

SB3493



101ST GENERAL ASSEMBLY

State of Illinois

2019 and 2020

SB3493

Introduced 2/14/2020, by Sen. Laura Fine

SYNOPSIS AS INTRODUCED:

20 ILCS 5/5-565

was 20 ILCS 5/6.06

Amends the Civil Administrative Code of Illinois. Makes a technical change in a Section concerning the Department of Public Health.

LRB101 19219 RJF 68683 b

A BILL FOR

1 AN ACT concerning the Department of Public Health.

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

4 Section 5. The Civil Administrative Code of Illinois is
5 amended by changing Section 5-565 as follows:

6 (20 ILCS 5/5-565) (was 20 ILCS 5/6.06)

7 Sec. 5-565. In ~~the~~ the Department of Public Health.

8 (a) The General Assembly declares it to be the public
9 policy of this State that all citizens of Illinois are entitled
10 to lead healthy lives. Governmental public health has a
11 specific responsibility to ensure that a public health system
12 is in place to allow the public health mission to be achieved.
13 The public health system is the collection of public, private,
14 and voluntary entities as well as individuals and informal
15 associations that contribute to the public's health within the
16 State. To develop a public health system requires certain core
17 functions to be performed by government. The State Board of
18 Health is to assume the leadership role in advising the
19 Director in meeting the following functions:

20 (1) Needs assessment.

21 (2) Statewide health objectives.

22 (3) Policy development.

23 (4) Assurance of access to necessary services.

1 There shall be a State Board of Health composed of 20
2 persons, all of whom shall be appointed by the Governor, with
3 the advice and consent of the Senate for those appointed by the
4 Governor on and after June 30, 1998, and one of whom shall be a
5 senior citizen age 60 or over. Five members shall be physicians
6 licensed to practice medicine in all its branches, one
7 representing a medical school faculty, one who is board
8 certified in preventive medicine, and one who is engaged in
9 private practice. One member shall be a chiropractic physician.
10 One member shall be a dentist; one an environmental health
11 practitioner; one a local public health administrator; one a
12 local board of health member; one a registered nurse; one a
13 physical therapist; one an optometrist; one a veterinarian; one
14 a public health academician; one a health care industry
15 representative; one a representative of the business
16 community; one a representative of the non-profit public
17 interest community; and 2 shall be citizens at large.

18 The terms of Board of Health members shall be 3 years,
19 except that members shall continue to serve on the Board of
20 Health until a replacement is appointed. Upon the effective
21 date of Public Act 93-975 (January 1, 2005) ~~this amendatory Act~~
22 ~~of the 93rd General Assembly~~, in the appointment of the Board
23 of Health members appointed to vacancies or positions with
24 terms expiring on or before December 31, 2004, the Governor
25 shall appoint up to 6 members to serve for terms of 3 years; up
26 to 6 members to serve for terms of 2 years; and up to 5 members

1 to serve for a term of one year, so that the term of no more
2 than 6 members expire in the same year. All members shall be
3 legal residents of the State of Illinois. The duties of the
4 Board shall include, but not be limited to, the following:

5 (1) To advise the Department of ways to encourage
6 public understanding and support of the Department's
7 programs.

8 (2) To evaluate all boards, councils, committees,
9 authorities, and bodies advisory to, or an adjunct of, the
10 Department of Public Health or its Director for the purpose
11 of recommending to the Director one or more of the
12 following:

13 (i) The elimination of bodies whose activities are
14 not consistent with goals and objectives of the
15 Department.

16 (ii) The consolidation of bodies whose activities
17 encompass compatible programmatic subjects.

18 (iii) The restructuring of the relationship
19 between the various bodies and their integration
20 within the organizational structure of the Department.

21 (iv) The establishment of new bodies deemed
22 essential to the functioning of the Department.

23 (3) To serve as an advisory group to the Director for
24 public health emergencies and control of health hazards.

25 (4) To advise the Director regarding public health
26 policy, and to make health policy recommendations

1 regarding priorities to the Governor through the Director.

2 (5) To present public health issues to the Director and
3 to make recommendations for the resolution of those issues.

4 (6) To recommend studies to delineate public health
5 problems.

6 (7) To make recommendations to the Governor through the
7 Director regarding the coordination of State public health
8 activities with other State and local public health
9 agencies and organizations.

10 (8) To report on or before February 1 of each year on
11 the health of the residents of Illinois to the Governor,
12 the General Assembly, and the public.

13 (9) To review the final draft of all proposed
14 administrative rules, other than emergency or peremptory
15 ~~preemptory~~ rules and those rules that another advisory body
16 must approve or review within a statutorily defined time
17 period, of the Department after September 19, 1991 (the
18 effective date of Public Act 87-633). The Board shall
19 review the proposed rules within 90 days of submission by
20 the Department. The Department shall take into
21 consideration any comments and recommendations of the
22 Board regarding the proposed rules prior to submission to
23 the Secretary of State for initial publication. If the
24 Department disagrees with the recommendations of the
25 Board, it shall submit a written response outlining the
26 reasons for not accepting the recommendations.

1 In the case of proposed administrative rules or
2 amendments to administrative rules regarding immunization
3 of children against preventable communicable diseases
4 designated by the Director under the Communicable Disease
5 Prevention Act, after the Immunization Advisory Committee
6 has made its recommendations, the Board shall conduct 3
7 public hearings, geographically distributed throughout the
8 State. At the conclusion of the hearings, the State Board
9 of Health shall issue a report, including its
10 recommendations, to the Director. The Director shall take
11 into consideration any comments or recommendations made by
12 the Board based on these hearings.

13 (10) To deliver to the Governor for presentation to the
14 General Assembly a State Health Improvement Plan. The first
15 3 such plans shall be delivered to the Governor on January
16 1, 2006, January 1, 2009, and January 1, 2016 and then
17 every 5 years thereafter.

18 The Plan shall recommend priorities and strategies to
19 improve the public health system and the health status of
20 Illinois residents, taking into consideration national
21 health objectives and system standards as frameworks for
22 assessment.

23 The Plan shall also take into consideration priorities
24 and strategies developed at the community level through the
25 Illinois Project for Local Assessment of Needs (IPLAN) and
26 any regional health improvement plans that may be

1 developed. The Plan shall focus on prevention as a key
2 strategy for long-term health improvement in Illinois.

3 The Plan shall examine and make recommendations on the
4 contributions and strategies of the public and private
5 sectors for improving health status and the public health
6 system in the State. In addition to recommendations on
7 health status improvement priorities and strategies for
8 the population of the State as a whole, the Plan shall make
9 recommendations regarding priorities and strategies for
10 reducing and eliminating health disparities in Illinois;
11 including racial, ethnic, gender, age, socio-economic, and
12 geographic disparities.

13 The Director of the Illinois Department of Public
14 Health shall appoint a Planning Team that includes a range
15 of public, private, and voluntary sector stakeholders and
16 participants in the public health system. This Team shall
17 include: the directors of State agencies with public health
18 responsibilities (or their designees), including, but not
19 limited to, the Illinois Departments of Public Health and
20 Department of Human Services, representatives of local
21 health departments, representatives of local community
22 health partnerships, and individuals with expertise who
23 represent an array of organizations and constituencies
24 engaged in public health improvement and prevention.

25 The State Board of Health shall hold at least 3 public
26 hearings addressing drafts of the Plan in representative

1 geographic areas of the State. Members of the Planning Team
2 shall receive no compensation for their services, but may
3 be reimbursed for their necessary expenses.

4 Upon the delivery of each State Health Improvement
5 Plan, the Governor shall appoint a SHIP Implementation
6 Coordination Council that includes a range of public,
7 private, and voluntary sector stakeholders and
8 participants in the public health system. The Council shall
9 include the directors of State agencies and entities with
10 public health system responsibilities (or their
11 designees), including, but not limited to, the Department
12 of Public Health, Department of Human Services, Department
13 of Healthcare and Family Services, Environmental
14 Protection Agency, Illinois State Board of Education,
15 Department on Aging, Illinois Violence Prevention
16 Authority, Department of Agriculture, Department of
17 Insurance, Department of Financial and Professional
18 Regulation, Department of Transportation, and Department
19 of Commerce and Economic Opportunity and the Chair of the
20 State Board of Health. The Council shall include
21 representatives of local health departments and
22 individuals with expertise who represent an array of
23 organizations and constituencies engaged in public health
24 improvement and prevention, including non-profit public
25 interest groups, health issue groups, faith community
26 groups, health care providers, businesses and employers,

1 academic institutions, and community-based organizations.
2 The Governor shall endeavor to make the membership of the
3 Council representative of the racial, ethnic, gender,
4 socio-economic, and geographic diversity of the State. The
5 Governor shall designate one State agency representative
6 and one other non-governmental member as co-chairs of the
7 Council. The Governor shall designate a member of the
8 Governor's office to serve as liaison to the Council and
9 one or more State agencies to provide or arrange for
10 support to the Council. The members of the SHIP
11 Implementation Coordination Council for each State Health
12 Improvement Plan shall serve until the delivery of the
13 subsequent State Health Improvement Plan, whereupon a new
14 Council shall be appointed. Members of the SHIP Planning
15 Team may serve on the SHIP Implementation Coordination
16 Council if so appointed by the Governor.

17 The SHIP Implementation Coordination Council shall
18 coordinate the efforts and engagement of the public,
19 private, and voluntary sector stakeholders and
20 participants in the public health system to implement each
21 SHIP. The Council shall serve as a forum for collaborative
22 action; coordinate existing and new initiatives; develop
23 detailed implementation steps, with mechanisms for action;
24 implement specific projects; identify public and private
25 funding sources at the local, State and federal level;
26 promote public awareness of the SHIP; advocate for the

1 implementation of the SHIP; and develop an annual report to
2 the Governor, General Assembly, and public regarding the
3 status of implementation of the SHIP. The Council shall
4 not, however, have the authority to direct any public or
5 private entity to take specific action to implement the
6 SHIP.

7 (11) Upon the request of the Governor, to recommend to
8 the Governor candidates for Director of Public Health when
9 vacancies occur in the position.

10 (12) To adopt bylaws for the conduct of its own
11 business, including the authority to establish ad hoc
12 committees to address specific public health programs
13 requiring resolution.

14 (13) (Blank).

15 Upon appointment, the Board shall elect a chairperson from
16 among its members.

17 Members of the Board shall receive compensation for their
18 services at the rate of \$150 per day, not to exceed \$10,000 per
19 year, as designated by the Director for each day required for
20 transacting the business of the Board and shall be reimbursed
21 for necessary expenses incurred in the performance of their
22 duties. The Board shall meet from time to time at the call of
23 the Department, at the call of the chairperson, or upon the
24 request of 3 of its members, but shall not meet less than 4
25 times per year.

26 (b) (Blank).

1 (c) An Advisory Board on Necropsy Service to Coroners,
2 which shall counsel and advise with the Director on the
3 administration of the Autopsy Act. The Advisory Board shall
4 consist of 11 members, including a senior citizen age 60 or
5 over, appointed by the Governor, one of whom shall be
6 designated as chairman by a majority of the members of the
7 Board. In the appointment of the first Board the Governor shall
8 appoint 3 members to serve for terms of 1 year, 3 for terms of 2
9 years, and 3 for terms of 3 years. The members first appointed
10 under Public Act 83-1538 shall serve for a term of 3 years. All
11 members appointed thereafter shall be appointed for terms of 3
12 years, except that when an appointment is made to fill a
13 vacancy, the appointment shall be for the remaining term of the
14 position vacant. The members of the Board shall be citizens of
15 the State of Illinois. In the appointment of members of the
16 Advisory Board the Governor shall appoint 3 members who shall
17 be persons licensed to practice medicine and surgery in the
18 State of Illinois, at least 2 of whom shall have received
19 post-graduate training in the field of pathology; 3 members who
20 are duly elected coroners in this State; and 5 members who
21 shall have interest and abilities in the field of forensic
22 medicine but who shall be neither persons licensed to practice
23 any branch of medicine in this State nor coroners. In the
24 appointment of medical and coroner members of the Board, the
25 Governor shall invite nominations from recognized medical and
26 coroners organizations in this State respectively. Board

1 members, while serving on business of the Board, shall receive
2 actual necessary travel and subsistence expenses while so
3 serving away from their places of residence.

4 (Source: P.A. 98-463, eff. 8-16-13; 99-527, eff. 1-1-17;
5 revised 7-17-19.)