AN ACT concerning regulation.

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

Section 1. Short title. This Act may be cited as the Equitable Health Outcomes Act.

Section 5. Purpose. The purpose of this Act is to establish data collection standards to save lives, promote equitable health care outcomes, decrease health care costs, and ensure quality health care for all through a Health Outcomes Review Board.

Section 10. Health Outcomes Review Board.

(a) There is hereby established a Health Outcomes Review Board, which is tasked with annually reviewing and reporting data on health outcomes, including illnesses, treatments, and causes of death in this State, and which is also tasked with recommending solutions that will improve health outcomes in this State.

(b) The Board shall be composed of a minimum of 22 and a maximum of 25 members, appointed by the Director of Public Health or the Director's designee to serve 3-year terms. The Director of Public Health or the Director's designee shall serve as Chair.

(1) Members of the Board shall be appointed from geographic areas throughout the State with knowledge of health care and social determinants of health, including:

(A) representatives of hospitals, clinics, and group and private medical practices;

(B) health care providers;

(C) nursing providers;

(D) the Director of each Department having knowledge, data, or relevant jurisdiction over aspects of the health care process;

(E) at least 2 representatives from communities in the State most impacted by inequitable health outcomes;

(F) representatives of an association of healthcare providers;

(G) at least 2 representatives of nonprofit organizations that work in health equity, to be appointed by the Governor;

(H) a representative of an association representing a majority of hospitals statewide; and

(I) other health care professionals and representatives that the Director or the Director's designee deems appropriate.

(2) In appointing members to the Board, the Director shall follow best practices as outlined by the Centers for Disease Control and Prevention in the United States

Department of Health and Human Services.

(3) All initial appointments to the Board shall be made within 60 days after the effective date of this Act.

(4) Board members shall serve without compensation or perquisite arising from their service.

(c) The Director or the Director's designee shall call the first Board meeting as soon as practicable following the appointment of a majority of Board members, and in no case no later than 6 months after the effective date of this Act. Thereafter, the Board shall meet pursuant to a schedule that is established during the first Board meeting, but no less than 4 times per calendar year. The Board may additionally meet at the call of the Chair.

(d) A majority of the total number of members appointed to the Board shall constitute a quorum for the conducting of official Board business. Any recommendations of the Board shall be approved by a majority of the members present.

(e) In addition to any relevant national or publicly available data, the Board shall have access to deidentified data sets collected by the Department of Public Health.

(1) The data sets provided by the Department and all activities or communications of the commission shall comply with all State and federal laws relating to the transmission of health information.

(2) Such data sets shall contain all relevant information of patients that received care in this State

during the previous calendar year.

(3) Such data sets shall have all personally identifying information removed as set forth in 45 CFR 164.514(b)(2).

(4) Each member of the Board shall sign a confidentiality agreement regarding personally identifying information that the Department deems necessary to the Board's objective, or that is disclosed to the Board inadvertently. A Board member who knowingly violates the confidentiality agreement commits a class C misdemeanor.

(5) Members of the Board are not subject to subpoena in any civil, criminal, or administrative proceeding regarding the information presented in or opinions formed as a result of a meeting or communication of the Board; except that this paragraph does not prevent a member of the Board from testifying regarding information or opinions obtained independently of the Board or that are public information.

(6) Notes, statements, medical records, reports, communications, and memoranda that contain, or may contain, patient information are not subject to subpoena, discovery, or introduction into evidence in any civil, criminal, or administrative proceeding, unless the subpoena is directed to a source that is separate and apart from the Board. Nothing in this Section limits or

restricts the right to discover or use in a civil, criminal, or administrative proceeding notes, statements, medical records, reports, communications, or memoranda that are available from another source separate and apart from the Board and that arise entirely independent of the Board's activities. Any information disclosed by the Board must be disclosed in accordance with the Health Insurance Portability and Accountability Act (HIPAA) and the Health Information Technology for Economic and Clinical Health (HITECH) Act and their respective implementing regulations.

(f) The Board shall:

(1) provide recommendations on data collection regarding race, ethnicity, sexual orientation, gender identity, and language with consideration to all health care facilities, including, but not limited to, hospitals, community health centers, physician and group practices, and insurance programs; the recommendations shall consider federal guidance regarding data collection and reporting standards and requirements, maintaining data and patient confidentiality, and health care provider resources necessary to implement new data collection and reporting requirements;

(2) review illness and death incidents in the State using the deidentified data sets that the Department provides or any other lawful source of relevant

information;

(3) review research that substantiates the connections between social determinants of health before, during, and after hospital treatment;

(4) outline trends and patterns disaggregated by race, ethnicity, and language relating to illness, death, and treatments in this State;

(5) review comprehensive, nationwide data collection on illness, death, and treatments, including data disaggregated by race, ethnicity, and language;

(6) review any information provided by the Department on social and environmental risk factors for all people, and especially, people of color;

(7) review research to identify best practices and effective interventions for improving the quality and safety of health care and compare those to practices currently in use in this State;

(8) review research to identify best practices and effective interventions in order to address predisease pathways of adverse health and compare those to practices currently in use in this State;

(9) review research to identify effective interventions for addressing social determinants of health disparities;

(10) serve as a link with equitable health outcome review teams throughout the country and participate in

regional and national review team activities;

(11) request input and feedback from interested and affected stakeholders;

(12) compile annual reports, using aggregate data based on the cases that the Department identifies for reporting in an effort to further study the causes and problems associated with inequitable health outcomes and distribute these reports on the Department's website and to the General Assembly, government agencies, health care providers, and others as necessary to provide equitable health care in the State; and

(13) produce annually a report highlighting recommended solutions and steps that could be taken in this State to reduce inequitable health outcomes, including complications, morbidity, and near-death or life-threatening incidents, including recommendations to assist health care providers, the Department, and lawmakers in reducing inequitable treatment and health outcomes and shall be distributed on the Department's website and to the General Assembly, government agencies, health care providers, and others as necessary to reduce inequitable health treatments and outcomes in the State.

(g) The Board may:

(1) form special ad hoc panels to further investigate cases of illness and death resulting from specific causes when the need arises; and

(2) perform any other function as resources allow to enhance efforts to reduce and prevent unnecessary death and illness in the State.

(h) For recommendations that would require additional action by the General Assembly, the Board report shall include specific requests and outlines of legislative action needed, including budget requests.

(i) The Department of Public Health may adopt rules to achieve the outcomes described in this Act.