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**HEALTH AND SAFETY CODE - HSC**

**DIVISION 103. DISEASE PREVENTION AND HEALTH PROMOTION [104100 - 106036]** ( *Division 103 added by Stats. 1995, Ch. 415, Sec. 5. )*

**PART 1. CHRONIC DISEASE [104100 - 104324.5]** ( *Part 1 added by Stats. 1995, Ch. 415, Sec. 5. )*

**CHAPTER 4. Diabetes (Reserved) [104250 - 104251]** ( *Chapter 4 heading added by Stats. 1995, Ch. 415, Sec. 5. )*

**ARTICLE 1. Diabetes. [104250 - 104251]** ( *Article 1 added by Stats. 2016, Ch. 108, Sec. 1. )*

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

- (a) It is reported that one in seven adult Californians has diabetes, and the numbers are rising rapidly. The actual number of those whose lives are affected by diabetes is unknown and stands to be much higher when factoring in the incidence of type 1 diabetes and undiagnosed gestational diabetes.
- (b) California has the greatest number of annual new cases of diabetes in the United States.
- (c) The incidence of diabetes amongst all Californians has increased 32 percent over the past decade.
- (d) Over 11.4 million people in California have prediabetes, a condition that is a precursor to full onset type 2 diabetes. This suggests that the total population of those diagnosed will continue to rise in the absence of interventions.
- (e) The prevalence of diagnosed gestational diabetes in California has increased 60 percent in just seven years, from 3.3 percent of hospital deliveries in 1998 to 5.3 percent of hospital deliveries in 2005, with the federal Centers for Disease Control and Prevention stating that the diagnosis rate could run as high as 18.3 percent.
- (f) The fiscal impact to the State of California, including total health care and related costs for the treatment of diabetes, was over \$35.9 billion in 2010.
- (g) There is a disproportionate prevalence of type 2 diabetes among Californians who are Black, Hispanic, or of Asian origin compared to the general population. As of 2010, the incidence of diabetes among Black and Hispanic people was nearly double that among non-Hispanic Whites at approximately 14 percent. Asians and Pacific Islanders, in the aggregate, experience higher rates of diabetes than other populations. Certain groups within the Asian and Pacific Islander population experience the highest prevalence and risk overall, including Filipino, South Asians, and Pacific Islanders, who suffer from diabetes at rates of 15 percent, 16 percent, and more than 18 percent, respectively.
- (h) A recent study of a large state with a sizable diabetes population found that the rate of diagnosed diabetes in that state's Medicaid population is nearly double that of its general population.
- (i) There is no cure for any type of diabetes; however, there is evidence that diabetes can be prevented or delayed in onset through lifestyle changes and medical intervention.
- (j) Diabetes, when left untreated, can lead to serious and costly complications and a reduced lifespan.
- (k) Many of these serious complications can be delayed or avoided with timely diagnosis, effective patient self-care, and improved social awareness.
- (l) It is the intent of the Legislature to require the State Department of Public Health to provide to the Legislature information, including the annual federal Centers for Disease Control and Prevention progress report, on diabetes prevention and management activities conducted by the State Department of Public Health and expenditures associated with diabetes prevention and management activities. These activities are set forth by the State Department of Public Health in the California Wellness Plan 2014 and the report dated September 2014 entitled "Burden of Diabetes in California."

(*Added by Stats. 2016, Ch. 108, Sec. 1. (AB 2696) Effective January 1, 2017.*)

**104251.** (a) The State Department of Public Health shall submit a report to the Legislature on or before January 1, 2019, that includes a summary and compilation of recommendations on diabetes prevention and management, if any, from all of the following

sources:

(1) The University of California.

(2) The federal Centers for Disease Control and Prevention.

(3) The California Wellness Plan.

(4) Other statewide diabetes stakeholder groups.

(5) Other entities identified by the department as having relevant findings and recommendations.

(b) The department shall include in the report any recommendations from those institutions on all of the following items:

(1) Evidence-based strategies to prevent or manage diabetes.

(2) An analysis of the financial impact diabetes and its complications have on the state.

(3) Policy recommendations for the prevention and management of diabetes.

(c) The department shall also include in the report a description of the existing level of coordination between state departments with regard to programmatic activities and the provision of information to the public regarding managing and preventing diabetes and its complications.

(d) Commencing July 1, 2017, the department shall annually post all of the following information on its Internet Web site:

(1) A summary of the amount and source of any funding directed to the department for programs and activities aimed at preventing or managing diabetes.

(2) A summary of the expenditures by the department on programs and activities aimed at preventing or managing diabetes.

(e) (1) The requirement for submitting a report imposed under subdivision (a) is inoperative on January 1, 2024.

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

*(Added by Stats. 2016, Ch. 108, Sec. 1. (AB 2696) Effective January 1, 2017.)*