



State of Illinois
Illinois Department of Public Health

ANNUAL PROGRESS REPORT

Illinois State Diabetes Commission

Illinois Diabetes Prevention and Control Program

As required by PA 094-0788

July 29, 2011

Governor Pat Quinn and Members of the General Assembly:

I am pleased to present the 2010-2011 Annual Progress Report of the Illinois State Diabetes Commission, which details efforts of the state and the commission to identify and to improve services for persons with diabetes and their families.

In the past 20 years, the number of people in Illinois with diagnosed diabetes has more than doubled, reaching approximately 800,000 in 2011, with an additional 500,000 people who are not aware they have the disease. The state's estimated health care cost of diabetes is \$7.3 billion – \$4.8 billion in direct medical costs and \$2.5 billion in indirect costs, such as disability, work loss and premature mortality.

While the burden of diabetes and its complications are staggering, the U.S. Centers for Disease Control and Prevention (CDC) reports studies have found lifestyle changes that include moderate weight loss and exercise can prevent the onset of diabetes among adults at high risk. For people already living with diabetes, CDC concludes much of the burden can be prevented with early detection, improved delivery of care and better education about diabetes self-management.

The Illinois Department of Public Health, which was transferred the responsibilities for the Illinois State Diabetes Commission and the state's Diabetes Prevention and Control Program in July 2010 from the Illinois Department of Human Services, will work with its many partners throughout the state to strengthen diabetes surveillance, prevention and communications.

We look forward to continuing a partnership with you and the Illinois Department of Human Services, and a promising new relationship with the recently created General Assembly diabetes caucus to provide leadership to address the growing burden of diabetes and its complications.

Sincerely,

A handwritten signature in black ink that reads "Damon T. Arnold, M.D., MPH". The signature is written in a cursive, flowing style.

Damon T. Arnold, M.D., M.P.H.
Director, Illinois Department of Public Health
Chair, Illinois State Diabetes Commission

ILLINOIS STATE DIABETES COMMISSION MEMBERSHIP

Damon T. Arnold, M.D., M.P.H., Illinois Department of Public Health, Chair

Thomas L. Pitts, M.D., Northwestern University Feinberg School of Medicine, Co-chair

Kimbra Bell, M.D., Northwestern University Feinberg School of Medicine

Karen Chapman-Novakofski, RD, Ph.D., University of Illinois, Urbana-Champaign

State Rep. Tom Cross, 84th District

Jay Gandhi, PharmD, CDM, Fidelis SeniorCare Inc.

Fil Guipoco, M. A., American Heart Association

Neil Horsley, M.D., Rosalind Franklin University of Medicine and Science

Patricia Horton, Representing the Public with Diabetes

State Sen. Mattie Hunter, 3rd District

Rosemary F. Jaffe, American Diabetes Assoc., Advocate, Representing the Public with Diabetes

Mary Kreiter, M.D., Pediatric Endocrinologist

Reverend David Kylo, Rehabilitation Institute of Chicago

Jacque McKernan, Ph.D., R.N., M.S., CDE, Edward Center for Diabetes Education

Luis MuZoz, M.D., Illinois Hispanic Physicians Association

Marla C. Solomon, RD, LDN, CDE, University of Chicago

Fred Wendler, Physical Therapist, Representing Public with Diabetes

Patrick W. Zeller, M.D., Edward Hospital/Central DuPage Hospital

ILLINOIS STATE DIABETES COMMISSION

The Illinois State Diabetes Commission was created in 2006 by Public Act 094-0788 to:

- Hold public hearings to gather information from the general public on issues pertaining to the prevention, treatment and control of diabetes.
- Develop a strategy for the prevention, treatment, and control of diabetes.
- Examine the needs of adults, children, racial and ethnic minorities, and medically underserved populations who have diabetes.

The commission was originally managed by the Illinois Department of Human Services (DHS), but, in 2010, Gov. Pat Quinn transferred oversight and support, through Executive Order 10-06, to the Illinois Department of Public Health (IDPH), effective July 1, 2010 (see page 11). The executive order also moved to IDPH the responsibility for the Illinois Diabetes Prevention and Control Program. The governor's action was further reinforced by PA 096-1406, which the governor signed into law July 29, 2010.

As a result of the executive order and the legislation, the chairperson for the 18-member commission passed from DHS Secretary Michelle R. B. Saddler to IDPH Director Damon T. Arnold, M.D., M.P.H. Dr. Arnold reappointed all the commission members to new terms.

The commission consists of physicians board certified in endocrinology, with at least one physician with expertise and experience in the treatment of childhood diabetes and at least one physician with expertise and experience in the treatment of adult onset diabetes; health care professionals with expertise and experience in the prevention, treatment and control of diabetes; representatives of organizations or groups that advocate on behalf of persons suffering from diabetes; and members of the public who have been diagnosed with diabetes.

The commission met just once in fiscal year 2011 due to a couple of factors – hiring of IDPH diabetes staff to support the panel and securing a quorum of commission members. While the diabetes program responsibilities were moved July 1, 2010, to IDPH, DHS staff accountable for the program did not transfer, necessitating IDPH to create and to seek approval for the hiring of three new positions. It took until Dec. 1, 2010, five months after the effective date of the executive order, for IDPH to have diabetes staff in place. Once staff was hired, attempts to schedule commission meetings were challenging due to scheduling conflicts and the requirement, devoid of bylaws, that a quorum of the members must be present in person. The commission did meet June 8, 2011, in Chicago, and approved bylaws that permit the group to gather either in person or by video or telephone conference, which should assist with scheduling meetings in the future. Two other meetings planned by Dr. Arnold for June 2011 were not held because of the inability to achieve a quorum. At the June 8 meeting, commission members heard an update on the activities of the Illinois Diabetes Prevention and Control Program, organized subcommittees and workgroups, and elected Thomas L. Pitts, M.D., Northwestern University Feinberg School of Medicine, as co-chair. While only one full meeting of the commission was held, members were able to participate in workgroups that reviewed diabetes program grant applications and other financial matters.

ILLINOIS DIABETES PREVENTION AND CONTROL PROGRAM

The Diabetes Prevention and Control Program awarded grants to organizations throughout the state to implement strategies for the prevention, treatment and control of diabetes. Funded sites work with and in community coalitions and collaborate with local organizations. Activities include hosting health fairs, flu clinics, cholesterol and diabetic screening clinics, adult wellness clinics and support groups. These outreach activities included education on risk factors, on treatment and on management of diabetes.

Illinois Tobacco Quitline

The Illinois Tobacco Quitline, which is operated by the American Lung Association through an IDPH grant, was available to grantees to refer people with diabetes who smoke to quitline services and to community smoking cessation programs. This activity is to be expanded in fiscal year 2012 and tracked for the number of people with diabetes who smoke and who were referred to the quitline, who called the quitline, who initiated a smoking cessation program and who quit and remained tobacco free for at least seven months. National Diabetes Education Program materials will be provided to diabetic smokers. Grantees will be responsible for supplying the quitline with community-based resource information, such as smoking cessation programs and chronic disease self-management and diabetes self-management programs.

Public Awareness and Education

The Chicago Access Network (CAN) TV was used to increase public awareness regarding diabetes and its risk factors through a television series and an interactive bulletin board. CAN TV remains an option for future grantees in the Chicago area.

The Illinois Primary Health Care Association, which funds federally qualified health care centers, provided diabetes related materials to community health centers through its biweekly e-mail update.

The National Kidney Foundation of Illinois offered advocacy training in February for members of the Gift of Life Advocates and the Illinois Diabetes Policy Coalition. *The Power of the Primary Care Provider to Alter the Course of Diabetic Kidney Disease* series was developed to assist physicians, nurses and physician assistants who practice in primary care settings to have easy access to continuing education programs related to diabetes and chronic kidney disease through live presentations at local hospitals and through webinars. The program makes tools available for professionals to assist with detecting kidney disease earlier and to enhance current treatment methods for patients with chronic kidney disease through aggressive treatment of diabetes and high blood pressure.

Diabetes Coalitions

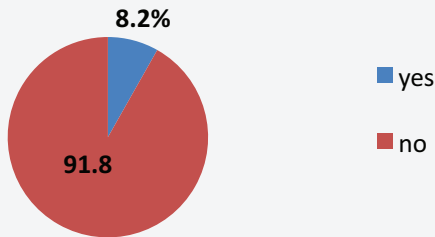
Prior to the transfer of the diabetes program to IDPH, grantees received *Diabetes Today* training. *Diabetes Today* offers information on how to develop, to maintain and to manage diabetes coalitions, and to advocate for people who have diabetes or at risk of the disease. Grantees developed a coalition, completed a needs assessment and determined a priority focus area for their diabetes efforts in relation to Diabetes Alert Day and National Diabetes Month. The local coalitions are a driving force for diabetes prevention and control.

DIABETES BURDEN IN ILLINOIS

The U.S. Centers for Disease Control and Prevention (CDC) reports 25.8 million people (8.3% of the population) in the nation have diabetes and 7 million remain undiagnosed. According to the 2009 Illinois Behavioral Risk Factor Surveillance System (BRFSS), 8.2 percent of Illinois adults, 789,131 people, have ever been told they have diabetes by a health care professional. An additional 510,413 people (5.7%) of adults in Illinois have ever been told they have pre-diabetes. Pre-diabetes occurs when a person’s blood glucose levels are higher than normal, but not high enough for a diagnosis of diabetes.

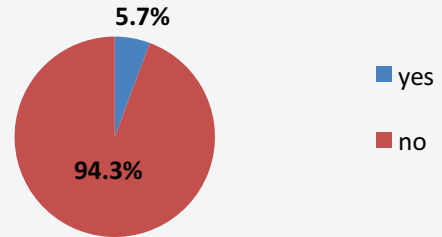
Demographics

Percent of Illinois Adults Who Have Ever Been Told They Have Diabetes



Source: Illinois Behavioral Risk Factor Surveillance System, 2009

Percent of Illinois Adults Who Have Ever Been Told They Have Prediabetes



Source: Illinois Behavioral Risk Factor Surveillance System, 2009

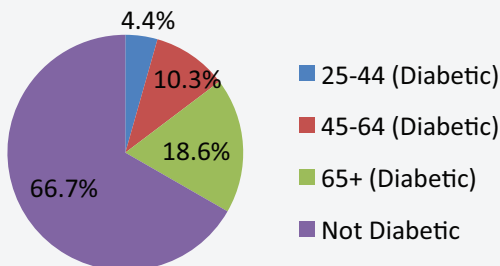
Age

The prevalence of diabetes increases with age. Of Illinois adults with diabetes, 10.3 percent are between 45-64 years of age; 18.6 percent are 65 years of age or older.

Gender

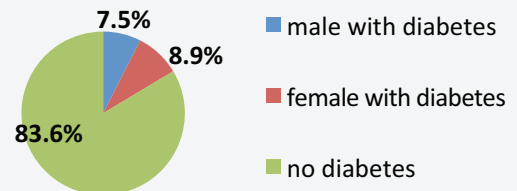
More females (8.9%) than males (7.5%) are diagnosed with diabetes.

Percent of Illinois Adults Who Have Ever Been Told They Have Diabetes, by Age Groups



Source: Illinois Behavioral Risk Factor Surveillance System, 2009

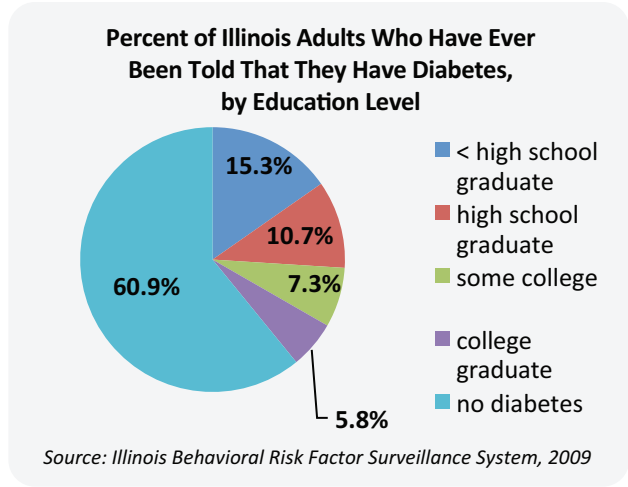
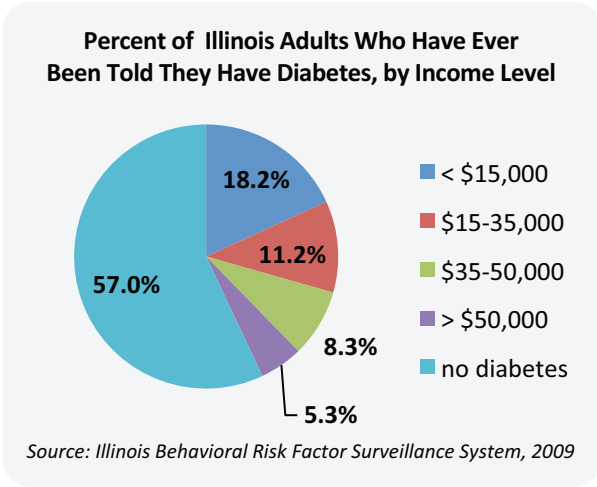
Percent of Illinois Adults Who Have Ever Been Told They Have Diabetes, by Gender



Source: Illinois Behavioral Risk Factor Surveillance System, 2009

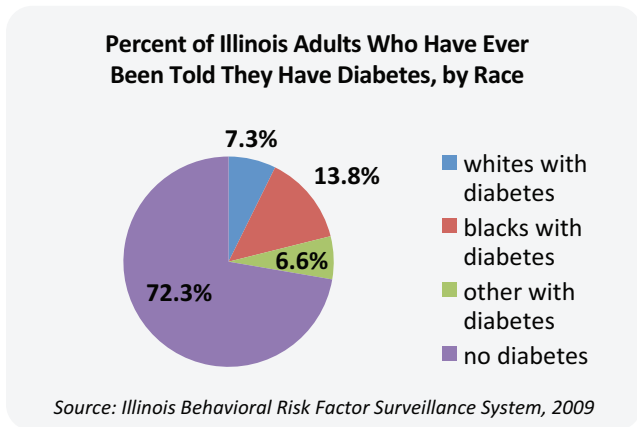
Socioeconomic Status

The prevalence of diabetes may be associated with socioeconomic factors, such as income and education. Of Illinois adults with household income less than \$15,000, 18.2 percent have diabetes compared to 5.3 percent who have an income higher than \$50,000. The prevalence of diabetes is higher for adult Illinoisans with less than a high school degree (15.3%) compared to those who have graduated from college (5.8%).



Race

Diabetes is more prevalent in certain population sub-groups. In 2009, the prevalence of diagnosed diabetes was higher among African Americans (13.8%), as compared to whites (7.3%).



Children With Diabetes

SEARCH for Diabetes in Youth is a multicenter study funded by CDC and the National Institutes of Health to examine the two main types of diabetes (type 1 and type 2) among children and adolescents in the United States. SEARCH findings for 2002-2005 (the most recent data available) include:

- Among youth aged 10 years or older, the rate of new cases was 18.6 per 100,000 each year for type 1 diabetes and 8.5 per 100,000 for type 2 diabetes.
- Non-Hispanic white youth had the highest rate of new cases of type 1 diabetes (24.8 per 100,000 per year among those younger than 10 years and 22.6 per 100,000 per year among those aged 10 to 19 years).
- Among non-Hispanic white youth aged 10 to 19 years, the rate of new cases was higher for type 1 than for type 2 diabetes. For Asian/Pacific Islander and American Indian youth aged 10 to 19 years, the opposite was true; the rate of new cases was greater for type 2 than for type 1 diabetes. Among non-Hispanic black and Hispanic youth aged 10 to 19 years, the rates of new cases of type 1 and type 2 diabetes were similar.

The last 30 years has seen a threefold increase in the number of cases of childhood diabetes. This correlates to the rising trend of overweight/obese children. The prevalence of obesity among children aged 6 to 11 has more than doubled in the past 20 years, while the rate among adolescents aged 12 to 19 has more than tripled, according to the U.S. Centers for Disease Control and Prevention. It is now estimated that 1 in 3 U.S. children born since 2000 could develop diabetes during their lifetime.

Many cases of type II childhood diabetes may be prevented with lifestyle changes including a nutritionally balanced diet, increasing physical activity, and maintaining a healthy weight.

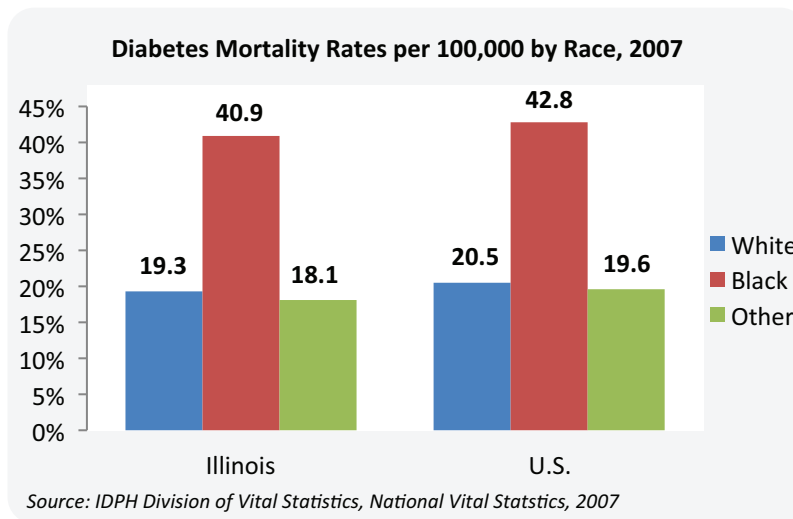
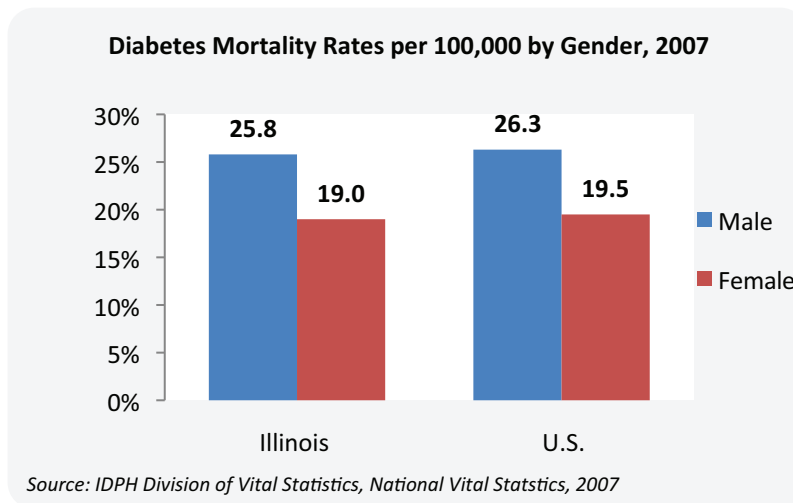
Type 1 diabetes, formerly called juvenile diabetes or insulin dependent diabetes, is usually first diagnosed in children, teenagers or young adults. With this form of diabetes, the body produces little or no insulin and patients must regularly dose themselves with the hormone. Type 2 diabetes, formerly known as adult onset diabetes or noninsulin-dependent diabetes, can develop at any age, and is the most common form of diabetes, accounting for 90 percent of diabetes cases. Individuals who are overweight or inactive are three times more likely to develop type 2 diabetes than people who are not. It is not surprising that the number of people with type 2 diabetes is increasing as obesity rates soar. Type 2 diabetes used to appear often in people older than 40, but it is now being found in younger people and is even being diagnosed among children and teens.

Diabetes Mortality

According to the IDPH Center for Health Statistics, in 2007, the diabetes adult mortality rate was 21.8 per 100,000 compared to the national rate of 22.5. Based on the same 2007 Illinois mortality data:

The mortality rate for males (25.8 per 100,000) was higher than for females (19 per 100,000)
The mortality rate for blacks (40.9 per 100,000) was higher than for whites (19.3 per 100,000)

The incidence of diabetes related deaths (per 100,000) were higher for males, both at the state (25.8) and national level (26.3) compared to that of females (19 and 19.5 respectively). Incidence of diabetes related deaths (per 100,000) were higher for blacks, both at the state (40.9) and national level (42.8), compared to whites (19.3 and 20.5 respectively), making blacks the most at-risk racial category.



Diabetes Cost

The American Diabetes Association's (ADA) Diabetes Cost Calculator estimates the costs of diabetes at the national and state levels. People with diagnosed diabetes, on average, have medical expenditures approximately 2.3 times higher than the expenditures would be in the absence of diabetes. Direct costs pertain to the medical expenditures incurred with treating and controlling the symptoms and complications of diabetes. Indirect costs include increased factors, such as absenteeism, reduced productivity and lost productive capacity due to early mortality. According to the ADA, the estimated total cost of diabetes in 2007 for the United States was \$174 billion, including \$116 billion in excess medical expenditures and \$58 billion in reduced national productivity. The total cost of diabetes for people in Illinois in 2006 was estimated at \$7.3 billion. This estimate includes excess medical costs of \$4.8 billion attributed to diabetes, and lost productivity valued at \$2.5 billion.

FUTURE PLANS

The Illinois State Diabetes Commission intends to meet later this year to begin crafting a strategic plan to establish a roadmap for the group to travel in the coming years. A professional facilitator, identified by CDC, will lead the discussion. The commission also will be involved in selecting potential grantees funded through either federal monies or state taxpayer checkoff contributions, and monitoring spending from current grant recipients.

As required by statute, the commission will schedule and hold public hearings to gather information from the general public on issues pertaining to the prevention, treatment and control of diabetes.

The IDPH diabetes program is in the process of screening potential grantees to use existing systems and infrastructure to implement evidence- and practice-based interventions to reduce the burden of diabetes. Integrating and promoting diabetes related initiatives into existing programs, services and infrastructure increases sustainability of diabetes prevention and control efforts. Grantees, regardless of their funding level, will be required to direct efforts in three areas of intervention: Chronic Disease Self-management Program/Diabetes Self-management Programs (CDSMP/DSMP), Illinois Tobacco Quitline and Public Awareness/Coalition Support .

The diabetes program will work with communities to provide diabetes prevention and control strategies to help people with diabetes better manage the disease and to help those at high risk for developing diabetes change their lifestyles to reduce the risk.

Collaboration efforts will continue with other IDPH chronic disease programs to ensure maximum reach in Illinois. Information regarding the nature and extent of diabetes, underlying causes and prevention of diabetes and chronic disease risk factors will be promoted through integration with IDPH programs, including asthma, arthritis, tobacco control and prevention, comprehensive cancer, cardiovascular health, and physical activity and nutrition. A chronic disease burden report, which is in the draft stages, is scheduled to be published in 2012 and include a section on diabetes.

EXECUTIVE ORDER TO TRANSFER FUNCTIONS FROM THE DEPARTMENT OF HUMAN SERVICES TO THE DEPARTMENT OF PUBLIC HEALTH

WHEREAS, the Illinois Department of Human Services (DHS) makes grants from the Diabetes Research Checkoff Fund, a special fund in the State treasury, to public or private entities in Illinois for the purpose of funding research concerning diabetes; and

WHEREAS, DHS, through its public health promotion programs and materials, directs information on diabetes, asthma, and pulmonary disorder prevention toward population groups in Illinois that are considered at high risk of developing these diseases; and

WHEREAS, DHS supports and staffs the Illinois State Diabetes Commission, which is chaired by the Secretary of DHS and whose members are appointed by the Secretary; and

WHEREAS, the Illinois Department of Public Health (DPH) has general supervision of the health and welfare of the people of Illinois; and

WHEREAS, one of the missions of DPH is to educate the general public in matters pertaining to health, by publishing and distributing materials relating to the prevention and control of diseases; and

WHEREAS, DPH has considerable experience awarding grants to public or private agencies and organizations for the development of health programs or services; and

WHEREAS, transferring the diabetes-related grant program; the diabetes, asthma, and pulmonary disorder educational prevention functions; and the Illinois State Diabetes Commission, all described above, from DHS to DPH will be beneficial to both Departments and the people of the State of Illinois; and

WHEREAS, Article V, Section 11 of the Illinois Constitution provides that the Governor, by Executive Order, may reassign functions among or reorganize executive agencies which are directly responsible to him; and

WHEREAS, Section 3.2 of Executive Reorganization Implementation Act, 15 ILCS 15/3.2, provides that “Reorganization” includes, in pertinent part, (a) the transfer of the whole or any part of any agency, or of the whole or any part of the functions thereof, to the jurisdiction and control of any other agency, and (b) the abolition of the whole or any part of any agency which does not have, or upon the taking effect of such reorganization will not have, any functions; and

WHEREAS, DHS is an executive agency directly responsible to the Governor; and

WHEREAS, DPH is an executive agency directly responsible to the Governor;

THEREFORE, pursuant to the powers vested in me by Article V, Section 11 of the Illinois Constitution, I, Patrick J. Quinn, Governor of Illinois, hereby order:

I. TRANSFER OF PROGRAM FUNCTIONS FROM DHS TO DPH

- a. Effective July 1, 2010, all program functions performed by DHS pursuant to Sections 10-9 and 10-10 of the Department of Human Services Act, 20 ILCS 1305/1-1 *et seq.*, and Public Act 094-0788, together with all of the powers, duties, rights, and responsibilities of DHS relating to those functions are transferred from DHS to DPH.

- b. Effective July 1, 2010, DPH shall make grants from appropriations from the Diabetes Research Checkoff Fund to recognized public or private entities in Illinois for the purpose of funding research concerning the disease of diabetes. At least 50% of the grants made from the Fund shall be made to entities that conduct research for juvenile diabetes. For these purposes, the term “research” includes, without limitation, expenditures to develop and advance the understanding, techniques, and modalities effective in the detection, prevention, screening, management, and treatment of diabetes and may include clinical trials in Illinois. Moneys received for this purpose, including, without limitation, income tax checkoff receipts and gifts, grants, and awards from any public or private person or entity, shall be deposited into the Fund. Any interest earned on moneys in the Fund must be deposited into the Fund.
- c. Effective July 1, 2010, DPH shall include within its public health promotion programs and materials information to be directed toward population groups in Illinois that are considered at high risk of developing diabetes, asthma, and pulmonary disorders, such as Hispanics, people of African descent, the elderly, obese individuals, persons with high blood sugar content, and persons with a family history of diabetes. The information shall inform members of such high risk groups about the causes and prevention of diabetes, asthma, and pulmonary disorders, the types of treatment for these diseases, and how treatment may be obtained. By February 15, 2011, and each February 15 thereafter, DPH shall file a report with the General Assembly concerning its activities and accomplishments as to these educational prevention efforts during the previous calendar year.
- d. Effective July 1, 2010, the Illinois State Diabetes Commission is reconstituted within DPH.
 1. Members. The Commission shall consist of members that are residents of this State and shall include an Executive Committee appointed by the Director of DPH. The members of the Commission shall be appointed by the Director of DPH as follows:
 - i. The Director of DPH or the Director’s designee, who shall serve as chairperson of the Commission.
 - ii. Physicians who are board certified in endocrinology, with at least one physician with expertise and experience in the treatment of childhood diabetes and at least one physician with expertise and experience in the treatment of adult onset diabetes.
 - iii. Health care professionals with expertise and experience in the prevention, treatment, and control of diabetes.
 - iv. Representatives of organizations or groups that advocate on behalf of persons suffering from diabetes.
 - v. Representatives of voluntary health organizations or advocacy groups with an interest in the prevention, treatment, and control of diabetes.
 - vi. Members of the public who have been diagnosed with diabetes.

The Director of DPH may appoint additional members deemed necessary and appropriate by the Director.

2. Appointments. Members of the Commission shall be appointed within 60 days after the effective date of this Executive Order. A member shall continue to serve until his or her successor is duly appointed and qualified.
 3. Meetings. Meetings shall be held 3 times per year or at the call of the Commission chairperson.
 4. Reimbursement. Members shall serve without compensation but shall, subject to appropriation, be reimbursed for reasonable and necessary expenses actually incurred in the performance of the member's official duties.
 5. Department Support of Commission. DPH shall provide administrative support and current staff as necessary for the effective operation of the Commission.
 6. Duties. The Commission shall perform all of the following duties:
 - i. Hold public hearings to gather information from the general public on issues pertaining to the prevention, treatment, and control of diabetes.
 - ii. Develop a strategy for the prevention, treatment, and control of diabetes in this State.
 - iii. Examine the needs of adults, children, racial and ethnic minorities, and medically underserved populations who have diabetes.
 - iv. Prepare and make available an annual report on the activities of the Commission to the Director of Public Health, the Speaker of the House of Representatives, the Minority Leader of the House of Representatives, the President of the Senate, the Minority Leader of the Senate, and the Governor by June 30 of each year, beginning on June 30, 2011.
 7. Funding. DPH may accept on behalf of the Commission any federal funds or gifts and donations from individuals, private organizations, and foundations and any other funds that may become available.
- e. DHS and DPH shall cooperate to ensure that the transfer of these functions is completed as soon as practical.

II. EFFECT OF TRANSFER

- a. Neither the functions transferred by this Executive Order from DHS to DPH, nor any powers, duties, rights, and responsibilities related to those functions, shall be affected by this Executive Order, except that they shall all be performed or exercised by DPH from the effective date of the transfer.
- b. The staff of DHS engaged in the performance of the transferred functions may be transferred to DPH. The status and rights of such employees under the Personnel Code shall not be affected by the transfers. The rights of the employees, the State of Illinois and its agencies under the Personnel Code and applicable collective bargaining agreements or under any pension, retirement, or annuity plan shall not be affected by this Executive Order.
- c. All books, records, papers, documents, property (real and personal), contracts, and pending business pertaining to the functions transferred by this Executive Order from

DHS to DPH, including but not limited to material in electronic or magnetic format and necessary computer hardware and software, shall be transferred to DPH. The transfer of that information shall not, however, violate any applicable confidentiality constraints.

- d. All unexpended appropriation balances and other funds available to DHS for use in connection with the functions transferred by this Executive Order shall be transferred and made available to DPH for use in connection with the functions transferred by this Executive Order. Unexpended balances so transferred shall be expended only for the purpose for which the appropriations were originally made.

III. SAVINGS CLAUSE

- a. The powers, duties, rights, and responsibilities relating to the functions transferred from DHS to DPH by this Executive Order shall be vested in and shall be exercised by DPH. Each act done in exercise of such powers, duties, rights, and responsibilities shall have the same legal effect as if done by DHS or its divisions, officers, or employees.
- b. Every officer of DPH shall, for any offense, be subject to the same penalty or penalties, civil or criminal, as are prescribed by existing laws for the same offense by any officer whose powers or duties were transferred under this Executive Order.
- c. Whenever reports or notices are now required to be made or given or papers or documents furnished or served by any person to or upon DHS in connection with any of the functions transferred by this Executive Order, the same shall be made, given, furnished, or served in the same manner to or upon DPH.
- d. This Executive Order shall not affect any act done, ratified, or canceled, or any right occurring or established or any action or proceeding had or commenced in an administrative, civil, or criminal case regarding the functions of DHS before this Executive Order takes effect; such actions may be prosecuted or continued by DPH.
- e. Any rules of DHS that relate to the functions transferred by this Executive Order that are in full force on the effective date of this Executive Order, and that have been duly adopted by DPH, shall become the rules of DPH. This Executive Order shall not affect the legality of any such rules in the Illinois Administrative Code. Any proposed rules filed with the Secretary of State by DHS that are pending in the rulemaking process on the effective date of this Executive Order, and that pertain to the functions transferred, shall be deemed to have been filed by DPH. As soon as practicable hereafter, DPH shall revise and clarify the rules transferred to it under this Executive Order to reflect the reorganization of rights, powers, and duties affected by this Order, using the procedures for recodification of rules available under the Illinois Administrative Procedures Act, except that existing title, part, and section numbering for the affected rules may be retained. DPH, consistent with DHS' authority to do so, may propose and adopt under the Illinois Administrative Procedures Act such other rules of DHS that will now be administered by DPH. To the extent that, prior to the effective date of the transfers, the Secretary of DHS had been empowered to prescribe regulations or had other authority with respect to the transferred functions, such duties shall be exercised from and after the effective date of the transfer by the Director of DPH.

- f. For the purposes of the Successor Agency Act, DPH is declared to be the successor agency of DHS, but only with respect to the functions that are transferred to DPH by this Executive Order.
- g. Whenever a provision of law refers to DHS in connection with its performance of a function that is transferred to DPH by this Executive Order, that provision shall be deemed to refer to DPH on and after the effective date of this Executive Order.

IV. SEVERABILITY

If any provision of this Executive Order or its application to any person or circumstance is held invalid by any court of competent jurisdiction, this invalidity does not affect any other provision or application of this Executive Order which can be given effect without the invalid provision or application. To achieve this purpose, the provisions of this Executive Order are declared to be severable.

Pat Quinn
Governor

Issued by the Governor: April 1, 2010
Filed with the Secretary of State: April 1, 2010

Sources

- National Health Interview Survey (NHIS), 2010: <http://www.cdc.gov/nchs>
- Illinois Behavioral Risk Factor Surveillance System (BRFSS), 2009: <http://app.idph.state.il.us/brfss/>
- Illinois Department of Public Health and Illinois Department of Human Services, 2009-Local Health Departments Cornerstone Database System
- U.S. Centers for Disease Control and Prevention (CDC) 2011 National Diabetes Factsheet: http://www.cdc.gov/diabetes/pubs/pdf/ndfs_2011.pdf
- SEARCH for Diabetes in Youth: <http://www.searchfordiabetes.org/>
- National Vital Statistics: <http://www.cdc.gov/nchs/nvss.htm>
- American Diabetes Association Cost Calculator: <http://www.diabetesarchive.net/advocacy-and-legalresources/cost-of-diabetes.jsp>

