

AN ACT concerning health.

**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 Health Care Workforce Task Force Act.

Section 5. Policy and intent.

(a) It is the policy of this State to advance and promote a robust and skilled health care workforce that will ensure access to high quality health care to all Illinoisans.

(b) It is the intent of the General Assembly to coordinate the various agencies of the State and relevant stakeholders to garner a path toward meeting this policy objective.

Section 10. Findings. The General Assembly finds and declares:

(1) The COVID-19 pandemic exacerbated an already growing health care workforce shortage, creating significant hiring challenges and reducing access to care.

(2) Pandemic flexibility and reciprocity permitted an additional 25,000 highly trained health care workers to provide needed services to Illinoisans. The end of this flexibility and reciprocity have resulted in a significant loss to the State's health care workforce.

(3) A February 2024 report created for the Commission on Government Forecasting and Accountability shows that health care is one of the stalwarts of the Illinois economy and Illinois employers will add more health care jobs at a stronger pace than other sectors, as a response to a growing aging population. Illinois hospitals alone are responsible for creating 445,000 jobs and infusing \$117,000,000,000 into the Illinois economy.

(4) Studies from the Department of Financial and Professional Regulation show that the majority of licensed nurses are employed full-time while Illinois will still face an estimated shortage of 15,000 registered nurses by the end of 2025.

(5) Continued advancements in health care and health care delivery require constant review of resource allocation to ensure the workforce is trained and prepared for those changes.

(6) The Illinois health care workforce is not representative of the Illinois population due to barriers for many underrepresented groups.

(7) Average waiting times of 175 minutes in hospital emergency departments have contributed to health care workers facing unacceptably high levels of violence from patients and visitors, further challenging the ability to retain highly trained and qualified staff.

(8) Public Act 103-0725 creates important

opportunities for international medical graduate physicians to play an important role in the growth of the Illinois health care workforce.

(9) The lack of an adequate health care workforce has, in part, resulted in a continued shortage of critical health care services and a reduction in access to care.

(10) The launch and implementation of the comprehensive regulatory environment by the Department of Financial and Professional Regulation offers tangible opportunities to use technology to enhance the licensure experience for health care professionals as well as allow data to drive decision-making in the workforce space.

Section 15. Health Care Workforce Task Force.

(a) The Health Care Workforce Task Force is created within the Department of Public Health.

(b) The Task Force shall consist of the following members

(1) the Director of Public Health or the Director's designee;

(2) the Secretary of Financial and Professional Regulation or the Secretary's designee;

(3) the Director of Healthcare and Family Services or the Director's designee;

(4) the Attorney General or the Attorney General's designee;

(5) one member of the Senate, appointed by the

President of the Senate;

(6) one member of the Senate, appointed by the Minority Leader of the Senate;

(7) one member of the House of Representatives, appointed by the Speaker of the House of Representatives;

(8) one member of the House of Representatives, appointed by the Minority Leader of the House of Representatives; and

(9) the following members, appointed by the Governor:

(A) one representative of a statewide organization representing physicians;

(B) one representative of a statewide organization representing nurses;

(C) one representative of a statewide organization representing a majority of hospitals;

(D) one representative of a statewide organization representing organized labor;

(E) one representative of a statewide organization representing long-term care facilities;

(F) one representative of an organization that represents the interests of allied health professionals;

(G) one representative of an Illinois nursing school;

(H) one representative of a statewide organization representing emergency physicians; and

(I) one representative of a statewide organization representing federally qualified health centers.

(c) All members of the Task Force shall serve without compensation. Members shall be appointed within 120 days after the effective date of this Act. At the initial meeting of the Task Force, the members of the Task Force shall elect 2 co-chairs from the members appointed by the leadership of the General Assembly.

Section 20. Administrative support. The Department of Public Health shall provide staff and any necessary administrative and other support to the Task Force. The Department of Financial and Professional Regulation shall facilitate the prompt and timely collection and provision of data as requested by the Task Force.

Section 25. Meetings. The Task Force shall hold its initial meeting within 160 days after the effective date of this Act. The Task Force shall hold at least 4 meetings.

Section 30 Duties.

(a) The Task Force shall have the following duties:

(1) to review relevant statutes, rules, and regulations that impact health care workers;

(2) to review data on the various health care professions to identify workforce shortages that may exist

and provide recommendations on addressing those shortages;

(3) to provide recommendations on how to promote an early interest in younger Illinoisans in joining the health care workforce;

(4) to provide recommendations on how to invest resources to ensure health care workers are trained to meet the demands of an ever-changing health care delivery system;

(5) to review and develop recommendations regarding improving health care workforce recruitment and retention;

(6) to review and develop recommendations to address barriers for underrepresented groups in the health care workforce;

(7) review current capabilities of the comprehensive regulatory environment and other similar state systems to develop recommendations on how to use these tools to further enhance the health care workforce;

(8) to review and provide recommendations on the opportunities to be more inclusive of foreign trained physicians and other health care professionals in the Illinois workforce;

(9) to develop recommendations that will lead to all Illinoisans having access to the appropriate level of care at the right time; and

(10) to develop recommendations that will reduce acts of workplace violence being perpetrated against health

care workers.

(b) The Task Force shall solicit feedback from stakeholders, advocates, and persons with lived experiences to inform the Task Force on the duties set forth in subsection (a) and any other considerations the Task Force deems necessary.

Section 35. Reporting. No later than one year after the first meeting of the Task Force, the Task Force shall submit to the General Assembly and the Governor a report including its recommendations.

Section 90. Dissolution; repeal. The Task Force is dissolved and this Act is repealed on December 31, 2027.