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09500SB2012ham001

LRB095 17642 JAM 48987 a

1 AMENDMENT TO SENATE BILL 2012

2 AMENDMENT NO. _____. Amend Senate Bill 2012 by replacing
3 everything after the enacting clause with the following:

4 "Section 5. The Department of Public Health Powers and
5 Duties Law of the Civil Administrative Code of Illinois is
6 amended by adding Section 2310-76 as follows:

7 (20 ILCS 2310/2310-76 new)

8 Sec. 2310-76. Chronic Disease Prevention and Health
9 Promotion Task Force.

10 (a) In Illinois, as well as in other parts of the United
11 States, chronic diseases are a significant health and economic
12 problem for our citizens and State government. Chronic diseases
13 such as cancer, diabetes, cardiovascular disease, and
14 arthritis are largely preventable non-communicable conditions
15 associated with risk factors such as poor nutrition, physical
16 inactivity, tobacco or alcohol abuse, as well as other social

1 determinants of chronic illness. It is fully documented by
2 national and State data that significant disparity exists
3 between racial, ethnic, and socioeconomic groups and that the
4 incidence and impact of many of these conditions
5 disproportionately affect these populations.

6 Chronic diseases can take away a person's quality of life
7 or his or her ability to work. The Centers for Disease Control
8 and Prevention reports that 7 out of 10 Americans who die each
9 year, or more than 1.7 million people, die of a chronic
10 disease. In Illinois, studies have indicated that during the
11 study period the State has spent more than \$12.5 billion in
12 health care dollars to treat chronic diseases in our State. The
13 financial burden for Illinois from the impact of lost work days
14 and lower employee productivity during the same time period
15 related to chronic diseases resulted in an annual economic loss
16 of \$43.6 billion. These same studies have concluded that
17 improvements in preventing and managing chronic diseases could
18 drastically reduce future costs associated with chronic
19 disease in Illinois and that the most effective way to trim
20 healthcare spending in Illinois and across the U.S. is to take
21 measures aimed at preventing diseases before we have to treat
22 them. Furthermore, by addressing health disparities and by
23 targeting chronic disease prevention and health promotion
24 services toward the highest risk groups, especially in
25 communities where racial, ethnic, and socioeconomic factors
26 indicate high rates of these diseases, the goals of improving

1 the overall health status for all Illinois residents can be
2 achieved. Health promotion and prevention programs and
3 activities are scattered throughout a number of State agencies
4 with various streams of funding and little coordination. While
5 the State has been looking at making significant changes to
6 healthcare coverage for a portion of the population, in order
7 to have the most effective impact, any changes to the
8 healthcare delivery system in Illinois should take into
9 consideration and integrate the role of prevention and health
10 promotion in that system.

11 (b) Subject to appropriation, within 6 months after the
12 effective date of this amendatory Act of the 95th General
13 Assembly, a Task Force on Chronic Disease Prevention and Health
14 Promotion shall be convened to study and make recommendations
15 regarding the structure of the chronic disease prevention and
16 health promotion system in Illinois, as well as changes that
17 should be made to the system in order to integrate and
18 coordinate efforts in the State and ensure continuity and
19 consistency of purpose and the elimination of disparity in the
20 delivery of this care in Illinois.

21 (c) The Department of Public Health shall have primary
22 responsibility for, and shall provide staffing and technical
23 and administrative support for the Task Force in its efforts.
24 The other State agencies represented on the Task Force shall
25 work cooperatively with the Department of Public Health to
26 provide administrative and technical support to the Task Force

1 in its efforts. Membership of the Task Force shall consist of
2 18 members as follows: the Director of Public Health, who shall
3 serve as Chair; the Secretary of Human Services or his or her
4 designee; the Director of Aging or his or her designee; the
5 Director of Healthcare and Family Services or his designee; 4
6 members of the General Assembly, one from the State Senate
7 appointed by the President of the Senate, one from the State
8 Senate appointed by the Minority Leader of the Senate, one from
9 the House of Representatives appointed by the Speaker of the
10 House, and one from the House of Representatives appointed by
11 the Minority Leader of the House; and 10 members appointed by
12 the Director of Public Health and who shall be representative
13 of State associations and advocacy organizations with a primary
14 focus that includes chronic disease prevention, public health
15 delivery, medicine, health care and disease management, or
16 community health.

17 (d) The Task Force shall seek input from interested parties
18 and shall hold a minimum of 3 public hearings across the State,
19 including one in northern Illinois, one in central Illinois,
20 and one in southern Illinois.

21 (e) On or before July 1, 2010, the Task Force shall, at a
22 minimum, make recommendations to the Director of Public Health
23 on the following: reforming the delivery system for chronic
24 disease prevention and health promotion in Illinois; ensuring
25 adequate funding for infrastructure and delivery of programs;
26 addressing health disparity; and the role of health promotion

1 and chronic disease prevention in support of State spending on
2 health care.

3 Section 99. Effective date. This Act takes effect upon
4 becoming law.".