

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 2310-213 as follows:

7 (20 ILCS 2310/2310-213 new)

8 Sec. 2310-213. Diversity in Health Care Professions Task  
9 Force.

10 (a) The Diversity in Health Care Professions Task Force is  
11 created. The Director shall serve as the chairperson and shall  
12 appoint the following members to the Task Force, licensed to  
13 practice in their respective fields in Illinois:

14 (1) 2 dentists.

15 (2) 2 medical doctors.

16 (3) 2 nurses.

17 (4) 2 optometrists.

18 (5) 2 pharmacists.

19 (6) 2 physician assistants.

20 (7) 2 podiatrists.

21 (8) 2 public health practitioners.

22 (b) The Task Force has the following objectives:

23 (1) Minority students pursuing medicine or healthcare

1 as a career option. The goal is to diversify the health  
2 care workforce by engaging students, parents, and the  
3 community to build an infrastructure that assists students  
4 in developing the skills necessary for careers in  
5 healthcare.

6 (2) Establishing a mentee/mentor relationship with  
7 current healthcare professionals and students, utilizing  
8 social media to communicate important messages and success  
9 stories, and holding a conference related to diversity and  
10 inclusion in healthcare professions.

11 (3) Early employment and support, including (i)  
12 researching and leveraging best practices, including  
13 recruitment, retention, orientation, workplace diversity,  
14 and inclusion training, (ii) identifying barriers to  
15 inclusion and retention, and (iii) proposing solutions.

16 (4) Healthcare leadership and succession planning,  
17 including:

18 (A) providing education, resources and tool kits  
19 to fully support, implement, and cultivate diversity  
20 and inclusion in Illinois health-related professions  
21 through coordination of resources from professional  
22 health care leadership organizations;

23 (B) developing healthy work environments,  
24 leadership training on culture, diversity, and  
25 inclusion; and

26 (C) obtaining workforce development concentrated

1           on graduate and post-graduate education and succession  
2           planning.

3           (c) The Task Force may collaborate with policy makers,  
4           medical and specialty societies, national minority  
5           organizations, and other groups to achieve greater diversity in  
6           medicine and the health professions.

7           The Task Force's priorities are:

8           (1) Affirmative action programs should be designed to  
9           promote the entry of racial and ethnic minority students  
10           into medical school, as well as other specialized training  
11           programs for other health professions.

12           (2) Recruitment activities should support and advocate  
13           for the full spectrum of racial, ethnic, and cultural  
14           diversity, including language, national origin, and  
15           religion within the healthcare profession. These  
16           activities should maintain the high quality of the health  
17           care workforce and encourage individuals from all  
18           backgrounds to enter careers in healthcare.

19           (3) Recruitment and academic preparations of  
20           underrepresented minority students should begin in  
21           elementary school and continue through the entire scope of  
22           their education and professional formation. Efforts to  
23           recruit minority students into the various health care  
24           professions should be targeted appropriately at each  
25           educational level.

26           (4) Financial incentives should be increased to

1 minority students, including federal funding for diversity  
2 programs, such as Title VII funding, loan forgiveness or  
3 repayment programs, and tuition reimbursement.

4 (5) Enhancing diversity within the healthcare  
5 workforce will require a commitment at the highest levels.  
6 To put this commitment into practice, educational and  
7 healthcare institutions, medical organizations, and other  
8 relevant bodies should hire staff who are responsible  
9 solely for the implementation, management, and evaluation  
10 of diversity programs and who are accountable to the  
11 organizational leadership. These programs should be  
12 integrated into the organization's operations and provided  
13 with an infrastructure adequate to implement and measure  
14 the effectiveness of their activities.

15 (6) Institutional commitments to improve workforce  
16 diversity must include a formal program or mechanism to  
17 ensure that racial, ethnic, and cultural minority  
18 individuals rise to leadership positions at all levels.

19 (7) Organizations with a stake in enhancing workforce  
20 diversity should implement systems to track data and  
21 information on race, ethnicity, and other cultural  
22 attributes.

23 (d) Task Force members shall serve without compensation but  
24 may be reimbursed for their expenses incurred in performing  
25 their duties. The Task Force shall meet at least quarterly and  
26 at other times as called by the chairperson.

1       (e) The Department of Public Health shall provide  
2 administrative and other support to the Task Force.

3       (f) The Task Force shall prepare a report that summarizes  
4 its work and makes recommendations resulting from its study.  
5 The Task Force shall submit the report of its findings and  
6 recommendations to the Governor and the General Assembly by  
7 December 1, 2020 and annually thereafter.