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 Workforce Direct Care Expansion Act.

6 Section 5. Purpose and findings.
7 (a) The General Assembly finds that:
8 (1) Administrative activities include processes that
9 require behavioral health professionals and their clients
10 to repeat data collection processes and adhere to a vast
11 and uncoordinated array of requirements.
12 (2) Not only is this duplication a burden on the time
13 and resources of behavioral health professionals, but data
14 collection can also be re-traumatizing to clients as they
15 repeat their presenting problems multiple times to various
16 professionals.
17 (3) Duplication and burden also lead to longer
18 admission processes, leaving behavioral health
19 professionals less time to provide crucial treatment.
20 (4) In behavioral health care, compliance with heavily
21 regulated industry standards falls squarely on the
22 shoulders of those providing direct services to
23 individuals.

1 (5) Behavioral health professionals have gone far too
2 long without reasonable reform, causing capable workers to
3 become overwhelmed and leave their jobs or the behavioral
4 health industry altogether.
5 (6) One of the greatest complaints from behavioral
6 health professionals is the amount of administrative
7 responsibilities that lead to less time with their
8 clients.
9 (7) Clinician burnout, if not addressed, will make it
10 harder for individuals to get care when they need it,
11 cause health costs to rise, and worsen health disparities.
12 (8) Behavioral health professionals dedicate their
13 expertise to addressing mental health and substance use
14 challenges and that it is essential to streamline
15 administrative processes to enable them to focus more on
16 client care and treatment.
17 (9) Administrative burdens can contribute to workforce
18 challenges in the behavioral health sector.
19 (b) The purpose of this Act is to:
20 (1) Alleviate the administrative burden placed on
21 behavioral health professionals in Illinois and devise an
22 efficient system that enhances client-centered services.
23 Behavioral health professionals play a critical role in
24 promoting mental health and well-being within Illinois
25 communities.
26 (2) Foster a collaborative and client-centered

1 approach by encouraging communication and coordination
2 among behavioral health professionals, regulatory bodies,
3 and relevant stakeholders.
4 (3) Make a heavy lift more bearable.
5 (4) Address paperwork fatigue that leads to burnout.
6 (5) Enhance the efficiency and effectiveness of
7 behavioral health services by reducing unnecessary
8 paperwork, bureaucratic hurdles, and redundant
9 administrative requirements that may impede the delivery
10 of timely and quality care.
11 (6) Attract and retain skilled behavioral health
12 professionals and ultimately improve access to mental
13 health and substance use services for the residents of
14 Illinois.
15 (7) Align with the State's commitment to promoting
16 mental health and substance use services, reducing
17 barriers to care, and ensuring that behavioral health
18 professionals can dedicate more time and resources to
19 meeting the diverse needs of individuals and communities
20 across Illinois.
21 (8) Enhance the overall effectiveness of the
22 behavioral health sector to improve mental health outcomes
23 and levels of well-being for all residents of the State.

24 Section 10. The Behavioral Health Administrative Burden
25 Task Force.

1 (a) The Behavioral Health Administrative Burden Task Force
2 is established within the Office of the Chief Behavioral
3 Health Officer, in partnership with the Department of Human
4 Services Division of Mental Health and Division of Substance
5 Use Prevention and Recovery, the Department of Healthcare and
6 Family Services, the Department of Children and Family
7 Services, and the Department of Public Health.
8 (b) The Task Force shall review policies and regulations
9 affecting the behavioral health industry to identify
10 inefficiencies, duplicate or unnecessary requirements, unduly
11 burdensome restrictions, and other administrative barriers
12 that prevent behavioral health professionals from providing
13 services.
14 (c) The Task Force shall analyze the impact of
15 administrative burdens on the delivery of quality care and
16 access to behavioral health services by:
17 (1) collecting data on the administrative tasks,
18 paperwork, and reporting requirements currently imposed on
19 behavioral health professionals in Illinois;
20 (2) engaging with behavioral health professionals,
21 including providers of all relevant license and
22 certification types, to gather input on specific
23 administrative challenges they face;
24 (3) seeking input from clients and service recipients
25 to understand the impact of administrative requirements on
26 their care; and

1 (4) conducting a comparative analysis of documentation
2 requirements with other geographic jurisdictions.
3 (d) The Task Force shall collaborate with relevant State
4 agencies to identify areas where administrative processes can
5 be standardized and harmonized by:
6 (1) researching best practices and successful
7 administrative burden reduction models from other states
8 or jurisdictions;
9 (2) unifying administrative requirements, such as
10 screening, assessment, treatment planning, and personnel
11 requirements, including background checks, where possible
12 among state bodies; and
13 (3) identifying and seeking to replicate reform
14 efforts that have been successful in other jurisdictions.
15 (e) The Task Force shall identify innovative technologies
16 and tools that can help automate and streamline administrative
17 tasks and explore the potential for interagency data sharing
18 and integration to reduce redundant reporting by:
19 (1) researching best practices around shared data
20 platforms to improve the delivery of behavioral health
21 services and ensure that such platforms do not result in a
22 duplication of data entry, including coverage of any
23 relevant software costs to avoid duplication;
24 (2) facilitating the secure exchange of client
25 information, treatment plans, and service coordination
26 among health care providers, behavioral health facilities,

1 State-level regulatory bodies, and other relevant
2 entities;
3 (3) reducing administrative burdens and duplicative
4 data entry for service providers;
5 (4) ensuring compliance with federal and state privacy
6 regulations, including the Health Insurance Portability
7 and Accountability Act, 42 CFR Part 2, and other relevant
8 laws and regulations; and
9 (5) improving access to timely client care, with an
10 emphasis on clients receiving services under the Medical
11 Assistance Program.
12 (f) The Task Force shall eliminate documentation
13 redundancy and coordinate the sharing of information among
14 State agencies by:
15 (1) standardizing forms at the State-level to simplify
16 access, reduce administrative burden, ensure consistency,
17 and unify requirements across all behavioral health
18 provider types where possible;
19 (2) identifying areas where standardized language
20 would be allowable so that staff can focus on
21 individualizing relevant components of documentation;
22 (3) reducing and standardizing, when possible, the
23 information required for assessments and treatment plan
24 goals and consolidate documentation required in these
25 areas for mental health and substance use clients;
26 (4) evaluating, reducing, and streamlining information

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

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

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

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

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

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

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

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

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

1 administrative functions.

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

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

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

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

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

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

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

1 (7) a representative from the Department of Public
2 Health;
3 (8) One member of the House of Representatives,
4 appointed by the Speaker of the House of Representatives;
5 (9) One member of the House of Representatives,
6 appointed by the Minority Leader of the House of
7 Representatives;
8 (10) One member of the Senate, appointed by the
9 President of the Senate; and
10 (11) One member of the Senate, appointed by the
11 Minority Leader of the Senate.

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

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

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

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