

AMENDED IN SENATE MARCH 10, 2021

SENATE BILL

No. 682

Introduced by Senator Rubio

(Principal coauthor: Assembly Member Salas)

(Coauthor: Assembly Member Cristina Garcia)

February 19, 2021

An act to add Article 5.2 (commencing with Section 123998) to Chapter 3 of Part 2 of Division 106 of the Health and Safety Code, relating to public health.

LEGISLATIVE COUNSEL'S DIGEST

SB 682, as amended, Rubio. Childhood chronic health conditions: racial disparities.

Existing law establishes the California Health and Human Services Agency, which includes various state departments, including the State Department of Public Health and the State Department of Health Care Services, and is charged with the administration of health, social, and other human services. Existing law also establishes various public health programs for purposes of promoting child and adolescent health, including the Child Health and Disability Prevention Program, which provides for early and periodic health assessments to children in California.

The bill would require California Health and Human Services Agency, in collaboration with the departments under its purview and other specified entities, to develop and implement a plan, as specified, that establishes targets to reduce racial disparities in health outcomes by 50% by December 31, 2030, in chronic conditions affecting children, including, but not limited to, asthma, diabetes, dental caries, depression, and vaping-related diseases. The bill would require the agency to submit

the plan to the Legislature and post the plan on its internet website on or before January 1, 2023, and to commence implementation of the plan no later than June 30, 2023. The bill also makes related findings and declarations.

~~Existing law establishes the State Department of Public Health, within the California Health and Human Services Agency, and vests the department with certain duties, powers, functions, jurisdiction, and responsibilities over specified public health programs, including programs relating to chronic diseases, such as obesity, diabetes, and tobacco use. Existing law requires the department to establish an Office of Health Equity for the purpose of aligning state resources, decisionmaking, and programs to accomplish specified goals, including, among other things, to improve the health status of all populations and places, with a priority on eliminating health and mental health disparities and inequities.~~

~~This bill would declare the intent of the Legislature to enact legislation to require the California Health and Human Services Agency, in collaboration with the departments under its purview, the Governor's office, the Office of Health Equity, and other relevant agencies and stakeholders, to cut racial disparities in childhood chronic conditions in 1/2 by 2030, while improving overall outcomes for all children. The bill also makes related findings and declarations.~~

~~Vote: majority. Appropriation: no. Fiscal committee: no-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) Chronic health conditions impact up to one-third of
- 4 California children. Chronic health conditions are those that last
- 5 more than 12 months and are severe enough to create some
- 6 limitations in usual activity.
- 7 (b) Chronic conditions that begin in childhood, such as asthma,
- 8 diabetes, tobacco use, dental caries, and depression, can last
- 9 throughout the lifetime and significantly impact health,
- 10 productivity, and health care costs in adulthood.
- 11 (c) Toxic stress in childhood, or adverse childhood experiences,
- 12 have been shown to significantly increase the risk of chronic
- 13 diseases. For example, a person with four or more adverse

1 childhood experiences is three times more likely to suffer from
2 depression and 2.2 times more likely to have heart disease.

3 (d) Chronic health conditions can rob children and families of
4 their well-being by draining time, money, and energy from families.
5 These chronic issues also contribute to problems with school
6 readiness and academic outcomes.

7 (e) Childhood is an opportune time to intervene with health
8 problems or habits, not only to help change the trajectory of
9 children’s development, but also to lead to a healthier adult
10 population. California’s failure to focus on children’s health and
11 prevention ignores the potential to address medical and behavioral
12 precursors to later diseases, which are costly in terms of dollars
13 and human suffering. Childhood chronic health conditions add
14 preventable burden and cost to the health care system.

15 (f) Chronic disease is the top cost driver in the health care
16 system.

17 (g) Due to historic and ongoing underinvestment and
18 disenfranchisement, as well as the impacts of systemic racism in
19 the health care system and throughout society, childhood chronic
20 conditions disproportionately impact children of color, especially
21 Black, Latino, and Native American children. For example, asthma
22 is three times more deadly for Black children as for White children;
23 Latino children in California are significantly more likely to have
24 a history of tooth decay and untreated tooth decay than White
25 children; and Native American children reported higher than
26 average rates of depression-related feelings on school surveys.

27 (h) The Let’s Get Healthy California effort expressed the
28 commitment of our state to promote healthier and more equitable
29 communities. A new initiative is needed to build on these ideas
30 and ensure the state is accountable for outcomes-focused action
31 to improve children’s well-being.

32 (i) Accordingly, California will take affirmative antiracist and
33 prohealth action to support the well-being of children and reduce
34 racial disparities in chronic childhood health conditions.

35 ~~SEC. 2. It is the intent of the Legislature to enact legislation~~
36 ~~to require the California Health and Human Services Agency, in~~
37 ~~collaboration with the departments under its purview, the~~
38 ~~Governor’s office, the Office of Health Equity, and other relevant~~
39 ~~agencies and stakeholders, to cut racial disparities in childhood~~

1 ~~chronic conditions in one-half by 2030, while improving overall~~
2 ~~outcomes for all children.~~

3 *SEC. 2. Article 5.2 (commencing with Section 123998) is added*
4 *to Chapter 3 of Part 2 of Division 106 of the Health and Safety*
5 *Code, to read:*

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Article 5.2. Childhood Chronic Conditions

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9 *123998. (a) The California Health and Human Services Agency*
10 *shall, in collaboration with the departments under its purview, the*
11 *Governor's office, the State Department of Education, the*
12 *Department of Housing and Community Development, the Mental*
13 *Health Services Oversight and Accountability Commission,*
14 *Covered California, and other relevant agencies and stakeholders,*
15 *develop and implement a plan that establishes targets to reduce*
16 *racial disparities in health outcomes by 50 percent by December*
17 *31, 2030.*

18 *(b) The agency and other entities specified in subdivision (a)*
19 *shall develop a plan to reach reduction targets in chronic*
20 *conditions affecting children, including, but not limited to, asthma,*
21 *diabetes, dental caries, depression, and vaping-related diseases.*
22 *The plan to address reduction targets shall include all of the*
23 *following criterion:*

24 *(1) Quantify the desired outcomes by race or ethnicity that shall*
25 *include, at a minimum, all of the following:*

26 *(A) Decrease in the number of youth of color who use electronic*
27 *cigarette products.*

28 *(B) Increase in emotional stability and well-being among youth*
29 *of color, based upon the California Healthy Kids Survey (CHKS).*

30 *(C) Decrease in the number of missed schooldays due to being*
31 *“very sad, hopeless, anxious, stressed ,or angry” for youth of*
32 *color, based on the CHKS.*

33 *(D) Reduction in diabetes and prediabetes diagnoses among*
34 *youth of color.*

35 *(E) Reduction in diabetes hospitalizations for youth of color.*

36 *(F) Reduction in asthma emergency department visits and*
37 *asthma hospitalizations for youth of color.*

38 *(G) Reduction in emergency department visits for avoidable*
39 *dental issues for youth of color.*

1 (2) *Establish baseline data for performance measures stratified*
2 *by race or ethnicity.*

3 (3) *Identify and align existing state initiatives to achieve desired*
4 *outcomes.*

5 (4) *Identify cross-sector agreements and interagency*
6 *partnerships necessary for the purpose of developing and*
7 *establishing health equity reduction targets within the*
8 *implementation plan.*

9 (5) *Set outcome-based milestones and establish accountability*
10 *standards for meeting milestones related to reduction targets.*

11 (c) (1) *The agency shall submit the plan to the Legislature and*
12 *post the plan on its internet website on or before January 1, 2023.*
13 *The agency shall commence implementation of the plan no later*
14 *than June 30, 2023, and the agency shall submit to the Legislature*
15 *and post on its internet website progress reports every two years*
16 *thereafter.*

17 (2) *A plan or report to be submitted pursuant to paragraph (1)*
18 *shall be submitted in compliance with Section 9795 of the*
19 *Government Code.*

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