



Sen. Mike Simmons

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10300SB3751sam001

LRB103 36642 LNS 72752 a

1 AMENDMENT TO SENATE BILL 3751

2 AMENDMENT NO. _____. Amend Senate Bill 3751 by replacing
3 everything after the enacting clause with the following:

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 health care costs,
9 and ensure quality health care for all through a Health
10 Outcomes Review Board.

11 Section 10. Health Outcomes Review Board.

12 (a) There is hereby established a Health Outcomes Review
13 Board, which is tasked with annually reviewing and reporting
14 data on health outcomes, including illnesses, treatments, and
15 causes of death in this State, and which is also tasked with

1 recommending solutions that will improve health outcomes in
2 this State.

3 (b) The Board shall be composed of a minimum of 22 and a
4 maximum of 25 members, appointed by the Director of Public
5 Health or the Director's designee to serve 3-year terms. The
6 Director of Public Health or the Director's designee shall
7 serve as Chair.

8 (1) Members of the Board shall be appointed from
9 geographic areas throughout the State with knowledge of
10 health care and social determinants of health, including:

11 (A) representatives of hospitals, clinics, and
12 group and private medical practices;

13 (B) health care providers;

14 (C) nursing providers;

15 (D) the Director of each Department having
16 knowledge, data, or relevant jurisdiction over aspects
17 of the health care process;

18 (E) at least 2 representatives from communities in
19 the State most impacted by inequitable health
20 outcomes;

21 (F) representatives of an association of
22 healthcare providers;

23 (G) at least 2 representatives of nonprofit
24 organizations that work in health equity, to be
25 appointed by the Governor;

26 (H) a representative of an association

1 representing a majority of hospitals statewide; and

2 (I) other health care professionals and
3 representatives that the Director or the Director's
4 designee deems appropriate.

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

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

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

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

21 (d) A majority of the total number of members appointed to
22 the Board shall constitute a quorum for the conducting of
23 official Board business. Any recommendations of the Board
24 shall be approved by a majority of the members present.

25 (e) In addition to any relevant national or publicly
26 available data, the Board shall have access to deidentified

1 data sets collected by the Department of Public Health.

2 (1) The data sets provided by the Department and all
3 activities or communications of the commission shall
4 comply with all State and federal laws relating to the
5 transmission of health information.

6 (2) Such data sets shall contain all relevant
7 information of patients that received care in this State
8 during the previous calendar year.

9 (3) Such data sets shall have all personally
10 identifying information removed as set forth in 45 CFR
11 164.514(b)(2).

12 (4) Each member of the Board shall sign a
13 confidentiality agreement regarding personally
14 identifying information that the Department deems
15 necessary to the Board's objective, or that is disclosed
16 to the Board inadvertently. A Board member who knowingly
17 violates the confidentiality agreement commits a class C
18 misdemeanor.

19 (5) Members of the Board are not subject to subpoena
20 in any civil, criminal, or administrative proceeding
21 regarding the information presented in or opinions formed
22 as a result of a meeting or communication of the Board;
23 except that this paragraph does not prevent a member of
24 the Board from testifying regarding information or
25 opinions obtained independently of the Board or that are
26 public information.

1 (6) Notes, statements, medical records, reports,
2 communications, and memoranda that contain, or may
3 contain, patient information are not subject to subpoena,
4 discovery, or introduction into evidence in any civil,
5 criminal, or administrative proceeding, unless the
6 subpoena is directed to a source that is separate and
7 apart from the Board. Nothing in this Section limits or
8 restricts the right to discover or use in a civil,
9 criminal, or administrative proceeding notes, statements,
10 medical records, reports, communications, or memoranda
11 that are available from another source separate and apart
12 from the Board and that arise entirely independent of the
13 Board's activities. Any information disclosed by the Board
14 must be disclosed in accordance with the Health Insurance
15 Portability and Accountability Act (HIPAA) and the Health
16 Information Technology for Economic and Clinical Health
17 (HITECH) Act and their respective implementing
18 regulations.

19 (f) The Board shall:

20 (1) provide recommendations on data collection
21 regarding race, ethnicity, sexual orientation, gender
22 identity, and language with consideration to all health
23 care facilities, including, but not limited to, hospitals,
24 community health centers, physician and group practices,
25 and insurance programs; the recommendations shall consider
26 federal guidance regarding data collection and reporting

1 standards and requirements, maintaining data and patient
2 confidentiality, and health care provider resources
3 necessary to implement new data collection and reporting
4 requirements;

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

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

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

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

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

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

25 (8) review research to identify best practices and
26 effective interventions in order to address predisease

1 pathways of adverse health and compare those to practices
2 currently in use in this State;

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

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

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

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

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

1 website and to the General Assembly, government agencies,
2 health care providers, and others as necessary to reduce
3 inequitable health treatments and outcomes in the State.

4 (g) The Board may:

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

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

11 (h) For recommendations that would require additional
12 action by the General Assembly, the Board report shall include
13 specific requests and outlines of legislative action needed,
14 including budget requests.

15 (i) The Department of Public Health may adopt rules to
16 achieve the outcomes described in this Act."