commencing with Section 10065)~~
3 ~~of Part 1 of Division 9 of the Welfare and Institutions Code, to~~
4 ~~provide incentives, and to implement this pilot program during the~~
5 ~~2008-09 fiscal year.~~

6 *(b) The department shall, in consultation with the California*
7 *Health Alliance Commission, develop and administer a diabetes*
8 *risk reduction pilot program within 24 counties to review, analyze,*
9 *and report on the outcomes from integrative care of diabetes*
10 *through proactive prevention.*

11 *(c) The department, in consultation with the commission, shall*
12 *design the pilot program to include all of the following*
13 *components:*

14 *(1) Strategies aimed at diabetes risk reduction that are directed*
15 *at low-income, at-risk communities and populations. In*
16 *communities invited to participate in the pilot program, the pilot*
17 *program shall provide dedicated health professionals and support*
18 *personnel to implement this pilot program as recommended by the*
19 *California Health Alliance Commission's Diabetes Risk Reduction*
20 *Update.*

21 *(2) The department shall provide technical and logistical support*
22 *as needed and predicated upon funding of the public-private*
23 *partnership responsible for this pilot program. Nothing in the pilot*
24 *program shall be in conflict with the federal Diabetes Prevention*
25 *Guidelines of the Centers for Disease Control and Prevention*
26 *(CDC). This proactive prevention pilot program shall document*
27 *the risk and harm reduction as well as the outcomes of this*
28 *community-based public health initiative.*

29 *(3) Strategies aimed at providing incentives for food stamp*
30 *recipients to promote their health and reduce health risk behaviors*
31 *shall be a priority of this program. Increasing access, reinforcing*
32 *the benefits, and documenting the results of those strategies as*
33 *implemented under the pilot program shall also be included, the*
34 *department shall report quarterly to the California Health Alliance*
35 *Commission no later than 30 days after the close of each quarter*
36 *on the effectiveness of the pilot program.*

37 *(4) The department shall seek any necessary federal government*
38 *approval to allow the use of food stamp electronic benefits cards,*
39 *as provided in Chapter 3 (commencing with Section 10065) of*
40 *Part 1 of Division 9 of the Welfare and Institutions Code, to*

1 *provide those incentives, and to implement this pilot program as*
2 *an essential priority for the 2009–10 fiscal year.*

3 *(g)*

4 *(d) In developing the pilot program, the department shall include*
5 *all of the following:*

6 *(1) At least two counties that have above the food stamp average*
7 *county participation.*

8 *(2) At least two counties that have below the food stamp average*
9 *county participation.*

10 *(3) At least two counties with above-average rates of diabetes.*

11 *(4) At least two counties with above-average rates of obesity.*

12 *(5) At least two counties with above-average rates of*
13 *cardiovascular diseases.*

14 *(6) At least two counties with a predominantly Native American*
15 *population.*

16 *(7) At least two counties with a predominantly*
17 *African-American population.*

18 *(8) At least two counties with a predominantly Hispanic*
19 *population.*

20 *(9) At least two urban counties.*

21 *(10) At least two rural counties.*

22 *(h)*

23 *(e) The department shall consider all of the following in*
24 *choosing counties to participate in the program.*

25 *(1) The level of need in the community.*

26 *(2) The size of the food stamp population.*

27 *(3) The need for geographic diversity.*

28 *(4) The availability of technology in targeted counties and*
29 *communities to implement the program and collect the data*
30 *necessary to evaluate the pilot program.*

31 *(f) The department shall develop a process for evaluating the*
32 *effectiveness of the pilot program. The evaluation shall examine*
33 *the impact of the various strategies employed in the pilot program*
34 *regarding the use of healthier choices, particularly those aimed*
35 *at diabetes risk reduction. The evaluation shall also consider*
36 *options that are appropriate to each community and implement*
37 *those options with the highest likely benefit for that community.*
38 *The department shall also conduct and perform real time data*
39 *collection and prompt data analysis of outcomes. The department*
40 *shall, at the earliest feasible time, make recommendations to the*

1 Legislature regarding the continuation of the pilot program, and
2 shall include a statement of any federal policy changes needed to
3 support the goals of the pilot program.

4 (g) The Diabetes Prevention and Treatment Pilot Program Fund
5 is hereby created in the State Treasury. The department shall
6 deposit any moneys received from the federal government or from
7 private donations, and, notwithstanding Section 16305.7 of the
8 Government Code, any interest earned on moneys in the fund, into
9 the fund to be used, upon appropriation by the Legislature, for the
10 pilot program.

11 (h) This section shall only be implemented if adequate
12 implementation funds, as determined by the department, are
13 appropriated in the annual Budget Act or other statute.

14 (i) This section shall become inoperative on July 1, following
15 the fourth fiscal year after the first appropriation is made for
16 purposes of this section in the annual Budget Act or other statute,
17 and, as of the following January 1, is repealed, unless a later
18 enacted statute, that is enacted before the date on which this section
19 is repealed, deletes or extends the dates on which it becomes
20 inoperative and is repealed.

21 ~~(i) The department shall seek all necessary approvals to establish
22 the pilot program, and shall apply for available, prequalified federal
23 matching funds to support the work of the pilot program.~~

24 ~~(j) The department shall develop, in consultation with the
25 commission, a process for evaluating the effectiveness of the pilot
26 program. The evaluation shall examine the impact of the various
27 strategies employed in the pilot program on the use of healthier
28 choices, particularly those aimed at diabetes risk reduction. The
29 evaluation shall also test options that are appropriate to each
30 community and implement those options with the highest likely
31 benefit for that community. The department shall contract with
32 the commission to conduct and perform real-time data collection
33 and prompt data analysis of outcomes. The department shall make
34 recommendations to the Legislature regarding the continuation of
35 the pilot program, and any state or federal policy changes needed
36 to support the goals of the pilot program.~~

37 ~~(k) This section shall become inoperative on July 1 following
38 the fourth fiscal year after the first appropriation is made in the
39 annual Budget Act or other statute, and as of the following January~~

- 1 ~~It is repealed, unless a later enacted statute, that is enacted before~~
- 2 ~~that date deletes or extends that date.~~

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