

1 AN ACT concerning health improvement.

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

4 Section 1. Short title. This Act may be cited as the  
5 Statewide Health Improvement Plan Act.

6 Section 5. Statewide Health Improvement Plan.

7 (a) On January 1, 2005 and every 4 years thereafter, the  
8 Governor shall deliver to the General Assembly a Statewide  
9 Health Improvement Plan.

10 (b) The Plan shall identify, prioritize, and recommend  
11 strategies to improve health status and the public health  
12 system, using the National Healthy People goals and  
13 objectives and the National Public Health Performance  
14 Standards as the frameworks for assessment. The Plan shall  
15 focus on prevention as a key strategy for long-term health  
16 improvement in Illinois.

17 (c) The Plan shall examine and make recommendations on  
18 both public and private/voluntary sector contributions to and  
19 strategies for improving health status and public health  
20 systems. Planning shall incorporate all State agencies with  
21 health and public health related responsibilities, including  
22 the Department of Public Health, the Department of Human  
23 Services, the Department of Public Aid, the Department on  
24 Aging, the Environmental Protection Agency, the Illinois  
25 Violence Prevention Authority, and the Department of  
26 Insurance, or the successor to any of these agencies, and all  
27 other agencies that the Governor deems necessary. The  
28 planning shall take into consideration the priorities and  
29 strategies developed at the community level through the  
30 Illinois Project for Local Assessment of Needs (IPLAN) and  
31 other community collaborative planning processes.

1           (d) The Governor shall appoint a Task Force within the  
2 Office of Governor of public and private/voluntary sector  
3 stakeholders to develop each Plan. Each Task Force shall  
4 consist of up to 30 members. Each Task Force shall include a  
5 representative of the Governor's office, the Directors of the  
6 identified State agencies or their designees, a  
7 representative of the State Board of Health, representatives  
8 of local health departments, and individuals with expertise  
9 who represent a broad array of organizations and  
10 constituencies engaged in health improvement, public health,  
11 and prevention. The Governor shall designate one governmental  
12 member and one public member of each Task Force as co-chairs.  
13 Each Task Force shall hold at least 3 public hearings on  
14 drafts of a Plan in representative geographic areas of the  
15 State. Each Task Force shall be appointed no more than 2  
16 years and no less than one year before the date that a Plan  
17 is due to be delivered under subsection (a), and that Task  
18 Force expires upon delivery of the Plan. Members of a Task  
19 Force shall receive no compensation for their services, but  
20 may be reimbursed for their necessary expenses from funds  
21 available for that purpose.