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1 AN ACT concerning regulation.

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 Equitable Health Outcomes Act.

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

11 Section 10. Health Outcomes Review Board.

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

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

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

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

6 (B) health care providers;

7 (C) nursing providers;

8 (D) the Director of each Department having

9 knowledge, data, or relevant jurisdiction over aspects
10 of the health care process;

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

14 (F) representatives of an association of
15 healthcare providers;

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

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

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

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

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1 Department of Health and Human Services.

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

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

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

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

18 (e) In addition to any relevant national or publicly
19 available data, the Board shall have access to deidentified

20 data sets collected by the Department of Public Health.

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

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

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1 during the previous calendar year.

2 (3) Such data sets shall have all personally
3 identifying information removed as set forth in 45 CFR
4 164.514(b)(2).

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

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

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

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

12 (f) The Board shall:

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

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

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1 information;

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

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

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

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

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

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

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

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

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1 regional and national review team activities;

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

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

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

22 inequitable health treatments and outcomes in the State.
23 (g) The Board may:
24 (1) form special ad hoc panels to further investigate
25 cases of illness and death resulting from specific causes
26 when the need arises; and

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1 (2) perform any other function as resources allow to
2 enhance efforts to reduce and prevent unnecessary death
3 and illness in the State.
4 (h) For recommendations that would require additional
5 action by the General Assembly, the Board report shall include
6 specific requests and outlines of legislative action needed,
7 including budget requests.
8 (i) The Department of Public Health may adopt rules to
9 achieve the outcomes described in this Act.