Rep. Camille Y. Lilly

Filed: 1/13/2021

AMENDMENT TO SENATE BILL 558

AMENDMENT NO. _____. Amend Senate Bill 558, AS AMENDED, with reference to page and line numbers of House Amendment No. 4, as follows:

on page 12, line 25, by inserting ", subject to funding availability," after "program"; and

on page 13, lines 8 and 9, by replacing "Certification shall not be required for reimbursement." with "For reimbursement under the medical assistance program, a community health worker must work under the supervision of an enrolled medical program provider, as specified by the Department, and certification shall be required for reimbursement. The supervision of enrolled medical program providers and certification are not required for community health workers who receive reimbursement through managed care administrative dollars. Non-certified community health workers are reimbursable at the

discretion of managed care entities up to 18 months following availability of community health worker certification."; and

on page 13, by inserting after line 14 the following:

"Section 5-22. Certification. Certification shall not be required for employment of community health workers. Non-certified community health workers may be employed through funding sources outside of the medical assistance program."; and

by deleting lines 9 through 24 on page 43 and lines 1 through 6 on page 44; and

on page 71, by inserting after line 16 the following:

"Article 65.

Section 65-1. Short title. This Article may be cited as the Behavioral Health Workforce Education Center of Illinois Act. References in this Article to "this Act" mean this Article.

Section 65-5. Findings. The General Assembly finds as follows:

(1) There are insufficient behavioral health professionals in this State's behavioral health workforce

and further that there are insufficient behavioral health professionals trained in evidence-based practices.

(2) The Illinois behavioral health workforce situation is at a crisis state and the lack of a behavioral health strategy is exacerbating the problem.

(3) In 2019, the Journal of Community Health found that suicide rates are disproportionately higher among African American adolescents. From 2001 to 2017, the rate for African American teen boys rose 60%, according to the study. Among African American teen girls, rates nearly tripled, rising by an astounding 182%. Illinois was among the 10 states with the greatest number of African American adolescent suicides (2015-2017).

(4) Workforce shortages are evident in all behavioral health professions, including, but not limited to, psychiatry, psychiatric nursing, psychiatric physician assistant, social work (licensed social work, licensed clinical social work), counseling (licensed professional counseling, licensed clinical professional counseling), marriage and family therapy, licensed clinical psychology, occupational therapy, prevention, substance use disorder counseling, and peer support.

(5) The shortage of behavioral health practitioners affects every Illinois county, every group of people with behavioral health needs, including children and adolescents, justice-involved populations, working adults,

people experiencing homelessness, veterans, and older adults, and every health care and social service setting, from residential facilities and hospitals to community-based organizations and primary care clinics.

(6) Estimates of unmet needs consistently highlight the dire situation in Illinois. Mental Health America ranks Illinois 29th in the country in mental health workforce availability based on its 480-to-1 ratio of population to mental health professionals, and the Kaiser Family Foundation estimates that only 23.3% of Illinoisans' mental health needs can be met with its current workforce.

(7) Shortages are especially acute in rural areas and among low-income and under-insured individuals and families. 30.3% of Illinois' rural hospitals are in designated primary care shortage areas and 93.7% are in designated mental health shortage areas. Nationally, 40% of psychiatrists work in cash-only practices, limiting access for those who cannot afford high out-of-pocket costs, especially Medicaid eligible individuals and families.

(8) Spanish-speaking therapists in suburban Cook County, as well as in immigrant new growth communities throughout the State, for example, and master's-prepared social workers in rural communities are especially difficult to recruit and retain.

(9) Illinois' shortage of psychiatrists specializing

in serving children and adolescents is also severe. Eighty-one out of 102 Illinois counties have no child and adolescent psychiatrists, and the remaining 21 counties have only 310 child and adolescent psychiatrists for a population of 2,450,000 children.

(10) Only 38.9% of the 121,000 Illinois youth aged 12 through 17 who experienced a major depressive episode received care.

(11) An annual average of 799,000 people in Illinois aged 12 and older need but do not receive substance use disorder treatment at specialty facilities.

(12) According to the Statewide Semiannual Opioid Report, Illinois Department of Public Health, September 2020, the number of opioid deaths in Illinois has increased 3% from 2,167 deaths in 2018 to 2,233 deaths in 2019.

(13) Behavioral health workforce shortages have led to well-documented problems of long wait times for appointments with psychiatrists (4 to 6 months in some cases), high turnover, and unfilled vacancies for social workers and other behavioral health professionals that have eroded the gains in insurance coverage for mental illness and substance use disorder under the federal Affordable Care Act and parity laws.

(14) As a result, individuals with mental illness or substance use disorders end up in hospital emergency rooms, which are the most expensive level of care, or are

incarcerated and do not receive adequate care, if any.

(15) There are many organizations and institutions that are affected by behavioral health workforce shortages, but no one entity is responsible for monitoring the workforce supply and intervening to ensure it can effectively meet behavioral health needs throughout the State.

(16) Workforce shortages are more complex than simple numerical shortfalls. Identifying the optimal number, type, and location of behavioral health professionals to meet the differing needs of Illinois' diverse regions and populations across the lifespan is a difficult logistical problem at the system and practice level that requires coordinated efforts in research, education, service delivery, and policy.

(17) This State has a compelling and substantial interest in building a pipeline for behavioral health professionals and to anchor research and education for behavioral health workforce development. Beginning with the proposed Behavioral Health Workforce Education Center of Illinois, Illinois has the chance to develop a blueprint to be a national leader in behavioral health workforce development.

(18) The State must act now to improve the ability of its residents to achieve their human potential and to live healthy, productive lives by reducing the misery and

suffering with unmet behavioral health needs.

Section 65-10. Behavioral Health Workforce Education Center of Illinois.

(a) The Behavioral Health Workforce Education Center of Illinois is created and shall be administered by a teaching, research, or both teaching and research public institution of higher education in this State. Subject to appropriation, the Center shall be operational on or before July 1, 2022.

(b) The Behavioral Health Workforce Education Center of Illinois shall leverage workforce and behavioral health resources, including, but not limited to, State, federal, and foundation grant funding, federal Workforce Investment Act of 1998 programs, the National Health Service Corps and other nongraduate medical education physician workforce training programs, and existing behavioral health partnerships, and align with reforms in Illinois.

Section 65-15. Structure.

(a) The Behavioral Health Workforce Education Center of Illinois shall be structured as a multisite model, and the administering public institution of higher education shall serve as the hub institution, complemented by secondary regional hubs, namely academic institutions, that serve rural and small urban areas and at least one academic institution serving a densely urban municipality with more than 1,000,000

inhabitants.

(b) The Behavioral Health Workforce Education Center of Illinois shall be located within one academic institution and shall be tasked with a convening and coordinating role for workforce research and planning, including monitoring progress toward Center goals.

(c) The Behavioral Health Workforce Education Center of Illinois shall also coordinate with key State agencies involved in behavioral health, workforce development, and higher education in order to leverage disparate resources from health care, workforce, and economic development programs in Illinois government.

Section 65-20. Duties. The Behavioral Health Workforce Education Center of Illinois shall perform the following duties:

(1) Organize a consortium of universities in partnerships with providers, school districts, law enforcement, consumers and their families, State agencies, and other stakeholders to implement workforce development concepts and strategies in every region of this State.

(2) Be responsible for developing and implementing a strategic plan for the recruitment, education, and retention of a qualified, diverse, and evolving behavioral health workforce in this State. Its planning and activities shall include:

(A) convening and organizing vested stakeholders spanning government agencies, clinics, behavioral health facilities, prevention programs, hospitals, schools, jails, prisons and juvenile justice, police and emergency medical services, consumers and their families, and other stakeholders;

(B) collecting and analyzing data on the behavioral health workforce in Illinois, with detailed information on specialties, credentials, additional qualifications (such as training or experience in particular models of care), location of practice, and demographic characteristics, including age, gender, race and ethnicity, and languages spoken;

(C) building partnerships with school districts, public institutions of higher education, and workforce investment agencies to create pipelines to behavioral health careers from high schools and colleges, pathways to behavioral health specialization among health professional students, and expanded behavioral health residency and internship opportunities for graduates;

(D) evaluating and disseminating information about evidence-based practices emerging from research regarding promising modalities of treatment, care coordination models, and medications;

(E) developing systems for tracking the

utilization of evidence-based practices that most effectively meet behavioral health needs; and

(F) providing technical assistance to support professional training and continuing education programs that provide effective training in evidence-based behavioral health practices.

(3) Coordinate data collection and analysis, including systematic tracking of the behavioral health workforce and datasets that support workforce planning for an accessible, high-quality behavioral health system. In the medium to long-term, the Center shall develop Illinois behavioral workforce data capacity by:

(A) filling gaps in workforce data by collecting information on specialty, training, and qualifications for specific models of care, demographic characteristics, including gender, race, ethnicity, and languages spoken, and participation in public and private insurance networks;

(B) identifying the highest priority geographies, populations, and occupations for recruitment and training;

(C) monitoring the incidence of behavioral health conditions to improve estimates of unmet need; and

(D) compiling up-to-date, evidence-based practices, monitoring utilization, and aligning training resources to improve the uptake of the most

effective practices.

(4) Work to grow and advance peer and parent-peer workforce development by:

(A) assessing the credentialing and reimbursement processes and recommending reforms;

(B) evaluating available peer-parent training models, choosing a model that meets Illinois' needs, and working with partners to implement it universally in child-serving programs throughout this State; and

(C) including peer recovery specialists and parent-peer support professionals in interdisciplinary training programs.

(5) Focus on the training of behavioral health professionals in telehealth techniques, including taking advantage of a telehealth network that exists, and other innovative means of care delivery in order to increase access to behavioral health services for all persons within this State.

(6) No later than December 1 of every odd-numbered year, prepare a report of its activities under this Act. The report shall be filed electronically with the General Assembly, as provided under Section 3.1 of the General Assembly Organization Act, and shall be provided electronically to any member of the General Assembly upon request.

Section 65-25. Selection process.

(a) No later than 90 days after the effective date of this Act, the Board of Higher Education shall select a public institution of higher education, with input and assistance from the Division of Mental Health of the Department of Human Services, to administer the Behavioral Health Workforce Education Center of Illinois.

(b) The selection process shall articulate the principles of the Behavioral Health Workforce Education Center of Illinois, not inconsistent with this Act.

(c) The Board of Higher Education, with input and assistance from the Division of Mental Health of the Department of Human Services, shall make its selection of a public institution of higher education based on its ability and willingness to execute the following tasks:

(1) Convening academic institutions providing behavioral health education to:

(A) develop curricula to train future behavioral health professionals in evidence-based practices that meet the most urgent needs of Illinois' residents;

(B) build capacity to provide clinical training and supervision; and

(C) facilitate telehealth services to every region of the State.

(2) Functioning as a clearinghouse for research, education, and training efforts to identify and

disseminate evidence-based practices across the State.

(3) Leveraging financial support from grants and social impact loan funds.

(4) Providing infrastructure to organize regional behavioral health education and outreach. As budgets allow, this shall include conference and training space, research and faculty staff time, telehealth, and distance learning equipment.

(5) Working with regional hubs that assess and serve the workforce needs of specific, well-defined regions and specialize in specific research and training areas, such as telehealth or mental health-criminal justice partnerships, for which the regional hub can serve as a statewide leader.

(d) The Board of Higher Education may adopt such rules as may be necessary to implement and administer this Section."; and

by replacing lines 20 through 22 of page 141 and lines 1 and 2 of page 142 with the following:

"Section 115-5. The Illinois Public Aid Code is amended by adding Section 14-14 as follows:

(305 ILCS 5/14-14 new)

Sec. 14-14. Increasing access to primary care in"; and

on page 177, lines 3 and 4, by replacing "4 and 5.4 and by adding Section 5.5" with "4, 5.4, and 8.7"; and

on page 177, line 20, by changing "10" to "11"; and

on page 185, by replacing lines 1 through 9 with the following:

"(20 ILCS 3960/8.7)

(Section scheduled to be repealed on December 31, 2029)

Sec. 8.7. Application for permit for discontinuation of a health care facility or category of service; public notice and public hearing.

(a) Upon a finding that an application to close a health care facility or discontinue a category of service is complete, the State Board shall publish a legal notice on 3 consecutive days in a newspaper of general circulation in the area or community to be affected and afford the public an opportunity to request a hearing. If the application is for a facility located in a Metropolitan Statistical Area, an additional legal notice shall be published in a newspaper of limited circulation, if one exists, in the area in which the facility is located. If the newspaper of limited circulation is published on a daily basis, the additional legal notice shall be published on 3 consecutive days. The legal notice shall also be posted on the Health Facilities and Services Review Board's website and sent to the State Representative and State Senator

of the district in which the health care facility is located. In addition, the health care facility shall provide notice of closure to the local media that the health care facility would routinely notify about facility events.

An application to close a health care facility shall only be deemed complete if it includes evidence that the health care facility provided written notice at least 30 days prior to filing the application of its intent to do so to the municipality in which it is located, the State Representative and State Senator of the district in which the health care facility is located, the State Board, the Director of Public Health, and the Director of Healthcare and Family Services. The changes made to this subsection by this amendatory Act of the 101st General Assembly shall apply to all applications submitted after the effective date of this amendatory Act of the 101st General Assembly.

(b) No later than 30 days after issuance of a permit to close a health care facility or discontinue a category of service, the permit holder shall give written notice of the closure or discontinuation to the State Senator and State Representative serving the legislative district in which the health care facility is located.

(c)(1) If there is a pending lawsuit that challenges an application to discontinue a health care facility that either names the Board as a party or alleges fraud in the filing of the application, the Board may defer action on the application

for up to 6 months after the date of the initial deferral of the application.

(2) The Board may defer action on an application to discontinue a hospital that is pending before the Board as of the effective date of this amendatory Act of the 101st General Assembly for up to 60 days from the effective date of this amendatory Act of the 101st General Assembly.

(3) The Board may defer taking final action on an application to discontinue a hospital that is filed on or after January 12, 2021 until the earlier to occur of: (i) the expiration of the statewide disaster declaration proclaimed by the Governor of the State of Illinois due to the COVID-19 pandemic that is in effect on January 12, 2021, or any extension thereof, or July 1, 2021, whichever occurs later; or (ii) the expiration of the declaration of a public health emergency due to the COVID-19 pandemic as declared by the Secretary of the U.S. Department of Health and Human Services that is in effect on January 12, 2021, or any extension thereof, or July 1, 2021, whichever occurs later. This paragraph (3) is inoperative as of the date of the expiration of the statewide disaster declaration proclaimed by the Governor of the State of Illinois due to the COVID-19 pandemic that is in effect on January 12, 2021, or any extension thereof, or July 1, 2021, whichever occurs later.

(d) The changes made to this Section by this amendatory Act of the 101st General Assembly shall apply to all applications

submitted after the effective date of this amendatory Act of the 101st General Assembly.

(Source: P.A. 101-83, eff. 7-15-19; 101-650, eff. 7-7-20.)"; and

on page 200, line 19, by inserting "a majority of" after "representing"; and

on page 202, line 11, by inserting "a majority of" after "representing"; and

on page 202, line 23, by changing "association, and" to "association, a dental association, and".