102ND GENERAL ASSEMBLY

State of Illinois

2021 and 2022

SB2392

Introduced 2/26/2021, 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. Provides that the Department of Public Health's State Health Assessment and State Health Improvement Plan shall: reduce health disparities and inequities, and promote health equity; conform to national Public Health Accreditation Board Standards; have a development and implementation process that shall be carried out with the administrative and operational support of the Department; and include comprehensive, broad-based data and information from a variety of sources on health status and the public health system. Provides that the Director of Public Health shall appoint a minimum of 15 other members of the SHA and SHIP Partnership (rather than a Planning Team). Provides that the SHA and SHIP Partnership shall develop and implement a community engagement process that facilitates input into the development of the State Health Assessment and State Health Improvement Plan. Provides that the SHA and SHIP Partnership shall perform specified functions of the Planning Team and the SHIP Implementation Coordination Council. Requires the State Board of Health to submit a report by January 31 of each year on the status of State Health Improvement Plan implementation and community engagement activities to the Governor, General Assembly, and public. Effective immediately.

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FISCAL NOTE ACT MAY APPLY

A BILL FOR

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AN ACT concerning State government.

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

Section 5. The Civil Administrative Code of Illinois is
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 Department of Public Health.

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

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(1) Needs assessment.

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(3) Policy development.

23 (4) Assurance of access to necessary services.

(2) Statewide health objectives.

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

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

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

6 (1) To advise the Department of ways to encourage 7 public understanding and support of the Department's 8 programs.

9 (2) To evaluate all boards, councils, committees, 10 authorities, and bodies advisory to, or an adjunct of, the 11 Department of Public Health or its Director for the 12 purpose of recommending to the Director one or more of the 13 following:

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

17 (ii) The consolidation of bodies whose activities18 encompass compatible programmatic subjects.

19(iii) The restructuring of the relationship20between the various bodies and their integration21within the organizational structure of the Department.

(iv) The establishment of new bodies deemedessential to the functioning of the Department.

24 (3) To serve as an advisory group to the Director for
25 public health emergencies and control of health hazards.
26 (4) To advise the Director regarding public health

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policy, and to make health policy recommendations regarding priorities to the Governor through the Director.

3 (5) To present public health issues to the Director 4 and to make recommendations for the resolution of those 5 issues.

6 (6) To recommend studies to delineate public health 7 problems.

8 (7) To make recommendations to the Governor through 9 the Director regarding the coordination of State public 10 health activities with other State and local public health 11 agencies and organizations.

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

15 (9) To review the final draft of all proposed 16 administrative rules, other than emergency or peremptory 17 preemptory rules and those rules that another advisory body must approve or review within a statutorily defined 18 19 time period, of the Department after September 19, 1991 20 (the effective date of Public Act 87-633). The Board shall 21 review the proposed rules within 90 days of submission by 22 Department shall the Department. The take into 23 consideration any comments and recommendations of the 24 Board regarding the proposed rules prior to submission to 25 the Secretary of State for initial publication. If the Department disagrees with the recommendations of 26 the

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Board, it shall submit a written response outlining the reasons for not accepting the recommendations.

3 In the case of proposed administrative rules or amendments to administrative rules regarding immunization 4 5 of children against preventable communicable diseases 6 designated by the Director under the Communicable Disease 7 Prevention Act, after the Immunization Advisory Committee has made its recommendations, the Board shall conduct 3 8 9 public hearings, geographically distributed throughout the 10 State. At the conclusion of the hearings, the State Board 11 of Health shall issue report, including а its 12 recommendations, to the Director. The Director shall take 13 into consideration any comments or recommendations made by 14 the Board based on these hearings.

(10) To deliver to the Governor for presentation to
the General Assembly a <u>State Health Assessment (SHA) and a</u>
State Health Improvement Plan <u>(SHIP)</u>. The first <u>5</u> 3 such
plans shall be delivered to the Governor on January 1,
2006, January 1, 2009, and January 1, 2016, January 1,
<u>2021, and June 30, 2022,</u> and then every 5 years
thereafter.

The <u>State Health Assessment and State Health</u> <u>Improvement Plan</u> Plan shall <u>assess and</u> recommend priorities and strategies to improve the public health system, and the health status of Illinois residents, <u>reduce health disparities and inequities, and promote</u> - 6 - LRB102 12768 CPF 21920 b

health equity. The State Health Assessment and State 1 Health Improvement Plan development and implementation 2 3 shall conform to national Public Health Accreditation Board Standards. The State Health Assessment and State 4 5 Health Improvement Plan development and implementation process shall be carried out with the administrative and 6 7 operational support of the Department of Public Health 8 taking into consideration national health objectives and 9 system standards as frameworks for assessment.

10The State Health Assessment shall include11comprehensive, broad-based data and information from a12variety of sources on health status and the public health13system including:

14(i) quantitative data, if it is available, on the15demographics and health status of the population,16including data over time on health by gender identity,17sexual orientation, race, ethnicity, age,18socio-economic factors, geographic region, disability19status, and other indicators of disparity;

20 <u>(ii) quantitative data on social and structural</u> 21 <u>issues affecting health (social and structural</u> 22 <u>determinants of health), including, but not limited</u> 23 <u>to, housing, transportation, educational attainment,</u> 24 <u>employment, and income inequality;</u>

25(iii) priorities and strategies developed at the26community level through the Illinois Project for Local

1	Assessment of Needs (IPLAN) and other local and
2	regional community health needs assessments;
3	(iv) qualitative data representing the
4	population's input on health concerns and well-being,
5	including the perceptions of people experiencing
6	disparities and health inequities;
7	(v) information on health disparities and health
8	inequities; and
9	(vi) information on public health system strengths
10	and areas for improvement.
11	The Plan shall also take into consideration priorities
12	and strategies developed at the community level through
13	the Illinois Project for Local Assessment of Needs (IPLAN)
14	and any regional health improvement plans that may be
15	developed.
16	The <u>State Health Improvement Plan</u> Plan shall focus on
17	prevention, social determinants of health, and promoting
18	<u>health equity as key strategies</u> as a key strategy for
19	long-term health improvement in Illinois.
20	The <u>State Health Improvement Plan</u> Plan shall <u>identify</u>
21	priority State health issues and social issues affecting
22	health, and shall examine and make recommendations on the
23	contributions and strategies of the public and private
24	sectors for improving health status and the public health
25	system in the State. In addition to recommendations on
26	health status improvement priorities and strategies for

1 the population of the State as a whole, the State Health 2 Improvement Plan Plan shall make recommendations regarding 3 priorities and strategies for reducing and eliminating health disparities and health inequities in Illinois; 4 including racial, ethnic, gender *identification*, sexual 5 orientation, 6 age, <u>disability</u> socio-economic and 7 geographic disparities. The State Health Improvement Plan 8 shall make recommendations regarding social determinants 9 of health, such as housing, transportation, educational 10 attainment, employment, and income inequality.

11 The development and implementation of the State Health 12 Assessment and State Health Improvement Plan shall be a collaborative public-private cross-agency effort overseen 13 14 by the SHA and SHIP Partnership. The Director of Public 15 Health shall consult with the Governor to ensure 16 participation by the head of State agencies with public health responsibilities (or their designees) in the SHA 17 and SHIP Partnership, including, but not limited to, the 18 19 Department of Public Health, the Department of Human Services, the Department of Healthcare and Family 20 21 Services, the Department of Children and Family Services, 22 the Environmental Protection Agency, the Illinois State 23 Board of Education, the Department on Aging, the Illinois 24 Housing Development Authority, the Illinois Criminal 25 Justice Information Authority, the Department of 26 Agriculture, the Department of Transportation, the

Department of Corrections, the Department of Commerce and
 Economic Opportunity, and the Chair of the State Board of
 Health to also serve on the Partnership. A member of the
 Governors' staff shall participate in the Partnership and
 serve as a liaison to the Governors' office.

6 The Director of the Illinois Department of Public 7 Health shall appoint a minimum of 15 other members of the SHA and SHIP Partnership representing a Planning Team that 8 includes a range of public, private, and voluntary sector 9 10 stakeholders and participants in the public health system. 11 For the first SHA and SHIP Partnership after the effective 12 date of this amendatory Act of the 102nd General Assembly, one-half of the members shall be appointed for a 3-year 13 14 term, and one-half of the members shall be appointed for a 15 5-year term. Subsequently, members shall be appointed to 16 5-year terms. Should any member not be able to fulfill his or her term, the Director may appoint a replacement to 17 complete that term. The Director, in consultation with the 18 19 SHA and SHIP Partnership, may engage additional individuals and organizations to serve on subcommittees 20 21 and ad hoc efforts to conduct the State Health Assessment 22 and develop and implement the State Health Improvement 23 Plan. Members of the SHA and SHIP Partnership shall 24 receive no compensation for serving as members, but may be 25 reimbursed for their necessary expenses if departmental 26 resources allow.

1	The SHA and SHIP Partnership This Team shall include:
2	the directors of State agencies with public health
3	responsibilities (or their designees), including but not
4	limited to the Illinois Departments of Public Health and
5	Department of Human Services, representatives of local
6	health departments , representatives of local community
7	health partnerships, and individuals with expertise who
8	represent an array of organizations and constituencies
9	engaged in public health improvement and prevention, such
10	as non-profit public interest groups, groups serving
11	populations that experience health disparities and health
12	inequities, groups addressing social determinants of
13	health, health issue groups, faith community groups,
14	health care providers, businesses and employers, academic
15	institutions, and community-based organizations.
16	The Director shall endeavor to make the membership of
17	the Partnership diverse and inclusive of the racial,
18	ethnic, gender, socio-economic, and geographic diversity
19	of the State. The SHA and SHIP Partnership shall be
20	chaired by the Director of Public Health or his or her
21	<u>designee.</u>
22	The SHA and SHIP Partnership shall develop and
23	implement a community engagement process that facilitates
24	input into the development of the State Health Assessment
25	and State Health Improvement Plan. This engagement process
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<u>issues addressed in the State Health Assessment and State</u>
 <u>Health Improvement Plan are meaningfully engaged in the</u>
 <u>development and implementation of the State Health</u>
 Assessment and State Health Improvement Plan.

5 The State Board of Health shall hold at least 3 public 6 hearings addressing <u>a draft of the State Health</u> 7 <u>Improvement Plan</u> drafts of the Plan in representative 8 geographic areas of the State. Members of the Planning 9 Team shall receive no compensation for their services, but 10 may be reimbursed for their necessary expenses.

11 Upon the delivery of each State Health Improvement 12 Plan, the Governor shall appoint a SHIP Implementation Coordination Council that includes a range of public, 13 private, and voluntary sector stakeholders and 14 participants in the public health system. The Council 15 16 shall include the directors of State agencies and entities 17 with public health system responsibilities (or their designees), including but not limited to the Department of 18 19 Public Health, Department of Human Services, Department of 20 Healthcare and Family Services, Environmental Protection 21 Agency, Illinois State Board of Education, Department on 22 Aging, Illinois Violence Prevention Authority, Department 23 of Agriculture, Department of Insurance, Department of Financial and Professional Regulation, Department of 24 25 Transportation, and Department of Commerce and Economic 26 Opportunity and the Chair of the State Board of Health.

1	The Council shall include representatives of local health
2	departments and individuals with expertise who represent
3	an array of organizations and constituencies engaged in
4	public health improvement and prevention, including
5	non profit public interest groups, health issue groups,
6	faith community groups, health care providers, businesses
7	and employers, academic institutions, and community based
8	organizations. The Governor shall endeavor to make the
9	membership of the Council representative of the racial,
10	ethnic, gender, socio economic, and geographic diversity
11	of the State. The Governor shall designate one State
12	agency representative and one other non-governmental
13	member as co-chairs of the Council. The Governor shall
14	designate a member of the Governor's office to serve as
15	liaison to the Council and one or more State agencies to
16	provide or arrange for support to the Council. The members
17	of the SHIP Implementation Coordination Council for each
18	State Health Improvement Plan shall serve until the
19	delivery of the subsequent State Health Improvement Plan,
20	whereupon a new Council shall be appointed. Members of the
21	SHIP Planning Team may serve on the SHIP Implementation
22	Coordination Council if so appointed by the Governor.
23	Upon the delivery of each State Health Assessment and

24 <u>State Health Improvement Plan, the SHA and SHIP</u> 25 <u>Partnership</u> The SHIP Implementation Coordination Council 26 shall coordinate the efforts and engagement of the public,

1 private, and voluntary sector stakeholders and 2 participants in the public health system to implement each 3 SHIP. The Partnership Council shall serve as a forum for collaborative action; coordinate existing 4 and new 5 initiatives; develop detailed implementation steps, with 6 mechanisms for action; implement specific projects; 7 identify public and private funding sources at the local, 8 State and federal level; promote public awareness of the 9 SHIP; and advocate for the implementation of the SHIP. The 10 SHA and SHIP Partnership shall implement strategies to 11 ensure that individuals and communities affected by health 12 disparities and health inequities are engaged in the process throughout the 5-year cycle. The SHA and SHIP 13 14 Partnership shall regularly evaluate and update the State 15 Health Assessment and track implementation of the State 16 Health Improvement Plan with revisions as necessary. The 17 SHA and SHIP Partnership shall not have the authority to direct any public or private entity to take specific 18 19 action to implement the SHIP.; and develop an annual 20 report to the Governor, General Assembly, and public 21 regarding the status of implementation of the SHIP. The 22 Council shall not, however, have the authority to direct 23 any public or private entity to take specific 24 implement the SHIP.

25The State Board of Health shall submit a report by26January 31 of each year on the status of State Health

1Improvement Plan implementation and community engagement2activities to the Governor, General Assembly, and public.3In the fifth year, the report may be consolidated into the4new State Health Assessment and State Health Improvement5Plan.

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

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

13 (13) (Blank).

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

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

25 (b) (Blank).

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(c) An Advisory Board on Necropsy Service to Coroners,

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

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actual necessary travel and subsistence expenses while so
serving away from their places of residence.
(Source: P.A. 98-463, eff. 8-16-13; 99-527, eff. 1-1-17;
revised 7-17-19.)
Section 99. Effective date. This Act takes effect upon

6 becoming law.