



Sen. Heather A. Steans

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LRB099 19588 MLM 47201 a

1 AMENDMENT TO SENATE BILL 3062

2 AMENDMENT NO. _____. Amend Senate Bill 3062 by replacing
3 everything after the enacting clause with the following:

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

7 (20 ILCS 2310/2310-220) (was 20 ILCS 2310/55.73)

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

16 Therefore, the Department, from funds appropriated for

1 that purpose, shall award grants to physicians practicing
2 obstetrics in rural designated shortage areas, as defined in
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 shall
7 establish reasonable conditions, standards, and duties
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
11 changing Sections 1, 2, 3.03, 3.04, 4.01, 4.02, 4.03, 4.10, 5,
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)

15 Sec. 1. This Act shall be known and may be cited as the
16 ~~"Family Practice and Behavioral Health Promotion Residency~~
17 ~~Act"~~.

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
21 the Illinois Department of Public Health to upgrade primary and
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
7 who will agree to practice in areas of the State demonstrating
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
12 areas where primary care and behavioral health manpower
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.

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

18 (110 ILCS 935/3.03) (from Ch. 144, par. 1453.03)

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.

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

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 care training and experience:

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

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.

17 (110 ILCS 935/4.01) (from Ch. 144, par. 1454.01)

18 Sec. 4.01. To allocate funds to family practice residency
19 programs and behavioral health care programs according to the
20 following priorities:

21 (a) to increase the number of family practice physicians
22 and behavioral health care professionals in Designated
23 Shortage Areas;

24 (b) to increase the percentage of obstetricians

1 establishing practice within the State upon completion of
2 residency;

3 (c) to increase the number of accredited family practice
4 residencies within the State;

5 (d) to increase the percentage of family practice
6 physicians establishing practice within the State upon
7 completion of residency; ~~and~~

8 (d-5) to increase access to behavioral health care in
9 Designated Shortage Areas;

10 (d-10) to increase the number of eligible behavioral health
11 care professionals providing health care services in this
12 State; and

13 (e) to provide funds for rental of office space, purchase
14 of equipment and other uses necessary to enable family
15 practitioners and eligible behavioral health care
16 professionals to locate their practices in communities located
17 in designated shortage areas.

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

19 (110 ILCS 935/4.02) (from Ch. 144, par. 1454.02)

20 Sec. 4.02. To determine the procedures for the distribution
21 of the funds to family practice residency programs and
22 behavioral health care programs, including the establishment
23 of eligibility criteria in accordance with the following
24 guidelines:

25 (a) preference for programs which are to be established at

1 locations which exhibit potential for extending family
2 practice physician and behavioral health care availability to
3 Designated Shortage Areas;

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

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

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

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

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

18 (3) A continuing program of community-oriented research in
19 such areas as risk factors in community populations,
20 immunization levels, environmental hazards, or occupational
21 hazards;

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

25 (5) An appropriate course of instruction in societal,
26 institutional and economic conditions affecting family

1 practice.

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

3 (110 ILCS 935/4.03) (from Ch. 144, par. 1454.03)

4 Sec. 4.03. To establish a program of medical student and
5 behavioral health care professional scholarships and to award
6 scholarships to eligible medical students and eligible
7 behavioral health care professionals.

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

9 (110 ILCS 935/4.10) (from Ch. 144, par. 1454.10)

10 Sec. 4.10. To establish programs, and the criteria for such
11 programs, for the repayment of the educational loans of primary
12 care physicians, ~~and~~ other eligible primary care providers, and
13 eligible behavioral health care professionals who agree to
14 serve in Designated Shortage Areas for a specified period of
15 time, no less than 2 years. Payments under this program may be
16 made for the principal, interest and related expenses of
17 government and commercial loans received by the individual for
18 tuition expenses, and all other reasonable educational
19 expenses incurred by the individual. Payments made under this
20 provision shall be exempt from Illinois State Income Tax. The
21 Department may use tobacco settlement recovery funding or other
22 available funding to implement this Section.

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

1 (110 ILCS 935/5) (from Ch. 144, par. 1455)

2 Sec. 5. The Advisory Committee for Family Practice
3 Residency Programs and Behavioral Health Care Programs is
4 created and shall consult with the Director in the
5 administration of this Act. The Committee shall consist of 13 ~~9~~
6 members appointed by the Director, 4 of whom shall be family
7 practice physicians, 4 of whom shall be representatives of
8 behavioral health care programs, one of whom shall be the dean
9 or associate or deputy dean of a medical school in this State,
10 and 4 of whom shall be representatives of the general public.
11 Terms of membership shall be 4 years. Initial appointments by
12 the Director shall be staggered, with 4 appointments
13 terminating January 31, 1979 and 4 terminating January 31,
14 1981. Of the 4 additional members appointed under this
15 amendatory Act of the 99th General Assembly, 2 members, as
16 determined by the Director, shall serve for a term that
17 commences on the date of their appointment and expires on
18 January 31, 2019 and the other 2 members shall serve for a term
19 that commences on the date of their appointment and expires on
20 January 31, 2021. Each member shall continue to serve after the
21 expiration of his term until his successor has been appointed.
22 No person shall serve more than 2 terms. Vacancies shall be
23 filled by appointment for the unexpired term of any member in
24 the same manner as the vacant position had been filled. The
25 Committee shall select from its members a chairman from among
26 the family practice physician members, and such other officers

1 as may be required. The Committee shall meet as frequently as
2 the Director deems necessary, but not less than once each year.
3 The Committee members shall receive no compensation but shall
4 be reimbursed for actual expenses incurred in carrying out
5 their duties.

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

7 (110 ILCS 935/6) (from Ch. 144, par. 1456)

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

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

22 (110 ILCS 935/9) (from Ch. 144, par. 1459)

23 Sec. 9. The Department shall annually report to the General
24 Assembly and the Governor the results and progress of the

1 programs established by this Act on or before March 15th.

2 The annual report to the General Assembly and the Governor
3 shall include the impact of programs established under this Act
4 on the ability of designated shortage areas to attract and
5 retain physicians and other health care personnel and the
6 ability of designated behavioral health care programs to
7 attract and retain eligible behavioral health care
8 professionals in Designated Shortage Areas. The report shall
9 include recommendations to improve that ability.

10 The requirement for reporting to the General Assembly shall
11 be satisfied by filing copies of the report with the Speaker,
12 the Minority Leader and the Clerk of the House of
13 Representatives and the President, the Minority Leader and the
14 Secretary of the Senate and the Legislative Research Unit, as
15 required by Section 3.1 of the General Assembly Organization
16 Act, and filing such additional copies with the State
17 Government Report Distribution Center for the General Assembly
18 as is required under paragraph (t) of Section 7 of the State
19 Library Act.

20 (Source: P.A. 86-965; 87-430; 87-633; 87-895.)

21 (110 ILCS 935/10.5 new)

22 Sec. 10.5. Funding. Funding for family practice residency
23 programs, scholarships to medical students and other
24 behavioral health care professionals, and the loan repayment
25 program for physicians, other primary care providers, and

1 eligible behavioral health care professionals shall not be
2 diverted or diminished below fiscal year 2015 funding levels to
3 fund behavioral health care programs.

4 Section 15. The Nurses in Advancement Law is amended by
5 changing Section 1-20 as follows:

6 (110 ILCS 970/1-20) (from Ch. 144, par. 2781-20)

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

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

24 This Section shall not be construed as pertaining to or

1 limiting any liquidated damages resulting from scholarships
2 awarded under the Family Practice and Behavioral Health
3 Promotion Residency Act.

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

5 Section 20. The Private Medical Scholarship Agreement Act
6 is amended by changing Section 3 as follows:

7 (110 ILCS 980/3) (from Ch. 144, par. 2703)

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

18 This Section shall not be construed as pertaining to or
19 limiting any liquidated damages resulting from scholarships
20 awarded under the "Family Practice and Behavioral Health
21 Promotion Residency Act", ~~as amended.~~

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

23 Section 25. The Illinois Public Aid Code is amended by

1 changing Section 12-4.24a as follows:

2 (305 ILCS 5/12-4.24a) (from Ch. 23, par. 12-4.24a)

3 Sec. 12-4.24a. Report and recommendations concerning
4 designated shortage area. The Illinois Department shall
5 analyze payments made to providers of medical services under
6 Article V of this Code to determine whether any special
7 compensatory standard should be applied to payments to such
8 providers in designated shortage areas as defined in Section
9 3.04 of the Family Practice and Behavioral Health Promotion
10 Residency Act, ~~as now or hereafter amended~~. The Illinois
11 Department shall, not later than June 30, 1990, report to the
12 Governor and the General Assembly concerning the results of its
13 analysis, and may provide by rule for adjustments in its
14 payment rates to medical service providers in such areas.

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

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