

SB3887



104TH GENERAL ASSEMBLY

State of Illinois

2025 and 2026

SB3887

Introduced 2/6/2026, by Sen. Adriane Johnson

SYNOPSIS AS INTRODUCED:

New Act

Creates the Screen Illinois Initiative Act. Authorizes the Department of Public Health to establish the Screen Illinois Initiative to increase the number of mobile health screening unit hubs in the State. Provides that the Screen Illinois Initiative funding shall be used to support the operations of the mobile health screening units by covering purchases, maintenance, salaries, and costs under the Act. Establishes requirements regarding the mobile health screening units and the protocols for follow-up care and appointments. Requires the Department of Public Health to adopt rules. Defines terms. Makes other conforming changes.

LRB104 19648 TRT 33097 b

A BILL FOR

1 AN ACT concerning health.

2 **Be it enacted by the People of the State of Illinois,**
3 **represented in the General Assembly:**

4 Section 1. Short title. This Act may be cited as the Screen
5 Illinois Initiative Act.

6 Section 5. Findings and purpose.

7 (a) The General Assembly finds that:

8 (1) Preventive health screenings are key to spotting
9 diseases early. Some common diseases that screenings can
10 find are chronic conditions, cancer, metabolic issues, and
11 infections. Finding these issues early can reduce illness,
12 death, and long-term healthcare costs through quick,
13 non-invasive tests.

14 (2) Standardized, evidence-based preventive screening
15 statistics developed by the United States Department of
16 Health and Human Services Office of Disease Prevention and
17 Health Promotion Healthy People 2030 (HP2030) suggest that
18 Illinois falls short of the recommended adult screening
19 targets:

20 (A) only 6.3% of adults between 50 and 80 years old
21 are screened for lung and bronchial cancer;

22 (B) only 66.7% of adults between 45 and 75 years
23 old are screened for colorectal cancer;

1 (C) only 73.1% of female adults 40 years old and
2 older are screened for breast cancer; and

3 (D) only 69.1% of female adults between the ages
4 of 21 and 65 years old are screened for cervical
5 cancer.

6 (3) In addition, significant racial disparities exist
7 in prostate screening, with only 17.3% of 50 to
8 69-year-old Hispanic males and 29.4% of 50 to 69-year-old
9 African-American males being screened for prostate cancer.

10 (4) The Department has reported a high percentage of
11 late-stage cancer diagnoses because of potential missed
12 preventive care, such as:

13 (A) 45.4% of adults 50 years old and older with a
14 lung and bronchus cancer diagnosis;

15 (B) 24.1% of all adults with a colorectal cancer
16 diagnosis;

17 (C) 45.6% of all female adults with a breast
18 cancer diagnosis; and

19 (D) 24.0% of male adults 50 years old and older
20 with a prostate cancer diagnosis.

21 (5) When cancers are detected at a late stage,
22 treatment options available become more expensive and more
23 difficult. Consequently, cancer mortality rates for the
24 cancers listed below are high compared to the Healthy
25 People 2030 targets:

26 (A) Lung and bronchus cancer: 41.1 deaths per

1 100,000 people (HP2030: 25.1),

2 (B) Colorectal cancer: 14.7 deaths per 100,000
3 people (HP2030: 8.9),

4 (C) Breast cancer: 21.0 deaths per 100,000 people
5 (HP2030: 15.3),

6 (D) Prostate cancer: 20.0 deaths per 100,000
7 people (HP2030: 16.9).

8 (6) Residents of rural parts of the State are more
9 likely to be affected by the limited preventive public
10 health screenings due to fewer healthcare professionals,
11 medical centers, emergency facilities, or transportation
12 options to these services.

13 (7) While the Illinois Department of Public Health
14 operates mobile health screening initiatives, such as
15 Wellness on Wheels (WoW), its funding is grant-based and
16 not stable, relies on a request system for statewide
17 access, has narrow screening panels, and does not have
18 standardized referral and follow-up protocols.
19 Specifically:

20 (A) Wellness on Wheels funding is variable, having
21 received:

22 (i) \$5,766,350 in FY 2023;

23 (ii) \$695,000 in FY 2024;

24 (iii) \$515,000 in FY 2025; and

25 (iv) \$1,075,000 in FY 2026.

26 (B) These funds go toward providing variable

1 grants to community organizations, instead of having a
2 stable funding stream. As a result, these
3 organizations are unable to provide consistent
4 statewide screenings to rural communities. The
5 inconsistent annual funding toward Wellness on Wheels
6 also makes it difficult for the initiative to plan its
7 resources, professionals, and services.

8 (C) Furthermore, Wellness on Wheels mobile health
9 screening units have hubs in just 5 areas:

- 10 (i) Joliet;
- 11 (ii) Springfield;
- 12 (iii) Champaign;
- 13 (iv) O'Fallon; and
- 14 (v) Grand Chain.

15 (D) The limited number of locations makes it
16 difficult for mobile health screening units to reach
17 rural areas of the State quickly. These inefficiencies
18 can lead to delays in screening, increasing the risk
19 of cancers or other diseases that go undetected, thus
20 significantly increasing the risk of worsened symptoms
21 and more expensive care.

22 (E) Wellness on Wheels also predominantly focuses
23 on screening for diseases and conditions, such as:

- 24 (i) Human Immunodeficiency Virus;
- 25 (ii) Hepatitis C;
- 26 (iii) Sexually transmitted infections, such as

1 Gonorrhea and Chlamydia;

2 (iv) COVID-19;

3 (v) high blood pressure;

4 (vi) high glucose levels; and

5 (vii) high cholesterol.

6 (F) Wellness on Wheels does not focus on screening
7 for cancer or other common diseases, potentially
8 leaving those conditions undetected for long periods.

9 (G) While grants given to community organizations
10 through Wellness on Wheels have a stipulation to
11 provide care linkage and, as needed, wrap-around
12 services, the grantees are responsible for managing
13 follow-ups and referrals. Because of this, there is no
14 statewide, standardized organization providing the
15 actual medical services or follow-up referrals leaving
16 it to the local organizations to provide it. This
17 creates inefficiencies and inconsistencies between
18 regions of the State, as different community
19 organizations may vary in the methodology, frequency,
20 or quality of screenings. The creation of a statewide
21 authority to conduct follow-ups and referrals will
22 standardize screenings and improve quality throughout
23 the State.

24 (H) Thus, the creation of a statewide,
25 standardized mobile health screening framework will
26 improve screening in disadvantaged communities, reduce

1 average mortality, and decrease healthcare costs for
2 underserved and rural constituents.

3 (b) The purpose of this Act is to:

4 (1) expand and formalize the Department of Public
5 Health's existing mobile public health screening
6 initiatives, such as Wellness on Wheels, and to create a
7 standardized, statewide program delivering high-quality
8 screening to rural and underserved communities;

9 (2) establish a stable, sufficient State funding
10 source for the newly created statewide screening program,
11 to improving consistency and service;

12 (3) standardize the range of diseases supported for
13 screening by mobile health units, including cancer,
14 metabolic, cardiovascular, or vaccine-preventable
15 diseases, thus improving detection speed;

16 (4) establish statewide, standardized follow-up and
17 referral guidelines to ensure constituents are screened
18 quickly;

19 (5) expand the geographic range and frequency of
20 mobile public health screening initiatives to reduce the
21 barriers to healthcare such as a lack of transportation;
22 and

23 (6) record screening data through the Department to
24 inform government policy and future funding for mobile
25 health screening programs.

1 Section 10. Definitions. As used in this Act:

2 "Department" means the Illinois Department of Public
3 Health.

4 "Fixed-site preventive screening services" means
5 screenings that happen at a consistent location such as at a
6 clinic or hospital.

7 "Follow-up care" means further diagnostic testing or
8 referral to a healthcare service after an abnormal or positive
9 result.

10 "Medically underserved urban neighborhoods" means zip
11 codes designated by the Health Resources and Services
12 Administration as being a Primary Health Professional Shortage
13 Area or a Medically Underserved Area/Population.

14 "Mobile health screening unit" means a group of vehicles
15 operated or contracted by the Department delivering preventive
16 health screenings.

17 "Preventive health screenings" means an evidence-based
18 clinical test used to detect any disease or conditions before
19 symptoms.

20 "Underserved community" means a geographic area or
21 population identified by the Department that has limited
22 access to healthcare services due to economic or structural
23 barriers,

24 Section 15. Program Requirements.

25 (a) The Department shall build upon existing Wellness on

1 Wheels and the Department's infrastructure to establish the
2 Screen Illinois Initiative and all of its requirements. The
3 Screen Illinois Initiative program shall act as a statewide,
4 proactive mobile health screening initiative.

5 (b) No later than January 1, 2028, the Department shall
6 increase the number of mobile health screening unit hubs from
7 the current 5 to a number sufficient to ensure every region of
8 the State has access to a mobile health screening unit within
9 one hour's distance, as determined by geographic analysis
10 conducted by the Department.

11 (1) Through the Screen Illinois Initiative, the
12 Department shall target achieving at least 20,000 annual
13 screenings by January 1, 2028.

14 (2) Through the Screen Illinois Initiative, the
15 Department shall target achieving a follow-up completion
16 rate by at least 75% by January 1, 2028.

17 (c) The Department shall prioritize mobile health
18 screening unit deployment through the Screen Illinois
19 Initiative to:

20 (1) counties and census tracts that are designated as
21 a medically underserved urban neighborhoods or an
22 underserved community;

23 (2) counties with cancer screening rates lower than
24 the statewide average, as reported in the Department's
25 Illinois Comprehensive Cancer Control Plan; and

26 (3) counties where residents must travel at least 20

1 miles to access fixed-site preventive screening services.

2 (d) The Department shall ensure that each health region
3 has at least 3 mobile health screening unit hubs responsible
4 for:

5 (1) route planning;

6 (2) staff coordination;

7 (3) follow-up and referral handling; and

8 (4) equipment storage and maintenance.

9 (e) No deployment under this Act shall require a formal
10 request from a community organization, nonprofit, or local
11 government for screenings to occur in a region. The Department
12 shall grant the right for parties of interest to express their
13 opinions on the Screen Illinois Initiative's county and region
14 priorities and reserve the right to modify the deployment of
15 mobile health screening units as necessary.

16 (f) Subject to appropriation, the funding received by the
17 Screen Illinois Initiative from the Department shall be used
18 to support the operations of the mobile health screening units
19 and hubs of the Screen Illinois Initiative by covering:

20 (1) the purchase and for maintenance of vehicles;

21 (2) the salary of clinical staff and transportation
22 workers;

23 (3) the purchase and maintenance of clinical
24 equipment;

25 (4) the costs of daily operations, including, but not
26 limited to, facility costs, outreach administrators'

1 salaries, and advertising costs; and

2 (5) the costs of data collection, reporting, and
3 organization.

4 (g) The Screen Illinois Initiative shall conduct, at a
5 minimum, the following additional services:

6 (1) cancer screenings, including screenings for lung
7 and bronchus cancer, colorectal cancer, breast cancer,
8 cervical cancer, prostate cancer, and any other screenings
9 clinically recommended by the Department;

10 (2) metabolic and cardiovascular risk assessments,
11 including assessments for body mass index, kidney
12 function, liver function, and other assessments as
13 clinically recommended by the Department; and

14 (3) vaccine-preventable disease screenings as
15 recommended by the Department.

16 (h) The Department shall establish standardized, statewide
17 follow-up and referral protocols through the Screen Illinois
18 Initiative, such as:

19 (1) automatically scheduling and coordinating at least
20 80% of follow-up appointments at health care clinics for
21 individuals with abnormal testing results within 30 days
22 of notification of the result;

23 (2) assigning 2 patient navigators to each mobile
24 health screening unit hub to assist constituents with
25 getting screened, navigating insurance policies, and
26 finding transportation services;

1 (3) providing language translation services for
2 constituents who are not fluent in English; and

3 (4) establishing a standardized, statewide database in
4 the Screen Illinois Initiative to:

5 (A) record all screening results, follow-up
6 status, and registration information;

7 (B) send automated reminders to patients and
8 providers after 7, 14, and 21 days if an appointment
9 has not been scheduled or attended; and

10 (C) flag patients for further screening and
11 escalation if no follow-up happens within 60 days.

12 (i) The Screen Illinois Initiative shall submit quarterly
13 reports to the Department that include the following data:

14 (1) the number of screenings performed and categorized
15 by disease or condition, age group, race and ethnicity,
16 county, and population served, including whether it is a
17 primary health professional shortage area or a medically
18 underserved area or population;

19 (2) the number and percentage of individuals who were
20 referred for follow-up care and the follow-up completion
21 percentages;

22 (3) the statistics regarding the amount of patients at
23 certain stages of cancer when diagnosed through Screen
24 Illinois Initiative; and

25 (4) the initiative's operational metrics, including
26 the number of mobile health screening unit hubs, staffing

1 levels, and average travel time for screenings.

2 (j) On December 31st of each year, the Department shall
3 release a publicly-accessible annual report regarding the
4 Screen Illinois Initiative and its operation, including the
5 compiled data required under subsection (i) of this Section.

6 Section 20. Screen Illinois Initiative Education Program.

7 (a) The Department through the Screen Illinois Initiative
8 shall implement a statewide education and outreach program to
9 complement its mobile health screening unit initiative by:

10 (1) collaborating to create educational flyers and
11 materials to be distributed in local libraries, schools,
12 and other public places that the Department sees fit to
13 spread information regarding the importance of early
14 screening for diseases, the statistics about common
15 diseases in State, and the statistics regarding current
16 screening rates, how the Screen Illinois Initiative
17 operates, and how members of the public can get involved
18 with the Screen Illinois Initiative; and

19 (2) conducting quarterly workshops for local
20 healthcare providers to learn more about the Screen
21 Illinois Initiative's services, its standardized referral
22 and follow-up policies, and its updated clinical
23 guidelines as recommended by the Department.

24 (b) The Department through the Screen Illinois Initiative
25 shall monitor the number of educational events conducted,

1 participants reached, materials distributed, and provider
2 trainings completed to include in the annual report by the
3 Department required under subsection (j) of Section 15 of this
4 Act.

5 Section 25. Rulemaking. The Department shall adopt any
6 rules necessary to adopt and enforce the provisions of this
7 Act, including, but not limited to, rules regarding the
8 operation and staffing of mobile screening hubs, the screening
9 services and the purchase of clinical equipment, the
10 standardized referral and follow-up system, the education and
11 outreach program, and the data collection, reporting, and
12 public visibility of the Screen Illinois Initiative.