



Rep. Camille Y. Lilly

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10200SB0336ham001

LRB102 12792 SPS 30058 a

1 AMENDMENT TO SENATE BILL 336

2 AMENDMENT NO. \_\_\_\_\_. Amend Senate Bill 336 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."