



## 103RD GENERAL ASSEMBLY

### State of Illinois

2023 and 2024

HB2280

Introduced 2/14/2023, by Rep. Dagmara Avelar

#### SYNOPSIS AS INTRODUCED:

20 ILCS 2105/2105-15.8 new

Amends the Department of Professional Regulation Law of the Civil Administrative Code of Illinois. Requires health care professionals who have continuing education requirements to complete cultural competency training, which shall include information on sensitivity relating to and best practices for providing affirming care to people in the person's preferred language, people with disabilities, documented or undocumented immigrants, people who are intersex, people living with HIV, and people of diverse sexual orientations and gender identities. Provides that for every license or registration renewal occurring on or after the effective date of the amendatory Act, a health care professional who has continuing education requirements must complete at least 5 hours in cultural competency training. Provides that for every license or registration renewal occurring on or after the effective date of the amendatory Act, a person licensed or registered by the Department under the Medical Practice Act of 1987 and who has continuing education requirements must complete at least 10 hours in cultural competency training. Provides that these continuing education hours may count toward meeting the minimum credit hours required for continuing education. Provides for rulemaking. Effective January 1, 2024.

LRB103 25652 AMQ 52001 b

1 AN ACT concerning State government.

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

4 Section 5. The Department of Professional Regulation Law  
5 of the Civil Administrative Code of Illinois is amended by  
6 adding Section 2105-15.8 as follows:

7 (20 ILCS 2105/2105-15.8 new)

8 Sec. 2105-15.8. Continuing education; health care cultural  
9 competency.

10 (a) The General Assembly finds and declares the following:

11 (1) Health and equity and equitable access to  
12 affirming health care are essential values of the State.  
13 However, despite patient demographics in the State  
14 changing rapidly since 2000, the State still does not have  
15 a formal requirement for health care professionals to stay  
16 abreast of the trends needed to meet the social and  
17 cultural needs of an evolving patient base. This lack of  
18 updated social and cultural knowledge by health care  
19 professionals impacts communities of color, people with  
20 disabilities, immigrants with or without status, people  
21 who are intersex, people living with HIV, and LGBTQ+  
22 people, among other populations.

23 (2) According to a citation in "I Am Not The Doctor For

1 You: Physicians' Attitudes About Caring for People With  
2 Disabilities" in the October 2022 edition of Health  
3 Affairs, regarding care for people with disabilities, only  
4 41% of physicians reported that they were very confident  
5 about their ability to provide the same quality of care to  
6 people with disabilities as those without, and just 57% of  
7 physicians strongly agreed that they welcomed people with  
8 disabilities into their practices.

9 (3) According to the Center for American Progress,  
10 about half of transgender people in the United States have  
11 been mistreated by a health care professional. Per the  
12 2015 U.S. Transgender Survey data for the State, 33% of  
13 those who saw a health care provider in the past year  
14 reported having at least one negative experience related  
15 to being transgender, and 24% of respondents did not see a  
16 doctor when they needed to because of fear of being  
17 mistreated as a transgender person.

18 (4) According to a survey by Healthgrades in 2022, 25%  
19 of patients said their doctors could benefit from more  
20 training. The number jumps to 29% among non-white patients  
21 in the survey.

22 (5) Many providers recognize the importance of  
23 cultural competency for their personal education.  
24 According to the Healthgrades survey, 31% of physicians  
25 agree that their level of cultural competency can impact  
26 their ability to provide optimal patient care somewhat or

1 a lot. Furthermore, the generational divide among  
2 physicians is strong on additional training that would  
3 better equip them to care for patients of different  
4 gender, racial, sexual, or cultural identities. Two in 5  
5 younger physicians with less than 10 years of training are  
6 interested in additional training. Only one in 5 of older  
7 physicians with more than 20 years of practice express  
8 interest in cultural competency training.

9 (6) In 2019, the American Medical Association adopted  
10 a policy that included recognition of the importance of  
11 cultural competency to patient experience and treatment  
12 plan adherence and encouraged the implementation of  
13 cultural competency practices across health care settings.

14 (7) Furthermore, many thousands of health care  
15 professionals in the State, including tens of thousands of  
16 physicians and nurses, are already required to comply with  
17 the cultural competency requirements in the State's  
18 contract with managed care organizations, which states  
19 that contractors shall implement a cultural competence  
20 plan, and covered services shall be provided in a  
21 culturally competent manner by ensuring the cultural  
22 competence of all contractor staff, including clerical to  
23 executive management, and providers.

24 (8) As a next step to ensuring all health care  
25 professionals are trained and equipped in cultural  
26 competency, the State should join jurisdictions like

1 Connecticut, New Jersey, and the District of Columbia to  
2 require that health care professionals be trained in  
3 cultural competency as part of continuing education.  
4 Having such a requirement will increase the ability of  
5 medical providers to meet the social and cultural needs of  
6 their diversifying patient base.

7 (b) As used in this Section:

8 "Cultural competency" means a set of integrated attitudes,  
9 knowledge, and skills that enables a health care professional  
10 or organization to care effectively for patients from diverse  
11 cultures, groups, and communities. "Cultural competency"  
12 includes, but is not limited to: (i) applying linguistic  
13 skills to communicate effectively with the target population;  
14 (ii) utilizing cultural information to establish therapeutic  
15 relationships; (iii) eliciting and incorporating pertinent  
16 cultural data in diagnosis and treatment; and (iv)  
17 understanding and applying cultural and ethnic data to the  
18 process of clinic care.

19 "Health care professional" means a person licensed or  
20 registered by the Department of Financial and Professional  
21 Regulation under the Nurse Practice Act, the Clinical  
22 Psychologist Licensing Act, the Illinois Dental Practice Act,  
23 the Pharmacy Practice Act, the Illinois Physical Therapy Act,  
24 the Physician Assistant Practice Act of 1987, the Acupuncture  
25 Practice Act, the Illinois Athletic Trainers Practice Act, the  
26 Clinical Social Work and Social Work Practice Act, the

1 Dietitian Nutritionist Practice Act, the Naprapathic Practice  
2 Act, the Nursing Home Administrators Licensing and  
3 Disciplinary Act, the Illinois Occupational Therapy Practice  
4 Act, the Illinois Optometric Practice Act of 1987, the  
5 Podiatric Medical Practice Act of 1987, the Respiratory Care  
6 Practice Act, the Professional Counselor and Clinical  
7 Professional Counselor Licensing and Practice Act, the Sex  
8 Offender Evaluation and Treatment Provider Act, the Illinois  
9 Speech-Language Pathology and Audiology Practice Act, the  
10 Perfusionist Practice Act, the Genetic Counselor Licensing  
11 Act, the Licensed Certified Professional Midwife Practice Act,  
12 the Marriage and Family Therapy Licensing Act, the Behavior  
13 Analyst Licensing Act, the Music Therapy Licensing and  
14 Practice Act, the Environmental Health Practitioner Licensing  
15 Act, and the Orthotics, Prosthetics, and Pedorthics Practice  
16 Act.

17 (c) The cultural competency training required by this  
18 Section shall include information on sensitivity relating to  
19 and best practices for providing affirming care to people in  
20 the person's preferred language, people with disabilities,  
21 documented or undocumented immigrants, people who are  
22 intersex, people living with HIV, and people of diverse sexual  
23 orientations and gender identities, including, but not limited  
24 to, lesbian, gay, bisexual, transgender, queer, pansexual,  
25 asexual, and questioning individuals.

26 (d) For every license or registration renewal occurring on

1 or after the effective date of this amendatory Act of the 103rd  
2 General Assembly, a health care professional who has  
3 continuing education requirements must complete at least 5  
4 hours in cultural competency training.

5 (e) For every license or registration renewal occurring on  
6 or after the effective date of this amendatory Act of the 103rd  
7 General Assembly, a person licensed or registered by the  
8 Department under the Medical Practice Act of 1987 and who has  
9 continuing education requirements must complete at least 10  
10 hours in cultural competency training.

11 (f) The hours required by this Section may count toward  
12 meeting the minimum credit hours required for continuing  
13 education. Any cultural competency training applied to meet  
14 any other State licensure requirement, professional  
15 accreditation or certification requirement, or health care  
16 institutional practice agreement may count toward the  
17 requirements under this Section.

18 (g) The Department may adopt rules for the implementation  
19 and administration of this Section.

20 Section 99. Effective date. This Act takes effect January  
21 1, 2024.