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10300HB2280ham001

LRB103 25652 SPS 58499 a

1 AMENDMENT TO HOUSE BILL 2280

2 AMENDMENT NO. _____. Amend House Bill 2280 by replacing
3 everything after the enacting clause with the following:

4 "Section 5. The Department of Professional Regulation Law
5 of the Civil Administrative Code of Illinois is amended by
6 adding Section 2105-15.8 as follows:

7 (20 ILCS 2105/2105-15.8 new)

8 Sec. 2105-15.8. Continuing education; health care cultural
9 competency.

10 (a) The General Assembly finds and declares the following:

11 (1) Health and equity and equitable access to
12 affirming health care are essential values of the State.
13 However, despite patient demographics in the State
14 changing rapidly since 2000, the State still does not have
15 a formal requirement for health care professionals to stay
16 abreast of the trends needed to meet the social and

1 cultural needs of an evolving patient base. This lack of
2 updated social and cultural knowledge by health care
3 professionals impacts communities of color, people of
4 diverse faiths, people with disabilities, immigrants with
5 or without status, people who are intersex, people living
6 with HIV, and LGBTQ+ people, among other populations.

7 (2) According to a citation in "I Am Not The Doctor For
8 You: Physicians' Attitudes About Caring for People With
9 Disabilities" in the October 2022 edition of Health
10 Affairs, regarding care for people with disabilities, only
11 41% of physicians reported that they were very confident
12 about their ability to provide the same quality of care to
13 people with disabilities as those without, and just 57% of
14 physicians strongly agreed that they welcomed people with
15 disabilities into their practices.

16 (3) According to the Center for American Progress,
17 about half of transgender people in the United States have
18 been mistreated by a health care professional. Per the
19 2015 U.S. Transgender Survey data for the State, 33% of
20 those who saw a health care provider in the past year
21 reported having at least one negative experience related
22 to being transgender, and 24% of respondents did not see a
23 doctor when they needed to because of fear of being
24 mistreated as a transgender person.

25 (4) According to a survey by Healthgrades in 2022, 25%
26 of patients said their doctors could benefit from more

1 training. The number jumps to 29% among non-white patients
2 in the survey.

3 (5) Many providers recognize the importance of
4 cultural competency for their personal education.
5 According to the Healthgrades survey, 31% of physicians
6 agree that their level of cultural competency can impact
7 their ability to provide optimal patient care somewhat or
8 a lot. Furthermore, the generational divide among
9 physicians is strong on additional training that would
10 better equip them to care for patients of different
11 gender, racial, sexual, or cultural identities. Two in 5
12 younger physicians with less than 10 years of training are
13 interested in additional training. Only one in 5 of older
14 physicians with more than 20 years of practice express
15 interest in cultural competency training.

16 (6) In 2019, the American Medical Association adopted
17 a policy that included recognition of the importance of
18 cultural competency to patient experience and treatment
19 plan adherence and encouraged the implementation of
20 cultural competency practices across health care settings.

21 (7) Furthermore, many thousands of health care
22 professionals in the State, including tens of thousands of
23 physicians and nurses, are already required to comply with
24 the cultural competency requirements in the State's
25 contract with managed care organizations, which states
26 that contractors shall implement a cultural competence

1 plan, and covered services shall be provided in a
2 culturally competent manner by ensuring the cultural
3 competence of all contractor staff, including clerical to
4 executive management, and providers.

5 (8) As a next step to ensuring all health care
6 professionals are trained and equipped in cultural
7 competency, the State should join jurisdictions like
8 Connecticut, New Jersey, and the District of Columbia to
9 require that health care professionals be trained in
10 cultural competency as part of continuing education.
11 Having such a requirement will increase the ability of
12 medical providers to meet the social and cultural needs of
13 their diversifying patient base.

14 (b) As used in this Section:

15 "Cultural competency" means a set of integrated attitudes,
16 knowledge, and skills that enables a health care professional
17 or organization to care effectively for patients from diverse
18 cultures, groups, and communities. "Cultural competency"
19 includes, but is not limited to: (i) applying linguistic
20 skills to communicate effectively with the target population;
21 (ii) utilizing cultural information to establish therapeutic
22 relationships; (iii) eliciting and incorporating pertinent
23 cultural data in diagnosis and treatment; and (iv)
24 understanding and applying cultural and ethnic data to the
25 process of clinic care.

26 "Health care professional" means a person licensed or

1 registered by the Department of Financial and Professional
2 Regulation under the Nurse Practice Act, the Clinical
3 Psychologist Licensing Act, the Illinois Dental Practice Act,
4 the Pharmacy Practice Act, the Illinois Physical Therapy Act,
5 the Physician Assistant Practice Act of 1987, the Acupuncture
6 Practice Act, the Illinois Athletic Trainers Practice Act, the
7 Clinical Social Work and Social Work Practice Act, the
8 Dietitian Nutritionist Practice Act, the Naprapathic Practice
9 Act, the Nursing Home Administrators Licensing and
10 Disciplinary Act, the Illinois Occupational Therapy Practice
11 Act, the Illinois Optometric Practice Act of 1987, the
12 Podiatric Medical Practice Act of 1987, the Respiratory Care
13 Practice Act, the Professional Counselor and Clinical
14 Professional Counselor Licensing and Practice Act, the Sex
15 Offender Evaluation and Treatment Provider Act, the Illinois
16 Speech-Language Pathology and Audiology Practice Act, the
17 Perfusionist Practice Act, the Genetic Counselor Licensing
18 Act, the Licensed Certified Professional Midwife Practice Act,
19 the Marriage and Family Therapy Licensing Act, the Behavior
20 Analyst Licensing Act, the Music Therapy Licensing and
21 Practice Act, the Environmental Health Practitioner Licensing
22 Act, the Orthotics, Prosthetics, and Pedorthics Practice Act,
23 and the Medical Practice Act of 1987.

24 (c) The cultural competency training required by this
25 Section shall include information on sensitivity relating to
26 and best practices for providing affirming care to people in

1 the person's preferred language, communities of color, people
2 of diverse faiths, people with disabilities, documented or
3 undocumented immigrants, people who are intersex, people
4 living with HIV, and people of diverse sexual orientations and
5 gender identities, including, but not limited to, lesbian,
6 gay, bisexual, transgender, queer, pansexual, asexual, and
7 questioning individuals.

8 (d) For every license or registration renewal occurring on
9 or after the effective date of this amendatory Act of the 103rd
10 General Assembly, a health care professional who has
11 continuing education requirements must complete at least 5
12 hours in cultural competency training.

13 (e) The hours required by this Section may count toward
14 meeting the minimum credit hours required for continuing
15 education. Any cultural competency training applied to meet
16 any other State licensure requirement, professional
17 accreditation or certification requirement, or health care
18 institutional practice agreement may count toward the
19 requirements under this Section.

20 (f) The Department may adopt rules for the implementation
21 and administration of this Section.

22 Section 99. Effective date. This Act takes effect January
23 1, 2024."