

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 1. Short title. This Act may be cited as the Health
5 Care Workforce Task Force Act.

6 Section 5. Policy and intent.

7 (a) It is the policy of this State to advance and promote a
8 robust and skilled health care workforce that will ensure
9 access to high quality health care to all Illinoisans.

10 (b) It is the intent of the General Assembly to coordinate
11 the various agencies of the State and relevant stakeholders to
12 garner a path toward meeting this policy objective.

13 Section 10. Findings. The General Assembly finds and
14 declares:

15 (1) The COVID-19 pandemic exacerbated an already
16 growing health care workforce shortage, creating
17 significant hiring challenges and reducing access to care.

18 (2) Pandemic flexibility and reciprocity permitted an
19 additional 25,000 highly trained health care workers to
20 provide needed services to Illinoisans. The end of this
21 flexibility and reciprocity have resulted in a significant
22 loss to the State's health care workforce.

1 (3) A February 2024 report created for the Commission
2 on Government Forecasting and Accountability shows that
3 health care is one of the stalwarts of the Illinois
4 economy and Illinois employers will add more health care
5 jobs at a stronger pace than other sectors, as a response
6 to a growing aging population. Illinois hospitals alone
7 are responsible for creating 445,000 jobs and infusing
8 \$117,000,000,000 into the Illinois economy.

9 (4) Studies from the Department of Financial and
10 Professional Regulation show that the majority of licensed
11 nurses are employed full-time while Illinois will still
12 face an estimated shortage of 15,000 registered nurses by
13 the end of 2025.

14 (5) Continued advancements in health care and health
15 care delivery require constant review of resource
16 allocation to ensure the workforce is trained and prepared
17 for those changes.

18 (6) The Illinois health care workforce is not
19 representative of the Illinois population due to barriers
20 for many underrepresented groups.

21 (7) Average waiting times of 175 minutes in hospital
22 emergency departments have contributed to health care
23 workers facing unacceptably high levels of violence from
24 patients and visitors, further challenging the ability to
25 retain highly trained and qualified staff.

26 (8) Public Act 103-0725 creates important

1 opportunities for international medical graduate
2 physicians to play an important role in the growth of the
3 Illinois health care workforce.

4 (9) The lack of an adequate health care workforce has,
5 in part, resulted in a continued shortage of critical
6 health care services and a reduction in access to care.

7 (10) The launch and implementation of the
8 comprehensive regulatory environment by the Department of
9 Financial and Professional Regulation offers tangible
10 opportunities to use technology to enhance the licensure
11 experience for health care professionals as well as allow
12 data to drive decision-making in the workforce space.

13 Section 15. Health Care Workforce Task Force.

14 (a) The Health Care Workforce Task Force is created within
15 the Department of Public Health.

16 (b) The Task Force shall consist of the following members

17 (1) the Director of Public Health or the Director's
18 designee;

19 (2) the Secretary of Financial and Professional
20 Regulation or the Secretary's designee;

21 (3) the Director of Healthcare and Family Services or
22 the Director's designee;

23 (4) the Attorney General or the Attorney General's
24 designee;

25 (5) one member of the Senate, appointed by the

1 President of the Senate;

2 (6) one member of the Senate, appointed by the
3 Minority Leader of the Senate;

4 (7) one member of the House of Representatives,
5 appointed by the Speaker of the House of Representatives;

6 (8) one member of the House of Representatives,
7 appointed by the Minority Leader of the House of
8 Representatives; and

9 (9) the following members, appointed by the Governor:

10 (A) one representative of a statewide organization
11 representing physicians;

12 (B) one representative of a statewide organization
13 representing nurses;

14 (C) one representative of a statewide organization
15 representing a majority of hospitals;

16 (D) one representative of a statewide organization
17 representing organized labor;

18 (E) one representative of a statewide organization
19 representing long-term care facilities;

20 (F) one representative of an organization that
21 represents the interests of allied health
22 professionals;

23 (G) one representative of an Illinois nursing
24 school;

25 (H) one representative of a statewide organization
26 representing emergency physicians; and

1 (I) one representative of a statewide organization
2 representing federally qualified health centers.

3 (c) All members of the Task Force shall serve without
4 compensation. Members shall be appointed within 120 days after
5 the effective date of this Act. At the initial meeting of the
6 Task Force, the members of the Task Force shall elect 2
7 co-chairs from the members appointed by the leadership of the
8 General Assembly.

9 Section 20. Administrative support. The Department of
10 Public Health shall provide staff and any necessary
11 administrative and other support to the Task Force. The
12 Department of Financial and Professional Regulation shall
13 facilitate the prompt and timely collection and provision of
14 data as requested by the Task Force.

15 Section 25. Meetings. The Task Force shall hold its
16 initial meeting within 160 days after the effective date of
17 this Act. The Task Force shall hold at least 4 meetings.

18 Section 30 Duties.

19 (a) The Task Force shall have the following duties:

20 (1) to review relevant statutes, rules, and
21 regulations that impact health care workers;

22 (2) to review data on the various health care
23 professions to identify workforce shortages that may exist

1 and provide recommendations on addressing those shortages;

2 (3) to provide recommendations on how to promote an
3 early interest in younger Illinoisans in joining the
4 health care workforce;

5 (4) to provide recommendations on how to invest
6 resources to ensure health care workers are trained to
7 meet the demands of an ever-changing health care delivery
8 system;

9 (5) to review and develop recommendations regarding
10 improving health care workforce recruitment and retention;

11 (6) to review and develop recommendations to address
12 barriers for underrepresented groups in the health care
13 workforce;

14 (7) review current capabilities of the comprehensive
15 regulatory environment and other similar state systems to
16 develop recommendations on how to use these tools to
17 further enhance the health care workforce;

18 (8) to review and provide recommendations on the
19 opportunities to be more inclusive of foreign trained
20 physicians and other health care professionals in the
21 Illinois workforce;

22 (9) to develop recommendations that will lead to all
23 Illinoisans having access to the appropriate level of care
24 at the right time; and

25 (10) to develop recommendations that will reduce acts
26 of workplace violence being perpetrated against health

1 care workers.

2 (b) The Task Force shall solicit feedback from
3 stakeholders, advocates, and persons with lived experiences to
4 inform the Task Force on the duties set forth in subsection (a)
5 and any other considerations the Task Force deems necessary.

6 Section 35. Reporting. No later than one year after the
7 first meeting of the Task Force, the Task Force shall submit to
8 the General Assembly and the Governor a report including its
9 recommendations.

10 Section 90. Dissolution; repeal. The Task Force is
11 dissolved and this Act is repealed on December 31, 2027.