

Rep. Gregory Harris

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1 AMENDMENT TO SENATE BILL 3062 2 AMENDMENT NO. . Amend Senate Bill 3062 by replacing everything after the enacting clause with the following: 3 "Section 5. The Department of Public Health Powers and 4 Duties Law of the Civil Administrative Code of Illinois is 5 amended by changing Section 2310-220 as follows: 6 7 (20 ILCS 2310/2310-220) (was 20 ILCS 2310/55.73) 8 Sec. 2310-220. Findings; rural obstetrical care. General Assembly finds that substantial areas of rural Illinois 9 10

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.

16 Therefore, the Department, from funds appropriated for

- 1 that purpose, shall award grants to physicians practicing
- obstetrics in rural designated shortage areas, as defined in 2
- 3 Section 3.04 of the Family Practice and Behavioral Health
- 4 Promotion Residency Act, for the purpose of reimbursing those
- 5 physicians for the costs of obtaining malpractice insurance
- 6 relating to obstetrical services. The Department
- establish reasonable conditions, standards, 7 and
- 8 relating to the application for and receipt of the grants.
- 9 (Source: P.A. 91-239, eff. 1-1-00.)
- 10 Section 10. The Family Practice Residency Act is amended by
- changing Sections 1, 2, 3.03, 3.04, 4.01, 4.02, 4.03, 4.10, 5, 11
- 12 6, and 9 and by adding Sections 3.10, 3.11, and 10.5 as
- 13 follows:
- 14 (110 ILCS 935/1) (from Ch. 144, par. 1451)
- Sec. 1. This Act shall be known and may be cited as the 15
- "Family Practice and Behavioral Health Promotion Residency 16
- Act". 17
- 18 (Source: P.A. 80-478.)
- 19 (110 ILCS 935/2) (from Ch. 144, par. 1452)
- 20 Sec. 2. The purpose of this Act is to establish programs in
- the Illinois Department of Public Health to upgrade primary and 21
- 22 behavioral health care services for all citizens of the State,
- 23 to increase access, and to reduce health care disparities by

- 1 providing grants to family practice residency, and preventive 2 medicine residency, and behavioral health care residency 3 programs, scholarships to medical students and other eligible 4 behavioral health care professionals, and a loan repayment 5 program for physicians, and other eligible primary care 6 providers, and eligible behavioral health care professionals who will agree to practice in areas of the State demonstrating 7 8 the greatest need for more professional medical and behavioral 9 health care. The programs shall encourage family practice 10 physicians, and other eligible primary care providers, and 11 eligible behavioral health care professionals to locate in areas where primary care and behavioral health manpower 12 13 shortages exist and to increase the total number of family 14 practice physicians, and other eligible primary care 15 providers, and eligible behavioral health care professionals 16 in the State.
- (Source: P.A. 98-674, eff. 6-30-14.) 17
- (110 ILCS 935/3.03) (from Ch. 144, par. 1453.03) 18
- 19 Sec. 3.03. "Committee" means the Advisory Committee for
- 20 Family Practice Residency Programs and Behavioral Health Care
- 21 Programs created by this Act.
- (Source: P.A. 80-478.) 22
- 23 (110 ILCS 935/3.04) (from Ch. 144, par. 1453.04)
- 24 Sec. 3.04. "Designated Shortage Area" means an area

1	designated by the Director as a physician shortage area, a
2	medically underserved area, or a critical health manpower
3	shortage area, a health professional shortage area, or a mental
4	health professional shortage area, as defined by the United
5	States Department of Health and Human Services, Education and
6	Welfare, or as otherwise further defined by the Department to
7	enable it to effectively fulfill the purpose stated in Section
8	2 of this Act. Such areas may include the following:
9	(a) an urban or rural area which is a rational area for the
10	delivery of health services;
11	(b) a population group; or
12	(c) a public or nonprofit private medical facility.
13	(Source: P.A. 80-478.)
14	(110 ILCS 935/3.10 new)
15	Sec. 3.10. Eligible behavioral health care professionals.
16	"Eligible behavioral health care professionals" include the
17	following licensed professionals who have behavioral health
18	<pre>care training and experience:</pre>
19	(1) psychiatrists licensed to practice medicine in all
20	of its branches under the Medical Practice Act of 1987;
21	(2) clinical psychologists licensed under the Clinical
22	Psychologist Licensing Act;
23	(3) clinical social workers licensed under the
24	Clinical Social Work and Social Work Practice Act;
25	(4) psychiatric nurse specialists licensed as

following priorities:

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1	registered nurses under the Nurse Practice Act;
2	(5) marriage and family therapists licensed under the
3	Marriage and Family Therapy Licensing Act; and
4	(6) clinical professional counselors licensed under
5	the Professional Counselor and Clinical Professional
6	Counselor Licensing and Practice Act.
7	(110 ILCS 935/3.11 new)
8	Sec. 3.11. Behavioral health care program. "Behavioral
9	health care program" means a behavioral health care service of
10	a hospital or hospital affiliate, as defined under the Hospital
11	Licensing Act; a hospital operated under the University of
12	Illinois Hospital Act; a federally qualified health center, as
13	defined in Section 1905(1)(2)(B) of the federal Social Security
14	Act; or a community mental health center that has satisfied the
15	Medicare conditions of participation for community mental
16	health centers under 42 CFR 485.904 through 42 CFR 485.918 or
17	is certified to provide Rule 132 services in this State under
18	Part 132 of Title 59 of the Illinois Administrative Code.
19	(110 ILCS 935/4.01) (from Ch. 144, par. 1454.01)
20	Sec. 4.01. To allocate funds to family practice residency
21	programs and behavioral health care programs according to the

(a) to increase the number of family practice physicians

and behavioral health care professionals in Designated

- 1 Shortage Areas;
- 2 to increase the percentage of obstetricians
- 3 establishing practice within the State upon completion of
- 4 residency;
- 5 (c) to increase the number of accredited family practice
- 6 residencies within the State;
- to increase the percentage of family practice 7
- 8 physicians establishing practice within the State upon
- 9 completion of residency; and
- 10 (d-5) to increase access to behavioral health care in
- 11 Designated Shortage Areas;
- (d-10) to increase the number of eligible behavioral health 12
- 13 care professionals providing health care services in this
- 14 State; and
- 15 (e) to provide funds for rental of office space, purchase
- 16 of equipment and other uses necessary to enable family
- and eligible behavioral health care 17 practitioners
- professionals to locate their practices in communities located 18
- 19 in designated shortage areas.
- 20 (Source: P.A. 86-1384.)
- (110 ILCS 935/4.02) (from Ch. 144, par. 1454.02) 21
- 22 Sec. 4.02. To determine the procedures for the distribution
- 23 the funds to family practice residency programs and
- 2.4 behavioral health care programs, including the establishment
- 25 of eligibility criteria in accordance with the following

- 1 quidelines:
- (a) preference for programs which are to be established at 2
- 3 locations which exhibit potential for extending family
- 4 practice physician and behavioral health care availability to
- 5 Designated Shortage Areas;
- (b) preference for programs which are located away from 6
- communities in which medical schools are located; and 7
- 8 (c) preference for programs located in hospitals having
- 9 affiliation agreements with medical schools located within the
- 10 State.
- 11 In distributing such funds, the Department may also
- consider as secondary criteria whether a family practice 12
- 13 residency program has:
- (1) Adequate courses of instruction in the behavioral 14
- 15 sciences;
- 16 Availability and systematic utilization (2)
- opportunities for residents to gain experience through local 17
- 18 health departments or other preventive or occupational medical
- facilities; 19
- 20 (3) A continuing program of community-oriented research in
- 2.1 such areas as risk factors in community populations,
- 22 immunization levels, environmental hazards, or occupational
- 23 hazards;
- 24 (4) Sufficient mechanisms for maintenance of quality
- 25 training, such as peer review, systematic progress reviews,
- 26 referral system, and maintenance of adequate records; and

- 1 (5) An appropriate course of instruction in societal,
- 2 institutional and economic conditions affecting family
- 3 practice.
- 4 (Source: P.A. 81-321.)
- 5 (110 ILCS 935/4.03) (from Ch. 144, par. 1454.03)
- 6 Sec. 4.03. To establish a program of medical student and
- 7 behavioral health care professional scholarships and to award
- 8 scholarships to eligible medical students and eligible
- 9 <u>behavioral health care professionals</u>.
- 10 (Source: P.A. 80-478.)
- 11 (110 ILCS 935/4.10) (from Ch. 144, par. 1454.10)
- 12 Sec. 4.10. To establish programs, and the criteria for such
- 13 programs, for the repayment of the educational loans of primary
- care physicians, and other eligible primary care providers, and
- 15 <u>eligible behavioral health care professionals</u> who agree to
- 16 serve in Designated Shortage Areas for a specified period of
- time, no less than 2 years. Payments under this program may be
- 18 made for the principal, interest and related expenses of
- 19 government and commercial loans received by the individual for
- 20 tuition expenses, and all other reasonable educational
- 21 expenses incurred by the individual. Payments made under this
- 22 provision shall be exempt from Illinois State Income Tax. The
- 23 Department may use tobacco settlement recovery funding or other
- 24 available funding to implement this Section.

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(Source: P.A. 98-674, eff. 6-30-14.) 1

2 (110 ILCS 935/5) (from Ch. 144, par. 1455)

Sec. 5. The Advisory Committee for Family Practice Residency Programs and Behavioral Health Care Programs is shall consult with the Director in created and administration of this Act. The Committee shall consist of 13 $\frac{9}{2}$ members appointed by the Director, 4 of whom shall be family practice physicians, 4 of whom shall be representatives of behavioral health care programs, 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 Director shall be staggered, with 4 appointments terminating January 31, 1979 and 4 terminating January 31, 1981. Of the 4 additional members appointed under this amendatory Act of the 99th General Assembly, 2 members, as determined by the Director, shall serve for a term that commences on the date of their appointment and expires on January 31, 2019 and the other 2 members shall serve for a term that commences on the date of their appointment and expires on January 31, 2021. 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

- 1 Committee shall select from its members a chairman from among
- 2 the family practice physician members, and such other officers
- 3 as may be required. The Committee shall meet as frequently as
- 4 the Director deems necessary, but not less than once each year
- 5 subject to appropriations. The Committee members shall receive
- no compensation but shall be reimbursed for actual expenses 6
- 7 incurred in carrying out their duties.
- (Source: P.A. 92-635, eff. 7-11-02.) 8
- 9 (110 ILCS 935/6) (from Ch. 144, par. 1456)
- 10 Sec. 6. Family practice residency programs and behavioral
- health care programs seeking funds under this Act shall make 11
- 12 application to the Department. The application shall include
- 13 evidence of local support for the program, either in the form
- 14 of funds, services or other resources. The ratio of State
- 15 support to local support shall be determined by the Department
- in a manner that is consistent with the purpose of this Act as 16
- stated in Section 2 of this Act. In establishing such ratio of 17
- State to local support the Department may vary the amount of 18
- 19 the required local support depending upon the criticality of
- 20 the need for more professional health care services, the
- 21 geographic location and the economic base of the Designated
- 22 Shortage Area.
- (Source: P.A. 80-478.) 23
- 24 (110 ILCS 935/9) (from Ch. 144, par. 1459)

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1 Sec. 9. The Department shall annually report to the General 2 Assembly and the Governor the results and progress of the 3 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 physicians and other health care personnel and the ability of designated behavioral health care programs to attract and retain eligible behavioral health care professionals in Designated Shortage Areas. 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 with the Speaker, Minority Leader and the Clerk of the House Representatives and the President, the Minority Leader and the Secretary of the Senate and the Legislative Research Unit, 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. 86-965; 87-430; 87-633; 87-895.) 22
- 23 (110 ILCS 935/10.5 new)
- 24 Sec. 10.5. Funding. Funding for behavioral health care programs shall be a supplement to family practice residency 25

- 1 programs and State loan repayment programs as in effect on July
- 1, 2014 and subject to appropriation. 2
- 3 Section 15. The Nurses in Advancement Law is amended by
- 4 changing Section 1-20 as follows:
- (110 ILCS 970/1-20) (from Ch. 144, par. 2781-20) 5
- 6 Sec. 1-20. Scholarship requirements. It shall be lawful for
- 7 any organization to condition any loan or grant upon the
- 8 recipient's executing an agreement to commit not more than 5
- 9 years of his or her professional career to the goals
- specifically outlined within the agreement including a 10
- 11 requirement that recipient practice nursing or medicine in
- 12 specifically designated practice and geographic areas.
- 13 Any agreement executed by an organization and any recipient
- 14 of loan or grant assistance shall contain a provision for
- liquidated damages to be paid for any breach of any provision 15
- 16 of the agreement, or any commitment contained therein, together
- with attorney's fees and costs for the enforcement thereof. Any 17
- 18 such covenant shall be valid and enforceable in the courts of
- 19 this State as liquidated damages and shall not be considered a
- 20 penalty, provided that the provision for liquidated damages
- does not exceed \$2,500 for each year remaining for the 21
- 22 performance of the agreement.
- 23 This Section shall not be construed as pertaining to or
- 24 limiting any liquidated damages resulting from scholarships

- 1 awarded under the Family Practice and Behavioral Health
- 2 Promotion Residency Act.
- (Source: P.A. 92-651, eff. 7-11-02.) 3
- 4 Section 20. The Private Medical Scholarship Agreement Act
- is amended by changing Section 3 as follows: 5
- (110 ILCS 980/3) (from Ch. 144, par. 2703) 6
- 7 Sec. 3. Any such agreement executed by such an organization
- 8 and any recipient of loan, grant assistance or recommendation
- 9 may contain a provision for liquidated damages to be paid for
- any breach of any provision of the agreement, or any commitment 10
- 11 contained therein, together with attorney's fees and costs for
- the enforcement thereof. Any such covenant shall be valid and 12
- 13 enforceable in the courts of this State as liquidated damages
- 14 and shall not be considered a penalty, provided that such
- provision for liquidated damages does not exceed \$2,500 for 15
- each year remaining for the performance of such agreement. 16
- This Section shall not be construed as pertaining to or 17
- 18 limiting any liquidated damages resulting from scholarships
- 19 awarded under the "Family Practice and Behavioral Health
- 20 Promotion Residency Act", as amended.
- (Source: P.A. 86-999.) 21
- 2.2 Section 25. The Illinois Public Aid Code is amended by
- 23 changing Section 12-4.24a as follows:

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(305 ILCS 5/12-4.24a) (from Ch. 23, par. 12-4.24a)
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Sec. 12-4.24a. Report and recommendations concerning designated shortage area. The Illinois Department shall analyze payments made to providers of medical services under 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 Family Practice and Behavioral Health Promotion 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.

- 14 (Source: P.A. 92-111, eff. 1-1-02.)
- Section 99. Effective date. This Act takes effect upon 15 16 becoming law.".