



103RD GENERAL ASSEMBLY

State of Illinois

2023 and 2024

HB5046

Introduced 2/8/2024, by Rep. Jenn Ladisch Douglass

SYNOPSIS AS INTRODUCED:

405 ILCS 100/10
405 ILCS 100/15
405 ILCS 100/35
405 ILCS 100/45 new

Amends the Psychiatry Practice Incentive Act. Provides that the Department of Public Health shall establish a Collaborative Care Demonstration Grant program and set criteria for the program. Provides that the Director of Public Health may establish a program, and criteria for the program, to provide grants, training, and technical assistance to eligible primary health care practices to support implementation of the program. Establishes the purposes and use of the grants. Provides that grants awarded under the program shall be for a minimum amount of \$100,000. Provides that the minimum award amount shall increase by \$1,000 per 1% share of patients to be seen by the awardee during the applicable grant period that are expected to be enrolled in Medicaid, up to \$500,000 total per award. Provides that the Director of Public Health may solicit proposals from and enter into grant agreements with eligible collaborative care technical assistance centers to provide technical assistance to primary health care practices on providing behavioral health integration services through the psychiatric Collaborative Care Model, including, but not limited to, recipients of grants under the program. Provides that the Director of Public Health may develop and implement a public awareness campaign to raise awareness about the psychiatric Collaborative Care Model. Provides that the program is subject to appropriation. Defines terms. Effective July 1, 2024.

LRB103 37749 RLC 67877 b

1 AN ACT concerning health.

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

4 Section 5. The Psychiatry Practice Incentive Act is
5 amended by changing Sections 10, 15, and 35 and by adding
6 Section 45 as follows:

7 (405 ILCS 100/10)

8 Sec. 10. Definitions. In this Act, unless the context
9 otherwise requires:

10 "Collaborative care technical assistance center" means a
11 health care organization that can provide educational support
12 and technical assistance related to the psychiatric
13 Collaborative Care Model, including an academic medical
14 center.

15 "Department" means the Department of Public Health.

16 "Director" means the Director of Public Health.

17 "Designated shortage area" means an area designated by the
18 Director as a psychiatric or mental health physician shortage
19 area, as defined by the United States Department of Health and
20 Human Services or as further defined by the Department to
21 enable it to effectively fulfill the purpose stated in Section
22 5 of this Act. Such areas may include the following:

23 (1) an urban or rural area that is a rational area for

1 the delivery of health services;

2 (2) a population group; or

3 (3) a public or nonprofit private medical facility.

4 "Eligible medical student" means a person who meets all of
5 the following qualifications:

6 (1) He or she is an Illinois resident at the time of
7 application for assistance under the program established
8 by this Act.

9 (2) He or she is studying medicine in a medical school
10 located in Illinois.

11 (3) He or she exhibits financial need, as determined
12 by the Department.

13 (4) He or she agrees to practice full time in a
14 designated shortage area as a psychiatrist for one year
15 for each year that he or she receives assistance under
16 this Act.

17 (5) He or she agrees to accept medical payments, as
18 defined in this Act, and to serve targeted populations.

19 "Medical facility" means a facility for the delivery of
20 health services. "Medical facility" includes a hospital, State
21 mental health institution, public health center, outpatient
22 medical facility, rehabilitation facility, long-term care
23 facility, federally-qualified health center, migrant health
24 center, community health center, community mental health
25 center, or State correctional institution.

26 "Medicaid" means the medical assistance program defined in

1 Article V of the Illinois Public Aid Code.

2 "Medical payments" means compensation provided to
3 physicians for services rendered under Article V of the
4 Illinois Public Aid Code.

5 "Medically underserved area" means an urban or rural area
6 designated by the Secretary of the United States Department of
7 Health and Human Services as an area with a shortage of
8 personal health services or as otherwise designated by the
9 Department of Public Health.

10 "Medically underserved population" means (i) the
11 population of an urban or rural area designated by the
12 Secretary of the United States Department of Health and Human
13 Services as an area with a shortage of personal health
14 services, (ii) a population group designated by the Secretary
15 of the United States Department of Health and Human Services
16 as having a shortage of personal health services, or (iii) as
17 otherwise designated by the Department of Public Health.

18 "Primary health care physician" means a person licensed to
19 practice medicine in all of its branches under the Medical
20 Practice Act of 1987 with board eligibility or certification
21 in the specialty of family medicine, internal medicine,
22 pediatrics, obstetrics, gynecology, or geriatrics, as defined
23 by recognized standards of professional medical practice.

24 "Primary health care practice" means a medical practice of
25 primary health care physicians, including a practice within a
26 larger health care system.

1 "Psychiatric Collaborative Care Model" means an
2 evidence-based, integrated behavioral health service delivery
3 method, which includes a formal collaborative arrangement
4 among a primary care team consisting of a primary care
5 provider, a care manager, and a psychiatric consultant as
6 defined in Section 356z.39 of the Illinois Insurance Code.

7 "Psychiatric physician" means a person licensed to
8 practice medicine in all of its branches under the Medical
9 Practice Act of 1987 with board eligibility or certification
10 in the specialty of psychiatry, as defined by recognized
11 standards of professional medical practice.

12 "Psychiatric practice residency program" means a program
13 accredited by the Residency Review Committee for Psychiatry of
14 the Accreditation Council for Graduate Medical Education or
15 the American Osteopathic Association.

16 "Targeted populations" means one or more of the following:
17 (i) a medically underserved population, (ii) persons in a
18 medically underserved area, (iii) an uninsured population of
19 this State, and (iv) persons enrolled in a medical program
20 administered by the Illinois Department of Healthcare and
21 Family Services.

22 "Uninsured population" means persons who (i) do not own
23 private health care insurance, (ii) are not part of a group
24 insurance plan, and (iii) are not eligible for any State or
25 federal government-sponsored health care program.

26 (Source: P.A. 96-1411, eff. 1-1-11.)

1 (405 ILCS 100/15)

2 Sec. 15. Powers and duties of the Department. The
3 Department shall have all of the following powers and duties:

4 (1) To allocate funds to psychiatric practice
5 residency and child and adolescent fellowship programs
6 according to the following priorities:

7 (A) to increase the number of psychiatric
8 physicians in designated shortage areas;

9 (B) to increase the percentage of psychiatric
10 physicians establishing practice within the State upon
11 completion of residency;

12 (C) to increase the number of accredited
13 psychiatric practice residencies within the State; and

14 (D) to increase the percentage of psychiatric
15 practice physicians establishing practice within the
16 State upon completion of residency.

17 (2) To determine the procedures for the distribution
18 of the funds to psychiatric residency programs, including
19 the establishment of eligibility criteria in accordance
20 with the following guidelines:

21 (A) preference for programs that are to be
22 established at locations that exhibit potential for
23 extending psychiatric practice physician availability
24 to designated shortage areas;

25 (B) preference for programs that are located away

1 from communities in which medical schools are located;
2 and

3 (C) preference for programs located in hospitals
4 that have affiliation agreements with medical schools
5 located within the State.

6 In distributing such funds, the Department may also
7 consider as secondary criteria whether or not a
8 psychiatric practice residency program has (i) adequate
9 courses of instruction in the child and adolescent
10 behavioral disorder sciences; (ii) availability and
11 systematic utilization of opportunities for residents to
12 gain experience through local health departments,
13 community mental health centers, or other preventive or
14 occupational medical facilities; (iii) a continuing
15 program of community oriented research in such areas as
16 risk factors in community populations; (iv) sufficient
17 mechanisms for maintenance of quality training, such as
18 peer review, systematic progress reviews, referral system,
19 and maintenance of adequate records; and (v) an
20 appropriate course of instruction in societal,
21 institutional, and economic conditions affecting
22 psychiatric practice.

23 (3) To receive and disburse federal funds in
24 accordance with the purpose stated in Section 5 of this
25 Act.

26 (4) To enter into contracts or agreements with any

1 agency or department of this State or the United States to
2 carry out the provisions of this Act.

3 (5) To coordinate the psychiatric residency grants
4 program established under this Act with other student
5 assistance and residency programs administered by the
6 Department and the Board of Higher Education under the
7 Health Services Education Grants Act.

8 (6) To design and coordinate a study for the purpose
9 of assessing the characteristics of practice resulting
10 from the psychiatric practice residency programs
11 including, but not limited to, information regarding the
12 nature and scope of practices, location of practices,
13 years of active practice following completion of residency
14 and other information deemed necessary for the
15 administration of this Act.

16 (7) To establish a program, and the criteria for such
17 program, for the repayment of the educational loans of
18 physicians who agree to (i) serve in designated shortage
19 areas for a specified period of time, no less than 3 years,
20 (ii) accept medical payments, as defined in this Act, and
21 (iii) serve targeted populations to the extent required by
22 the program. Payments under this program may be made for
23 the principal, interest, and related expenses of
24 government and commercial loans received by the individual
25 for tuition expenses and all other reasonable educational
26 expenses incurred by the individual. Payments made under

1 this provision are exempt from State income tax, as
2 provided by law.

3 (8) To require psychiatric practice residency programs
4 seeking grants under this Act to make application
5 according to procedures consistent with the priorities and
6 guidelines established in items (1) and (2) of this
7 Section.

8 (9) To adopt rules and regulations that are necessary
9 for the establishment and maintenance of the programs
10 required by this Act.

11 (10) To establish a Collaborative Care Demonstration
12 Grant program and set criteria for the program, as
13 described in Section 45.

14 (Source: P.A. 96-1411, eff. 1-1-11.)

15 (405 ILCS 100/35)

16 Sec. 35. Annual report. The Department may annually report
17 to the General Assembly and the Governor the results and
18 progress of all programs established under this Act.

19 The annual report to the General Assembly and the Governor
20 must include the impact of programs established under this Act
21 on the ability of designated shortage areas to attract and
22 retain physicians and other health care personnel and
23 integration of behavioral health care into primary care
24 settings in designated shortage areas. The report shall
25 include recommendations to improve that ability.

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

8 (Source: P.A. 99-933, eff. 1-27-17; 100-1148, eff. 12-10-18.)

9 (405 ILCS 100/45 new)

10 Sec. 45. Collaborative Care Demonstration Grants.

11 (a) The Director may establish a program and criteria for
12 the program to provide grants, training, and technical
13 assistance to eligible primary health care practices to
14 support implementation of the psychiatric Collaborative Care
15 Model.

16 (b) Grants awarded under subsection (a) may be used for
17 one or more of the following purposes:

18 (1) hiring staff;

19 (2) identifying and formalizing contractual
20 relationships with other health care providers, including
21 providers who will function as psychiatric consultants and
22 behavioral health care managers in providing behavioral
23 health integration services through the psychiatric
24 Collaborative Care Model;

25 (3) purchasing or maintaining software and other

1 resources needed to appropriately provide behavioral
2 health integration services through the Collaborative Care
3 Model, including resources needed to establish a patient
4 registry and implement measurement-based care; and

5 (4) for other purposes as the Director may determine
6 to be necessary.

7 (c) Grants awarded under subsection (a) shall be for a
8 minimum amount of \$100,000. The minimum award amount under
9 this subsection (c) shall increase by \$1,000 per 1% share of
10 patients to be seen by the awardee during the applicable grant
11 period that are expected to be enrolled in Medicaid, up to
12 \$500,000 total per award.

13 (d) The Director may solicit proposals from and enter into
14 grant agreements with eligible collaborative care technical
15 assistance centers to provide technical assistance to primary
16 health care practices on providing behavioral health
17 integration services through the psychiatric Collaborative
18 Care Model, including, but not limited to, recipients of
19 grants described in subsection (a). The technical assistance
20 center shall provide technical assistance to primary care
21 physicians for:

22 (1) developing financial models and budgets for
23 program launch and sustainability based on practice size;

24 (2) developing staffing models for essential staff
25 roles, including care managers and consulting
26 psychiatrists;

1 (3) providing information technology expertise to
2 assist with building the model requirements into
3 electronic health records, including assistance with care
4 manager tools, patient registry, ongoing patient
5 monitoring, and patient records;

6 (4) training support for all key staff and operational
7 consultation to develop practice workflows;

8 (5) establishing methods to ensure the sharing of best
9 practices and operational knowledge among primary care
10 physicians that provide behavioral health integration
11 services through the Collaborative Care Model; and

12 (6) for other purposes that the Director may determine
13 to be necessary.

14 (f) The Director may develop and implement a public
15 awareness campaign to raise awareness about the psychiatric
16 Collaborative Care Model.

17 (g) This Section is subject to appropriation.

18 Section 99. Effective date. This Act takes effect July 1,
19 2024.