JOINT (HOUSE/SENATE) TASK FORCE ON

RURAL HEALTH & MEDICALLY UNDERSERVED AREAS

PURSUANT TO
HOUSE JOINT RESOLUTION 5
AND HOUSE JOINT RESOLUTION 83

DECEMBER 2006

SENATOR **DEANNA DEMUZIO**, *CO-CHAIR*
REPRESENTATIVE **WILLIAM "WILLIE" DELGADO**, *CO-CHAIR*

JOINT TASK FORCE ON
RURAL HEALTH AND MEDICALLY UNDERSERVED AREAS

►**Rod Blagojevich,** *Governor of Illinois*

►**Michael J. Madigan**, *Speaker*
Members, Illinois House of Representatives

►**Emil Jones, Jr.**, *President*
Members, Illinois Senate

Attached is the final report of the **JOINT TASK FORCE ON RURAL HEALTH AND MEDICALLY UNDERSERVED AREAS** required by House Joint Resolution 5 and House Joint Resolution 83 of the 94th General Assembly.

The task force conducted public hearings this past year in Springfield, Carlinville, Carterville, and Chicago and has compiled a summary of the recommendations submitted by all interested parties.

As testimony indicated, long-standing health care deficits in rural and medically underserved areas of the state have been repeatedly documented in special state reports over the past 20 years. Unfortunately, there has been no comprehensive plan or concerted state effort to overcome these chronic shortages of medical resources in both rural and urban areas of Illinois.

The task force urges the 95th General Assembly to at least implement the 5 priority recommendations included in this report so that more substantial progress can be made to meet critical health care needs throughout the state. A major fiscal impact is associated with these recommendations, particularly the upgrade of the Medicaid payment system. Given the state's current budget pressures, the task force further recommends that a strategic, phased-in schedule be adopted if the recommendations cannot be immediately implemented in full.

Several other recommendations submitted to the task force should also be addressed through continuous study and analysis by the standing committees of the House and Senate assigned to oversee related health issues.

Sincerely,

Senator Deanna Demuzio, *Co-Chair*

Representative William "Willie" Delgado

Senator James F. Clayborne, Jr.

Representative John E. Bradley

Senator Dale A. Righter

Representative Patricia R. "Patti" Bellock

Senator Dan Rutherford

Representative Rich Brauer

Joint Task Force on
Rural Health & Medically Underserved Areas

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Due to the volume, the Appendix is not available in hard copy.

To view the Appendix, go to:

http://www.ilga.gov/reports/specialreports.asp

Rural Health & Medically Underserved Areas – Appendices

JOINT TASK FORCE ON
RURAL HEALTH AND MEDICALLY UNDERSERVED AREAS

PRIORITY RECOMMENDATIONS

The Joint (House/Senate) Task Force on Rural Health and Medically Underserved Areas of the 94th General Assembly received many important recommendations from health care consumers and providers and other experts. The following have been identified as priorities for consideration by the 95th General Assembly. They should be implemented to the maximum extent possible. If additional revenue becomes available for the next fiscal year, the Governor and General Assembly should consider allocating funds for the items below as a positive investment in the health care infrastructure of Illinois. These priorities address long-standing, critical deficits that need immediate attention.

1. Resolve chronic Medicaid provider payment issues, especially the low and slow rates of reimbursement that are crippling health care delivery in many areas. The current system discourages physicians and other health care providers from entering or maintaining practices in rural and underserved areas, and has aggravated the marginal financial position of several community hospitals. The outstanding unpaid liability that contributes to extended payment cycles and prevents the establishment of more reasonable, cost-based rates is a critical matter that requires immediate attention.

2. Increase funding for programs and services authorized by the Rural/Downstate Health Act:

   a) The Illinois Rural Health Association reports that the Center for Rural Health at the Illinois Department of Public Health is estimated to be underfunded to carry out the work to which it was originally committed. Original work assigned to the center required 11 full-time staff, but that number has been reduced to only 4 and center staff is struggling to administer multiple state and federal programs. Additional funding for administration is considered critical.

   b) Include additional funding for the credible grant applications that could not be covered by available appropriations – totaling approximately $3 million – and extend coverage for additional physicians, psychiatrists, counselors, nurses, emergency medical technicians, and other such personnel under existing loan and grant programs to ensure that a health professional is available to provide the health care coverage.

   c) Appropriations under the Illinois Rural/Downstate Health Act have provided $500,000 annually in funding for the Rural Medical Education (RMED) program, which is currently a part of the National Center for Rural Health Professions at the University of Illinois-Rockford. The RMED program supports faculty, faculty development, recruitment, curriculum development, data collection and evaluation, and operations. RMED typically enrolls 12 to 18 students for additional training on rural medicine. An increase of $1.7 million is needed to implement comprehensive recruitment, training, and retention programs for all the health professions, including the following initiatives:

      i) Expand successful student recruiting methods for all disciplines;

      ii) Expand rural health professions education using the RMED model;

      iii) Enhance rural health workforce retention efforts;

iv) Establish and maintain a consistent database measuring the Illinois rural health workforce; and

v) Serve as external evaluator of state-sponsored health professions scholarship, loan forgiveness, and other student assistance programs connected to the Center for Rural Health of the Illinois Department of Public Health. Evaluate the impact of the state-sponsored medical student scholarship programs, nursing education programs, and allied health professions programs in recruiting and retaining a qualified health care workforce in rural and medically underserved areas of Illinois. Monitor recipients until completion of their scholarship service obligation and 5 years thereafter. Develop recommendations to improve program performance and outcomes.

d) Increase the state appropriation from $1.9 million to $4 million for expansion of the Rural Health Initiative of Southern Illinois University (SIU) implemented under the Rural/Downstate Health Act.

i) SPECIALTY SERVICES — While primary care remains the basis of the rural health care system, there is clear evidence that rural communities want and need improved access to specialty care. Priority will be given to mental health services, particularly for children and adolescents, cancer, pediatrics and chronic diseases. Expansion funding will allow SIU to build on its clinical outreach network of nearly 30 communities throughout downstate Illinois. $840,000

ii) TELE-HEALTH — To link health care organizations and resources through the Internet and such public/private networks as the Illinois Century Network, communities need basic information/communication technologies in their locations. Once in place, such technologies can improve access to care and the quality of care through such uses as primary/specialist case consultations, continuing education for health professionals and better health data management at the community level. Expansion funding will allow SIU to build on its existing telehealth network which encompasses nearly 50 communities throughout downstate Illinois. $840,000

iii) TRANSPORTATION — While the use of advanced telecommunications technologies are critical to improved access to care, it is still vital to strong community/ university partnerships that Academic Health Center providers also deliver services in rural settings. Expansion funding will allow SIU to build on the pilot projects being developed for a Rural Medical Transportation Network. $420,000

e) Increase the current appropriation for the Community Health Center (CHC) Expansion Program by $3 million per year for the next 5 years, bringing the total allocation from the current $5.9 million to $15 million in the 5th year, to enable community health centers to purchase equipment, acquire a new physical location for the purpose of delivering additional primary healthcare services, hire and train staff, develop new practice networks, and purchase services or products that will facilitate the provision of health care serves at a new community health center site.

The current CHC Expansion Program is administered by the Illinois Department of Public Health, which provides competitive 3-year grants. The amount for each year is determined by the amount of available appropriation and an approved 3-year budget. At the end of the initial grant, an additional 3-year "sustaining" grant can be awarded up to 50% of the amount budgeted for the 3rd year, based on the center's need to "sustain" its operations until other sources of funding ensure the viability of the new project. These grants allow health centers to develop new primary care delivery sites or expand existing

delivery sites or services in order to serve more people in underserved communities, and to provide access to all residents, regardless of their financial or insurance status. No one is turned away because of inability to pay. A large percentage of CHC patients do not have private or public insurance. Centers operate as a reliable provider network that serves the at-risk population of utmost concern to rural and medically underserved areas. Since 1999, Illinois CHCs have received 42 federal new access-point or expansion grants; since the passage Public Act 92-88, creating the Illinois Community Health Center Expansion Act in 2001, Illinois CHCs have received 29 state expansion grants.

f) Earmark funding for mental health service initiatives under the Rural/Downstate Health Act pursuant to the recommendations of the report of the Illinois Rural Health Association entitled "*Mental Health in Rural Illinois: Recovery Is the Goal.*

g) Grant programs operated by the Center for Rural Health of the Illinois Department of Public Health do not currently target mental health services. In collaboration with the Illinois Department of Human Services, the center should solicit proposals from health providers in rural and medically underserved areas to improve access to mental health care.

3. Increase basic grants for local public health departments to improve and expand core public health programs and services for rural and medically underserved areas. Increase the capacity of local public health systems to provide preventive health services in the schools and to provide more accessible clinics for low income dental health care. The Illinois Association of Public Health Administrators has recommended that the line-item appropriation for Local Health Protection Grant be increased for all 94 (urban and rural) Certified Local Health Departments from $17 million to $24 million.

4. Increase telemedicine capabilities. Change the Medicaid State Plan to allow medical providers to bill for "telemedicine" services and to allow billing by out-of-state physicians. Support telemedicine and consultation opportunities for psychiatric and other specialty services. Currently, the Medicaid program allows reimbursements for <u>medical</u> telemedicine consults but not for psychiatric conditions.

5. Increase access to specialty and sub-specialty care for underserved populations through a combination of more prompt payment, adjusted Medicaid reimbursement, and incentives to specialty providers to serve underserved populations.

JOINT TASK FORCE ON
RURAL HEALTH AND MEDICALLY UNDERSERVED AREAS

►BACKGROUND

Health care in rural and medically underserved areas has been the subject of intensive and protracted study in Illinois for many years. A comprehensive analysis was undertaken 18 years ago. A special Rural Health Task Force recommended improvements in April of 1990 and that was followed by the proposed "Rural Health Initiative" (June 1990) that held great promise in overcoming some of the long-standing health care deficits in these areas.

The 86th General Assembly passed and the Governor signed into law the DOWNSTATE RURAL HEALTH ACT which created a statutory and innovative framework for the development of health resources in both rural and urban "*designated shortage areas.*" All statutes related to this initiative are included in this report as ATTACHMENT A.

The foundation for this early legislative initiative began in March of 1988 with the publication by the Department of Public Health of "HEALTH CARE IN RURAL ILLINOIS: STRATEGIES FOR CHANGE," which "… identified and examined numerous potential solutions and strategies to assist rural areas in developing and restructuring health care delivery systems … and (presented) … baseline information upon which strategies could be constructed." Then Lieutenant Governor George Ryan announced (June 15, 1988) the appointment of a 22-member Rural Health Task Force which was directed to "… create a legislative and administrative plan to improve access to rural health care in Illinois for submission to the General Assembly." A report was issued April 1990, "HEALTH CARE IN RURAL ILLINOIS: RECOMMENDATIONS OF THE RURAL HEALTH TASK FORCE."

The 1988 task force included 22 members various rural health care experts, The report of that task force indicates that it met 7 times over a 22-month period; solicited comments from more than 5,000 providers and interested individuals; reviewed health status information and health care services in Illinois rural counties; reviewed selected rural health care policies; developed alternatives to address issues; reviewed positive and negative implications; and deliberated on 9 issues raised by the Department of Public Health.

The 1990 Rural Health Task Force issued 36 recommendations and reported on other rural health activities and legislation that were expected to improve health care access and the delivery of services. Those recommendations included: tort reform, the establishment of a cap on non-economic damages in malpractice lawsuits and other malpractice law reforms; improvements in the law and financing of emergency medical service systems and other para-transit services; expanded and enhanced local health department services; the establishment and enhancement of medical professional loan and scholarship programs; increases/incentives in Medicaid reimbursements and other health care payments to attract physicians and other allied health professionals to underserved areas; establishment of an information network for rural medical professional consultation, referral and reference services; and the expansion and enhancement of community health and migrant health centers and services.

The Governor's Rural Affairs Council (Chaired by the Lieutenant Governor) in June of 1990 endorsed the "Rural Health Initiative" to be funded by a $16 million preliminary budget. That initiative was embodied in Senate Bill 2277 — the DOWNSTATE RURAL HEALTH ACT —

sponsored by Senator Jim Rea and Representative David Phelps, a comprehensive omnibus bill that codified the Center for Rural Health under the Illinois Department of Public Health and enacted an array of programs to expand the availability and improve access to basic health services. Other key components included: the assignment for the Southern Illinois University School of Medicine to develop primary care centers in rural communities; funding for a health professional loan-repayment program; matching grants to improve outpatient health clinics and improve inpatient facilities (renovation, diversification of services, etc.), acquisition and equipping of ambulances; and the expansion of the Southern Illinois University nurse, dentist and other technical health personnel training programs.

The Illinois Institute for Rural Affairs and the Center for Rural Health collaborated on a report about the history and status of that original enabling legislation which is included in the Appendix.

Since its enactment in 1990 with high expectations, the promise of the DOWNSTATE RURAL HEALTH ACT has only begun to be realized. Funding levels have been relatively small in relation to the original planned investment of $16 million.

This lack of progress and continuing health care deficits prompted the Southern Illinois University School of Medicine Public Policy Institute to plan a major HEALTH CARE SUMMIT. With financial and technical support from the Illinois Department of Commerce and Economic Opportunity, a planning team met between June and October of 2003 to develop the agenda for the summit. That group recommended that the summit focus on the health needs of both rural and underserved areas of Illinois, that the outcome should be the development of an action agenda of health care strategies, and that a bipartisan, bicameral group of legislators be established to sustain the work on legislative priorities and concerns raised during the summit.

The HEALTH CARE SUMMIT was conducted by the SIU Public Policy Institute November 2nd and 3rd. The late Paul Simon moderated. This summit was Paul Simon's last major event as the founding director of the Public Policy Institute.

A report of the HEALTH CARE SUMMIT was issued December 2003, "CHARTING A HEALTH CARE AGENDA: STRATEGIES FOR RURAL AND UNDERSERVED ILLINOIS." The report included the following general findings and recommendations:

> Health care and education go hand in hand as critical indicators of the quality of a community's life. Medical care, good nutrition, and adequate exercise are aspects of health care, but so are gang-free neighborhoods and well-informed consumers. Access to health care must be expanded to include all Illinois residents. The problems that are systemic in rural and underserved populations in Illinois will benefit from an agenda that promotes equitable access to health care services and health education. Educating communities about health makes for healthier communities overall.
>
> Educating the next generation of health care practitioners is also pivotal for economic and community development. Without a trained health care workforce, populations in rural and underserved areas are at risk in every health care arena — including mental and behavioral health, oral health, long-term care, pharmaceutical support, and ancillary services such as physical and occupational therapy. Inadequate health care services can also keep new businesses and families from moving into a community, compounding the problem.

Implementing a strong health care agenda will have positive benefits for both short and long-term economic and community development. Summit recommendations are listed below:

1. Establish a bipartisan, bicameral task force of the Illinois General Assembly to pursue a health care agenda for rural and underserved areas of Illinois.

2. Examine models for public-private partnerships that can expand health insurance coverage to the state's uninsured and working poor.

3. Perform a comprehensive rural impact study of state agency regulations to identify and modify those that have a disproportionately negative effect on both health care providers and consumers in rural and underserved areas.

4. Convene a summit on medical liability issues, bringing together the Governor, General Assembly, practitioners, insurance companies, trial lawyers, and citizens for a direct, honest, and productive conversation that results in an action plan.

5. Create a funding mechanism to foster the development and expansion of health professions, education programs specifically targeted at increasing the number of minority students, and students from rural and disadvantaged backgrounds.

6. In partnership with the health care industry, develop new workplace interdisciplinary models for educating allied health professionals locally.

7. Provide funding for bilingual and bicultural education of health care professionals.

8. Encourage the Illinois Board of Higher Education to provide funding that supports interdisciplinary training of health care workers at all levels of the educational pipeline.

9. Explore transplanting successful programs nationwide that demonstrate best practices for recruiting and retaining health care professionals for rural and underserved areas.

10. Re-examine policies pertaining to Illinois Department of Public Health scholarships and loan forgiveness programs to not only assist students entering health care professions but also to provide a tool to retain qualified workers in rural and underserved areas of Illinois.

11. Maintain and upgrade the public health infrastructure in Illinois that provides both prevention and primary health services in rural and underserved areas.

12. Address the mental health needs of rural and underserved populations, including persons who are incarcerated, on parole or probation, or otherwise involved in the Illinois correctional system.

13. Support program and policy directions that help build infrastructure for oral health care services in rural and underserved areas of the state.

14. Design a transportation system, building upon some existing regional configuration like those of the EMS system, to improve access to health care services in rural and underserved areas.

15. Support the expansion of telecommunications technologies that enhance health professions education and health services delivery.

16. Explore the use of school based clinics to extend health care services for children in rural and underserved areas.

17. Create a constructive and coordinated methodology for paying for telemedicine services that is equitable for both receiving and sending facilities.

18. Analyze federal funding factors and formulas to determine disparate impact on rural and underserved areas of Illinois.

In response to the HEALTH CARE SUMMIT'S first recommendation, the 94th General Assembly approved House Joint Resolution 5 and House Joint Resolution 83 creating the JOINT TASK FORCE ON RURAL HEALTH AND MEDICALLY UNDERSERVED AREAS to study issues related to improving access to quality, affordable health care, and best practices which ensure that an adequate, well-trained workforce is available to deliver health care services to Illinois residents living in rural and underserved areas. The following report includes a summary of the hearings conducted by the joint task force, a listing of recommendations submitted by various witnesses who testified, and 5 priority recommendations.

►TASK FORCE HEARINGS

SPRINGFIELD	JANUARY 30, 2006
CARLINVILLE	JUNE 29, 2006
CARTERVILLE	AUGUST 29, 2006
CHICAGO	OCTOBER 25, 2006

►ATTENDEES AND WITNESSES

A list of attendees and witnesses is included in the summary of each hearing. The testimony provided at these public hearings is the basis for the report's recommendations.

MAJOR RECOMMENDATIONS SUBMITTED TO TASK FORCE

►STATE REPRESENTATIVE JOHN BRADLEY

- Amend the Family Practice Residency Act to extend scholarship, loan, and loan forgiveness programs to medical students serving in rural and medically underserved areas who pursue specialty practices, particularly in fields of known critical shortages such as child psychiatry. Do not assess penalties against program participants who continue to practice in rural and medically underserved areas and elect to pursue specialty practices.

►SOUTHERN ILLINOIS UNIVERSITY (SIU) PUBLIC POLICY INSTITUTE

- Examine models for public-private partnerships that can expand health insurance coverage to the state's uninsured and working poor.
- Perform a comprehensive Rural Impact Study of state agency regulations to identify and modify those with disproportionately negative effects on both healthcare providers and consumers in rural and underserved areas.
- Create a funding mechanism to foster the development and expansion of health professions education programs specifically targeted at increasing the number of minority students and students from rural and disadvantaged backgrounds.
- In partnership with the healthcare industry, develop new workplace interdisciplinary models for educating allied health professionals locally.
- Provide funding for bilingual and bicultural education of healthcare professionals.
- Encourage the Illinois Board of Higher Education to provide funding that supports interdisciplinary training of healthcare workers at all levels of the educational pipeline.
- Explore transplanting successful programs nationwide that demonstrate best practices for recruiting and retaining healthcare professionals for rural and underserved areas.
- Reexamine policies pertaining to Illinois Department of Public Health scholarships and loan forgiveness programs to not only assist students entering healthcare professions but also provide a tool to retain qualified workers in rural and underserved areas of Illinois.
- Maintain and upgrade the public health infrastructure in Illinois that provides both prevention and primary health services in rural and underserved areas.
- Address the mental health needs of rural and underserved populations, including persons who are incarcerated, on parole or probation, or otherwise involved in the Illinois correctional system.

- Support program and policy directions that help build infrastructure for oral healthcare services in rural and underserved areas of the state.

- Design a transportation system, building upon some existing regional configuration like the Emergency Medical Services (EMS) system, to improve access to healthcare services in rural and underserved areas.

- Support expansion of telecommunications technologies that enhance health professions education and health services delivery.

- Explore the use of school-based clinics to extend healthcare services for children in rural and underserved areas.

- To pay for telemedicine services, create a constructive and coordinated methodology that is equitable for both receiving and sending facilities.

- Analyze federal funding factors and formulas to determine disparate impact on rural and underserved areas of Illinois.

►PAT BICKOFF, *PRESIDENT* — ILLINOIS RURAL HEALTH ASSOCIATION BOARD OF DIRECTORS

- Increase funding to the Center for Rural Health at the Illinois Department of Public Health. To carry out its original committed duties, the center is estimated to be underfunded by $3 million. Include funding for rural physicians, psychiatrists, counselors, nurses, emergency medical technicians, and other such personnel to ensure that a health professional is available to accept the healthcare coverage provided by a new plan.

- Promote the expansion of critical programs authorized under the Rural/Downstate Health Act. Increase the annual appropriation for the programs established under that law.

- Fund the Rural Transit Assistance Center at Western Illinois University to create a statewide plan that coordinates transportation services across agency lines in each county.

- Expand funding for EMS services so the state can assist rural counties that are currently losing their private and volunteer providers and are confronted with developing their own EMS services.

- Enhance outreach services for those in need of mental health and counseling services. The number of substance abuse and mental health treatment facilities in rural areas must be increased.

►ILLINOIS INSTITUTE OF RURAL AFFAIRS

- Increase telemedicine capabilities.

Appropriations related to the Illinois Rural/Downstate Health Act have provided funding for the RMED (Rural Medical Education) program. Permanent core funding at the level of $1.4 million annually is needed to implement comprehensive recruitment, training, and retention programs for all the health professions.

- Expand successful student recruiting methods for all disciplines.
- Expand rural health professions education using the RMED model.
- Enhance rural health workforce retention efforts.
- Establish and maintain a consistent database measuring Illinois' rural health workforce.

►DR. GLEN POSHARD, *PRESIDENT* SOUTHERN ILLINOIS UNIVERSITY

- Upgrade Southern Illinois University Broadband Regional Communication System — Illinois virtual campus.

- Establish an SIU School for Public Health (per the Louisiana State University Model), that will help coordinate extant programs.

- Expand School Nursing Programs [SIU, John A. Logan].

- Address the salary/pay disparities between rural and urban physicians.

►SOUTHERN ILLINOIS UNIVERSITY SCHOOL OF MEDICINE

Increase the state appropriation from $1.9 million to $4 million for expansion of the Rural Health Initiative of Southern Illinois University implemented under the Rural/Downstate Health Act.

•SPECIALTY SERVICES — While primary care remains the basis of the rural health care system, there is clear evidence that rural communities want and need improved access to specialty care. Priority will be given to mental health services, particularly for children and adolescents, cancer, pediatrics and chronic diseases. Expansion funding will allow SIU to build on its clinical outreach network of nearly 30 communities throughout downstate Illinois. $840,000

•TELE-HEALTH — To link healthcare organizations and resources through the Internet and such public/private networks as the Illinois Century Network, communities need basic information/communication technologies in their locations. Once in place, such technologies can improve access to care and the quality of care through such uses as primary/specialist case consultations, continuing education for health professionals, and better health data management at the community level. Expansion funding will allow SIU to build on its existing telehealth network which encompasses nearly 50 communities throughout downstate Illinois. $840,000

•TRANSPORTATION — While the use of advanced telecommunications technologies is critical to improved access to care, it is still vital to strong community/university partnerships that Academic Health Center providers also deliver services in rural settings. Expansion funding will allow SIU to build on the pilot projects being developed for a Rural Medical Transportation Network. $420,000

►PENELOPE TIPPY — SIU SCHOOL OF MEDICINE

- Support recruitment and retention efforts to retain resident Southern Illinois medical students in rural areas of Illinois; and generally recruit more medical students for “shortage areas.” There is a critical need for additional licensed clinical social workers and school nurses.
- Urge lawmakers to address the uninsured population and lack of health services in rural communities, especially behavioral healthcare for adolescents.
- Support utilizing the school setting as a healthcare venue. Dr. Tippy organized the Care-A-Van project, a mobile health clinic serving students at West Frankfort and Benton high schools. The program provides primary care, minor injuries treatment, school/sports physicals, immunizations, and wellness and mental health counseling. However, this endeavor has no solid funding base.

►J. SRINIVASARAGHAVAN, M.D. — DEPARTMENT OF PSYCHIATRY, SIU SCHOOL OF MEDICINE, CHOATE MENTAL HEALTH CENTER

- Commit to recruiting and retaining quality trained medical professionals through university affiliation and rural residency and fellowship opportunities.
- Support telemedicine and consultation opportunities for psychiatric services.
- Develop targeted specialty residency programs or internships, beyond the Family Practice Residency Act.
- Promote expansion of the “J-1 Visa” program to increase use of foreign-trained workers.

►PAT QUINN, *LIEUTENANT GOVERNOR* — STATE OF ILLINOIS

- Promote and achieve “Health Care For All” –- universal health coverage.
- Provide on-going subsidies for programs that received start-up funding for the enhancement of rural health services.
- Recognize out-of-state licensed physicians engaging in telemedicine.
- Recognize Illinois "Rural Physicians-of-Excellence."
- Provide low-interest loans to physicians (via state treasurer).
- Extend dental "sealants" through the school system.
- Provide additional IDOT funding for para-transit and physician visits [Paul Simon Rural Public Transportation Service].
- Fund healthcare expansion using a tax increase on the purchase of cigarettes.

►KATHLEEN K. DEVINE, *CEO AND PRESIDENT* ST. ANTHONY'S HOSPITAL, CHICAGO

- Provide leadership in resolving critical hospital funding issues on a longer-term basis for the Medicaid program, beyond the "Hospital Assessment." The state cannot go back to the federal government every 2 years and then wait 1 1/2 years for approval.

►ILLINOIS PRIMARY HEALTH CARE ASSOCIATION

- Support and fund a 5-year, $15 million increase for the Community Health Center (CHC) Expansion Program administered by the Illinois Department of Public Health. Increased resources would be used to expand existing health center network, including the establishment of school-based community health centers where appropriate, and provide grant funding to CHCs to assist in covering the cost of the uninsured.
- Increase access to specialty and sub-specialty care for underserved populations through a combination of prompt payment, adjusted Medicaid reimbursement, and incentives to specialty providers to serve underserved populations.
- Illinois has an established program designed to recruit medical providers to serve in underserved areas. Minimally, the scholarship program should be revamped to avoid candidates skipping out on their commitments while benefiting from the scholarship.
- Identify state and/or local revenue streams to support programs which promote access to care. Reliable revenue streams should be identified to support expanded efforts.
- Stay committed to recent publicly financed efforts to increase access to care among low income populations such as AllKids, FamilyCare, and recent Medicaid eligibility expansions. Allow Primary Care Case Management system to evolve and promote the concept of a "medical home" for the Medicaid/AllKids populations. Renew the commitment to serve immigrant populations including persons who are undocumented.

►CHERYL BOYD, *DIVISION DIRECTOR* FRANKLIN-WILLIAMSON HUMAN SERVICES

- Establish pilot projects to develop rural health "Centers of Excellence."
- Change the Medicaid State Plan to include "telemedicine" services as a billable service and allow billing by out-of-state physicians.

►ROGER HANNAN, *EXECUTIVE DIRECTOR* FARM RESOURCE CENTER

- Per the report of the Illinois Rural Health Association entitled "Mental Health in Rural Illinois: Recovery Is the Goal," provide $4 million earmarked for mental health services under the Rural Downstate Health Act.

►HARVEY DAVIS, *CEO* — FRANKLIN HOSPITAL, ILLINOIS HOSPITAL ASSOCIATION

- Carefully examine "Charity Care." The Illinois Hospital Association has serious concerns about proposals to impose a rigid, one-size-fits-all approach to "Charity Care" on rural hospitals.

- Support the creation of methamphetamine treatment programs. There are currently very few treatment programs in the state with the expertise to adequately address the complex symptoms of persons addicted to and abusing this dangerous drug.

- Allow Medicaid reimbursements for psychiatric telemedicine consultations. Currently, the Medicaid program allows reimbursements for medical telemedicine consults but not for psychiatric conditions.

- Allow Medicaid reimbursements for Advance Practice Nurses (APNs). APNs could work with physicians to extend the reach of scarce healthcare professionals in rural areas.

►MELANIE KOCH, *DIRECTOR OF NURSING* — MASSAC MEMORIAL HOSPITAL

- The Illinois Department of Public Health should consider waiving certain EMS vehicle standards for more non-conforming temporary uses so that all available resources can be used with maximum efficiency and effectiveness for the delivery of healthcare.

►DOTTIE MILES — ILLINOIS STATE AMBULANCE ASSOCIATION

- Increase adequacy and timeliness of funding for Emergency Medical Services. The Illinois Ambulance Association supports funding increases to cover the cost of planning level positions and purchase Personal Protective Equipment (PPE).

►MARY MCMAHAN, *EXECUTIVE DIRECTOR* — UNION COUNSELING SERVICES

- Expand school-based healthcare.

- Support coordination of mental health services between community agencies and other healthcare providers.

►SUSAN BAUER, MA, MPH — COMMUNITY HEALTH PARTNERSHIP OF ILLINOIS

- Revise Medicaid eligibility that currently excludes very low income seasonal workers such as migrant farm workers whose annual income is below federal poverty guidelines but whose seasonal earnings during the growing season disqualify them from Medicaid. This could also be resolved by Illinois entering into an interstate compact with Texas to give presumptive eligibility to migrants from Texas who already are enrolled in Medicaid in their home-base state.

- Allow Federally-Qualified Health Centers (FQHCs) that serve rural underserved communities with no health center or rural health clinic in collaboration with contracted private provider to bill Medicaid at FQHC rates for medical and dental services provided off-site by contracted providers and specialists. Also allow FQHCs that provide medical and dental services to school settings using portable equipment to bill for those services at FQHC rates.

- Expedite professional licensure for health professionals (RNs, dentists, physicians) trained outside the United States to increase the number of culturally and linguistically competent providers in underserved areas of Illinois.

- Require local health departments to be open for patient services (immunizations, WIC, STD clinics) at least 1 evening per week to accommodate the needs of working poor families.

►KENT TARRO, *DIRECTOR* — MACOUPIN COUNTY PUBLIC HEALTH DEPARTMENT

- Improve the public health infrastructure to address the challenges of emerging infectious diseases and make sure that food, water, and milk supplies are safe.

- Devise a comprehensive long-term plan to build and sustain the resources necessary at the local level to ensure the availability of public health programs designed to prevent or manage chronic illness including, but not limited to, tobacco control, asthma control, obesity prevention and intervention, diabetes prevention and intervention, and heart disease prevention and intervention.

- Increase funding for public health services by $10 million to improve and expand core public health programs and services.

- Utilize the public health system to increase preventive services in the schools and provide more accessible clinics for low income dental care.

- Explore a more aggressive loan repayment or scholarship system for new dentists.

- The Illinois Department of Health Care and Family Services must reevaluate its current policy of not paying for preventive care for adult Medicaid recipients.

- Expand behavioral and transportation services in rural areas.

- Enhance the education, training and promotion of the healthcare workforce in rural areas.

►ILLINOIS CRITICAL ACCESS HOSPITAL NETWORK

- Increase reimbursement from Medicaid through this network to allow hospitals to remain open. An additional $300,000 may not make a significant difference for many hospitals but, to smaller hospitals in rural and underserved areas, these additional funds can help the hospitals remain viable.

►KEN REED, *CEO AND MEMBER* — CARLINVILLE AREA HOSPITAL AND ILLINOIS CRITICAL ACCESS HOSPITAL NETWORK

- Maintain positive relationships with secondary tertiary institutions.
- Review "Certificate-of-Need" policies and procedures to ensure consideration of "rural" factors and expedite approval of services in critical shortage areas.

►DR. KIMBLE EWELL, M.D. — ELDORADO, ILLINOIS

- Reexamine the U.S. Department of Agriculture's "J-1 visa" program as a source for recruitment of foreign-trained physicians to practice in rural and medically underserved areas.
- Expand and extend telemedicine, including other specialties (such as dermatology, psychiatry).
- Review "Certificate-of-Need" policies and procedures to ensure consideration of "rural" factors and expedite approval of services in critical shortage areas.

►GAIL VAN KANEGAN, *PRESIDENT* — ILLINOIS SOCIETY FOR ADVANCED PRACTICE NURSING

- Furnish technology assistance to healthcare providers.
- Permit advanced practice nurses to prescribe Schedule-II medications.
- Work collectively with the federal government to remove roadblocks to the provision of wound-care services by advanced practice nurses.
- Allow advanced practice nurses satisfying specified criteria to practice without a collaborative agreement.

►DANIEL YOHANNA, M.D., *PRESIDENT* — ILLINOIS PSYCHIATRIC SOCIETY

Consider models to improve access which can be broadly divided into 4 categories:

- CONSULTATION: Allow primary care physicians (internists, family practice doctors, pediatricians) access to psychiatrists for advice on diagnosis and treatment.
- EDUCATION: Provide education through a variety of means and incentives that can assist primary care physicians to use evidence-based practices.
- RECRUITMENT: Provide incentives for psychiatrists to live and/or work in underserved areas.
- TELEPSYCHIATRY: Use video conferencing for consultation on patients. Medicaid does not reimburse for telepsychiatry, but does cover telemedicine.

►NATIONAL ASSOCIATION OF SOCIAL WORKERS ILLINOIS CHAPTER

Implement recommendations of the House Resolution 220 Report: Licensed professionals who are qualified under the state insurance code to treat clients with private insurance would be a quick and easy source of new providers for the state, if there were a slight change in Illinois' Medicaid rules. Licensed behavioral healthcare professionals should be added under the "any willing provider" clause, which is part of the federal Medicaid rule.

- Consider Licensed Clinical Social Workers (LCSWs) in the roll-out of other initiatives. A number of state initiatives are aimed at improving mental health services for children, enhancing social emotional development, and restructuring the overall system of mental healthcare in Illinois that may offer opportunities for implementation of LCSWs as providers on at least a pilot basis.

- Use LCSWs to enhance services to children and adolescents referred as a result of a doctor's office visit. Although there are services to respond to the mental health referrals resulting from doctors' office visits, the group believed LCSWs would enhance the state's response to children and adolescents. Many national studies indicate that more children need mental health services than are receiving the services.

- Use LCSWs to improve access to services for children, adolescents, and adults. The addition of LCSWs could increase the provider pool to serve persons who meet the mental health definition of medical necessity.

►DANA YOWELL, *DEPUTY DIRECTOR OF LEGISLATIVE AFFAIRS* ILLINOIS DEPARTMENT OF PUBLIC HEALTH

- The Department of Children and Family Services (DCFS) scholarship program (currently 48 scholarships) for wards of the state should be expanded to recruit future healthcare professionals for rural areas.

- Extend telepsychiatry. Conduct pilot projects downstate to improve access to behavioral health services.

►MARCIA FRANKLIN, *DIRECTOR* CENTER FOR RURAL HEALTH— ILLINOIS DEPARTMENT OF PUBLIC HEALTH

- Contact the Illinois Congressional Delegation concerning the jeopardy of federal funding for the critical access hospitals in Illinois.

►THE AUTISM PROGRAM

- Provide a $1 million appropriation to expand autism training and service programs into rural areas.

WITNESSES — SPRINGFIELD

LINDA RENEE BAKER, Ph. D., *Professor* ..... Paul Simon Public Policy Institute — Carbondale

JOHN RECORD, *Assistant Dean* ..... SIU School of Medicine — Springfield

MATT HUNSAKER, M.D., *Director* ..... Rural Medical Education Program
University of Illinois — Rockford

MICHAEL GLASSER, *Associate Dean* ..... Rural Health Professions
National Center for Rural Health
University of Illinois — Rockford

PAT BICKOFF, *Administrator* ..... Litchfield Family Practice Center
Illinois Rural Health Association — Litchfield

CHRISTOPHER D. MERRETT, *Director* ..... Illinois Institute for Rural Affairs
Western IL University — Macomb

MARY JANE CLARK, *Manager* ..... Health Resources
Illinois Institute for Rural Affairs
Western IL University — Macomb

BARRY S. MARAM, *Director* ..... Illinois Department of Healthcare & Family Services — Springfield

CAROLYN BROWN-HODGE, *Director* ..... Governor's Rural Affairs Council
Office of Lieutenant Governor Patrick Quinn — Springfield

MARCIA FRANKLIN, *Chief* ..... Center for Rural Health
Illinois Department of Public Health — Springfield

LORI CLARK, *Senior Policy Advisor* ..... Illinois Department of Commerce & Economic Opportunity — Springfield

CHRIS MEISTER, *Legislative Director* ..... Illinois Department of Commerce & Economic Opportunity — Springfield

RALPH SHUBERT, *Acting Associate Director* ..... Family Health
Illinois Department of Human Services — Springfield

JIM MCDOWELL, *Vice President* ..... Rural Hospital Affairs
Small & Rural Hospital Constituency Section
Illinois Hospital Association — Springfield

PAT SCHOU, *Executive Director* ..... Illinois Critical Access Hospital Network — Princeton

GEORGA WINSON, *Directors of Operations* ..... Illinois Autism Program — Springfield

JOINT TASK FORCE ON
RURAL HEALTH AND MEDICALLY UNDERSERVED AREAS

SPRINGFIELD – TESTIMONY HIGHLIGHTS – JANUARY 30, 2006

►JOHN RECORD, *ASSISTANT DEAN* — RURAL AND ALUMNI AFFAIRS, SIU SCHOOL OF MEDICINE

- Adequately fund the Rural and Downstate Health Act. Current funding is at $1.9 million. $7 million would make it possible to achieve the goals of the original Act. Additional funding would help provide services to community-based organizations such as free clinics and rural hospitals. It would also assist programs such as the SIU MEDPREP program, which provides assistance to educationally and economically disadvantaged students preparing for a health care profession.
- Current Illinois Department of Public Health scholarships for medical students who later work in underserved areas are for future primary care physicians. Scholarships for specialists should be considered as well. While primary care physicians are still urgently needed in rural areas, specialists are even harder to find in these regions.

►MATT HUNSAKER — UNIVERSITY OF ILLINOIS, SCHOOL OF MEDICINE — ROCKFORD
►MICHAEL GLASSER — THE NATIONAL CENTER FOR RURAL HEALTH PROFESSIONALS

- Additional funding for the Rural and Downstate Health Act (RHDA) would assist both the University of Illinois at Rockford and the National Center for Rural Health Professionals (NCRHP). The University of Illinois at Rockford would like to expand training in its current areas (i.e., nurse practitioners).
- In order to determine which areas need services the most and what services are needed, the University of Illinois at Rockford would like to work with the Midwest Workforce Studies Group from Chicago to find a means of quantifying current services. Part of the difficulty in quantifying services is that having a licensed doctor in the area does not mean that the physician's services are available in the area. The doctor may not be practicing. There have been situations where the physician has passed away but time was still left on that individual's license.
- Rural Medical Education (RMED) Program: Additional funding for the RDHA will assist this program. RMED students participate in a 16-week rural health "internship" and take additional classes related specifically to rural medicine. 74% of graduates stay in rural primary care and 92% stay in the state of Illinois.

►ILLINOIS RURAL HEALTH ASSOCIATION

- Increase funding for the Rural Transit Assistance Center. This program improves transportation to regional trauma centers.
- Increase funding for the Rural and Downstate Health Act (RDHA).
- Expand training programs for dental and mental health programs.

►ILLINOIS INSTITUTE OF RURAL AFFAIRS

- Additional support for Rural/Downstate Health Act.
- Increase telemedicine capabilities.
- Emphasize that having insurance does not mean having access. Lack of transportation and doctors refusing to accept Medicaid can cause problems even for those with insurance/ Medicaid.

►ILLINOIS DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES

- No new recommendations, only continued support for current programs requested (All Kids, Kid Care, etc.).
- Emphasized faster reimbursement to providers who treat child enrollees of state healthcare programs (30 days).

►GOVERNOR'S RURAL AFFAIRS COUNCIL

- Promote additional licensure for telemedicine. This would allow rural citizens to have access to healthcare providers both in their region and from other areas in the state.

►ILLINOIS DEPARTMENT OF PUBLIC HEALTH — CENTER FOR RURAL HEALTH

- There were many more credible applications for funding under the Rural/Downstate Health Act than the current budget covered.

►ILLINOIS DEPARTMENT OF HUMAN SERVICES

- The Department of Human Services administers key programs and services in rural/downstate, medically underserved areas.

►DEPARTMENT OF COMMERCE AND ECONOMIC OPPORTUNITY

- Public/private partnerships are needed to solve the healthcare skills shortage (specifics not stated).
- Healthcare is one of the most regulated areas in the state. Legislators must keep in mind the effects of regulations on access to healthcare, especially in rural areas.
- K-12 students are not aware of careers in healthcare other than doctors and nurses. Pilot programs are attempting to bring awareness of other healthcare career opportunities to students.
- A shortage of nursing professors with a Master's degree to work in community colleges continues to be a problem.

►ILLINOIS CRITICAL ACCESS HOSPITAL NETWORK

- Increased reimbursement from Medicaid through this network allows hospitals to remain open. An additional $300,000 may not make a significant difference for many hospitals, but to smaller hospitals in rural and underserved areas these additional funds can help the hospitals remain viable. Continue support.

►THE AUTISM PROGRAM

- Provide a $1 million appropriation to expand autism training and service programs into rural areas.

►OVERVIEW OF WITNESS COMMENTS

- Availability of healthcare is the primary concern for rural residents. Both lack of health insurance and lack of transportation to physicians are the primary obstacles to access. The "rides" program and other transportation options need to be expanded/initiated.
- While primary care physicians are needed in rural areas, more specialists are needed as well. Dentists and mental health physicians were mentioned as highest priority.
- Keeping physicians in rural areas is another challenge. Programs such as RMED and MedPrep assist in helping keep medical students in rural areas after they graduate. Recruiting individuals who grew up in rural areas and have ties to their communities is considered one of the most useful tactics to achieve these goals.
- Adequate funding for the Rural and Downstate Health Act was mentioned as a first step in alleviating some of the problems above. Only one witness mentioned an exact figure ($7 million), but everyone suggested increasing funding.

JOINT TASK FORCE ON
RURAL HEALTH AND MEDICALLY UNDERSERVED AREAS

WITNESSES — CARLINVILLE

LINDA RENEE BAKER, Ph. D., *Professor* ..... Paul Simon Public Policy Institute — Carbondale

KENT TARRO, *Public Health Administrator* ..... Macoupin County Public Health Department

DANA YOWELL, *Deputy Director of Legislative Affairs* ..... Illinois Department of Children and Family Services

MARCIA FRANKLIN, *Chief* ..... Center for Rural Health — Illinois Department of Public Health

PAT BICKOFF, *President* ..... Illinois Rural Health Association

KEN REID, *CEO* ..... Carlinville Area Hospital

►OTHER REGISTERED ATTENDEES

DALE FLACH, *Assistant Director* ..... University of Illinois — Rockford

SUE CAMPBELL, *Human Resources Coordinator* ..... Community Memorial Hospital — Staunton

JOHN RECORD, *Assistant Dean* ..... Southern Illinois University School of Medicine

ROBERT M. WESLEY, *Director* ..... Research and Program Development
Southern Illinois University School of Medicine

KATHLEEN DUNN, *Vice President* ..... Illinois Hospital Association

DEBORAH CAMPBELL, *CEO* ..... Thomas H. Boyd Memorial Hospital — Carrollton

BOB EGAN, *Program Officer* ..... Illinois Children's Healthcare Foundation — Hinsdale

CARRIE VIEHWEG, *State Director* ..... Save-A-Life Foundation — Springfield

KIMBALL E. EWELL, M.D. ..... Eldorado

JAMES MARTIN ..... James D. Martin & Associates
Illinois Academy of Physicians Assistants
Illinois Health Education Consortium

BECKY GIBSON, *Assistant* ..... Bruce Simon Consulting

JOINT TASK FORCE ON
RURAL HEALTH AND MEDICALLY UNDERSERVED AREAS

CARLINVILLE – TESTIMONY HIGHLIGHTS – JUNE 29, 2006

►KENT TARRO, *DIRECTOR* — MACOUPIN COUNTY PUBLIC HEALTH DEPARTMENT

- The state must improve the public health infrastructure to address the challenges of emerging infectious diseases and make sure that food, water, and milk supplies are safe.
- The state must devise a comprehensive long-term plan to build and sustain the resources necessary at the local level to ensure the availability of public health programs designed to prevent or manage chronic illness including, but not limited to, tobacco control, asthma control, obesity prevention and intervention, diabetes prevention and intervention, and heart disease prevention and intervention.
- Increase funding for public health services by $10 million to improve and expand core public health programs and services.
- Utilize the public health system to increase preventive services in schools and provide more accessible clinics for low income dental care.
- Explore a more aggressive loan repayment or scholarship system for new dentists.
- The Illinois Department of Healthcare and Family Services must reevaluate its current policy of not paying for preventive care for adult Medicaid recipients.
- Expand behavioral and transportation services in rural areas.
- Enhance the education, training, and promotion of the healthcare workforce in rural areas.

►DANA YOWELL, *DEPUTY DIRECTOR OF LEGISLATIVE AFFAIRS* — ILLINOIS DEPARTMENT OF PUBLIC HEALTH

- Increase the number of dentists, doctors, and child psychiatrists in rural areas.
- The Department of Children and Family Services (DCFS) scholarship program (currently 48 scholarships) for wards of the state should be expanded to recruit future healthcare professionals for rural areas.
- Extend tele-psychiatry. Conduct pilot projects downstate to improve access to behavioral health services.

►MARCIA FRANKLIN, *DIRECTOR* — CENTER FOR RURAL HEALTH, ILLINOIS DEPARTMENT OF PUBLIC HEALTH

- Contact the Illinois Congressional Delegation concerning the jeopardy of federal funding for the critical access hospitals in Illinois.

- Fund an expansion of the rural health professional recruitment programs through the Center for Rural Health at the Illinois Department of Public Health to include rural physicians, psychiatrists, counselors, nurses, emergency medical technicians, and other such personnel to ensure that a health professional is available to accept the healthcare coverage provided by a new plan.
- Expand funding for EMS services so the state can assist rural counties currently losing their private and volunteer providers and are also confronted with developing their own EMS services.
- Enhance outreach services for those in need of mental health and counseling services. The number of substance abuse and mental health treatment facilities in rural areas must be increased.
- Fund the Rural Transit Assistance Center at Western Illinois University to create a statewide plan that coordinates transportation services across agency lines in each county.
- Examine and revise current Medicaid reimbursement rates.
- "Think rural" when developing a plan to furnish health care services to all Illinois residents.

►MR. KEN REED, CEO AND MEMBER CARLINVILLE AREA HOSPITAL AND ILLINOIS CRITICAL ACCESS HOSPITAL NETWORK

- Improve recruitment and retention of physicians and health professionals in rural areas.
- Mandate timely Medicaid payments.
- Maintain positive relationships with secondary tertiary institutions.
- Enhance emergency and non-emergency transportation services in rural areas.
- Make healthcare policies more beneficial for small rural communities.
- Improve the healthcare infrastructure in rural areas.
- Expand mental health services both in-patient and out-patient in rural areas.
- Expand and extend Telemedicine, including other specialties (such as dermatology, psychiatry).
- Review "Certificate-of-Need" policies and procedures to ensure consideration of "rural" factors and expedite approval of services in critical shortage areas.

►DR. KIMBLE EWELL, M.D. ELDORADO, ILLINOIS

- Improve emergency ambulance services in rural areas.
- Develop an aggressive campaign to recruit young physicians.
- Reexamine the U.S. Department of Agriculture's "J-1" visa program as a source for recruiting foreign-trained physicians to practice in rural and medically underserved areas.

►DR. DANIEL YOHANNA, M.D., *PRESIDENT* ILLINOIS PSYCHIATRIC SOCIETY

Consider models to improve access that can be broadly divided into 4 categories. [The Illinois Psychiatric Society (IPS) intends to meet later this year to elaborate on the development of these models for Illinois]:

- CONSULTATION: Allow primary care physicians (internists, family practice doctors, and pediatricians) access to psychiatrists for advice on diagnosis and treatment.
- EDUCATION: Provide education through a variety of means and incentives that can assist primary care physicians to use evidence-based practices.
- RECRUITMENT: Provide incentives for psychiatrists to live and/or work in underserved areas.
- TELEPSYCHIATRY: Use video conferencing for patient consultation. Medicaid does not reimburse for telepsychiatry, but does cover telemedicine.

►GAIL VAN KANEGAN, *PRESIDENT* ILLINOIS SOCIETY FOR ADVANCED PRACTICE NURSING

- Furnish technology assistance to healthcare providers.
- Permit advanced practice nurses to prescribe Schedule II medications.
- Work collectively with the federal government to remove roadblocks to the provision of wound care services by advanced practice nurses.
- Allow advanced practice nurses satisfying specified criteria to practice without a collaborative agreement.
- Continue to fund rural health clinics and rural access hospitals.
- Establish a cooperative system between public and private entities.

JOINT TASK FORCE ON
RURAL HEALTH AND MEDICALLY UNDERSERVED AREAS

WITNESSES — CARTERVILLE

DR. GLEN POSHARD, *President* ..... Southern Illinois University

PAT QUINN, *Lieutenant Governor* ..... State of Illinois

PAULA REEVES, *Branch Director* ..... Arthritis Foundation — Marion

CHERYL BOYD, *Division Director* ..... Franklin-Williamson Human Services
Shawnee Health Services — West Frankfort

MATT HUNSAKER, M.D., *Director* ..... Rural Medical Education Program
University of Illinois — Rockford

ROGER HANNAN, *Executive Director* ..... Farm Resource Center — Mound City

WILLIAM TODD PIERSON, *Doctor of Naturopathic Medicine* ..... The Illinois Association
of Naturopathic Physicians — Murphysboro

PENELOPE TIPPY ..... SIU School of Medicine — Carbondale

TOM VAUGHN, *Board Chairman* ..... Franklin Hospital — Zeigler

HARVEY DAVIS, *CEO* ..... Franklin Hospital
Illinois Hospital Association — Benton

MELANIE KOCH, *Director of Nursing* ..... Massac Memorial Hospital — Metropolis

DOTTIE MILES ..... Illinois State Ambulance Association — Canton

MARY M. MCMAHAN, *Executive Director* ..... Union County Counseling Services, Inc. — Anna

KRISTIN LESSEN, *Director* ..... Healthy Communities Partnership
Abraham Lincoln Memorial Hospital — Lincoln

J. (ASHAK) SRINIVASARAGHAVAN, M.D., D.F.A.P.A.,
Professor and Director ..... Community and Public Psychiatry
Department of Psychiatry — SIU School of Medicine, Choate Mental Health Center — Anna

JOINT TASK FORCE ON
RURAL HEALTH AND MEDICALLY UNDERSERVED AREAS

CARTERVILLE – TESTIMONY HIGHLIGHTS – AUGUST 29, 2006

►DR. GLEN POSHARD, *PRESIDENT* — SOUTHERN ILLINOIS UNIVERSITY

- Physician recruitment factors include: salary; availability of and access to latest medical technology; and liability insurance.
- Upgrade Southern Illinois University Broadband Regional Communication System — Illinois virtual campus.
- Establish an SIU School for Public Health (per the Louisiana State University model) that will help coordinate extant programs.
- Expand nursing education programs [SIU, John A. Logan].
- Expand the scope of the existing scholarship programs to include medical specialties.
- Address the salary/pay disparities between rural and urban physicians.

►PAT QUINN, *LIEUTENANT GOVERNOR* — STATE OF ILLINOIS

- Promote, achieve “Health Care For All” — universal health coverage.
- Provide on-going subsidies for start-up programs aimed at enhancing rural health services.
- Expand recognition of out-of-state licensed physicians engaging in telemedicine.
- Recognize Illinois "Rural Physicians-of-Excellence."
- Provide low-interest loans to physicians (via state treasurer).
- Dental: Extend "sealants" program through the school system.
- Provide additional IDOT funding for para-transit and physician visits [Paul Simon Rural Public Transportation Service].
- Fund healthcare expansion using a tax increase on the purchase of cigarettes.

►PAULA REEVES, *BRANCH DIRECTOR* — ARTHRITIS FOUNDATION

- Support and fund the Arthritis Prevention, Control, and Cure Act (Public Act 94-634). The Arthritis Foundation estimates the Illinois Department of Public Health will need $1 million in funding to conduct an assessment to identify the needs of people with arthritis, healthcare provider capacity, current available services, research, and available technical assessment and educational materials.

►CHERYL BOYD, *DIVISION DIRECTOR* — FRANKLIN-WILLIAMSON HUMAN SERVICES

- Increase Medicaid reimbursement rates and provider payments.
- Increase state funding for Federally Qualified Health Centers (FQHC).
- Establish pilot projects to develop rural health "Centers of Excellence."
- Change the Medicaid State Plan to include telemedicine services as billable services and allow billing by out-of-state physicians.

►MATT HUNSAKER, M.D. — RURAL MEDICAL EDUCATION PROGRAM, UNIVERSITY OF ILLINOIS — ROCKFORD

- Support the 18 recommendations made within the report issues by the SIU Public Policy Institute report entitled "Charting a Health Care Agenda 2003."
- Expand the rural health professions workforce by:
  - Implementing successful student recruitment methods;
  - Expanding rural health education using the Rural Medical Education (RMED) model;
  - Enhancing the rural health workforce retention efforts; and
  - Establishing and maintaining a consistent database of the Illinois rural health workforce.

►ROGER HANNAN, *EXECUTIVE DIRECTOR* — FARM RESOURCE CENTER

- Urge policymakers to look at the results of the report of the Illinois Rural Health Association entitled "Mental Health in Rural Illinois: Recovery Is the Goal." This report verifies the need for access to mental health services by rural citizens.
- Request $4 million to be allocated to programs operating under the Rural Downstate Health Act and that this funding be earmarked for mental health services.

►WILLIAM TODD PETERSON — ILLINOIS ASSOCIATION OF NATUROPATHIC PHYSICIANS

- Support efforts to license naturopathic physicians in Illinois as an effort to bring more medical practitioners to the rural areas of Illinois.

►PENELOPE TIPPY — SIU SCHOOL OF MEDICINE

- Support recruitment and retention efforts to retain resident Southern Illinois medical students in rural areas of Illinois and generally recruit more medical students for "shortage areas." There is a critical need for additional licensed clinical social workers and school nurses.
- Urge lawmakers to address the uninsured population and lack of health services in rural communities, especially behavioral healthcare for adolescents.

- Support utilizing the school setting as a healthcare venue. Dr. Tippy organized the Care-A-Van project, a mobile health clinic serving students at West Frankfort and Benton high schools. The program provides primary care, minor injuries treatment, school/sports physicals, immunizations, wellness, and mental health counseling. However, this endeavor has no solid funding base.

►HARVEY DAVIS, *CEO* — FRANKLIN HOSPITAL
ILLINOIS HOSPITAL ASSOCIATION

- Allocate sufficient funds for Medicaid and pay hospitals in a timely manner so that rural hospitals can continue to serve the poor, disabled, and elderly.

- Carefully examine "Charity Care." The Illinois Hospital Association has serious concerns about proposals that would impose a rigid, one size fits all approach to "Charity Care" on rural hospitals.

- Increase funding for mental health and substance abuse services.

- Support the creation of methamphetamine treatment programs. Very few treatment programs in the state currently have the expertise to adequately address the complex symptoms of persons addicted to and abusing this dangerous drug.

- Allow Medicaid reimbursements for psychiatric telemedicine consultations. Currently, the Medicaid program allows reimbursements for medical telemedicine consults but not for psychiatric conditions.

- Allow Medicaid reimbursements for Advance Practice Nurses (APNs). APNs could work with physicians to extend the reach of scarce healthcare professionals in rural areas.

- Examine rural transportation issues, especially regulations impacting ambulances and Emergency Medical Services.

- Support additional financial resources for rural medical education programs and expand recruitment efforts to alleviate workforce shortages.

►MELANIE KOCH, *DIRECTOR OF NURSING* — MASSAC MEMORIAL HOSPITAL

- Increase Medicaid funding and timeliness of Medicaid payments. Access to care for Medicaid patients is becoming more acute, as providers in Paducah, Kentucky are only taking "insured" patients and reducing services to Medicaid clients.

- Support efforts to provide follow-up care after each emergency room visit to ensure proper access to care.

- Support monetary incentives to rural health care providers as a means of attracting and recruiting providers to rural areas.

- The Illinois Department of Public Health should consider waiving certain EMS vehicle standards for more non-conforming temporary uses, so that <u>all</u> available resources are employed for maximum efficiency and effectiveness in the delivery of healthcare.

►DOTTIE MILES — ILLINOIS STATE AMBULANCE ASSOCIATION

- Increase adequacy and timeliness of funding for Emergency Medical Services. The Illinois Ambulance Association supports funding increases to cover the cost of planning level positions and purchase Personal Protective Equipment (PPE).

►MARY MCMAHAN, *EXECUTIVE DIRECTOR* — UNION COUNSELING SERVICES

- Teach the rural population the proper methods for accessing healthcare services.
- Expand school-based healthcare.
- Support coordination of mental health services between community agencies and other healthcare providers.
- Simplify state paperwork requirements.
- Support accreditation for mental health agencies and services.
- Increase funding for mental health services.

►KRISTIN LESSEN, *DIRECTOR* — HEALTH COMMUNITIES PARTNERSHIP

- Support increased funding for the Rural Downstate Health Act as a way to expand healthcare services to rural communities throughout the state.

►J. SRINIVASARAGHAVAN, M.D. — DEPARTMENT OF PSYCHIATRY, SIU SCHOOL OF MEDICINE; CHOATE MENTAL HEALTH CENTER

- Commit to recruiting and retaining quality trained medical professionals through university affiliation as well as rural residency and fellowship opportunities.
- Support telemedicine and consultation opportunities for psychiatric services.
- Develop targeted specialty residency programs or internships beyond the Family Practice Residency Act
- Promote expansion of the “J-1 Visa” program to increase use of foreign-trained workers.

►KAREN FREITAG, *EXECUTIVE DIRECTOR* — SOUTHERN ILLINOIS REGIONAL SOCIAL SERVICES

- In the area of Mental and Behavioral Healthcare, the state needs to make efforts to protect both Medicaid and state funding resources to ensure that rates for services are adequate to meet delivery costs.

JOINT TASK FORCE ON
RURAL HEALTH AND MEDICALLY UNDERSERVED AREAS

WITNESSES / ATTENDEES – CHICAGO

KATHLEEN K. DEVINE, *CEO and President* ..... St. Anthony's Hospital — Chicago

MICHAEL J. O'GRADY, JR., *CEO and President* ..... Norwegian American Hospital — Chicago

PHILIPPE LARGENT, *Vice President* ..... Government Affairs
Illinois Primary Health Care Association

DANIEL YOHANNA, M.D., *President* ..... Illinois Psychiatric Society

MATT HUNSAKER, *Director* ..... Rural Medical Education Program
National Center for Rural Health Professions
University of Illinois — Rockford

BOB GILLIGAN, *Executive Director* ..... Catholic Conference of Illinois

SUSAN BAUER, MA, MPH, *Executive Director* ..... Community Health Partnership of Illinois

JOHN RECORD, *Assistant Dean* ..... SIU Medical School — Springfield

ROBERT M. WESLEY, *Director* ..... Research & Program Development
SIU Medical School — Springfield

JOINT TASK FORCE ON
RURAL HEALTH AND MEDICALLY UNDERSERVED AREAS

CHICAGO – TESTIMONY HIGHLIGHTS – OCTOBER 29, 2006

►KATHLEEN K. DEVINE, *CEO AND PRESIDENT* — ST. ANTHONY'S HOSPITAL — CHICAGO

- St. Anthony's applauds the effort of the General Assembly with respect to the "Provider Tax," but the delay in approval by the federal government means that the hospital is really struggling with cash flow. There needs to be leadership in resolving these funding issues on a longer-term basis for the Medicaid program, beyond the "Provider Tax." The state cannot go back to the federal government every 2 years and then wait 1 1/2 years for approval. This is the time of the "Perfect Storm" of hospital finance, especially considering the current focus on "Charity Care," Medicaid funding issues, the rising number of uninsured, etc. St. Anthony's, and other similarly-situated hospitals, simply cannot do it any longer — we're really close to the breaking point. All it will take is for 1 more major hospital to close for there to be a domino effect.

►MICHAEL J. O'GRADY, JR., *CEO AND PRESIDENT* — NORWEGIAN AMERICAN HOSPITAL — CHICAGO

- Concurred with the previous comments of Kathleen K. Devine, given that Norwegian American is experiencing similar circumstances and issues.

►PHILLIPE LARGENT, *VICE PRESIDENT* — ILLINOIS PRIMARY HEALTH CARE ASSOCIATION

- Support and fund 5-year, $15 million increase for the Community Health Center (CHC) Expansion Program administered by the Illinois Department of Public Health. Increased resources would expand existing health center network, including the establishment of school-based community health centers where appropriate, and provide grant funding to CHCs to assist in covering the cost of the uninsured. This proposal is similar to President Bush's 5-year expansion effort at the federal level which is credited with a significant increase in the number of patients served by health centers nationally while providing additional grant support to help offset the cost of treating greater numbers of uninsured.

- Increase access to specialty and sub-specialty care for underserved populations through a combination of prompt payment, adjusted Medicaid reimbursement, and incentives to specialty providers to serve underserved populations. The problem of accessing specialty care has reached a crisis point, particularly downstate where a combination of high malpractice costs and low/slow Medicaid payments has emptied the market place of specialists willing to provide care to the Medicaid or uninsured patient populations.

- Provide pilot funding to innovative efforts to increase access to specialty care, such as the Specialty Care Pool being developed in Lake County, Illinois.

- Mandate timely Medicaid payments.

- Illinois has an established program designed to recruit medical providers to serve in underserved areas. The state's program mirrors the National Health Service Corp., by providing candidates, who agree to serve a minimum of 2 years in an underserved community, with up to $25,000 per year ($12.5 in state funding and $12.5 from the employer) in loan forgiveness or provide scholarships for health professional students. The Illinois Primary Health Care Association (IPHCA) recommends significantly increasing opportunities under the current loan forgiveness program. Loan forgiveness is the best way to assure underserved areas secure work commitments from physicians, nurse practitioners, dentists, and other allied health professionals. At a minimum, the scholarship program needs to be revamped to avoid candidates skipping out on their commitments while benefiting from the scholarship.

- Identify state and/or local revenue streams to support programs which promote access to care. Tobacco settlement dollars seem precarious. Other, more reliable, revenue streams should be identified to support expanded efforts.

- Stay committed to recent publicly-financed efforts to increase access to care among low income populations such as AllKids, FamilyCare, and recent Medicaid eligibility expansions. Allow Primary Care Case Management system to evolve and promote the concept of a "medical home" for the Medicaid/AllKids populations. Renew commitment to serve immigrant populations including persons who are undocumented.

►SUSAN BAUER, MA, MPH — COMMUNITY HEALTH PARTNERSHIP OF ILLINOIS

- Revise Medicaid eligibility that currently excludes very low income seasonal workers, such as migrant farm workers, whose annual income is below federal poverty guidelines but whose seasonal earnings during the growing season disqualify them from Medicaid. This could also be resolved by Illinois entering into an interstate compact with Texas to give presumptive eligibility to migrants from Texas who already are enrolled in Medicaid in their home base state.

- Allow Federally-Qualified Health Centers (FQHCs) that are serving rural underserved communities where there is no health center or rural health clinic in collaboration with contracted private providers to bill Medicaid at FQHC rates for medical and dental services provided off-site by contracted providers and specialists. Also allow FQHCs that provide medical and dental services to school settings using portable equipment to bill for those services at FQHC rates.

- Expedite professional licensure for health professionals (RNs, dentists, physicians) trained outside of the United States to increase the number of culturally and linguistically competent providers in underserved areas of Illinois.

- Require local health departments to be open for patient services (immunizations, WIC, STD clinics) at least 1 evening per week to accommodate working poor families.

►BOB GILLIGAN, *EXECUTIVE DIRECTOR* — CATHOLIC CONFERENCE OF ILLINOIS

- There must be access and resources available to fulfill people's most essential needs, including health care in rural Illinois. Access is also impacted by the lack of available transportation. Rural residents often must travel great distances to physicians' offices and

health care facilities, but public transportation is not always available in cases where the person cannot drive his own vehicle.

- The Medicaid program is a predominant health care payer, but at low and slow rates of payment. The disproportion of Medicaid patients and lower utilization make it extremely difficult for rural health care providers to sustain services. Rural physicians find that they can no longer accept Medicaid patients, or they must limit the number they can accept.

- There is also limited access to mental health care. There is a significant shortage of mental health professionals in rural areas, and the capacity of rural (family) physicians to provide such care is extremely limited.

►DANIEL YOHANNA, M.D., *PRESIDENT* ILLINOIS PSYCHIATRIC SOCIETY

Consider models to improve access that can be broadly divided into 4 categories. [The Illinois Psychiatric Society (IPS) intends to meet later this year to elaborate on the development of these models for Illinois]:

- CONSULTATION: Allow primary care physicians (internists, family practice doctors, and pediatricians) access to psychiatrists for advice on diagnosis and treatment.

- EDUCATION: Provide education through a variety of means and incentives that can assist primary care physicians to use evidence-based practices.

- RECRUITMENT: Provide incentives for psychiatrists to live and/or work in underserved areas.

- TELE-PSYCHIATRY: Use video conferencing for consultation on patients. Medicaid does not reimburse for tele-psychiatry, but does cover telemedicine.

APPENDICES

EXECUTIVE SUMMARIES, PRESS RELEASES, RELEVANT STATUTES, AND WRITTEN TESTIMONY

NOTE:

DUE TO THE VOLUME, THE APPENDIX IS NOT AVAILABLE IN HARD COPY.

TO VIEW THE APPENDIX, GO TO:

HTTP://WWW.ILGA.GOV/REPORTS/SPECIALREPORTS.ASP

RURAL HEALTH & MEDICALLY UNDERSERVED AREAS – APPENDICES

1. Relevant State Statutes.

2. **NEWS** from the Office of Lieutenant Governor George H. Ryan — June 12, 1990; and Rural/Downstate Health Care Action Plan — Fact Sheet.

3. John Record, Assistant Dean for Rural and Alumni Affairs — SIU School of Medicine — January 30, 2006.

4. Reversing the Trend of Health Care Workforce Shortages in Rural Illinois — The National Center for RuralHealth Professions — University of Illinois — Rockford.

5. Barry S. Maram, Director — Illinois Department of Healthcare and Family Services — Springfield.

6. Addressing Illinois Critical Skill Shortages in Healthcare — Lori Clark, Senior Policy Advisor — Illinois Department of Commerce and Community Affairs — Springfield.

7. Ralph M. Schubert, Illinois Department of Human Services — Division of Community Health Prevention — January 30, 2006.

8. Governor Rod R. Blagojevich Press Release — May 4, 2006.

9. Health Issues Confronting Rural Illinois — Mary Jane Clark and Christopher D. Merrett, Ph.D. — Illinois Institute for Rural Affairs — Western Illinois University, Macomb — January 30, 2006.

10. Illinois Rural Downstate Health Act, Programs and Strategic Alliances Among Participating Agencies — Mary Jane Clark and Christopher D. Merrett, Ph.D. — Illinois Institute for Rural Affairs — Western Illinois University, Macomb; and Marcia Franklin — Illinois Department of Public Health — Center for Rural Health — March 2006.

11. Partners in Illinois Rural Health — Mary Jane Clark — Illinois Institute for Rural Affairs —Western Illinois University, Macomb; and Marcia Franklin — Illinois Department of Public Health — Center for Rural Health — March 2006.

12. Paul Schou, Executive Director — ICAHN: Illinois Critical Access Hospital Network —June 29, 2006.

13. The Economic Impact of the Critical Access Hospital Program on Illinois Communities — ICAHN: Illinois Critical Access Hospital Network, by Northwestern Illinois University, NIU Regional Development Institute — June 2006.

14. Matthew Hunsaker, MD — National Center for Rural Health Professions — University of Illinois, Rockford — August 29, 2006.

15. Reversing the Trend of Health Care Workforce Shortages in Rural Illinois — Michael Glasser, Associate Dean — The National Center for RuralHealth Professions — University of Illinois, Rockford.

16. Harvey Davis, CEO — Franklin Hospital, Benton — August 29, 2006.

17. Focus on Rural Community Hospitals in Illinois, Illinois Hospital Association — Kathy Gayda, Director and Robert Hansen, Policy Information Analyst — August 2006.

18. Roger W. Hannan, MS, Executive Director — Farm Resource Center — John A. Logan College — August 29, 2006.

19. Betsy D. Mitchell, Legislative Consultant — Arthritis Foundation — Greater Chicago Chapter.

20. Kristen Lessen, Director — Healthy Communities Partnership — Abraham Lincoln Memorial Hospital, Lincoln.

21. Cheryl Boyd, Director — Family Counseling and Mental Health Center — A Division of Franklin-Williamson Human Services — John A. Logan College, Carterville — August 29, 2006.

22. Kathleen K. DeVine, CEO and President — St. Anthony's Hospital, Chicago.

23. Michael J. O'Grady, Jr., CEO and President — Norwegian American Hospital, Chicago.

24. Illinois Primary Health Care Association (IPHCA).

25. Illinois Primary Health Care Association (IPHCA). Community Health Centers: Providing Solutions to the Medically Underserved.

26. Daniel Yohanna, MD, President — Illinois Psychiatric Society.

27. Bob Gilligan, Executive Director — Catholic Conference of Illinois.

28. Susan Bauer, MA, MPH — Community Health Partnership of Illinois, Chicago — October 24, 2006.

29. A Proposal for the Expansion of the Rural Health Initiative — Rural Health Initiative Expansion — Southern Illinois University — School of Medicine.

30. Letter to Illinois State Senator Deanna Demuzio and Illinois Representative William Delgado — from Illinois Rural Health Association — November 10, 2006.

Notes