



Rep. Camille Y. Lilly

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10200HB0159ham002

LRB102 10243 SPS 29993 a

1 AMENDMENT TO HOUSE BILL 159

2 AMENDMENT NO. _____. Amend House Bill 159 by replacing
3 everything after the enacting clause with the following:

4 "Section 5. The Civil Administrative Code of Illinois is
5 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 of Illinois are
10 entitled to lead healthy lives. Governmental public health has
11 a specific responsibility to ensure that a public health
12 system is in place to allow the public health mission to be
13 achieved. The public health system is the collection of
14 public, private, and voluntary entities as well as individuals
15 and informal associations that contribute to the public's
16 health within the State. To develop a public health system

1 requires certain core functions to be performed by government.
2 The State Board of Health is to assume the leadership role in
3 advising the Director in meeting the following functions:

4 (1) Needs assessment.

5 (2) Statewide health objectives.

6 (3) Policy development.

7 (4) Assurance of access to necessary services.

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

25 The terms of Board of Health members shall be 3 years,
26 except that members shall continue to serve on the Board of

1 Health until a replacement is appointed. Upon the effective
2 date of Public Act 93-975 (January 1, 2005), in the
3 appointment of the Board of Health members appointed to
4 vacancies or positions with terms expiring on or before
5 December 31, 2004, the Governor shall appoint up to 6 members
6 to serve for terms of 3 years; up to 6 members to serve for
7 terms of 2 years; and up to 5 members to serve for a term of
8 one year, so that the term of no more than 6 members expire in
9 the same year. All members shall be legal residents of the
10 State of Illinois. The duties of the Board shall include, but
11 not be limited to, the following:

12 (1) To advise the Department of ways to encourage
13 public understanding and support of the Department's
14 programs.

15 (2) To evaluate all boards, councils, committees,
16 authorities, and bodies advisory to, or an adjunct of, the
17 Department of Public Health or its Director for the
18 purpose of recommending to the Director one or more of the
19 following:

20 (i) The elimination of bodies whose activities are
21 not consistent with goals and objectives of the
22 Department.

23 (ii) The consolidation of bodies whose activities
24 encompass compatible programmatic subjects.

25 (iii) The restructuring of the relationship
26 between the various bodies and their integration

1 within the organizational structure of the Department.

2 (iv) The establishment of new bodies deemed
3 essential to the functioning of the Department.

4 (3) To serve as an advisory group to the Director for
5 public health emergencies and control of health hazards.

6 (4) To advise the Director regarding public health
7 policy, and to make health policy recommendations
8 regarding priorities to the Governor through the Director.

9 (5) To present public health issues to the Director
10 and to make recommendations for the resolution of those
11 issues.

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

14 (7) To make recommendations to the Governor through
15 the Director regarding the coordination of State public
16 health activities with other State and local public health
17 agencies and organizations.

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

21 (9) To review the final draft of all proposed
22 administrative rules, other than emergency or peremptory
23 rules and those rules that another advisory body must
24 approve or review within a statutorily defined time
25 period, of the Department after September 19, 1991 (the
26 effective date of Public Act 87-633). The Board shall

1 review the proposed rules within 90 days of submission by
2 the Department. The Department shall take into
3 consideration any comments and recommendations of the
4 Board regarding the proposed rules prior to submission to
5 the Secretary of State for initial publication. If the
6 Department disagrees with the recommendations of the
7 Board, it shall submit a written response outlining the
8 reasons for not accepting the recommendations.

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

21 (10) To deliver to the Governor for presentation to
22 the General Assembly a State Health Assessment (SHA) and a
23 State Health Improvement Plan (SHIP). The first 5 such
24 plans shall be delivered to the Governor on January 1,
25 2006, January 1, 2009, January 1, 2016, January 1, 2021,
26 and December 31, 2022 ~~June 30, 2022~~, and then every 5 years

1 thereafter.

2 The State Health Assessment and State Health
3 Improvement Plan shall assess and recommend priorities and
4 strategies to improve the public health system, the health
5 status of Illinois residents, reduce health disparities
6 and inequities, and promote health equity. The State
7 Health Assessment and State Health Improvement Plan
8 development and implementation shall conform to national
9 Public Health Accreditation Board Standards. The State
10 Health Assessment and State Health Improvement Plan
11 development and implementation process shall be carried
12 out with the administrative and operational support of the
13 Department of Public Health.

14 The State Health Assessment shall include
15 comprehensive, broad-based data and information from a
16 variety of sources on health status and the public health
17 system including:

18 (i) quantitative data, if it is available, on the
19 demographics and health status of the population,
20 including data over time on health by gender identity,
21 sexual orientation, race, ethnicity, age,
22 socio-economic factors, geographic region, disability
23 status, and other indicators of disparity;

24 (ii) quantitative data on social and structural
25 issues affecting health (social and structural
26 determinants of health), including, but not limited

1 to, housing, transportation, educational attainment,
2 employment, and income inequality;

3 (iii) priorities and strategies developed at the
4 community level through the Illinois Project for Local
5 Assessment of Needs (IPLAN) and other local and
6 regional community health needs assessments;

7 (iv) qualitative data representing the
8 population's input on health concerns and well-being,
9 including the perceptions of people experiencing
10 disparities and health inequities;

11 (v) information on health disparities and health
12 inequities; and

13 (vi) information on public health system strengths
14 and areas for improvement.

15 The State Health Improvement Plan shall focus on
16 prevention, social determinants of health, and promoting
17 health equity as key strategies for long-term health
18 improvement in Illinois.

19 The State Health Improvement Plan shall identify
20 priority State health issues and social issues affecting
21 health, and shall examine and make recommendations on the
22 contributions and strategies of the public and private
23 sectors for improving health status and the public health
24 system in the State. In addition to recommendations on
25 health status improvement priorities and strategies for
26 the population of the State as a whole, the State Health

1 Improvement Plan shall make recommendations, provided that
2 data exists to support such recommendations, regarding
3 priorities and strategies for reducing and eliminating
4 health disparities and health inequities in Illinois;
5 including racial, ethnic, gender identification, sexual
6 orientation, age, disability, 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
13 collaborative public-private cross-agency effort overseen
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
17 health responsibilities (or their designees) in the SHA
18 and SHIP Partnership, including, but not limited to, the
19 Department of Public Health, the Department of Human
20 Services, the Department of Healthcare and Family
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

1 Department of Corrections, the Department of Commerce and
2 Economic Opportunity, and the Chair of the State Board of
3 Health to also serve on the Partnership. A member of the
4 Governor's staff shall participate in the Partnership and
5 serve as a liaison to the Governor's office.

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

26 The SHA and SHIP Partnership shall include:

1 representatives of local health departments and
2 individuals with expertise who represent an array of
3 organizations and constituencies engaged in public health
4 improvement and prevention, such as non-profit public
5 interest groups, groups serving populations that
6 experience health disparities and health inequities,
7 groups addressing social determinants of health, health
8 issue groups, faith community groups, health care
9 providers, businesses and employers, academic
10 institutions, and community-based organizations.

11 The Director shall endeavor to make the membership of
12 the Partnership diverse and inclusive of the racial,
13 ethnic, gender, socio-economic, and geographic diversity
14 of the State. The SHA and SHIP Partnership shall be
15 chaired by the Director of Public Health or his or her
16 designee.

17 The SHA and SHIP Partnership shall develop and
18 implement a community engagement process that facilitates
19 input into the development of the State Health Assessment
20 and State Health Improvement Plan. This engagement process
21 shall ensure that individuals with lived experience in the
22 issues addressed in the State Health Assessment and State
23 Health Improvement Plan are meaningfully engaged in the
24 development and implementation of the State Health
25 Assessment and State Health Improvement Plan.

26 The State Board of Health shall hold at least 3 public

1 hearings addressing a draft of the State Health
2 Improvement Plan in representative geographic areas of the
3 State.

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

26 The State Board of Health shall submit a report by

1 January 31 of each year on the status of State Health
2 Improvement Plan implementation and community engagement
3 activities to the Governor, General Assembly, and public.
4 In the fifth year, the report may be consolidated into the
5 new State Health Assessment and State Health Improvement
6 Plan.

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

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

14 (13) (Blank).

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

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

26 (b) (Blank).

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

1 members, while serving on business of the Board, shall receive
2 actual necessary travel and subsistence expenses while so
3 serving away from their places of residence.

4 (Source: P.A. 102-4, eff. 4-27-21; 102-558, eff. 8-20-21.)

5 Section 10. The Department of Professional Regulation Law
6 of the Civil Administrative Code of Illinois is amended by
7 changing Section 2105-15.7 as follows:

8 (20 ILCS 2105/2105-15.7)

9 Sec. 2105-15.7. Implicit bias awareness training.

10 (a) As used in this Section, "health care professional"
11 means a person licensed or registered by the Department of
12 Financial and Professional Regulation under the following
13 Acts: Medical Practice Act of 1987, Nurse Practice Act,
14 Clinical Psychologist Licensing Act, Illinois Dental Practice
15 Act, Illinois Optometric Practice Act of 1987, Pharmacy
16 Practice Act, Illinois Physical Therapy Act, Physician
17 Assistant Practice Act of 1987, Acupuncture Practice Act,
18 Illinois Athletic Trainers Practice Act, Clinical Social Work
19 and Social Work Practice Act, Dietitian Nutritionist Practice
20 Act, Home Medical Equipment and Services Provider License Act,
21 Naprapathic Practice Act, Nursing Home Administrators
22 Licensing and Disciplinary Act, Illinois Occupational Therapy
23 Practice Act, Illinois Optometric Practice Act of 1987,
24 Podiatric Medical Practice Act of 1987, Respiratory Care

1 Practice Act, Professional Counselor and Clinical Professional
2 Counselor Licensing and Practice Act, Sex Offender Evaluation
3 and Treatment Provider Act, Illinois Speech-Language Pathology
4 and Audiology Practice Act, Perfusionist Practice Act,
5 Registered Surgical Assistant and Registered Surgical
6 Technologist Title Protection Act, and Genetic Counselor
7 Licensing Act.

8 (b) For license or registration renewals occurring on or
9 after January 1, 2023 ~~2022~~, a health care professional who has
10 continuing education requirements must complete at least a
11 one-hour course in training on implicit bias awareness per
12 renewal period. A health care professional may count this one
13 hour for completion of this course toward meeting the minimum
14 credit hours required for continuing education. Any training
15 on implicit bias awareness applied to meet any other State
16 licensure requirement, professional accreditation or
17 certification requirement, or health care institutional
18 practice agreement may count toward the one-hour requirement
19 under this Section.

20 (c) The Department may adopt rules for the implementation
21 of this Section.

22 (Source: P.A. 102-4, eff. 4-27-21.)

23 Section 15. The Special Commission on Gynecologic Cancers
24 Act is amended by changing Section 100-5 as follows:

1 (20 ILCS 5170/100-5)

2 (Section scheduled to be repealed on January 1, 2023)

3 Sec. 100-5. Creation; members; duties; report.

4 (a) The Special Commission on Gynecologic Cancers is
5 created. Membership of the Commission shall be as follows:

6 (1) A representative of the Illinois Comprehensive
7 Cancer Control Program, appointed by the Director of
8 Public Health;

9 (2) The Director of Insurance, or his or her designee;
10 and

11 (3) 20 members who shall be appointed as follows:

12 (A) three members appointed by the Speaker of
13 the House of Representatives, one of whom shall be a
14 survivor of ovarian cancer, one of whom shall be a
15 survivor of cervical, vaginal, vulvar, or uterine
16 cancer, and one of whom shall be a medical specialist
17 in gynecologic cancers;

18 (B) three members appointed by the Senate
19 President, one of whom shall be a survivor of ovarian
20 cancer, one of whom shall be a survivor of cervical,
21 vaginal, vulvar, or uterine cancer, and one of whom
22 shall be a medical specialist in gynecologic cancers;

23 (C) three members appointed by the House
24 Minority Leader, one of whom shall be a survivor of
25 ovarian cancer, one of whom shall be a survivor of
26 cervical, vaginal, vulvar, or uterine cancer, and one

1 of whom shall be a medical specialist in gynecologic
2 cancers;

3 (D) three members appointed by the Senate
4 Minority Leader, one of whom shall be a survivor of
5 ovarian cancer, one of whom shall be a survivor of
6 cervical, vaginal, vulvar, or uterine cancer, and one
7 of whom shall be a medical specialist in gynecologic
8 cancers; and

9 (E) eight members appointed by the Governor,
10 one of whom shall be a caregiver of a woman diagnosed
11 with a gynecologic cancer, one of whom shall be a
12 medical specialist in gynecologic cancers, one of whom
13 shall be an individual with expertise in community
14 based health care and issues affecting underserved and
15 vulnerable populations, 2 of whom shall be individuals
16 representing gynecologic cancer awareness and support
17 groups in the State, one of whom shall be a researcher
18 specializing in gynecologic cancers, and 2 of whom
19 shall be members of the public with demonstrated
20 expertise in issues relating to the work of the
21 Commission.

22 (b) Members of the Commission shall serve without
23 compensation or reimbursement from the Commission. Members
24 shall select a Chair from among themselves and the Chair shall
25 set the meeting schedule.

26 (c) The Illinois Department of Public Health shall provide

1 administrative support to the Commission.

2 (d) The Commission is charged with the study of the
3 following:

4 (1) establishing a mechanism to ascertain the
5 prevalence of gynecologic cancers in the State and, to the
6 extent possible, to collect statistics relative to the
7 timing of diagnosis and risk factors associated with
8 gynecologic cancers;

9 (2) determining how to best effectuate early diagnosis
10 and treatment for gynecologic cancer patients;

11 (3) determining best practices for closing disparities
12 in outcomes for gynecologic cancer patients and innovative
13 approaches to reaching underserved and vulnerable
14 populations;

15 (4) determining any unmet needs of persons with
16 gynecologic cancers and those of their families; and

17 (5) providing recommendations for additional
18 legislation, support programs, and resources to meet the
19 unmet needs of persons with gynecologic cancers and their
20 families.

21 (e) The Commission shall file its final report with the
22 General Assembly no later than December 31, 2022 ~~2021~~ and,
23 upon the filing of its report, is dissolved.

24 (Source: P.A. 102-4, eff. 4-27-21.)

25 Section 20. The Anti-Racism Commission Act is amended by

1 changing Section 130-10 as follows:

2 (20 ILCS 5180/130-10)

3 (Section scheduled to be repealed on January 1, 2023)

4 Sec. 130-10. Anti-Racism Commission.

5 (a) The Anti-Racism Commission is hereby created to
6 identify and propose statewide policies to eliminate systemic
7 racism and advance equitable solutions for Black and Brown
8 people in Illinois.

9 (b) The Anti-Racism Commission shall consist of the
10 following members, who shall serve without compensation:

11 (1) one member of the House of Representatives,
12 appointed by the Speaker of the House of Representatives,
13 who shall serve as co-chair;

14 (2) one member of the Senate, appointed by the Senate
15 President, who shall serve as co-chair;

16 (3) one member of the House of Representatives,
17 appointed by the Minority Leader of the House of
18 Representatives;

19 (4) one member of the Senate, appointed by the
20 Minority Leader of the Senate;

21 (5) the Director of Public Health, or his or her
22 designee;

23 (6) the Chair of the House Black Caucus;

24 (7) the Chair of the Senate Black Caucus;

25 (8) the Chair of the Joint Legislative Black Caucus;

1 (9) the director of a statewide association
2 representing public health departments, appointed by the
3 Speaker of the House of Representatives;

4 (10) the Chair of the House Latino Caucus;

5 (11) the Chair of the Senate Latino Caucus;

6 (12) one community member appointed by the House Black
7 Caucus Chair;

8 (13) one community member appointed by the Senate
9 Black Caucus Chair;

10 (14) one community member appointed by the House
11 Latino Caucus Chair; and

12 (15) one community member appointed by the Senate
13 Latino Caucus Chair.

14 (c) The Department of Public Health shall provide
15 administrative support for the Commission.

16 (d) The Commission is charged with, but not limited to,
17 the following tasks:

18 (1) Working to create an equity and justice-oriented
19 State government.

20 (2) Assessing the policy and procedures of all State
21 agencies to ensure racial equity is a core element of
22 State government.

23 (3) Developing and incorporating into the
24 organizational structure of State government a plan for
25 educational efforts to understand, address, and dismantle
26 systemic racism in government actions.

1 (4) Recommending and advocating for policies that
2 improve health in Black and Brown people and support
3 local, State, regional, and federal initiatives that
4 advance efforts to dismantle systemic racism.

5 (5) Working to build alliances and partnerships with
6 organizations that are confronting racism and encouraging
7 other local, State, regional, and national entities to
8 recognize racism as a public health crisis.

9 (6) Promoting community engagement, actively engaging
10 citizens on issues of racism and assisting in providing
11 tools to engage actively and authentically with Black and
12 Brown people.

13 (7) Reviewing all portions of codified State laws
14 through the lens of racial equity.

15 (8) Working with the Department of Central Management
16 Services to update policies that encourage diversity in
17 human resources, including hiring, board appointments, and
18 vendor selection by agencies, and to review all grant
19 management activities with an eye toward equity and
20 workforce development.

21 (9) Recommending policies that promote racially
22 equitable economic and workforce development practices.

23 (10) Promoting and supporting all policies that
24 prioritize the health of all people, especially people of
25 color, by mitigating exposure to adverse childhood
26 experiences and trauma in childhood and ensuring

1 implementation of health and equity in all policies.

2 (11) Encouraging community partners and stakeholders
3 in the education, employment, housing, criminal justice,
4 and safety arenas to recognize racism as a public health
5 crisis and to implement policy recommendations.

6 (12) Identifying clear goals and objectives, including
7 specific benchmarks, to assess progress.

8 (13) Holding public hearings across Illinois to
9 continue to explore and to recommend needed action by the
10 General Assembly.

11 (14) Working with the Governor and the General
12 Assembly to identify the necessary funds to support the
13 Anti-Racism Commission and its endeavors.

14 (15) Identifying resources to allocate to Black and
15 Brown communities on an annual basis.

16 (16) Encouraging corporate investment in anti-racism
17 policies in Black and Brown communities.

18 (e) The Commission shall submit its final report to the
19 Governor and the General Assembly no later than December 31,
20 2022 ~~2021~~. The Commission is dissolved upon the filing of its
21 report.

22 (Source: P.A. 102-4, eff. 4-27-21.)

23 Section 25. The University of Illinois Hospital Act is
24 amended by changing Section 8d as follows:

1 (110 ILCS 330/8d)

2 (Section scheduled to be repealed on December 31, 2021)

3 Sec. 8d. N95 masks. Pursuant to and in accordance with
4 applicable local, State, and federal policies, guidance and
5 recommendations of public health and infection control
6 authorities, and taking into consideration the limitations on
7 access to N95 masks caused by disruptions in local, State,
8 national, and international supply chains, the University of
9 Illinois Hospital shall provide N95 masks to physicians
10 licensed under the Medical Practice Act of 1987, registered
11 nurses and advanced practice registered nurses licensed under
12 the Nurse Licensing Act, and any other employees or
13 contractual workers who provide direct patient care and who,
14 pursuant to such policies, guidance, and recommendations, are
15 recommended to have such a mask to safely provide such direct
16 patient care within a hospital setting. Nothing in this
17 Section shall be construed to impose any new duty or
18 obligation on the University of Illinois Hospital or employee
19 that is greater than that imposed under State and federal laws
20 in effect on the effective date of this amendatory Act of the
21 102nd General Assembly.

22 This Section is repealed on December 31, 2022 ~~2021~~.

23 (Source: P.A. 102-4, eff. 4-27-21.)

24 Section 30. The Hospital Licensing Act is amended by
25 changing Section 6.28 as follows:

1 (210 ILCS 85/6.28)

2 (Section scheduled to be repealed on December 31, 2021)

3 Sec. 6.28. N95 masks. Pursuant to and in accordance with
4 applicable local, State, and federal policies, guidance and
5 recommendations of public health and infection control
6 authorities, and taking into consideration the limitations on
7 access to N95 masks caused by disruptions in local, State,
8 national, and international supply chains, a hospital licensed
9 under this Act shall provide N95 masks to physicians licensed
10 under the Medical Practice Act of 1987, registered nurses and
11 advanced practice registered nurses licensed under the Nurse
12 Licensing Act, and any other employees or contractual workers
13 who provide direct patient care and who, pursuant to such
14 policies, guidance, and recommendations, are recommended to
15 have such a mask to safely provide such direct patient care
16 within a hospital setting. Nothing in this Section shall be
17 construed to impose any new duty or obligation on the hospital
18 or employee that is greater than that imposed under State and
19 federal laws in effect on the effective date of this
20 amendatory Act of the 102nd General Assembly.

21 This Section is repealed on December 31, 2022 ~~2021~~.

22 (Source: P.A. 102-4, eff. 4-27-21.)

23 Section 35. The Community Health Worker Certification and
24 Reimbursement Act is amended by adding Section 5-17 as

1 follows:

2 (410 ILCS 67/5-17 new)

3 Sec. 5-17. Community Health Workers Review Board.

4 (a) A Community Health Workers Review Board shall be
5 established to advise the Department of Public Health as it
6 seeks to develop an Illinois Community Health Worker
7 Certification Program. The scope includes rules certifying
8 both individuals, including those being grandfathered in, and
9 academic and community-based training programs.

10 The Board shall recommend standards, review proposed
11 regulations, and provide feedback about training programs and
12 reimbursement schedules.

13 The Board shall submit an annual report to the Office of
14 the Governor and the General Assembly about the progress of
15 the Program.

16 The Board shall be co-chaired by a representative of the
17 Department of Public Health and a representative from a
18 statewide association of community health workers. Other
19 members of the Board shall include:

20 (1) The Director of Public Health or his or her
21 designee.

22 (2) The Director of Healthcare and Family Services or
23 his or her designee.

24 (3) The Secretary of Human Services or his or her
25 designee.

1 (4) The Secretary of Financial and Professional
2 Regulation or his or her designee.

3 (5) A member from the Governor's Office appointed by
4 the Governor.

5 (6) Three members appointed by the Senate President.

6 (7) A member appointed by the Senate Minority Leader.

7 (8) Three members appointed by the Speaker of the
8 House of Representatives.

9 (9) A member appointed by the Minority Leader of the
10 House of Representatives.

11 (10) A member from a statewide association of
12 community health workers appointed by the Speaker of the
13 House of Representatives.

14 (11) A member from a statewide association of
15 community health workers appointed by the Senate
16 President.

17 As appointed by the Director of Public Health, in addition
18 to the members specified in this subsection, the Board shall
19 have balanced representation from the community health workers
20 workforce, community health worker employers, community health
21 workers training and educational institutions, and community
22 members who are recipients of services.

23 The Board shall meet quarterly and may do so either in
24 person or remotely.

25 The Department of Public Health shall provide
26 administrative support.

1 The first annual report of the Board shall be submitted to
2 the Governor and the General Assembly one year after the
3 Board's first meeting. A report shall be submitted to the
4 Governor and the General Assembly every year thereafter for
5 each year the Board remains active.

6 (b) There is created within the Department of Public
7 Health the Illinois Community Health Worker Certification
8 Program. The Department shall serve as the Program's
9 regulatory body with the advice and recommendation of the
10 Community Health Workers Review Board. This includes the
11 development and oversight of initial community health worker
12 certification and certification renewals for both individuals
13 and community-based and academic training programs. The Board
14 shall advise on a certification process and may advise on
15 training from community-based organizations, in conjunction
16 with a statewide association of community health workers, and
17 academic institutions, in consultation with the Illinois State
18 Board of Education, the Illinois Community College Board, and
19 the Illinois Board of Higher Education. The Department shall
20 provide administrative support to the Board.

21 (c) The Board shall advise and recommend a certification
22 process for and be authorized to approve training from
23 community-based organizations, in conjunction with a statewide
24 association of community health workers, and academic
25 institutions, in consultation with the Illinois State Board of
26 Education, the Illinois Community College Board, and the

1 Illinois Board of Higher Education. The Program shall base
2 training approval on core competencies, best practices, and
3 affordability. In addition, the Program shall maintain a
4 registry of certification records for individually certified
5 community health workers and a registry of certified training
6 and educational programs. All training programs that are
7 deemed certifiable shall undergo a renewal process, which
8 shall be determined by administrative rule. The Program shall
9 establish criteria to grandfather in any community health
10 workers who were practicing prior to the establishment of the
11 Program.

12 (d) To ensure high-quality service, the Program may
13 examine and consider for adoption best practices from other
14 states that have implemented policies to allow for alternative
15 opportunities to demonstrate competency in core skills and
16 knowledge in addition to certification.

17 (e) The Department of Public Health, with the advice and
18 recommendation of the Board, shall set fees by administrative
19 rule for Illinois Community Health Worker Program
20 certification, community health worker certification, and
21 certification renewals.

22 (f) The Department of Public Health, with the advice and
23 recommendation of the Board, shall have administrative
24 authority to adopt rules and establish administrative
25 procedures for denying, granting, suspending, and revoking any
26 certification issued pursuant to this Act.

1 (g) The Director of Public Health, after notice and
2 opportunity for hearing, may deny, suspend, or revoke a
3 certification or fine a certificate holder or any other person
4 who has violated this Act or the rules adopted under this Act.
5 Notice shall be provided by certified mail, return receipt
6 requested, or by personal service, fixing a date, not less
7 than 15 days from the date of such mailing or service, at which
8 time the person shall be given an opportunity to request a
9 hearing. Failure to request a hearing within that time period
10 constitutes a waiver of the right to a hearing. The hearing
11 shall be conducted by the Director or by an individual
12 designated in writing by the Director as a hearing officer to
13 conduct the hearing. On the basis of any such hearing or upon
14 default of the respondent, the Director shall make a
15 determination specifying his or her findings and conclusions.
16 A copy of the determination shall be sent by certified mail,
17 return receipt requested, or served personally upon the
18 respondent.

19 (h) The procedure governing hearings authorized by this
20 Section shall be in accordance with rules adopted by the
21 Department of Public Health. A full and complete record shall
22 be kept of all proceedings, including the notice of hearing,
23 complaint, and all other documents in the nature of pleadings,
24 written motions filed in the proceedings, and the report and
25 orders of the Director of Public Health and hearing officer.
26 All testimony shall be reported, but need not be transcribed

1 unless the decision is sought to be reviewed under the
2 Administrative Review Law of the Code of Civil Procedure. A
3 copy or copies of the transcript shall be provided to the Board
4 by request, and others interested in a copy or copies of the
5 transcript may be obtained on payment of the cost of preparing
6 the copy or copies. The Director or hearing officer shall,
7 upon his or her own motion or on the written request of any
8 party to the proceeding, issue subpoenas requiring the
9 attendance and the giving of testimony by witnesses and
10 subpoenas duces tecum requiring the production of books,
11 papers, records, or memoranda. All subpoenas and subpoenas
12 duces tecum issued under this Act may be served by any person
13 of legal age. The fees of witnesses for attendance and travel
14 shall be the same as the fees of witnesses before the courts of
15 this State, such fees to be paid when the witness is excused
16 from further attendance. When the witness is subpoenaed at the
17 instance of the Director or hearing officer, the fees shall be
18 paid in the same manner as other expenses of the Department,
19 and when the witness is subpoenaed at the instance of any other
20 party to any such proceeding the Department may require that
21 the cost of service of the subpoena or subpoena duces tecum and
22 the fee of the witness be borne by the party at whose instance
23 the witness is summoned. In such case, the Department in its
24 discretion may require a deposit to cover the cost of such
25 service and witness fees. A subpoena or subpoena duces tecum
26 so issued pursuant to this subsection shall be served in the

1 same manner as a subpoena issued by a circuit court.

2 (i) Any circuit court of this State, upon the application
3 of the Director of Public Health or upon the application of any
4 other party to the proceeding, may, in its discretion, compel
5 the attendance of witnesses, the production of books, papers,
6 records, or memoranda, and the giving of testimony before the
7 Director or hearing officer conducting an investigation or
8 holding a hearing authorized by this Act, by an attachment for
9 contempt or otherwise, in the same manner as production of
10 evidence may be compelled before the court.

11 (j) All final administrative decisions of the Department
12 of Public Health under this Act shall be subject to judicial
13 review pursuant to the provisions of the Administrative Review
14 Law of the Code of Civil Procedure and the rules adopted under
15 it. "Administrative decision" has the meaning ascribed to it
16 in Section 3-101 of the Code of Civil Procedure. The
17 Department is not required to certify any record or file any
18 answer or otherwise appear in any proceeding for judicial
19 review unless the party filing the complaint deposits with the
20 clerk of the court the sum of \$2 per page representing the
21 costs of the certification. Failure on the part of the
22 plaintiff to make such deposit shall be grounds for dismissal
23 of the action.

24 (k) The State's Attorney of the county in which the
25 violation occurred or the Attorney General shall bring such
26 actions in the name of the people of the State of Illinois and

1 may, in addition to other remedies provided in this Act, bring
2 action for an injunction to restrain such violation, impose
3 civil penalties, and enjoin the operation of any such person
4 or establishment.

5 (l) The State's Attorney of the county in which the
6 violation occurred or the Attorney General shall bring such
7 actions in the name of the people of the State of Illinois and
8 may, in addition to other remedies provided in this Act, bring
9 action for an injunction to restrain such violation, impose
10 civil penalties, and enjoin the operation of any such person
11 or establishment.

12 (m) The provisions of the Illinois Administrative
13 Procedure Act are adopted and shall apply to all
14 administrative rules and procedures of the Department of
15 Public Health under this Act, except that in cases of conflict
16 between the Illinois Administrative Procedure Act and this
17 Act, the provisions of this Act shall control. Section 5-35 of
18 the Illinois Administrative Procedure Act relating to
19 procedures for rulemaking does not apply to the adoption of
20 any rule required by federal law in connection with which the
21 Department is precluded by law from exercising any discretion.

22 (n) Subject to appropriation, the Department of Public
23 Health shall waive or pay for any administrative fees charged
24 to a community health worker certificate holder under this
25 Act.

26 (o) The Board may explore ways to compensate members of

1 the Board.

2 (p) The Department is authorized to adopt rules for the
3 implementation of this Section.

4 (410 ILCS 67/5-15 rep.)

5 Section 40. The Community Health Worker Certification and
6 Reimbursement Act is amended by repealing Section 5-15.

7 Section 45. The Underlying Causes of Crime and Violence
8 Study Act is amended by changing Section 72-15 as follows:

9 (410 ILCS 165/72-15)

10 Sec. 72-15. Report. The Department of Public Health and
11 the Department of Human Services are required to report their
12 findings to the General Assembly by December 31, 2022 ~~2021~~.

13 (Source: P.A. 102-4, eff. 4-27-21.)

14 Section 99. Effective date. This Act takes effect upon
15 becoming law."