

AN ACT concerning education.

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

Section 5. The Department of Public Health Powers and Duties Law of the Civil Administrative Code of Illinois is amended by changing Section 2310-220 as follows:

(20 ILCS 2310/2310-220) (was 20 ILCS 2310/55.73)

Sec. 2310-220. Findings; rural obstetrical care. The General Assembly finds that substantial areas of rural Illinois lack adequate access to obstetrical care. The primary cause of this problem is the absence of qualified practitioners who are willing to offer obstetrical services. A significant barrier to recruiting and retaining those practitioners is the high cost of professional liability insurance for practitioners offering obstetrical care.

Therefore, the Department, from funds appropriated for that purpose, shall award grants to physicians practicing obstetrics in rural designated shortage areas, as defined in Section 3.04 of the Underserved Physician Workforce ~~Family Practice Residency~~ Act, for the purpose of reimbursing those physicians for the costs of obtaining malpractice insurance relating to obstetrical services. The Department shall establish reasonable conditions, standards, and duties

relating to the application for and receipt of the grants.

(Source: P.A. 91-239, eff. 1-1-00.)

Section 10. The Family Practice Residency Act is amended by changing the title of the Act and Sections 1, 2, 3.03, 3.06, 3.07, 3.09, 4.01, 4.02, 4.07, 4.10, 4.11, 5, 6, and 9 and by adding Section 3.10 as follows:

(110 ILCS 935/Act title)

An Act to provide grants for primary care and other family practice residency programs, ~~and~~ medical student scholarships, ~~and loan repayment assistance~~ through the Illinois Department of Public Health.

(110 ILCS 935/1) (from Ch. 144, par. 1451)

Sec. 1. This Act shall be known and may be cited as the Underserved Physician Workforce Act ~~"Family Practice Residency Act"~~.

(Source: P.A. 80-478.)

(110 ILCS 935/2) (from Ch. 144, par. 1452)

Sec. 2. The purpose of this Act is to establish programs in the Illinois Department of Public Health to upgrade ~~primary~~ health care services for all citizens of the State, to increase access, and to reduce health care disparities by providing grants to ~~family practice and preventive medicine~~ residency

programs, scholarships to medical students, and a loan repayment program for ~~physicians and other~~ eligible health ~~primary~~ care providers who will agree to practice in areas of the State demonstrating the greatest need for more professional medical care. The programs shall encourage ~~family practice~~ ~~physicians and other~~ eligible health care ~~primary care~~ providers to locate in areas where health manpower shortages exist and to increase the total number of ~~family practice~~ ~~physicians and other~~ eligible health care ~~primary care~~ providers in the State.

(Source: P.A. 98-674, eff. 6-30-14.)

(110 ILCS 935/3.03) (from Ch. 144, par. 1453.03)

Sec. 3.03. "Committee" means the Advisory Committee for ~~Family Practice~~ Residency Programs created by this Act.

(Source: P.A. 80-478.)

(110 ILCS 935/3.06) (from Ch. 144, par. 1453.06)

Sec. 3.06. "Residency ~~Family practice residency~~ program" means a program accredited by the Accreditation Council for Graduate Medical Education⁷ or the Committee on Postdoctoral Training of the American Osteopathic Association.

(Source: P.A. 84-1341.)

(110 ILCS 935/3.07) (from Ch. 144, par. 1453.07)

Sec. 3.07. "Eligible medical student" means a person who

meets all of the following qualifications:

(a) he or she is an Illinois resident at the time of application for a scholarship under the program established by this Act;

(b) he or she is studying medicine in a medical school located in Illinois;

(c) he or she exhibits financial need as determined by the Department; and

(d) he or she agrees to practice full-time in a Designated Shortage Area as a primary care physician, general surgeon, emergency medicine physician, or obstetrician one year for each year he or she is a scholarship recipient.

(Source: P.A. 84-1341.)

(110 ILCS 935/3.09)

Sec. 3.09. Eligible health care provider ~~primary care providers~~. "Eligible health care provider ~~primary care providers~~" means a primary care physician, general surgeon, emergency medicine physician, or obstetrician ~~health care providers within specialties determined to be eligible by the U.S. Health Resources and Services Administration for the National Health Service Corps Loan Repayment Program.~~

(Source: P.A. 98-674, eff. 6-30-14.)

(110 ILCS 935/3.10 new)

Sec. 3.10. Primary care physician. "Primary care physician" means a general internist, family physician, or general pediatrician.

(110 ILCS 935/4.01) (from Ch. 144, par. 1454.01)

Sec. 4.01. To allocate funds to ~~family practice~~ residency programs according to the following priorities:

(a) to increase the number of eligible health care providers ~~family practice physicians~~ in Designated Shortage Areas;

(b) (blank); ~~to increase the percentage of obstetricians establishing practice within the State upon completion of residency;~~

(c) to increase the number of accredited, eligible health care provider ~~family practice~~ residencies within the State;

(d) to increase the percentage of eligible health care providers ~~family practice physicians~~ establishing practice within the State upon completion of residency; and

(e) to provide funds for rental of office space, purchase of equipment, and other uses necessary to enable eligible health care providers ~~family practitioners~~ to locate their practices in communities located in designated shortage areas.

(Source: P.A. 86-1384.)

(110 ILCS 935/4.02) (from Ch. 144, par. 1454.02)

Sec. 4.02. To determine the procedures for the distribution of the funds to ~~family practice~~ residency programs, including the establishment of eligibility criteria in accordance with the following guidelines:

(a) preference for programs which are to be established at locations which exhibit potential for extending eligible health care provider ~~family practice physician~~ availability to Designated Shortage Areas;

(b) preference for programs which are located away from communities in which medical schools are located; and

(c) preference for programs located in hospitals having affiliation agreements with medical schools located within the State.

In distributing such funds, the Department may also consider as secondary criteria whether a ~~family practice~~ residency program has:

(1) Adequate courses of instruction in the behavioral sciences;

(2) Availability and systematic utilization of opportunities for residents to gain experience through local health departments or other preventive or occupational medical facilities;

(3) A continuing program of community-oriented research in such areas as risk factors in community populations, immunization levels, environmental hazards,

or occupational hazards;

(4) Sufficient mechanisms for maintenance of quality training, such as peer review, systematic progress reviews, referral system, and maintenance of adequate records; and

(5) An appropriate course of instruction in societal, institutional, and economic conditions affecting a rural health care ~~family~~ practice.

(Source: P.A. 81-321.)

(110 ILCS 935/4.07) (from Ch. 144, par. 1454.07)

Sec. 4.07. To coordinate the ~~family~~ residency grants program established under this Act with the program administered by the Illinois Board of Higher Education under the "Health Services Education Grants Act".

(Source: P.A. 80-478.)

(110 ILCS 935/4.10) (from Ch. 144, par. 1454.10)

Sec. 4.10. To establish programs, and the criteria for such programs, for the repayment of the educational loans of ~~primary care physicians and other~~ eligible health ~~primary~~ care providers who agree to serve in Designated Shortage Areas for a specified period of time, no less than 2 years. Payments under this program may be made for the principal, interest, and related expenses of government and commercial loans received by the individual for tuition expenses, and all other reasonable

educational expenses incurred by the individual. Payments made under this provision shall be exempt from Illinois State Income Tax. The Department may use tobacco settlement recovery funding or other available funding to implement this Section.

(Source: P.A. 98-674, eff. 6-30-14.)

(110 ILCS 935/4.11) (from Ch. 144, par. 1454.11)

Sec. 4.11. To require ~~family practice~~ residency programs seeking grants under this Act to make application according to procedures consistent with the priorities and guidelines established in Sections 4.01 and 4.02 of this Act.

(Source: P.A. 80-478.)

(110 ILCS 935/5) (from Ch. 144, par. 1455)

Sec. 5. The Advisory Committee for ~~Family Practice~~ Residency Programs is created and shall consult with the Director in the administration of this Act. The Committee shall consist of 9 members appointed by the Director, 4 of whom shall be eligible health care providers ~~family practice physicians~~, one of whom shall be the dean or associate or deputy dean of a medical school in this State, and 4 of whom shall be representatives of the general public. Terms of membership shall be 4 years. Initial appointments by the Director shall be staggered, with 4 appointments terminating January 31, 1979 and 4 terminating January 31, 1981. Each member shall continue to serve after the expiration of his term until his successor has

been appointed. No person shall serve more than 2 terms. Vacancies shall be filled by appointment for the unexpired term of any member in the same manner as the vacant position had been filled. The Committee shall select from its members a chairman from among the eligible health care provider ~~family practice physician~~ members, and such other officers as may be required. The Committee shall meet as frequently as the Director deems necessary, but not less than once each year. The Committee members shall receive no compensation but shall be reimbursed for actual expenses incurred in carrying out their duties.

(Source: P.A. 92-635, eff. 7-11-02.)

(110 ILCS 935/6) (from Ch. 144, par. 1456)

Sec. 6. Residency ~~Family practice residency~~ programs seeking funds under this Act shall make application to the Department. The application shall include evidence of local support for the program, either in the form of funds, services, or other resources. The ratio of State support to local support shall be determined by the Department in a manner that is consistent with the purpose of this Act as stated in Section 2 of this Act. In establishing such ratio of State to local support, the Department may vary the amount of the required local support depending upon the criticality of the need for more professional health care services and the geographic location and the economic base of the Designated Shortage Area.

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(Source: P.A. 80-478.)

(110 ILCS 935/9) (from Ch. 144, par. 1459)

Sec. 9. The Department shall annually report to the General Assembly and the Governor the results and progress of the programs established by this Act on or before March 15th.

The annual report to the General Assembly and the Governor shall include the impact of programs established under this Act on the ability of designated shortage areas to attract and retain eligible ~~physicians and other~~ health care providers ~~personnel~~. The report shall include recommendations to improve that ability.

The requirement for reporting to the General Assembly shall be satisfied by filing copies of the report as required by Section 3.1 of the General Assembly Organization Act, and filing such additional copies with the State Government Report Distribution Center for the General Assembly as is required under paragraph (t) of Section 7 of the State Library Act.

(Source: P.A. 100-1148, eff. 12-10-18.)

(110 ILCS 935/7 rep.)

Section 15. The Family Practice Residency Act is amended by repealing Section 7.

Section 20. The Nurses in Advancement Law is amended by changing Section 1-20 as follows:

(110 ILCS 970/1-20) (from Ch. 144, par. 2781-20)

Sec. 1-20. Scholarship requirements. It shall be lawful for any organization to condition any loan or grant upon the recipient's executing an agreement to commit not more than 5 years of his or her professional career to the goals specifically outlined within the agreement including a requirement that recipient practice nursing or medicine in specifically designated practice and geographic areas.

Any agreement executed by an organization and any recipient of loan or grant assistance shall contain a provision for liquidated damages to be paid for any breach of any provision of the agreement, or any commitment contained therein, together with attorney's fees and costs for the enforcement thereof. Any such covenant shall be valid and enforceable in the courts of this State as liquidated damages and shall not be considered a penalty, provided that the provision for liquidated damages does not exceed \$2,500 for each year remaining for the performance of the agreement.

This Section shall not be construed as pertaining to or limiting any liquidated damages resulting from scholarships awarded under the Underserved Physician Workforce ~~Family Practice Residency~~ Act.

(Source: P.A. 92-651, eff. 7-11-02.)

Section 25. The Private Medical Scholarship Agreement Act

is amended by changing Section 3 as follows:

(110 ILCS 980/3) (from Ch. 144, par. 2703)

Sec. 3. Any such agreement executed by such an organization and any recipient of loan, grant assistance or recommendation may contain a provision for liquidated damages to be paid for any breach of any provision of the agreement, or any commitment contained therein, together with attorney's fees and costs for the enforcement thereof. Any such covenant shall be valid and enforceable in the courts of this State as liquidated damages and shall not be considered a penalty, provided that such provision for liquidated damages does not exceed \$2,500 for each year remaining for the performance of such agreement.

This Section shall not be construed as pertaining to or limiting any liquidated damages resulting from scholarships awarded under the Underserved Physician Workforce ~~"Family Practice Residency Act"~~, as amended.

(Source: P.A. 86-999.)

Section 30. The Illinois Public Aid Code is amended by changing Section 12-4.24a as follows:

(305 ILCS 5/12-4.24a) (from Ch. 23, par. 12-4.24a)

Sec. 12-4.24a. Report and recommendations concerning designated shortage area. The Illinois Department shall analyze payments made to providers of medical services under

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Article V of this Code to determine whether any special compensatory standard should be applied to payments to such providers in designated shortage areas as defined in Section 3.04 of the Underserved Physician Workforce ~~Family Practice Residency Act, as now or hereafter amended~~. The Illinois Department shall, not later than June 30, 1990, report to the Governor and the General Assembly concerning the results of its analysis, and may provide by rule for adjustments in its payment rates to medical service providers in such areas.

(Source: P.A. 92-111, eff. 1-1-02.)

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