

SB3036



95TH GENERAL ASSEMBLY

State of Illinois

2007 and 2008

SB3036

Introduced 4/30/2008, by Sen. Jeffrey M. Schoenberg

SYNOPSIS AS INTRODUCED:

20 ILCS 2310/2310-338.5 new

Amends the Department of Public Health Powers and Duties Law of the Civil Administrative Code of Illinois. Establishes the Asthma Mobile Pilot Program, and provides that, subject to appropriations, the Department of Public Health shall issue a grant for the program. Provides that the 5-year pilot program shall include: initial respiratory health screenings; diagnosis and followup medical care from pediatricians specializing in asthma management; bilingual, individualized family education sessions; in-home asthma trigger assessments; Covering All Kids Insurance Program application assistance; and extensive primary care physician outreach and education. Requires the grant recipient to collect certain data. Requires the Department to submit an annual report to the General Assembly. Effective July 1, 2008.

LRB095 20956 DRJ 50052 b

FISCAL NOTE ACT
MAY APPLY

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 Department of Public Health Powers and
5 Duties Law of the Civil Administrative Code of Illinois is
6 amended by adding Section 2310-338.5 as follows:

7 (20 ILCS 2310/2310-338.5 new)

8 Sec. 2310-338.5. Asthma Mobile Pilot Program.

9 (a) The General Assembly finds all of the following:

10 (1) An estimated 1,044,936 people in Illinois had been
11 diagnosed with asthma during their lifetime.

12 (2) In Cook County alone, 317,906 adults and 121,610
13 children have been diagnosed with asthma.

14 (3) More than half of all children in Chicago with
15 asthma have had a severe asthma attack in the past year and
16 nearly one-third had episodes in which they thought their
17 lives were in danger.

18 (4) Approximately 40% of people visiting selected
19 Chicago Emergency Departments for asthma attacks had 3 or
20 more other Emergency Department visits in the previous 12
21 months.

22 (5) The burden of asthma falls disproportionately on
23 the African-American and Latino populations, and

1 especially on children of ethnic minorities.

2 (6) The asthma death rate for African-Americans in this
3 State is 4 times the national average.

4 (7) 15.1% of African-American persons in Illinois had
5 asthma in 2000.

6 (8) 12.3% of Latino persons in Illinois had asthma in
7 2000.

8 (9) The annual cost of asthma is estimated to be nearly
9 \$18 billion.

10 (10) A clean environment and appropriate asthma care
11 are critical to the quality of life of our citizens with
12 asthma.

13 (11) Access to care for ethnic minorities is often
14 hampered by socioeconomic disparities, shortages of
15 primary care physicians in minority communities, language
16 and literacy barriers, and cultural beliefs about the role
17 and usefulness of medicine.

18 (12) As much as 40% of the risk of asthma in minority
19 children is attributable to exposure to residential
20 allergens that could be reduced, if not eliminated.

21 (13) Eleven Americans die from asthma each day, which
22 is more than 4,000 each year.

23 (14) Puerto Ricans have the highest asthma mortality
24 rate of any racial or ethnic subgroup.

25 (15) African-Americans are 3 times more likely than
26 Caucasians to die from asthma.

1 (16) The death rate for children under 19 years old due
2 to asthma has increased by nearly 80% since 1980.

3 (17) Many asthma deaths are avoidable with proper
4 treatment and care.

5 (18) The State bears a responsibility in matters of
6 public health and the well-being of Illinois citizens and
7 that includes the quality of life for our citizens with
8 asthma and those citizens who are at risk for asthma.

9 (b) It is the intent of the General Assembly to:

10 (1) Address the problem of access to asthma treatment
11 in minority populations by establishing a mobile pilot
12 program to treat children with asthma.

13 (2) Direct the Department of Public Health to oversee
14 such a mobile pilot program.

15 (3) Establish a mobile pilot program that will use data
16 to identify and evaluate asthma interventions and assess
17 the impact of asthma outcomes.

18 (4) Provide asthma education for people with asthma and
19 those involved in the care of people with asthma, promoting
20 asthma awareness, education, and screening programs in
21 communities.

22 (5) Provide a mobile pilot program that is solely
23 dedicated to help implement the recommendations within the
24 Illinois Asthma Partnership Strategic Plan that relate to
25 children and families and continue to work in the best
26 interests of the public health of our citizens with asthma,

1 especially those minority populations who are at a greater
2 risk for asthma.

3 (c) The Asthma Mobile Pilot Program is established to work
4 with children and their families.

5 (d) Subject to appropriations, the Department shall issue a
6 grant for the Mobile Asthma Pilot Program. This 5-year pilot
7 program shall include: initial respiratory health screenings;
8 diagnosis and followup medical care from pediatricians
9 specializing in asthma management; bilingual, individualized
10 family education sessions; in-home asthma trigger assessments;
11 Covering All Kids Insurance Program application assistance;
12 and extensive primary care physician outreach and education.

13 (e) The grant recipient shall collect data demonstrating
14 the effectiveness of the Mobile Asthma Pilot Program from
15 patients, school administrators, and parents and shall provide
16 the information to the Department.

17 (f) The Department shall submit to the General Assembly an
18 annual report containing an analysis of the data collected and
19 recommendations concerning the program and asthma care in the
20 State.

21 Section 99. Effective date. This Act takes effect July 1,
22 2008.