



103RD GENERAL ASSEMBLY

State of Illinois

2023 and 2024

SB3751

Introduced 2/9/2024, by Sen. Mike Simmons

SYNOPSIS AS INTRODUCED:

New Act

Creates the Equitable Health Outcomes Act. Provides that an entity required to collect health data and report it to the Department of Public Health shall include, in the patient data collected, the following items: (i) race; (ii) ethnicity; (iii) sexual orientation; (iv) gender identity; (v) language; and (vi) such other demographic information as the Department requires by rule. Creates the Health Outcomes Review Board. Provides that the Board shall be tasked with annually reviewing and reporting data on health outcomes, including illnesses, treatments, and causes of death in Illinois and facilitating adoption of solutions. Provides that the Board shall be composed of a minimum of 21 and a maximum of 25 members appointed by the Director of Public Health or the Director's designee. Provides that members shall serve 3-year terms. Provides for qualifications and requirements of Board members. Provides that the first Board meeting shall be held as soon as practicable following the appointment of a majority of members. Provides that the Board shall meet no less than 4 times per calendar year. Provides that each Board member shall sign a confidentiality agreement regarding personally identifiable information that the Department deems necessary to the Board's objectives or that is disclosed to the Board inadvertently. Provides that a Board member who knowingly violates the confidentiality agreement commits a misdemeanor. Provides for immunity from subpoenas regarding the information presented in or opinions formed as a result of a meeting or communication of the Board. Provides that notes, statements, medical records, reports, communications, and memoranda that contain, or may contain, patient information are not subject to subpoena, discovery, or introduction into evidence in any civil, criminal, or administrative proceeding. Describes the Board's duties. Provides requirements for reports prepared by the Board. Provides for the adoption of rules to implement the Act. Makes other changes.

LRB103 36642 CES 66751 b

A BILL FOR

1 AN ACT concerning regulation.

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
5 Equitable Health Outcomes Act.

6 Section 5. Purpose. The purpose of this Act is to
7 establish data collection standards to save lives, promote
8 equitable health care outcomes, decrease healthcare costs, and
9 ensure quality healthcare for all through a Health Outcomes
10 Review Board.

11 Section 10. Data collection requirements. Beginning one
12 year after the effective date of this Act, an entity required
13 to collect health data and report it to the Department of
14 Public Health shall include, in the patient data collected,
15 the following information, using the minimum standards for
16 data collection as outlined by the United States Department of
17 Health and Human Services:

- 18 (1) race;
- 19 (2) ethnicity;
- 20 (3) sexual orientation;
- 21 (4) gender identity;
- 22 (5) language; and

1 (6) such other demographic information as the
2 Department of Public Health requires through regulation.

3 Section 15. Health Outcomes Review Board.

4 (a) There is hereby established a Health Outcomes Review
5 Board, which is tasked with annually reviewing and reporting
6 data on health outcomes, including illnesses, treatments, and
7 causes of death in Illinois, disaggregated as outlined in
8 Section 10, and which is also tasked with facilitating
9 adoption of solutions that will improve health outcomes in
10 Illinois.

11 (b) The Board shall be composed of a minimum of 21 and a
12 maximum of 25 members, appointed by the Director of Public
13 Health or the Director's designee to serve 3-year terms. The
14 Director of Public Health or the Director's designee shall
15 serve as Chair.

16 (1) Members of the Board shall be appointed from
17 geographic areas throughout the State with knowledge of
18 healthcare and social determinants of health, including:

19 (A) representatives of hospitals, clinics, and
20 group and private medical practices;

21 (B) health care providers;

22 (C) nursing providers;

23 (D) the Director of each Department having
24 knowledge, data, or relevant jurisdiction over aspects
25 of the health care process;

1 (E) at least 2 representatives from communities in
2 Illinois most impacted by inequitable health outcomes;

3 (F) representatives of an association of
4 healthcare providers;

5 (G) at least 2 representatives of nonprofit
6 organizations that work in health equity, to be
7 appointed by the Governor; and

8 (H) other health care professionals and
9 representatives that the Director or the Director's
10 designee deems appropriate.

11 (2) In appointing members to the Board, the Director
12 shall follow best practices as outlined by the Centers for
13 Disease Control and Prevention in the United States
14 Department of Health and Human Services.

15 (3) All initial appointments to the Board shall be
16 made within 60 days after the effective date of this Act.

17 (4) Board members shall serve without compensation or
18 perquisite arising from their service.

19 (c) The Director or the Director's designee shall call the
20 first Board meeting as soon as practicable following the
21 appointment of a majority of Board members, and in no case no
22 later than 6 months after the effective date of this Act.
23 Thereafter, the Board shall meet pursuant to a schedule that
24 is established during the first Board meeting, but no less
25 than 4 times per calendar year. The Board may additionally
26 meet at the call of the Chair.

1 (d) A majority of the total number of members appointed to
2 the Board shall constitute a quorum for the conducting of
3 official Board business. Any recommendations of the Board
4 shall be approved by a majority of the members present.

5 (e) In addition to any relevant national or publicly
6 available data, the Board shall have access to de-identified
7 data sets collected by the Department of Public Health.

8 (1) The data sets provided by the Department and all
9 activities or communications of the commission shall
10 comply with all State and federal laws relating to the
11 transmission of health information.

12 (2) Such data sets shall contain all relevant
13 information of patients that received care in Illinois
14 during the previous calendar year.

15 (3) Such data sets shall have all personally
16 identifying information removed. The information to be
17 redacted from data sets includes, but is not limited to:

18 (A) names;

19 (B) street address;

20 (C) facial photographs;

21 (D) phone numbers;

22 (E) social security numbers; and

23 (F) other personal information not relevant to the
24 diagnosis, treatment, or care provided.

25 (4) Each member of the Board shall sign a
26 confidentiality agreement regarding personally

1 identifying information that the Department deems
2 necessary to the Board's objective, or that is disclosed
3 to the Board inadvertently. A Board member who knowingly
4 violates the confidentiality agreement commits a class C
5 misdemeanor.

6 (5) Members of the Board are not subject to subpoena
7 in any civil, criminal, or administrative proceeding
8 regarding the information presented in or opinions formed
9 as a result of a meeting or communication of the Board;
10 except that this subsection (e)(5) does not prevent a
11 member of the Board from testifying regarding information
12 or opinions obtained independently of the Board or that
13 are public information.

14 (6) Notes, statements, medical records, reports,
15 communications, and memoranda that contain, or may
16 contain, patient information are not subject to subpoena,
17 discovery, or introduction into evidence in any civil,
18 criminal, or administrative proceeding, unless the
19 subpoena is directed to a source that is separate and
20 apart from the Board. Nothing in this Section limits or
21 restricts the right to discover or use in a civil,
22 criminal, or administrative proceeding notes, statements,
23 medical records, reports, communications, or memoranda
24 that are available from another source separate and apart
25 from the Board and that arise entirely independent of the
26 Board's activities.

1 (f) The Board shall:

2 (1) provide clear and effective guidelines on data
3 collection to all healthcare facilities, including, but
4 not limited to, hospitals, community health centers,
5 physician and group practices, and insurance programs;

6 (2) review illness and death incidents in the State
7 using the de-identified data sets that the Department
8 provides or any other lawful source of relevant
9 information;

10 (3) review research that substantiates the connections
11 between social determinants of health before, during, and
12 after, hospital treatment;

13 (4) outline trends and patterns disaggregated by race,
14 ethnicity, and language relating to illness, death, and
15 treatments in Illinois;

16 (5) review comprehensive, nationwide data collection
17 on illness, death, and treatments, including data
18 disaggregated by race, ethnicity, and language;

19 (6) review any information provided by the Department
20 on social and environmental risk factors for all people,
21 and especially, people of color;

22 (7) review research to identify best practices and
23 effective interventions for improving the quality and
24 safety of health care and compare those to practices
25 currently in use in Illinois;

26 (8) review research to identify best practices and

1 effective interventions in order to address pre-disease
2 pathways of adverse health and compare those to practices
3 currently in use in Illinois;

4 (9) review research to identify effective
5 interventions for addressing social determinants of health
6 disparities;

7 (10) serve as a link with equitable health outcome
8 review teams throughout the country and participate in
9 regional and national review team activities;

10 (11) request input and feedback from interested and
11 affected stakeholders;

12 (12) compile annual reports, using aggregate data
13 based on the cases that the Department identifies for
14 reporting in an effort to further study the causes and
15 problems associated with inequitable health outcomes and
16 distribute these reports on the Department's website and
17 to the General Assembly, government agencies, health care
18 providers and others as necessary to provide equitable
19 health care in the State; and

20 (13) produce annually a report highlighting
21 recommended solutions and steps that could be taken in
22 Illinois to reduce inequitable health outcomes, including
23 complications, morbidity, and near-death or
24 life-threatening incidents, which shall include
25 recommendations to assist health care providers, the
26 Department, and lawmakers in reducing inequitable

1 treatment and health outcomes and shall be distributed on
2 the Department's website and to the General Assembly,
3 government agencies, health care providers, and others as
4 necessary to reduce inequitable health treatments and
5 outcomes in the State.

6 (g) The Board may:

7 (1) form special ad hoc panels to further investigate
8 cases of illness and death resulting from specific causes
9 when the need arises; and

10 (2) perform any other function as resources allow to
11 enhance efforts to reduce and prevent unnecessary death
12 and illness in the State.

13 (h) Reports prepared by the Board under this Act shall
14 detail which recommendations the Department or others can
15 pursue on their own without additional legislative action.
16 Unless precluded by State or federal law, the Department may
17 begin to enact recommendations immediately and shall issue
18 public replies to Board reports indicating whether
19 recommendations can or will be acted on and any obstacles
20 faced by the Department in acting upon the recommendations.

21 (i) For recommendations that would require additional
22 action by the General Assembly, the Board report shall include
23 specific requests and outlines of legislative action needed,
24 including budget requests.

25 (j) The Department of Public Health may adopt rules to
26 achieve the outcomes described in this Act.