

95TH GENERAL ASSEMBLY State of Illinois 2007 and 2008 SB2012

Introduced 2/7/2008, by Sen. William Delgado

SYNOPSIS AS INTRODUCED:

20 ILCS 2310/2310-76 new

Amends the Department of Public Health Powers and Duties Law. Creates the Chronic Disease Prevention and Health Promotion Task Force. Provides for membership and appointments. Requires hearings. Provides that on or before July 1, 2010, the Task Force shall, at a minimum, make recommendations to the Governor and the General Assembly on the following: reforming the delivery system for chronic disease prevention and health promotion in Illinois; ensuring adequate funding for infrastructure and delivery of programs; and on the role of health promotion and chronic disease prevention in support of State spending on health care. Contains other provisions. Effective immediately

LRB095 17642 JAM 43716 b

FISCAL NOTE ACT MAY APPLY 1 AN ACT concerning public health.

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

- Section 5. The Department of Public Health Powers and
 Duties Law of the Civil Administrative Code of Illinois is
- 6 amended by adding Section 2310-76 as follows:
- 7 (20 ILCS 2310/2310-76 new)
- 8 Sec. 2310-76. Chronic Disease Prevention and Health
- 9 <u>Promotion Task Force.</u>
- 10 <u>(a) In Illinois, as well as in other parts of the United</u>
 11 States, chronic diseases are a significant health and economic
- 12 problem for our citizens and State government. Chronic diseases
- 13 such as cancer, diabetes, cardiovascular disease, and
- 14 <u>arthritis are largely preventable non-communicable conditions</u>
- 15 <u>associated with risk factors such as poor nutrition, physical</u>
- 16 <u>inactivity</u>, tobacco or alcohol abuse, as well as other social
- determinants of chronic illness.
- 18 Chronic diseases can take away a person's quality of life
- or his or her ability to work. The Centers for Disease Control
- 20 and Prevention reports that 7 out of 10 Americans who die each
- 21 year, or more than 1.7 million people, die of a chronic
- 22 <u>disease. In Illinois, studies have indicated that during the</u>
- 23 study period the State has spent more than \$12.5 billion in

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health care dollars to treat chronic diseases in our State. The financial burden for Illinois from the impact of lost work days and lower employee productivity during the same time period related to chronic diseases resulted in an annual economic loss of \$43.6 billion. These same studies have concluded that improvements in preventing and managing chronic diseases could drastically reduce future costs associated with chronic disease in Illinois and that the most effective way to trim healthcare spending in Illinois and across the U.S. is to take measures aimed at preventing diseases before we have to treat them. Health promotion and prevention programs and activities are scattered throughout a number of State agencies with various streams of funding and little coordination. While the State has been looking at making significant changes to healthcare coverage for a portion of the population, in order to have the most effective impact, any changes to the healthcare delivery system in Illinois should take into consideration and integrate the role of prevention and health promotion in that system. Within 90 days after the effective date of this amendatory Act of the 95th General Assembly, a Task Force on

Chronic Disease Prevention and Health Promotion shall be convened to study and make recommendations regarding the structure of the chronic disease prevention and health promotion system in Illinois, as well as changes that should be made to the system in order to integrate and coordinate efforts

- in the State and ensure continuity and consistency of purpose
- in the delivery of this care in Illinois.
- 3 (c) The Department of Public Health shall have primary
 4 responsibility for, and shall provide staffing and technical
- 5 and administrative support for the Task Force in its efforts.
- The other State agencies represented on the Task Force shall
- 7 work cooperatively with the Department of Public Health to
- 8 provide administrative and technical support to the Task Force
- 9 <u>in its efforts. Membership of the Task Force shall consist of</u>
- 10 <u>18 members as follows: the Director of Public Health or his or</u>
- 11 <u>her designee; the Secretary of Human Services or his or her</u>
- designee; the Director of Aging or his or her designee; the
- Director of Healthcare and Family Services or his designee; 4
- 14 <u>members of the General Assembly</u>, one from the State Senate
- 15 appointed by the President of the Senate, one from the State
- Senate appointed by the Minority Leader of the Senate, one from
- 17 <u>the House of Representatives appointed by the Speaker of the</u>
- House, and one from the House of Representatives appointed by
- 19 <u>the Minority Leader of the House; and 10 members appointed by</u>
- 20 <u>the Director of Public Health and who shall be representative</u>
- 21 <u>of State associations and advocacy organizations with a primary</u>
- focus that includes chronic disease prevention, public health
- 23 <u>delivery</u>, medicine, health care and disease management, or
- 24 <u>community health.</u>
- 25 (d) The Task Force shall seek input from interested parties
- and shall hold a minimum of 3 public hearings across the State,

- including one in northern Illinois, one in central Illinois,
- 2 <u>and one in southern Illinois.</u>
- 3 (e) On or before July 1, 2010, the Task Force shall, at a
- 4 minimum, make recommendations to the Governor and the General
- 5 Assembly on the following: reforming the delivery system for
- 6 chronic disease prevention and health promotion in Illinois;
- 7 <u>ensuring adequate funding for infrastructure and delivery of</u>
- 8 programs; and the role of health promotion and chronic disease
- 9 prevention in support of State spending on health care.
- 10 Section 99. Effective date. This Act takes effect upon
- 11 becoming law.