

# Assembly Bill No. 63

## CHAPTER 765

An act to add Part 3 (commencing with Section 475) to Division 1 of the Health and Safety Code, relating to public health.

[Approved by Governor October 7, 1999. Filed with Secretary of State October 10, 1999.]

### LEGISLATIVE COUNSEL'S DIGEST

AB 63, Ducheny. Office of Binational Border Health.

Under existing law, the State Department of Health Services generally regulates issues of public health. Under existing federal law, the United States-Mexico Border Health Commission exists to address specified issues relating to border health. This bill would create the state Office of Binational Border Health, to facilitate cooperation between California and Mexican health officials and health professionals to reduce the risk of disease in the California border region. The bill would require the office to convene a voluntary community advisory group of representatives of border community-based stakeholders to develop a strategic plan, and would require the office to report its resulting recommendations to the California members of the federal commission, and to prepare an annual border health status report for submission to the Director of Health Services, the Legislature, and the Governor.

*The people of the State of California do enact as follows:*

SECTION 1. The Legislature finds and declares all of the following:

- (a) Tuberculosis (TB) disease rates in southern California counties, including Los Angeles, San Diego, and Imperial, are higher than the rest of the state and the nation. Mexican-born patients comprise approximately 30 percent of southern California's reported TB cases, and rates of drug-resistant TB strains have been documented by the United States Public Health Services in a study of border counties to be almost seven times higher among foreign-born Hispanic patients than among United States-born non-Hispanic patients.
- (b) Rates of hepatitis A and gastrointestinal illnesses such as shigella are higher in southern California than in the rest of the state and the nation, with the highest rates seen in Hispanics.

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(c) Communicable disease tracking by public health authorities is often severely hampered by the movement of infectious cases across the border.

(d) Imperial County does not meet California Environmental Protection Agency standards for ambient ozone levels, at least in part due to increasing traffic at the Calexico-Mexicali border, and Imperial County childhood asthma hospitalization rates have increased annually since 1989.

(e) The New River in Imperial County is the most polluted in the nation, containing more than 100 chemicals and receiving 76 million liters of raw sewage each day.

(f) Recent outbreaks of mercury poisoning related to a beauty cream, and hepatitis A related to contaminated strawberries, underscore the need for better notification systems between United States and Mexican health authorities regarding contaminated commercial products and related investigations.

SEC. 2. Part 3 (commencing with Section 475) is added to Division 1 of the Health and Safety Code, to read:

### PART 3. OFFICE OF BINATIONAL BORDER HEALTH

475. (a) (1) The State Department of Health Services shall establish a permanent Office of Binational Border Health to facilitate cooperation between health officials and health professionals in California and Mexico, to reduce the risk of disease in the California border region, and in those areas directly affected by border health conditions.

(2) The department shall administer the office, and shall seek available public or private funding, or both, to support the activities of the office.

(b) The Office of Binational Border Health shall convene a voluntary community advisory group of representatives of border community-based stakeholders to develop a strategic plan with short-term, intermediate, and long-range goals and implementation actions. The advisory group shall include no more than 12 California representatives. The advisory group shall include, but not be limited to, members from local government, hospitals, health plans, community-based organizations, universities, Los Angeles, San

Diego, and Imperial County health departments, and a representative from an association of local health officers specializing in border health issues. The office shall invite and request appropriate participation from representatives of the Baja California health department and other Mexican health departments affected by border health issues. Recommendations resulting from the strategic plan shall be developed and shared in consultation with the California appointees to the United States-Mexico Border Health Commission established pursuant to Section 290n of Title 22 of the United States Code, including the Director of Health Services. The office shall prepare an annual border health status report, and shall submit it to the Director of Health Services, the Legislature, and the Governor.