

AMENDED IN SENATE MAY 25, 2021

AMENDED IN SENATE APRIL 12, 2021

AMENDED IN SENATE MARCH 10, 2021

**SENATE BILL**

**No. 682**

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**Introduced by Senator Rubio**

(Principal coauthor: Assembly Member Salas)

(Coauthor: Assembly Member Cristina Garcia)

February 19, 2021

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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 would make implementation of its provisions subject to an appropriation by the Legislature.* The bill also makes 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. 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  
14 childhood experiences is three times more likely to suffer from  
15 depression and 2.2 times more likely to have heart disease.  
16 (d) Chronic health conditions can rob children and families of  
17 their well-being by draining time, money, and energy from families.  
18 These chronic issues also contribute to problems with school  
19 readiness and academic outcomes.  
20 (e) Childhood is an opportune time to intervene with health  
21 problems or habits, not only to help change the trajectory of  
22 children's development, but also to lead to a healthier adult  
23 population. California's failure to focus on children's health and  
24 prevention ignores the potential to address medical and behavioral  
25 precursors to later diseases, which are costly in terms of dollars  
26 and human suffering. Childhood chronic health conditions add  
27 preventable burden and cost to the health care system.

1 (f) Chronic disease is the top cost driver in the health care  
2 system.

3 (g) Due to historic and ongoing underinvestment and  
4 disenfranchisement, as well as the impacts of systemic racism in  
5 the health care system and throughout society, childhood chronic  
6 conditions disproportionately impact children of color, especially  
7 Black, Latino, and Native American children. For example, asthma  
8 is three times more deadly for Black children as for White children;  
9 Latino children in California are significantly more likely to have  
10 a history of tooth decay and untreated tooth decay than White  
11 children; and Native American children reported higher than  
12 average rates of depression-related feelings on school surveys.

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

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

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

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25 Article 5.2. Childhood Chronic Conditions

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27 123998. (a) The California Health and Human Services Agency  
28 shall, in collaboration with the departments under its purview, the  
29 Governor’s office, the State Department of Education, the  
30 Department of Housing and Community Development, the Mental  
31 Health Services Oversight and Accountability Commission,  
32 Covered California, and other relevant agencies and stakeholders,  
33 develop and implement a plan that establishes targets to reduce  
34 racial disparities in health outcomes by 50 percent by December  
35 31, 2030.

36 (b) The agency and other entities specified in subdivision (a)  
37 shall develop a plan to reach reduction targets in chronic conditions  
38 affecting children, including, but not limited to, asthma, diabetes,  
39 dental caries, depression, and vaping-related diseases. The plan to  
40 address reduction targets shall include all of the following criterion:

- 1 (1) Quantify the desired outcomes by race or ethnicity,  
2 including, to the extent data is available or if new data instruments  
3 are being created, race or ethnicity data disaggregated by major  
4 subgroups and languages spoken, that shall include, at a minimum,  
5 all of the following:
- 6 (A) Decrease in the number of youth of color who use electronic  
7 cigarette products.
  - 8 (B) Increase in emotional stability and well-being among youth  
9 of color, based upon the California Healthy Kids Survey (CHKS).
  - 10 (C) Decrease in the number of missed schooldays due to being  
11 “very sad, hopeless, anxious, stressed, or angry” for youth of color,  
12 based on the CHKS.
  - 13 (D) Reduction in diabetes and prediabetes diagnoses among  
14 youth of color.
  - 15 (E) Reduction in diabetes hospitalizations for youth of color.
  - 16 (F) Reduction in asthma emergency department visits and  
17 asthma hospitalizations for youth of color.
  - 18 (G) Reduction in emergency department visits for avoidable  
19 dental issues for youth of color.
- 20 (2) Establish baseline data for performance measures stratified  
21 by race or ethnicity, including, to the extent data is available or if  
22 new data instruments are being created, race or ethnicity data  
23 disaggregated by major subgroups and languages spoken. If data  
24 cannot be disaggregated by race or ethnicity, the agency shall  
25 provide an explanation for missing data points.
- 26 (3) Identify and address any language access barriers to  
27 achieving desired outcomes.
- 28 (4) Identify and align existing state initiatives to achieve desired  
29 outcomes.
- 30 (5) Identify cross-sector agreements and interagency partnerships  
31 necessary for the purpose of developing and establishing health  
32 equity reduction targets within the implementation plan.
- 33 (6) Set outcome-based milestones and establish accountability  
34 standards for meeting milestones related to reduction targets.
- 35 (c) (1) The agency shall submit the plan to the Legislature and  
36 post the plan on its internet website on or before January 1, 2023.  
37 The agency shall commence implementation of the plan no later  
38 than June 30, 2023, and the agency shall submit to the Legislature  
39 and post on its internet website progress reports every two years  
40 thereafter.

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

4 *(d) Implementation of this article is contingent upon an*  
5 *appropriation in the annual Budget Act or another act for the*  
6 *purpose of implementing this article.*

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