



94TH GENERAL ASSEMBLY

State of Illinois

2005 and 2006

SB0522

Introduced 2/17/2005, by Sen. Iris Y. Martinez

SYNOPSIS AS INTRODUCED:

New Act

Creates the Cultural and Linguistic Competency of Physicians Act. Creates the Cultural and Linguistic Physician Competency Program to be operated by local medical societies of the Illinois State Medical Society and monitored by the Department of Financial and Professional Regulation. Provides that the program is voluntary and shall consist of educational classes designed to teach physicians (1) a foreign language at the level of proficiency that initially improves their ability to communicate with non-English speaking patients, (2) understanding and application of the roles that culture, ethnicity, and race play in diagnosis, treatment, and clinical care, and (3) awareness of how the attitudes, values, and beliefs of health care providers and patients influence and impact professional and patient relations. Effective immediately.

LRB094 06585 RAS 36676 b

FISCAL NOTE ACT
MAY APPLY

1 AN ACT concerning regulation.

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

4 Section 1. Short title. This Act may be cited as the
5 Cultural and Linguistic Competency of Physicians Act.

6 Section 5. Definitions. For purposes of this Act:

7 "Cultural and linguistic competency" means cultural and
8 linguistic abilities that can be incorporated into therapeutic
9 and medical evaluation and treatment, including, but not
10 limited to, all of the following:

11 (1) Direct communication in the patient's primary
12 language.

13 (2) Understanding and applying the roles that culture,
14 ethnicity, and race play in diagnosis, treatment, and
15 clinical care.

16 (3) Awareness of how the attitudes, values, and beliefs
17 of health care providers and patients influence and impact
18 professional and patient relations.

19 "Department" means the Department of Financial and
20 Professional Regulation.

21 Section 10. Cultural and Linguistic Physician Competency
22 Program.

23 (a) The Cultural and Linguistic Physician Competency
24 Program is hereby established and shall be operated by local
25 medical societies of the Illinois State Medical Society and
26 shall be monitored by the Department of Financial and
27 Professional Regulation.

28 (b) This program shall be a voluntary program for all
29 interested physicians. As a primary objective, the program
30 shall consist of educational classes that shall be designed to
31 teach physicians the following:

1 (1) A foreign language at the level of proficiency that
2 initially improves their ability to communicate with
3 non-English speaking patients.

4 (2) A foreign language at the level of proficiency that
5 eventually enables direct communication with the
6 non-English speaking patients.

7 (3) Cultural beliefs and practices that may impact
8 patient health care practices and allow physicians to
9 incorporate this knowledge in the diagnosis and treatment
10 of patients who are not from the predominant culture in
11 Illinois.

12 (c) The program shall operate through local medical
13 societies and shall be developed to address the ethnic language
14 minority groups of interest to local medical societies.

15 (d) In dealing with Spanish language and cultural practices
16 of Mexican immigrant communities, the cultural and linguistic
17 training program shall be developed with direct input from
18 physician groups in Mexico who serve the same immigrant
19 population in Mexico. A similar approach may be used for any of
20 the languages and cultures that are taught by the program or
21 appropriate ethnic medical societies may be consulted for the
22 development of these programs.

23 (e) Training programs shall be based and developed on the
24 established knowledge of providers already serving target
25 populations and shall be formulated in collaboration with the
26 Illinois State Medical Society, the Department of Financial and
27 Professional Regulation, and Illinois-based ethnic medical
28 societies.

29 (f) Programs shall include standards that identify the
30 degree of competency for participants who successfully
31 complete independent parts of the course of instruction.

32 (g) Programs shall seek accreditation by an accrediting
33 body approved by the Department.

34 (h) The Department shall convene a workgroup including, but
35 not limited to, representatives of affected patient
36 populations, medical societies engaged in program delivery,

1 and community clinics to perform the following functions:

2 (1) Evaluation of the progress made in the achievement
3 of the intent of this Act.

4 (2) Determination of the means by which achievement of
5 the intent of this Act can be enhanced.

6 (3) Evaluation of the reasonableness and the
7 consistency of the standards developed by those entities
8 delivering the program.

9 (4) Determination and recommendation of the credit to
10 be given to participants who successfully complete the
11 identified programs. Factors to be considered in this
12 determination shall include, at a minimum, compliance with
13 requirements for continuing medical education and
14 eligibility for increased rates of reimbursement under the
15 medical assistance program under Article V of the Illinois
16 Public Aid Code, Family Care and KidCare under the
17 Children's Health Insurance Program Act, and health
18 maintenance organization contracts.

19 (i) Funding shall be provided by fees charged to physicians
20 who elect to take these educational classes and any other funds
21 that local medical societies may secure for this purpose.

22 (j) A survey for language minority patients shall be
23 developed and distributed by local medical societies, to
24 measure the degree of satisfaction with physicians who have
25 taken the educational classes on cultural and linguistic
26 competency provided under this Section. Local medical
27 societies shall also develop an evaluation survey for
28 physicians to assess the quality of educational or training
29 programs on cultural and linguistic competency. This
30 information shall be shared with the workgroup established by
31 the Department.

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