1 AN ACT concerning State government.

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

- 4 Section 5. The Department of Public Health Powers and
- 5 Duties Law of the Civil Administrative Code of Illinois is
- 6 amended by changing Section 2310-76 as follows:
- 7 (20 ILCS 2310/2310-76)
- 8 Sec. 2310-76. Chronic Disease Prevention and Health
- 9 Promotion Task Force.
- 10 (a) In Illinois, as well as in other parts of the United
- 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 arthritis are largely preventable non-communicable conditions
- 15 associated with risk factors such as poor nutrition, physical
- inactivity, tobacco or alcohol abuse, as well as other social
- determinants of chronic illness. It is fully documented by
- 18 national and State data that significant disparity exists
- 19 between racial, ethnic, and socioeconomic groups and that the
- 20 incidence and impact of many of these conditions
- 21 disproportionately affect these populations.
- 22 Chronic diseases can take away a person's quality of life
- or his or her ability to work. The Centers for Disease Control

and Prevention reports that 7 out of 10 Americans who die each 1 2 year, or more than 1.7 million people, die of a chronic 3 disease. In Illinois, studies have indicated that during the study period the State has spent more than \$12.5 billion in 5 health care dollars to treat chronic diseases in our State. The 6 financial burden for Illinois from the impact of lost work days 7 and lower employee productivity during the same time period related to chronic diseases resulted in an annual economic loss 8 9 of \$43.6 billion. These same studies have concluded that 10 improvements in preventing and managing chronic diseases could 11 drastically reduce future costs associated with chronic 12 disease in Illinois and that the most effective way to trim healthcare spending in Illinois and across the U.S. is to take 13 14 measures aimed at preventing diseases before we have to treat 15 them. Furthermore, by addressing health disparities and by 16 targeting chronic disease prevention and health promotion 17 services toward the highest risk groups, especially in communities where racial, ethnic, and socioeconomic factors 18 indicate high rates of these diseases, the goals of improving 19 the overall health status for all Illinois residents can be 20 21 achieved. Health promotion and prevention programs and 22 activities are scattered throughout a number of State agencies 23 with various streams of funding and little coordination. While 24 the State has been looking at making significant changes to 25 healthcare coverage for a portion of the population, in order to have the most effective impact, any changes to the 26

- healthcare delivery system in Illinois should take into consideration and integrate the role of prevention and health promotion in that system.
 - (b) Subject to appropriation, <u>a</u> within 6 months 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 and the elimination of disparity in the delivery of this care in Illinois.
 - responsibility for, and shall provide staffing and technical and administrative support for, the Task Force in its efforts. The other State agencies represented on the Task Force shall work cooperatively with the Department of Public Health to provide administrative and technical support to the Task Force in its efforts. Membership of the Task Force shall consist of 19 18 members as follows: the Public Health Advocate, appointed by the Governor; the Director of Public Health, who shall serve as Chair; the Secretary of Human Services or his or her designee; the Director of Aging or his or her designee; the Director of Healthcare and Family Services or his or her designee; 4 members of the General Assembly, one from the State

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- Senate appointed by the President of the Senate, one from the 1 2 State Senate appointed by the Minority Leader of the Senate, 3 one from the House of Representatives appointed by the Speaker of the House, and one from the House of Representatives 5 appointed by the Minority Leader of the House; and 10 members appointed by the Director of Public Health and who shall be 6 7 representative of State associations and advocacy 8 organizations with a primary focus that includes chronic 9 disease prevention, public health delivery, medicine, health 10 care and disease management, or community health.
 - (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, and one in southern Illinois.
 - (e) On or before <u>December 31</u> July 1, 2010, the Task Force shall, at a minimum, make recommendations to the <u>General Assembly and the Director</u> of Public Health 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; addressing health disparity; and the role of health promotion and chronic disease prevention in support of State spending on health care.
- 23 (Source: P.A. 95-900, eff. 8-25-08; 96-328, eff. 8-11-09.)
- Section 99. Effective date. This Act takes effect upon becoming law.