AN ACT concerning regulation.

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

Section 1. Short title. This Act may be cited as the Workforce Direct Care Expansion Act.

Section 5. Purpose and findings.

(a) The General Assembly finds that:

(1) Administrative activities include processes that require behavioral health professionals and their clients to repeat data collection processes and adhere to a vast and uncoordinated array of requirements.

(2) Not only is this duplication a burden on the time and resources of behavioral health professionals, but data collection can also be re-traumatizing to clients as they repeat their presenting problems multiple times to various professionals.

(3) Duplication and burden also lead to longer admission processes, leaving behavioral health professionals less time to provide crucial treatment.

(4) In behavioral health care, compliance with heavily regulated industry standards falls squarely on the shoulders of those providing direct services to individuals.

(5) Behavioral health professionals have gone far too long without reasonable reform, causing capable workers to become overwhelmed and leave their jobs or the behavioral health industry altogether.

(6) One of the greatest complaints from behavioral health professionals is the amount of administrative responsibilities that lead to less time with their clients.

(7) Clinician burnout, if not addressed, will make it harder for individuals to get care when they need it, cause health costs to rise, and worsen health disparities.

(8) Behavioral health professionals dedicate their expertise to addressing mental health and substance use challenges and that it is essential to streamline administrative processes to enable them to focus more on client care and treatment.

(9) Administrative burdens can contribute to workforce challenges in the behavioral health sector.

(b) The purpose of this Act is to:

(1) Alleviate the administrative burden placed on behavioral health professionals in Illinois and devise an efficient system that enhances client-centered services. Behavioral health professionals play a critical role in promoting mental health and well-being within Illinois communities.

(2) Foster a collaborative and client-centered

approach by encouraging communication and coordination among behavioral health professionals, regulatory bodies, and relevant stakeholders.

(3) Make a heavy lift more bearable.

(4) Address paperwork fatigue that leads to burnout.

(5) Enhance the efficiency and effectiveness of behavioral health services by reducing unnecessary paperwork, bureaucratic hurdles, and redundant administrative requirements that may impede the delivery of timely and quality care.

(6) Attract and retain skilled behavioral health professionals and ultimately improve access to mental health and substance use services for the residents of Illinois.

(7) Align with the State's commitment to promoting mental health and substance use services, reducing barriers to care, and ensuring that behavioral health professionals can dedicate more time and resources to meeting the diverse needs of individuals and communities across Illinois.

(8) Enhance the overall effectiveness of the behavioral health sector to improve mental health outcomes and levels of well-being for all residents of the State.

Section 10. The Behavioral Health Administrative Burden Task Force.

(a) The Behavioral Health Administrative Burden Task Force is established within the Office of the Chief Behavioral Health Officer, in partnership with the Department of Human Services Division of Mental Health and Division of Substance Use Prevention and Recovery, the Department of Healthcare and Family Services, the Department of Children and Family Services, and the Department of Public Health.

(b) The Task Force shall review policies and regulations affecting the behavioral health industry to identify inefficiencies, duplicate or unnecessary requirements, unduly burdensome restrictions, and other administrative barriers that prevent behavioral health professionals from providing services.

(c) The Task Force shall analyze the impact of administrative burdens on the delivery of quality care and access to behavioral health services by:

(1) collecting data on the administrative tasks, paperwork, and reporting requirements currently imposed on behavioral health professionals in Illinois;

(2) engaging with behavioral health professionals, including providers of all relevant license and certification types, to gather input on specific administrative challenges they face;

(3) seeking input from clients and service recipients to understand the impact of administrative requirements on their care; and

(4) conducting a comparative analysis of documentation requirements with other geographic jurisdictions.

(d) The Task Force shall collaborate with relevant State agencies to identify areas where administrative processes can be standardized and harmonized by:

(1) researching best practices and successful administrative burden reduction models from other states or jurisdictions;

(2) unifying administrative requirements, such as screening, assessment, treatment planning, and personnel requirements, including background checks, where possible among state bodies; and

(3) identifying and seeking to replicate reform efforts that have been successful in other jurisdictions.

(e) The Task Force shall identify innovative technologies and tools that can help automate and streamline administrative tasks and explore the potential for interagency data sharing and integration to reduce redundant reporting by:

(1) researching best practices around shared data platforms to improve the delivery of behavioral health services and ensure that such platforms do not result in a duplication of data entry, including coverage of any relevant software costs to avoid duplication;

(2) facilitating the secure exchange of client information, treatment plans, and service coordination among health care providers, behavioral health facilities,

State-level regulatory bodies, and other relevant entities;

(3) reducing administrative burdens and duplicative data entry for service providers;

(4) ensuring compliance with federal and state privacy regulations, including the Health Insurance Portability and Accountability Act, 42 CFR Part 2, and other relevant laws and regulations; and

(5) improving access to timely client care, with an emphasis on clients receiving services under the Medical Assistance Program.

(f) The Task Force shall eliminate documentation redundancy and coordinate the sharing of information among State agencies by:

(1) standardizing forms at the State-level to simplify access, reduce administrative burden, ensure consistency, and unify requirements across all behavioral health provider types where possible;

(2) identifying areas where standardized language would be allowable so that staff can focus on individualizing relevant components of documentation;

(3) reducing and standardizing, when possible, the information required for assessments and treatment plan goals and consolidate documentation required in these areas for mental health and substance use clients;

(4) evaluating, reducing, and streamlining information

collected for the registration process, including the process for uploading information and resolving errors;

(5) reducing the number of data fields that must be repeated across forms; and

(6) streamlining State-level reporting requirements for federal and State grants and remove unnecessary reporting requirements for provider grants funded with state or federal dollars where possible.

(g) The Task Force shall develop recommendations for legislative or regulatory changes that can reduce administrative burdens while maintaining client safety and quality of care by:

(1) advocating for parity across settings and regulatory entities, including among community, private practice, and State-operated settings;

(2) identifying opportunities for reporting efficiencies or technology solutions to share data across reports;

(3) evaluating and considering opportunities to simplify funding and seek legislative reform to align requirements across funding streams and regulatory entities; and

(4) recommending procedures for more flexibility with deadlines where justified.

(h) The Task Force shall participate in statewide efforts to integrate mental health and substance use disorder

administrative functions.

Section 15. Membership. The Task Force shall be chaired by Illinois' Chief Behavioral Health Officer or the Officer's designee. The chair of the Task Force may designate a nongovernmental entity or entities to provide pro bono administrative support to the Task Force. Except as otherwise provided in this Section, members of the Task Force shall be appointed by the chair. The Task Force shall consist of at least 15 members, including, but not limited to, the following:

(1) community mental health and substance use providers representing geographical regions across the State;

(2) representatives of statewide associations that represent behavioral health providers;

(3) representatives of advocacy organizations either led by or consisting primarily of individuals with lived experience;

(4) a representative from the Division of Mental Health in the Department of Human Services;

(5) a representative from the Division of Substance Use Prevention and Recovery in the Department of Human Services;

(6) a representative from the Department of Children and Family Services;

(7) a representative from the Department of Public Health;

(8) One member of the House of Representatives, appointed by the Speaker of the House of Representatives;

(9) One member of the House of Representatives, appointed by the Minority Leader of the House of Representatives;

(10) One member of the Senate, appointed by the President of the Senate; and

(11) One member of the Senate, appointed by the Minority Leader of the Senate.

Section 20. Meetings. Beginning no later than 6 months after the effective date of this Act, the Task Force shall meet monthly, or additionally as needed, to conduct its business. Members of the Task Force shall serve without compensation but may receive reimbursement for necessary expenses.

Section 25. Administrative burden reduction plan. The Task Force shall, within one year after its first meeting, prepare an administrative burden reduction plan, which shall include short-term and long-term policy recommendations aimed at reducing duplicative, unnecessary, or redundant requirements placed on behavioral health providers and improving timely access to care. The administrative burden reduction plan shall be submitted to any relevant State agency whose participation

would be necessary to implement any component of the plan and shall be made publicly available online. No later than 90 days after receipt of the plan, each State agency whose participation would be necessary to implement any component of the plan shall submit a detailed response to the General Assembly about the recommendations in the administrative burden reduction plan, including an explanation about the feasibility of implementing the recommendations and shall make these responses publicly available online.

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