

SB2383



102ND GENERAL ASSEMBLY

State of Illinois

2021 and 2022

SB2383

Introduced 2/26/2021, by Sen. Laura Fine

SYNOPSIS AS INTRODUCED:

20 ILCS 5/5-565

was 20 ILCS 5/6.06

Amends the Civil Administrative Code of Illinois. Makes a technical change in a Section concerning the Department of Public Health.

LRB102 12808 RJF 18149 b

A BILL FOR

1 AN ACT concerning State government.

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

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 ~~the~~ Department of Public Health.

8 (a) The General Assembly declares it to be the public
9 policy of this State that all citizens 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
17 requires certain core functions to be performed by government.
18 The State Board of Health is to assume the leadership role in
19 advising the Director in meeting the following functions:

20 (1) Needs assessment.

21 (2) Statewide health objectives.

22 (3) Policy development.

23 (4) Assurance of access to necessary services.

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

18 The terms of Board of Health members shall be 3 years,
19 except that members shall continue to serve on the Board of
20 Health until a replacement is appointed. Upon the effective
21 date of Public Act 93-975 (January 1, 2005) ~~this amendatory~~
22 ~~Act of the 93rd General Assembly,~~ in the appointment of the
23 Board of Health members appointed to vacancies or positions
24 with terms expiring on or before December 31, 2004, the
25 Governor shall appoint up to 6 members to serve for terms of 3
26 years; up to 6 members to serve for terms of 2 years; and up to

1 5 members to serve for a term of one year, so that the term of
2 no more than 6 members expire in the same year. All members
3 shall be legal residents of the State of Illinois. The duties
4 of the Board shall include, but not be limited to, the
5 following:

6 (1) To advise the Department of ways to encourage
7 public understanding and support of the Department's
8 programs.

9 (2) To evaluate all boards, councils, committees,
10 authorities, and bodies advisory to, or an adjunct of, the
11 Department of Public Health or its Director for the
12 purpose of recommending to the Director one or more of the
13 following:

14 (i) The elimination of bodies whose activities are
15 not consistent with goals and objectives of the
16 Department.

17 (ii) The consolidation of bodies whose activities
18 encompass compatible programmatic subjects.

19 (iii) The restructuring of the relationship
20 between the various bodies and their integration
21 within the organizational structure of the Department.

22 (iv) The establishment of new bodies deemed
23 essential to the functioning of the Department.

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

26 (4) To advise the Director regarding public health

1 policy, and to make health policy recommendations
2 regarding priorities to the Governor through the Director.

3 (5) To present public health issues to the Director
4 and to make recommendations for the resolution of those
5 issues.

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

8 (7) To make recommendations to the Governor through
9 the Director regarding the coordination of State public
10 health activities with other State and local public health
11 agencies and organizations.

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

15 (9) To review the final draft of all proposed
16 administrative rules, other than emergency or peremptory
17 ~~preemptory~~ rules and those rules that another advisory
18 body must approve or review within a statutorily defined
19 time period, of the Department after September 19, 1991
20 (the effective date of Public Act 87-633). The Board shall
21 review the proposed rules within 90 days of submission by
22 the Department. The Department shall take into
23 consideration any comments and recommendations of the
24 Board regarding the proposed rules prior to submission to
25 the Secretary of State for initial publication. If the
26 Department disagrees with the recommendations of the

1 Board, it shall submit a written response outlining the
2 reasons for not accepting the recommendations.

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

15 (10) To deliver to the Governor for presentation to
16 the General Assembly a State Health Improvement Plan. The
17 first 3 such plans shall be delivered to the Governor on
18 January 1, 2006, January 1, 2009, and January 1, 2016 and
19 then every 5 years thereafter.

20 The Plan shall recommend priorities and strategies to
21 improve the public health system and the health status of
22 Illinois residents, taking into consideration national
23 health objectives and system standards as frameworks for
24 assessment.

25 The Plan shall also take into consideration priorities
26 and strategies developed at the community level through

1 the Illinois Project for Local Assessment of Needs (IPLAN)
2 and any regional health improvement plans that may be
3 developed. The Plan shall focus on prevention as a key
4 strategy for long-term health improvement in Illinois.

5 The Plan shall examine and make recommendations on the
6 contributions and strategies of the public and private
7 sectors for improving health status and the public health
8 system in the State. In addition to recommendations on
9 health status improvement priorities and strategies for
10 the population of the State as a whole, the Plan shall make
11 recommendations regarding priorities and strategies for
12 reducing and eliminating health disparities in Illinois;
13 including racial, ethnic, gender, age, socio-economic, and
14 geographic disparities.

15 The Director of the Illinois Department of Public
16 Health shall appoint a Planning Team that includes a range
17 of public, private, and voluntary sector stakeholders and
18 participants in the public health system. This Team shall
19 include: the directors of State agencies with public
20 health responsibilities (or their designees), including,
21 but not limited to, the Illinois Departments of Public
22 Health and Department of Human Services, representatives
23 of local health departments, representatives of local
24 community health partnerships, and individuals with
25 expertise who represent an array of organizations and
26 constituencies engaged in public health improvement and

1 prevention.

2 The State Board of Health shall hold at least 3 public
3 hearings addressing drafts of the Plan in representative
4 geographic areas of the State. Members of the Planning
5 Team shall receive no compensation for their services, but
6 may be reimbursed for their necessary expenses.

7 Upon the delivery of each State Health Improvement
8 Plan, the Governor shall appoint a SHIP Implementation
9 Coordination Council that includes a range of public,
10 private, and voluntary sector stakeholders and
11 participants in the public health system. The Council
12 shall include the directors of State agencies and entities
13 with public health system responsibilities (or their
14 designees), including, but not limited to, the Department
15 of Public Health, Department of Human Services, Department
16 of Healthcare and Family Services, Environmental
17 Protection Agency, Illinois State Board of Education,
18 Department on Aging, Illinois Violence Prevention
19 Authority, Department of Agriculture, Department of
20 Insurance, Department of Financial and Professional
21 Regulation, Department of Transportation, and Department
22 of Commerce and Economic Opportunity and the Chair of the
23 State Board of Health. The Council shall include
24 representatives of local health departments and
25 individuals with expertise who represent an array of
26 organizations and constituencies engaged in public health

1 improvement and prevention, including non-profit public
2 interest groups, health issue groups, faith community
3 groups, health care providers, businesses and employers,
4 academic institutions, and community-based organizations.
5 The Governor shall endeavor to make the membership of the
6 Council representative of the racial, ethnic, gender,
7 socio-economic, and geographic diversity of the State. The
8 Governor shall designate one State agency representative
9 and one other non-governmental member as co-chairs of the
10 Council. The Governor shall designate a member of the
11 Governor's office to serve as liaison to the Council and
12 one or more State agencies to provide or arrange for
13 support to the Council. The members of the SHIP
14 Implementation Coordination Council for each State Health
15 Improvement Plan shall serve until the delivery of the
16 subsequent State Health Improvement Plan, whereupon a new
17 Council shall be appointed. Members of the SHIP Planning
18 Team may serve on the SHIP Implementation Coordination
19 Council if so appointed by the Governor.

20 The SHIP Implementation Coordination Council shall
21 coordinate the efforts and engagement of the public,
22 private, and voluntary sector stakeholders and
23 participants in the public health system to implement each
24 SHIP. The Council shall serve as a forum for collaborative
25 action; coordinate existing and new initiatives; develop
26 detailed implementation steps, with mechanisms for action;

1 implement specific projects; identify public and private
2 funding sources at the local, State and federal level;
3 promote public awareness of the SHIP; advocate for the
4 implementation of the SHIP; and develop an annual report
5 to the Governor, General Assembly, and public regarding
6 the status of implementation of the SHIP. The Council
7 shall not, however, have the authority to direct any
8 public or private entity to take specific action to
9 implement the SHIP.

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

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

17 (13) (Blank).

18 Upon appointment, the Board shall elect a chairperson from
19 among its members.

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

1 request of 3 of its members, but shall not meet less than 4
2 times per year.

3 (b) (Blank).

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

1 the appointment of medical and coroner members of the Board,
2 the Governor shall invite nominations from recognized medical
3 and coroners organizations in this State respectively. Board
4 members, while serving on business of the Board, shall receive
5 actual necessary travel and subsistence expenses while so
6 serving away from their places of residence.

7 (Source: P.A. 98-463, eff. 8-16-13; 99-527, eff. 1-1-17;
8 revised 7-17-19.)