



100TH GENERAL ASSEMBLY

State of Illinois

2017 and 2018

HB0677

by Rep. Robyn Gabel

SYNOPSIS AS INTRODUCED:

New Act

5 ILCS 80/4.38 new

225 ILCS 60/4

225 ILCS 65/50-15

305 ILCS 5/5-5

from Ch. 111, par. 4400-4

was 225 ILCS 65/5-15

from Ch. 23, par. 5-5

Creates the Home Birth Safety Act. Provides for the licensure of midwives by the Department of Financial and Professional Regulation and for certain limitations on the activities of licensed midwives. Creates the Illinois Midwifery Board. Sets forth provisions concerning application, qualifications, grounds for disciplinary action, and administrative procedures. Amends the Regulatory Sunset Act to set a repeal date for the new Act of January 1, 2028. Amends the Medical Practice Act of 1987, the Nurse Practice Act, and the Illinois Public Aid Code to make related changes.

LRB100 06207 SMS 16241 b

CORRECTIONAL
BUDGET AND
IMPACT NOTE ACT
MAY APPLY

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 Home
5 Birth Safety Act.

6 Section 5. Purpose. The practice of midwifery in
7 out-of-hospital settings is hereby declared to affect the
8 public health, safety, and welfare and to be subject to
9 regulation in the public interest. The purpose of this Act is
10 to protect and benefit the public by setting standards for the
11 qualifications, education, training, and experience of those
12 who seek to obtain licensure as a licensed certified
13 professional midwife, including a requirement to work
14 collaboratively with hospital-based and privileged health care
15 professionals to promote high standards of professional
16 performance for those licensed to practice midwifery in
17 out-of-hospital settings in this State, to promote a
18 collaborative and integrated maternity care delivery system in
19 Illinois with agreed-upon consulting, transfer and transport
20 protocols in use by all health care professionals and licensed
21 midwives across all health care settings to maximize patient
22 safety and positive outcomes, to support accredited education
23 and training as a prerequisite to licensure and to protect the

1 public from unprofessional conduct by persons licensed to
2 practice midwifery, as defined in this Act. This Act shall be
3 liberally construed to best carry out these purposes.

4 Section 10. Exemptions.

5 (a) This Act does not prohibit a person licensed under any
6 other Act in this State from engaging in the practice for which
7 he or she is licensed or from delegating services as provided
8 for under that other Act.

9 (b) Nothing in this Act shall be construed to prohibit or
10 require licensing under this Act with regard to:

11 (1) the rendering of services by a birth attendant, if
12 such attendance is in accordance with the birth attendant's
13 cultural traditions or religious faith and is rendered only
14 to women and families in that distinct cultural or
15 religious group as an exercise and enjoyment of their
16 religious freedom; and

17 (2) a student midwife working under the direction of a
18 licensed certified professional midwife.

19 Section 15. Definitions. In this Act:

20 "Board" means the Illinois Midwifery Board, as specified in
21 this Act.

22 "Certified Professional Midwife" or "CPM" means a person
23 who has met the standards for certification as a Certified
24 Professional Midwife set by the North American Registry of

1 Midwives or its successor, including successful completion of a
2 comprehensive written examination administered in a
3 computerized testing center contracted by the North American
4 Registry of Midwives.

5 "Department" means the Department of Financial and
6 Professional Regulation.

7 "Health care practitioner" means physician licensed to
8 practice medicine in all its branches or an advanced practice
9 nurse who is a certified nurse midwife.

10 "Licensed certified professional midwife" or "LCPM" means
11 a person who has successfully met the requirements under
12 Section 30 of this Act.

13 "Midwifery Bridge Certificate" means the certificate
14 issued by the North American Registry of Midwives that
15 documents completion of 50 hours of accredited continuing
16 education specific to content in emergency skills for
17 pregnancy, birth, and newborn care, along with other midwifery
18 topics addressing the core competencies established by the
19 International Confederation of Midwives or its successor.
20 Bridge topics shall include 14 hours of obstetric emergency
21 skills training, such as birth emergency skills training (BEST)
22 or an advanced life-saving in obstetrics (ALSO) course. The
23 remaining 36 hours shall be divided among and include hours in
24 the areas of pharmacology, lab interpretations of pregnancy,
25 antepartum complications, intra-partum complications,
26 postpartum complications, and neonatal care or any additional

1 requirements subsequently required by the North American
2 Registry of Midwives or its successor.

3 "MEAC" means the Midwifery Education and Accreditation
4 Council, or its successor.

5 "NARM" means the North American Registry of Midwives, or
6 any successor organization, that has established and has
7 continued to administer certification for the credentialing of
8 Certified Professional Midwives.

9 "Patient" means a woman or newborn for whom a licensed
10 certified professional midwife provides services.

11 "Postpartum period" means the first 6 weeks after delivery.

12 "Practice of midwifery" means, consistent with current
13 national standards, this Act, and rules adopted by the
14 Department, providing the necessary supervision, care,
15 education, and advice to people with low-risk pregnancies
16 during the antepartum, intra-partum, and postpartum period,
17 conducting deliveries, and caring for the newborn, with such
18 care including preventative measures, the detection of
19 abnormal conditions in the mother and the child, the
20 identification, referral and procurement of medical assistance
21 when necessary care is beyond the scope of certified
22 professional midwifery practice, and the execution of
23 emergency measures in the absence of medical help. "Practice of
24 midwifery" includes breastfeeding assistance and education,
25 non-prescriptive family planning, and basic well-woman care
26 limited to screenings for sexually transmitted infection.

1 "Secretary" means the Secretary of Financial and
2 Professional Regulation.

3 Section 20. Unlicensed practice. Beginning on January 1,
4 2019, no person may practice, attempt to practice, or hold
5 himself or herself out to practice as a licensed certified
6 professional midwife unless he or she is licensed under this
7 Act.

8 Section 25. Powers and duties of the Department; rules.

9 (a) The Department shall exercise the powers and duties
10 prescribed by the Civil Administrative Code of Illinois for the
11 administration of licensing Acts and shall exercise such other
12 powers and duties necessary for effectuating the purposes of
13 this Act.

14 (b) The Department shall adopt rules under the Illinois
15 Administrative Procedure Act for the administration and
16 enforcement of the Act and for the payment of fees connected to
17 the Act and may prescribe forms that shall be issued in
18 connection with the Act. In addition, the Department shall
19 adopt rules establishing uniform State forms that licensed
20 certified professional midwives must (1) provide to clients
21 consistent with the Act, including informed consent forms, (2)
22 complete and submit to the Board in each case in which the
23 transport of a patient occurs in accordance with transport
24 protocols recommended by the Board and adopted by the

1 Department by rule, and (3) complete to report patient outcomes
2 to the Board.

3 (c) The rules adopted by the Department under this Section
4 may not authorize a licensed certified professional midwife to
5 practice beyond the scope of practice set forth in Section 45.

6 (d) The Department shall consult with the Board in adopting
7 rules. Notice of proposed rulemaking shall be transmitted to
8 the Board and the Department shall review the Board's response
9 and any recommendations made. The Department shall notify the
10 Board in writing of deviations from the Board's recommendations
11 and responses.

12 (e) The Department may at any time seek the advice and the
13 expert knowledge of the Board on any matter relating to the
14 administration of this Act.

15 (f) The Department shall issue quarterly a report to the
16 Board of the status of all complaints related to the profession
17 filed with the Department.

18 (g) Administration by the Department of this Act must be
19 consistent with standards regarding the practice of midwifery
20 established by the National Association of Certified
21 Professional Midwives or a successor organization, this Act and
22 rules adopted pursuant to this Act.

23 Section 27. Requirements for schools. Schools providing
24 education for licensed certified professional midwives shall
25 provide a program of education that is accredited by the

1 Midwifery Education and Accreditation Council and that
2 includes, but is not limited to, classes on the following
3 topics:

4 (1) the community and social determinants of health,
5 including income, literacy, education, water supply and
6 sanitation, housing, environmental hazards, food security,
7 disease patterns, and common threats to health;

8 (2) principles of community-based primary care using
9 health promotion and disease prevention and control
10 strategies;

11 (3) direct and indirect causes of maternal and neonatal
12 mortality and morbidity and strategies for reducing them;

13 (4) methodology for conducting maternal death review
14 and near-miss audits;

15 (5) principles of epidemiology and community
16 diagnosis, including water and sanitation, and how to use
17 these in care provision;

18 (6) methods of infection prevention and control
19 appropriate to the service being provided;

20 (7) principles of research, evidenced-based practice,
21 critical interpretation of professional literature, and
22 the interpretation of vital statistics and research
23 findings;

24 (8) indicators of quality health care services;

25 (9) principles of health education;

26 (10) national and local health services and

1 infrastructures supporting the continuum of care through
2 organizations and referral systems, and how to access
3 needed resources for midwifery care;

4 (11) relevant national or local programs or
5 initiatives that provide services or knowledge of how to
6 assist community members to access services, such as
7 immunization and prevention or treatment of health
8 conditions prevalent in the country or locality;

9 (12) the concept of alarm or preparedness, the protocol
10 for referral to higher health facility levels, and
11 appropriate communication during transport and emergency
12 care;

13 (13) the legal and regulatory framework governing
14 reproductive health for women of all ages, including laws,
15 policies, protocols, and professional guidelines;

16 (14) human rights and their effects on the health of
17 individuals, including, but not limited to, health
18 disparities, domestic partner violence, and female genital
19 mutilation or cutting;

20 (15) advocacy and empowerment strategies for women;

21 (16) the history of childbirth practices and the
22 midwifery profession;

23 (17) unique healthcare needs of women from distinct
24 ethnic or cultural backgrounds or a variety of family
25 structures and sexual orientations;

26 (18) culturally sensitive care;

1 (19) traditional and modern health practices that are
2 beneficial, neutral, or harmful;

3 (20) benefits and risks of available birth settings;

4 (21) strategies for advocating with women for a variety
5 of safe birth settings;

6 (22) the purpose and role of national and local
7 midwifery organizations that provide guidelines for
8 professional behaviors, which include that the midwife:

9 (A) is responsible and accountable for clinical
10 decisions and actions;

11 (B) acts consistently in accordance with
12 professional ethics, values, and human rights as
13 defined by national and local professional midwifery
14 organizations;

15 (C) acts consistently in accordance with standards
16 of practice as defined by national and local
17 professional midwifery organizations;

18 (D) maintains and updates knowledge and skills in
19 order to remain current in practice;

20 (E) uses standard or universal precautions,
21 infection prevention and control strategies, and clean
22 technique;

23 (F) behaves in a courteous, non-judgmental,
24 non-discriminatory, and culturally appropriate manner
25 with all clients;

26 (G) is respectful of individuals and their culture

1 and customs, regardless of socioeconomic status, race,
2 ethnic origin, sexual orientation, gender, physical
3 ability, cognitive ability, or religious belief;

4 (H) maintains the confidentiality of all
5 information shared by the woman and communicates
6 essential information among other health care
7 providers or family members only with explicit
8 permission from the woman and in situations of
9 compelling need;

10 (I) uses shared decision-making in partnership
11 with women and their families to enable and support
12 them in making informed choices about their health,
13 including the need or desire for referral or transfer
14 to other health care providers or facilities for
15 continued care when health care needs exceed the
16 abilities of the licensed certified professional
17 midwife, and their right to refuse testing or
18 intervention;

19 (J) works collaboratively with other health care
20 workers to improve the delivery of services to women
21 and families;

22 (K) follows appropriate protocol and etiquette for
23 transport or transfer of care of the mother or newborn
24 from home or birth center to the hospital during
25 pregnancy, in labor, or postpartum; and

26 (L) provides opportunity for client feedback;

1 (23) classes ensuring that the midwife has the skill or
2 ability to:

3 (A) engage in health education discussions with
4 and for women and their families;

5 (B) use appropriate communication and listening
6 skills across all domains of competency;

7 (C) assemble, use, and maintain equipment and
8 supplies appropriate to setting of practice;

9 (D) document and interpret relevant findings for
10 services provided across all domains of competency,
11 including what was done and what needs follow-up
12 according to current best practices;

13 (E) comply with all local regulations for birth and
14 death registration, mandatory reporting for physical
15 abuse, and infectious disease reporting;

16 (F) take a leadership role in the practice arena
17 based on professional beliefs and values; and

18 (G) assume administration and management tasks and
19 activities, including, but not limited to, compliance
20 with privacy and protected health information
21 regulations, such as compliance with the requirements
22 of the Health Insurance Portability and Accountability
23 Act, and compliance with workplace safety regulations,
24 including compliance with regulations of the
25 Occupational Safety and Health Administration;

26 (24) anatomy and physiology of the human body;

1 (25) the biology of human reproduction, the menstrual
2 cycle, and the process of conception;

3 (26) the growth and development of the unborn baby;

4 (27) signs and symptoms of pregnancy;

5 (28) examinations and tests for confirmation of
6 pregnancy;

7 (29) signs and symptoms and methods for diagnosis of an
8 ectopic pregnancy;

9 (30) principles of dating pregnancy by menstrual
10 history, size of uterus, fundal growth patterns, and use of
11 ultrasound;

12 (31) components of a health history and focused
13 physical examination for antenatal visits;

14 (32) manifestations of various degrees of female
15 genital mutilation or cutting and their potential;

16 (33) factors involved in decisions relating to
17 unintended or mistimed pregnancies;

18 (34) normal findings or results of basic screening
19 laboratory tests, including, but not limited to, (i)
20 routine pregnancy blood work, (ii) urine dipstick, (iii)
21 fetal screening, such as genetic testing, biophysical
22 profiles, first and second trimester screen, non-stress
23 test, and ultrasound, (iv) glucose tolerance screen, (v)
24 pre-eclampsia screening tests, and (vi) Group B
25 streptococcus vaginal or rectal culture;

26 (35) normal progression of pregnancy, such as body

1 changes, common discomforts, expected fundal growth
2 patterns, and weight gain;

3 (36) implications of deviation from expected fundal
4 growth patterns, including intrauterine growth retardation
5 or restriction, oligohydramnios and polyhydramnios, and
6 multiple fetuses;

7 (37) fetal risk factors requiring transfer of women to
8 higher levels of care prior to labor and birth;

9 (38) normal psychological changes in pregnancy,
10 indicators of psychosocial stress, and impact of pregnancy
11 on the woman and the family;

12 (39) safe locally available non-pharmacological
13 methods for the relief of common discomforts of pregnancy;

14 (40) how to determine fetal well-being during
15 pregnancy, including fetal heart rate and activity
16 patterns, amniocentesis, and ultrasound technology;

17 (41) components of a healthy diet and the nutritional
18 requirements of the pregnant woman and fetus, including the
19 appropriate use of vitamin and mineral supplements;

20 (42) health education needs in pregnancy, such as
21 information about relief of common discomforts, hygiene,
22 sexuality, and work inside and outside the home;

23 (43) basic principles of pharmacokinetics of drugs
24 prescribed, dispensed, or furnished to women during
25 pregnancy;

26 (44) effects of prescribed medications, ultrasound,

1 street drugs, traditional medicines, and over-the-counter
2 drugs on pregnancy and the fetus;

3 (45) effects of smoking, alcohol abuse, and illicit
4 drug use on the pregnant woman and fetus;

5 (46) effects of environmental exposures, food-borne
6 illnesses, or certain activities on the pregnant woman and
7 fetus, such as heavy metals, listeriosis, pesticides, food
8 additives, saunas, and toxoplasmosis;

9 (47) the essential elements of birth planning,
10 including, but not limited to, preparation for labor and
11 birth and emergency preparedness;

12 (48) the physical preparation for labor;

13 (49) the components of preparation of the home and
14 family for the newborn;

15 (50) techniques for increasing relaxation and pain
16 relief measures available for labor;

17 (51) signs, symptoms, and potential effects of
18 conditions that are life-threatening to the pregnant woman
19 or her fetus, including, but not limited to, (i)
20 pre-eclampsia or eclampsia, (ii) vaginal bleeding, (iii)
21 premature labor, (iv) Rh isoimmunization, and (v)
22 syphilis;

23 (52) means and methods of advising about care,
24 treatment, and support for the HIV-positive pregnant
25 woman, including measures to prevent maternal-to-child
26 transmission (PMTCT) and feeding options;

1 (53) signs, symptoms, and indications for referral of
2 selected complications and conditions of pregnancy that
3 affect either the mother or the fetus, including, but not
4 limited to, (i) anemia, (ii) asthma, (iii) HIV infection,
5 (iv) thyroid disorders, (v) diabetes, (vi) cardiac
6 conditions, (vii) malpresentations and abnormal lie,
7 (viii) placental disorders, (ix) pre-term labor, (x)
8 post-dates pregnancy, and (xi) hydatidiform mole;

9 (54) the prenatal methods for encouraging optimal
10 positioning at term, including external manual version;

11 (55) the physiology of lactation and methods to prepare
12 women for breastfeeding;

13 (56) classes ensuring that the midwife has the skill or
14 ability to:

15 (A) take an initial history and perform an ongoing
16 history for each antenatal visit;

17 (B) perform a complete physical examination and
18 explain the findings to the woman;

19 (C) take and assess maternal vital signs,
20 including temperature, blood pressure, and pulse;

21 (D) draw blood and collect urine and vaginal
22 culture specimens for laboratory testing;

23 (E) assess maternal nutrition and its relationship
24 to fetal growth and give appropriate advice on the
25 nutritional requirements of pregnancy and how to
26 achieve them;

1 (F) perform a complete abdominal assessment
2 including measuring fundal height, lie, position, and
3 presentation;

4 (G) assess fetal growth using manual measurements;

5 (H) evaluate fetal growth, placental location, and
6 amniotic fluid volume by using manual measurements or
7 techniques and by referring for ultrasound
8 visualization and measurement;

9 (I) listen to the fetal heart rate, palpate the
10 uterus for fetal activity, and interpret findings;

11 (J) monitor fetal heart rate with Doppler;

12 (K) perform a pelvic examination, including sizing
13 the uterus, if indicated and when appropriate during
14 the course of pregnancy;

15 (L) perform clinical pelvimetry (evaluation of
16 bony pelvis) to determine the adequacy of the bony
17 structures;

18 (M) calculate the estimated date of birth and
19 assess gestational period through query about the last
20 menstrual period, bimanual examination, urine
21 pregnancy testing, or any combination thereof;

22 (N) provide health education to adolescents,
23 women, and families about normal pregnancy
24 progression, danger signs and symptoms, and when and
25 how to contact the midwife;

26 (O) teach or demonstrate measures to decrease

1 common discomforts of pregnancy;

2 (P) provide guidance and basic preparation for
3 labor, birth, and parenting;

4 (Q) provide education regarding avoidance of
5 potentially harmful environmental exposures,
6 food-borne illnesses, or activities;

7 (R) identify variations during the course of the
8 pregnancy and institute appropriate first-line
9 independent or collaborative management based upon
10 evidence-based guidelines, local standards, and
11 available resources for (i) low or inadequate maternal
12 nutrition, including eating disorders and pica; (ii)
13 anemia; (iii) ectopic pregnancy; (iv) hyperemesis
14 gravidarum; (v) genital herpes; (vi) inadequate or
15 excessive uterine growth, including suspected
16 oligohydramnios or polyhydramnios, and molar
17 pregnancy; (vii) gestational diabetes; (viii)
18 insufficient cervix; (ix) elevated blood pressure,
19 proteinuria, presence of significant edema, severe
20 frontal headaches, visual changes, and epigastric pain
21 associated with elevated blood pressure; (x) vaginal
22 bleeding with or without cramping; (xi) multiple
23 gestation and abnormal lie or malpresentation at term;
24 (xii) intrauterine fetal death; (xiii) rupture of
25 membranes prior to term; (xiv) post term pregnancy;
26 (xv) exposure to or contraction of infectious disease,

1 such as HIV, Hepatitis B and Hepatitis C, Varicella,
2 Rubella, and cytomegalovirus; (xvi) Group B
3 streptococcus positive vaginal or rectal culture;
4 (xvii) Toxoplasmosis; and (xviii) depression;

5 (S) identify deviations from normal during the
6 course of pregnancy and initiate the referral process
7 for conditions that require higher levels of
8 intervention;

9 (T) dispense, furnish, or administer (however
10 authorized to do so in the jurisdiction of practice)
11 selected, life-saving drugs, such as antibiotics,
12 anticonvulsants, antimalarials, antihypertensives, and
13 antiretrovirals, to women in need because of a
14 presenting condition; and

15 (U) provide individualized care according to the
16 needs and desires of each woman;

17 (57) physiology of the first, second, and third stages
18 of labor;

19 (58) anatomy of the fetal skull, critical diameters,
20 and landmarks;

21 (59) psychological and cultural aspects of labor and
22 birth;

23 (60) indicators of the latent phase and the onset of
24 active labor;

25 (61) indications for stimulation of the onset of labor,
26 and augmentation of uterine contractility;

1 (62) normal progression of labor;

2 (63) how to use the partograph, including, but not
3 limited to, completing the record and interpreting
4 information to determine timely and appropriate labor
5 management;

6 (64) measures to assess fetal well-being in labor;

7 (65) measures to assess maternal well-being in labor;

8 (66) process of fetal passage or descent through the
9 pelvis during labor and birth, mechanisms of labor in
10 various fetal presentations, and positions;

11 (67) comfort measures in the first and second stages of
12 labor, such as family presence or assistance, positioning
13 for labor and birth, hydration, emotional support, and
14 non-pharmacological methods of pain relief;

15 (68) pharmacological measures for management and
16 control of labor pain, including the relative risks,
17 disadvantages, and safety of specific methods of pain
18 management and their effect on the normal physiology of
19 labor;

20 (69) signs and symptoms of complications in labor,
21 including, but not limited to, (i) bleeding, (ii) labor
22 arrest or dysfunction, (iii) malpresentation, (iv)
23 eclampsia, (v) maternal distress, (vi) fetal distress,
24 (vii) infection, and (viii) prolapsed cord;

25 (70) the benefits, risks, criteria for risk
26 assessment, and midwifery management of vaginal birth

1 after a cesarean;

2 (71) indicators, risk factors, special needs, and
3 prenatal management of a pregnant woman with a multiple
4 gestation;

5 (72) principles of prevention of pelvic floor damage
6 and perineal tears;

7 (73) indications for performing an episiotomy;

8 (74) principles of expectant (physiologic) management
9 of the third stage of labor;

10 (75) principles of active management of the third stage
11 of labor;

12 (76) principles underpinning the technique for repair
13 of perineal tears and episiotomy;

14 (77) indicators of need for emergency management,
15 referral, or transfer for obstetric emergencies,
16 including, but not limited to, cord prolapse, shoulder
17 dystocia, placental abruption, uterine rupture, uterine
18 bleeding, and retained placenta;

19 (78) indicators of need for operative deliveries,
20 vacuum extraction, and use of forceps, including, but not
21 limited to, fetal distress and cephalopelvic
22 disproportion;

23 (79) indicators of need for and appropriate
24 administration of the following pharmacologic agents:
25 lidocaine/xylocaine for suturing, oxygen, methergine,
26 oxytocin (Pitocin) for postpartum hemorrhage, rhogam,

1 vitamin K, antibiotics for group B strep prophylaxis,
2 intravenous fluids, and newborn eye prophylaxis; and

3 (80) classes to ensure that the midwife has the skill
4 or ability to:

5 (A) take a specific history and maternal vital
6 signs in labor;

7 (B) perform a focused physical examination in
8 labor;

9 (C) perform a complete abdominal assessment for
10 fetal position and descent;

11 (D) time and assess the effectiveness of uterine
12 contractions;

13 (E) perform a complete and accurate pelvic
14 examination for dilatation, effacement, descent,
15 presenting part, position, status of membranes, and
16 adequacy of pelvis for birth of baby vaginally;

17 (F) monitor and chart progress of labor;

18 (G) provide physical and psychological support for
19 woman and family and promote normal birth, including
20 encouragement of adequate rest and sleep;

21 (H) facilitate the presence of a support person
22 during labor and birth;

23 (I) provide adequate hydration, nutrition, and
24 non-pharmacological comfort measures during labor and
25 birth;

26 (J) provide for bladder care, including

1 performance of urinary catheterization when indicated;

2 (K) promptly identify abnormal labor patterns or
3 progress and initiate appropriate and timely
4 intervention or referral, including, but not limited
5 to, occiput posterior position, asynclitism, pendulous
6 abdomen, maternal exhaustion, and maternal
7 dehydration;

8 (L) stimulate or augment uterine contractility
9 using non-pharmacologic agents;

10 (M) administer local anaesthetic to the perineum
11 when episiotomy is anticipated or perineal repair is
12 required;

13 (N) perform an episiotomy if needed;

14 (O) perform appropriate hand maneuvers for a
15 vertex birth;

16 (P) perform appropriate hand maneuvers for face
17 and breech deliveries;

18 (Q) manage the birth of multiples;

19 (R) recognize the various severities of meconium
20 stained amniotic fluid and perform suctioning of the
21 airway, as appropriate;

22 (S) clamp and cut the cord;

23 (T) institute immediate life-saving interventions
24 in obstetrical emergencies to save the life of the
25 fetus while requesting medical attention, awaiting
26 transfer, or both, including, but not limited to, (i)

1 prolapsed cord, (ii) placental abruption, (iii)
2 uterine rupture, (iv) malpresentation, (v) shoulder
3 dystocia, and (vi) fetal distress;

4 (U) manage a nuchal cord or arm at birth;

5 (V) support expectant (physiologic) management of
6 the third stage of labor;

7 (W) assess the need for and conduct active
8 management of the third stage of labor, following the
9 most current evidence-based protocol;

10 (X) inspect the placenta and membranes for
11 completeness;

12 (Y) perform fundal massage to stimulate postpartum
13 uterine contraction and uterine tone;

14 (Z) provide a safe environment for mother and
15 infant to promote attachment or bonding;

16 (AA) estimate and record maternal blood loss;

17 (BB) inspect the vagina and cervix for
18 lacerations;

19 (CC) repair an episiotomy, if needed;

20 (DD) repair first and second degree perineal or
21 vaginal lacerations;

22 (EE) manage postpartum bleeding and hemorrhage
23 using appropriate techniques and uterotonic agents as
24 indicated;

25 (FF) dispense, furnish, or administer (however
26 authorized to do so in the jurisdiction of practice)

1 selected, life-saving drugs, including antibiotics and
2 antihemorrhagics, to women in need because of a
3 presenting condition;

4 (GG) perform manual removal of placenta;

5 (HH) perform internal and external bimanual
6 compression of the uterus to control hemorrhage;

7 (II) perform aortic compression;

8 (JJ) identify and manage shock;

9 (KK) insert an intravenous line, administer
10 fluids, and draw blood for laboratory testing;

11 (LL) arrange for and undertake timely referral and
12 transfer of women with serious complications to a
13 higher level health facility, taking appropriate drugs
14 and equipment and arranging for a companion caregiver
15 on the journey in order to continue giving emergency
16 care as required; and

17 (MM) perform adult cardiopulmonary resuscitation.

18 Section 30. Qualifications for licensed certified
19 professional midwives.

20 (a) Each applicant who successfully meets the requirements
21 of this Section shall be licensed as a licensed certified
22 professional midwife.

23 (b) An applicant for licensure as a licensed certified
24 professional midwife must do each of the following:

25 (1) Submit a completed written application, on forms

1 provided by the Department, and fees, as established by the
2 Department.

3 (2) Be at least 21 years old.

4 (3) Be a high school graduate or have completed
5 equivalent education.

6 (4) Successfully complete one of the following formal
7 midwifery education and training programs:

8 (A) Accredited Educational Pathway:

9 (i) Applicants who are Certified Professional
10 Midwives and who have successfully completed an
11 educational program or pathway accredited by the
12 MEAC are eligible for licensure as a licensed
13 certified professional midwife.

14 (ii) After January 1, 2022, all new applicants
15 for licensure as a licensed certified professional
16 midwife must have graduated from an educational
17 program or pathway accredited by MEAC.

18 (B) Non-accredited Educational Pathway:

19 (i) Applicants who are Certified Professional
20 Midwives before January 1, 2022, and who have
21 completed non-accredited education pathways will
22 be required to obtain the NARM Midwifery Bridge
23 Certificate in order to become licensed as a
24 licensed certified professional midwife.

25 (ii) Applicants who have maintained licensure
26 in a state that does not require accredited

1 education, regardless of the date of their
2 certification, shall obtain the NARM Midwifery
3 Bridge Certificate to be eligible for licensure as
4 a licensed certified professional midwife.

5 (5) Hold a current valid Certified Professional
6 Midwife Credential granted by NARM or its successor
7 organization.

8 (6) Hold current cardiopulmonary resuscitation (CPR)
9 certification for health care professionals or providers
10 issued by the American Red Cross or the American Heart
11 Association.

12 (7) Within the last 2 years have successfully completed
13 the American Academy of Pediatric/American Heart
14 Association neonatal resuscitation program (NRP).

15 (8) Have not violated the provisions of this Act
16 concerning the grounds for disciplinary action. The
17 Department may take into consideration any felony
18 conviction of the applicant, but such a conviction may not
19 operate as an absolute bar to licensure as a licensed
20 certified professional midwife.

21 (9) Submit to the criminal history records check
22 required under Section 35 of this Act.

23 (10) Meet all other requirements established by the
24 Department by rule.

25 Section 35. Criminal history records background check.

1 Each applicant for licensure by examination or restoration
2 shall submit his or her fingerprints to the Department of State
3 Police in an electronic format that complies with the form and
4 manner for requesting and furnishing criminal history record
5 information prescribed by the Department of State Police. These
6 fingerprints shall be checked against the Department of State
7 Police and Federal Bureau of Investigation criminal history
8 record databases now and hereafter filed. The Department of
9 State Police shall charge applicants a fee for conducting the
10 criminal history records check, which shall be deposited into
11 the State Police Services Fund and shall not exceed the actual
12 cost of the records check. The Department of State Police shall
13 furnish, pursuant to positive identification, records of
14 Illinois convictions to the Department and shall forward the
15 national crime history record information to the Department.
16 The Department may require applicants to pay a separate
17 fingerprinting fee, either to the Department or to a vendor.
18 The Department, in its discretion, may allow an applicant who
19 does not have reasonable access to a designated vendor to
20 provide his or her fingerprints in an alternative manner. The
21 Department may adopt any rules necessary to implement this
22 Section.

23 Section 40. Title. Only a licensed certified professional
24 midwife may identify himself or herself as a "licensed
25 certified professional midwife" or use the abbreviation

1 "LCPM".

2 Section 45. Scope of practice of licensed certified
3 professional midwives.

4 (a) "Practice of midwifery" means:

5 (1) providing maternity care that is consistent with a
6 midwife's training, education, and experience; and

7 (2) identifying and referring patients who require
8 medical care to an appropriate health care provider.

9 (b) The practice of midwifery includes:

10 (1) Providing the necessary supervision, care, and
11 advice to a patient during a low-risk pregnancy, labor,
12 delivery, and postpartum period.

13 (2) Newborn care that is provided in a manner that is:

14 (A) consistent with national certified
15 professional midwifery standards; and

16 (B) based on the acquisition of clinical skills
17 necessary for the care of pregnant women and newborns,
18 including antepartum, intra-partum, and postpartum
19 care.

20 (3) Obtaining informed consent to provide services to
21 the patient in accordance with Section 50 of this Act.

22 (4) Discussing:

23 (A) any general risk factors associated with the
24 services to be provided;

25 (B) any specific risk factors pertaining to the

1 health and circumstances of the individual patient;

2 (C) conditions that preclude care by a licensed
3 certified professional midwife; and

4 (D) the conditions under which consultation,
5 transfer of care, or transport of the patient must be
6 implemented.

7 (5) Obtaining a health history of the patient and
8 performing a physical examination.

9 (6) Developing a written plan of care specific to the
10 patient, to ensure continuity of care throughout the
11 antepartum, intra-partum, and postpartum periods, that
12 includes:

13 (A) a plan for the management of any specific risk
14 factors pertaining to the individual health and
15 circumstances of the individual patient; and

16 (B) a plan to be followed in the event of an
17 emergency; including a plan for transportation.

18 (7) Evaluating the results of patient care and
19 reporting patient outcomes to the Department on a uniform
20 State form in accordance with rules.

21 (8) Consulting and collaborating with a health care
22 practitioner regarding the care of a patient, and referring
23 and transferring care to a health care practitioner, as
24 required.

25 (9) Referral of all patients, within 72 hours after
26 delivery, to a pediatric health care practitioner for care

1 of the newborn.

2 (10) Obtaining and administering appropriate
3 medications and using equipment and devices.

4 (11) Obtaining appropriate screening and testing,
5 including laboratory tests, urinalysis, and ultrasound.

6 (12) Providing prenatal care during the antepartum
7 period, with consultation or referral as required.

8 (13) Providing care during the intra-partum period,
9 including:

10 (A) monitoring and evaluating the condition of the
11 patient and fetus;

12 (B) performing emergency procedures, including:

13 (i) administering approved medications;

14 (ii) administering intravenous fluids for
15 stabilization;

16 (iii) performing an emergency episiotomy; and

17 (iv) providing care while on the way to a
18 hospital under circumstances in which emergency
19 medical services have not been activated;

20 (C) activating emergency medical services for an
21 emergency; and

22 (D) delivering in an out-of-hospital setting.

23 (14) Participating in mandatory peer review in cases
24 involving transfers of patients in accordance with rules
25 adopted by the Department, and peer review of any patient's
26 care upon request.

1 (15) Providing care during the postpartum period,
2 including:

3 (A) suturing of first and second degree perineal or
4 labial lacerations, or suturing of an episiotomy with
5 the administration of a local anesthetic; and

6 (B) making further contact with the patient within
7 48 hours, within 2 weeks, and at 6 weeks after the
8 delivery to assess for hemorrhage, preeclampsia,
9 thrombo-embolism, infection, and emotional well-being.

10 (16) Providing routine care for the newborn for up to
11 72 hours after delivery, exclusive of administering
12 immunizations, including:

13 (A) immediate care at birth, including
14 resuscitating as needed, performing a newborn
15 examination, and administering intramuscular vitamin K
16 and eye ointment for prevention of ophthalmia
17 neonatorium;

18 (B) assessing newborn feeding and hydration;

19 (C) performing metabolic screening and reporting
20 on the screening in accordance with the regulations
21 related to newborn screenings that are adopted by the
22 Department;

23 (D) performing critical congenital heart disease
24 screening and reporting on the screening in accordance
25 with the regulations related to newborn screenings
26 that are adopted by the Department; and

1 (E) referring the infant to an audiologist for a
2 hearing screening in accordance with the regulations
3 related to newborn screenings that are adopted by the
4 Department.

5 (17) Within 24 hours after delivery notifying a
6 pediatric health care practitioner of the delivery.

7 (18) Within 72 hours after delivery:

8 (A) transferring health records to the pediatric
9 health care practitioner, including documentation of
10 the performance of the screenings required under
11 subparagraphs (C) and (D) of paragraph (16) of this
12 subsection (b); and

13 (B) referring the newborn to a pediatric health
14 care practitioner.

15 (19) Providing the following care of the newborn beyond
16 the first 72 hours after delivery:

17 (A) weight checks and general observation of the
18 newborn's activity, with abnormal findings
19 communicated to the newborn's pediatric health care
20 practitioner;

21 (B) assessment of newborn feeding and hydration;
22 and

23 (C) breastfeeding support and counseling.

24 (20) Providing limited services to the patient after
25 the postpartum period, including:

26 (A) breastfeeding support and counseling; and

1 (B) counseling and referral for all family
2 planning methods.

3 (21) Providing a copy of all newborn care records to
4 the designated health care provider after the birth of the
5 baby at time of transfer of care. The licensed certified
6 professional midwife shall obtain consent for the transfer
7 of records per the Health Insurance Portability and
8 Accountability Act of 1996.

9 (22) Distributing Illinois Department of Public Health
10 materials about metabolic and hearing screenings for
11 newborns if such materials are available.

12 (c) The practice of midwifery does not include:

13 (1) Out-of-hospital care to a woman who has had a
14 caesarean section.

15 (2) Out-of-hospital care in cases of multifetal
16 gestation.

17 (3) Out-of-hospital care in cases involving breech
18 delivery.

19 (4) Administering prescription pharmacological agents
20 intended to induce or augment labor or artificial rupture
21 of membranes prior to onset of labor.

22 (5) Administering prescription pharmacological agents
23 to provide pain management or anesthetic except for the
24 administration of a local anesthetic.

25 (6) Using vacuum extractors or forceps.

26 (7) Prescribing medications.

1 (8) Performing surgical procedures, including, but not
2 limited to, abortions, cesarean sections and
3 circumcisions, except for an emergency episiotomy.

4 (9) Knowingly accepting responsibility for prenatal or
5 intra-partum care of a patient with any of the following
6 risk factors:

7 (A) previous uterine surgery, including a cesarean
8 section or myomectomy;

9 (B) chronic significant maternal cardiac,
10 pulmonary, renal, or hepatic disease;

11 (C) malignant disease in an active phase;

12 (D) significant hematological disorders or
13 coagulopathies or pulmonary embolism;

14 (E) diabetes mellitus requiring insulin;

15 (F) known maternal congenital abnormalities
16 affecting childbirth;

17 (G) confirmed isoimmunization, Rh disease with
18 positive titer levels;

19 (H) active tuberculosis;

20 (I) active syphilis or gonorrhea;

21 (J) active genital herpes infection 2 weeks prior
22 to labor or during labor;

23 (K) pelvic or uterine abnormalities affecting
24 normal vaginal births, including tumors and
25 malformations;

26 (L) alcoholism or abuse;

- 1 (M) drug addiction or abuse;
- 2 (N) confirmed HIV or AIDS status;
- 3 (O) uncontrolled current serious psychiatric
4 illness;
- 5 (P) social or familial conditions unsatisfactory
6 for out-of-hospital maternity care services;
- 7 (Q) fetus with suspected or diagnosed congenital
8 abnormalities that may require immediate medical
9 intervention;
- 10 (R) indications that the fetus has died in utero;
11 or
- 12 (S) premature labor (gestation less than 37
13 weeks).
- 14 (10) Continuing to provide care for conditions for
15 which a transfer is required under subsection (c) of
16 Section 60.
- 17 (11) Administering drugs other than those listed in
18 Section 60 of this Act.

19 Section 50. Informed consent.

20 (a) A licensed certified professional midwife shall, at an
21 initial consultation with a patient, disclose to the patient
22 orally and in writing on a Department-specified uniform
23 informed consent form all of the following:

- 24 (1) The licensed certified professional midwife's
25 experience and training.

1 (2) The general risk factors associated with the
2 services to be provided.

3 (3) The definition of the "practice of midwifery" in
4 this Act.

5 (4) That the client is retaining a licensed certified
6 professional midwife, not an advanced practice nurse who is
7 a certified nurse midwife, and that the licensed certified
8 professional midwife is not supervised by a physician or
9 nurse.

10 (5) The licensed certified professional midwife's
11 current licensure status and license number.

12 (6) The practice settings in which the licensed
13 certified professional midwife practices.

14 (7) A description of the procedures, benefits and risks
15 of home births, including those conditions that may arise
16 during delivery.

17 (8) That there are conditions that are outside of the
18 scope of practice of a licensed certified professional
19 midwife that will result in a referral for a consultation
20 from, or transfer of care to, a health care practitioner.

21 (9) That there may be benefits to pre-registration at
22 the nearest hospital.

23 (10) The specific arrangements for the referral of
24 complications to a health care practitioner for
25 consultation. The licensed certified professional midwife
26 shall not be required to identify a specific health care

1 practitioner.

2 (11) Instructions for filing a complaint with the
3 Department.

4 (12) That if, during the course of care, the client is
5 informed that she has or may have a condition indicating
6 the need for a mandatory transfer, the licensed certified
7 professional midwife shall initiate the transfer.

8 (13) A written protocol for the handling of both
9 patient's and newborn's medical emergencies, including
10 transportation to a hospital, particular to each client,
11 complete with identification of the appropriate hospital,
12 and the estimated travel time to the hospital. A verbal
13 report of the care provided must be provided to emergency
14 services providers and a copy of the client records shall
15 be sent with the client at the time of any transfer to a
16 hospital.

17 (b) A copy of the informed consent document, signed and
18 dated by the patient, must be kept in each patient's chart. All
19 patients' charts and records of services provided shall be
20 maintained for a minimum of 10 years after the last patient
21 visit.

22 Section 55. Midwife requirements. A licensed certified
23 professional midwife shall do all of the following:

24 (a) Prior to labor, develop a written plan of care specific
25 to the patient, including specific risk factors pertaining to

1 the individual health and circumstances of the patient, to
2 ensure continuity of antepartum, intra-partum, and postpartum
3 care. The plan shall include:

4 (1) twenty-four hour, on-call availability by a
5 licensed certified professional midwife, advanced practice
6 nurse who is a certified nurse midwife, or licensed
7 physician throughout pregnancy, intra-partum, and 6 weeks
8 postpartum;

9 (2) appropriate screening and testing, including
10 laboratory tests, urinalysis, and ultrasound; and

11 (3) labor support, fetal monitoring, and routine
12 assessment of vital signs once active labor is established.

13 (b) Perform emergency procedures including: administering
14 approved medications; administering intravenous fluids for
15 stabilization; performing an emergency episiotomy; providing
16 care while on the way to a hospital under circumstances in
17 which emergency medical services have not been activated; and
18 activating emergency medical services for an emergency.

19 (c) Supervise delivery of infant and placenta, assess
20 newborn and maternal well-being in immediate postpartum, and
21 perform Apgar tests.

22 (d) Provide immediate care at birth, including
23 resuscitating as needed, performing a newborn examination, and
24 administering intramuscular vitamin K and eye ointment for the
25 prevention of blindness.

26 (e) Perform routine cord management and inspect for the

1 appropriate number of vessels.

2 (f) Inspect the placenta and membranes for completeness.

3 (g) Inspect the perineum and vagina postpartum for
4 lacerations and stabilize suturing of first and second degree
5 perineal or labial lacerations or suturing of an episiotomy
6 with administration of a local anesthetic.

7 (h) Observe mother and newborn postpartum until stable
8 condition is achieved, but in no event for less than 2 hours to
9 assess for hemorrhage, preeclampsia, thromboembolism,
10 infection, and emotional well-being.

11 (i) Instruct the mother, father, and other support persons,
12 both verbally and in writing, of the special care and
13 precautions for both mother and newborn in the immediate
14 postpartum period.

15 (j) Reevaluate maternal and newborn well-being within 36
16 hours of delivery.

17 (k) Use universal precautions with all biohazard
18 materials.

19 (l) Ensure that a birth certificate is accurately completed
20 and filed in accordance with State law.

21 (m) Within 24 hours after delivery, notify a pediatric
22 health care professional of the delivery including
23 transferring health records to the pediatric health
24 practitioner documenting performance of the required newborn
25 screenings.

26 (n) Within 24 to 36 hours after delivery, submit a blood

1 sample in accordance with metabolic screening requirements for
2 newborns.

3 (o) Within one week after delivery, perform newborn weight
4 checks and general observation of the newborn's activities with
5 abnormal findings communicated to the newborn's pediatric
6 health care practitioner, assessment of newborn feeding and
7 hydration, offer a newborn hearing screening to every newborn
8 or refer the parents to a facility with a newborn hearing
9 screening program.

10 (p) Provide services to the patient after the post-partum
11 period limited to breastfeeding support and counseling and
12 counseling and referral for family planning.

13 (q) Maintain adequate antenatal and perinatal records of
14 each client and provide records to consulting licensed
15 physicians and advanced practice nurses who are certified nurse
16 midwives in accordance with federal Health Insurance
17 Portability and Accountability Act regulations and State law.

18 Section 60. Administration of drugs.

19 (a) A licensed certified professional midwife may
20 administer the following agents during the practice of
21 midwifery:

22 (1) oxygen for the treatment of fetal distress;

23 (2) eye prophylactics - 0.5% erythromycin ophthalmic
24 ointment for the prevention of neonatal ophthalmia;

25 (3) oxytocin (Pitocin) as a postpartum antihemorrhagic

1 agent or as prophylaxis for hemorrhage;

2 (4) Methyl-ergonovine or Methergine for the treatment
3 of postpartum hemorrhage;

4 (5) Misoprostol (Cytotec) for the treatment of
5 postpartum hemorrhage;

6 (6) Vitamin K for the prophylaxis for hemorrhagic
7 disease of the newborn;

8 (7) RHo(D) immune globulin for the prevention for
9 RHo(D) sensitization in RHo(D) negative women;

10 (8) intravenous fluids for maternal stabilization,
11 including lactated Ringer's solution, or with 5% dextrose
12 (D5LR), unless unavailable or impractical, in which case
13 0.9% sodium chloride may be administered;

14 (9) Lidocaine injection as a local anesthetic for
15 perineal repair;

16 (10) sterile water subcutaneous injections as a
17 non-pharmacological form of pain relief during the first
18 and second stages of labor; and

19 (11) ibuprofen for postpartum pain relief.

20 (b) The medication indications, dose, route of
21 administration, and duration of treatment relating to the
22 administration of drugs and procedures identified under this
23 Section shall be determined by rule as the Department deems
24 necessary to be in keeping with current evidence-based practice
25 standards. The Department may approve additional medications,
26 agents, or procedures based upon updated evidence-based

1 obstetrical guidelines or based upon limited availability of
2 standard medications or agents.

3 (c) A licensed certified professional midwife shall not
4 administer Schedule II-V drugs.

5 Section 65. Consultation, referral, and transfer.

6 (a) A licensed certified professional midwife shall
7 consult with a licensed physician concentrating in obstetrics,
8 a licensed physician concentrating in a family practice who
9 performs deliveries, or an advanced practice nurse who is a
10 certified nurse midwife providing obstetrical care whenever
11 there are significant deviations, including abnormal
12 laboratory results, relative to a patient's pregnancy or to a
13 neonate. If a referral to a physician or advanced practice
14 nurse who is a certified midwife is needed, the licensed
15 certified professional midwife shall refer the patient to a
16 physician concentrating in obstetrics or to a physician
17 concentrating in family practice who performs deliveries, and,
18 if possible, remain in consultation with the physician or nurse
19 until resolution of the concern. Consultation does not preclude
20 the possibility of an out-of-hospital birth. It is appropriate
21 for the licensed certified professional midwife to maintain
22 care of the patient to the greatest degree possible, in
23 accordance with the patient's wishes, during the pregnancy and,
24 if possible, during labor, birth, and the postpartum period.

25 (b) The midwife shall document during prenatal care the

1 health care practitioner the parents have chosen to provide
2 pediatric care for the newborn in the weeks immediately
3 following the birth. If no pediatric health care practitioner
4 has been chosen by 36 weeks of pregnancy, the licensed
5 certified professional midwife shall provide a referral.

6 (c) A licensed certified professional midwife shall
7 consult with a licensed physician concentrating in obstetrics,
8 a licensed physician concentrating in family practice who
9 performs deliveries, or an advanced practice nurse who is a
10 certified nurse midwife with regard to any patient who presents
11 with or develops the following risk factors, or presents with
12 or develops other risk factors that, in the judgment of the
13 licensed certified professional midwife, warrant consultation:

14 (1) Antepartum.

15 (A) Pregnancy-induced hypertension, as evidenced
16 by a blood pressure of 140/90 on 2 occasions greater
17 than 6 hours apart.

18 (B) Persistent, severe headaches, epigastric pain,
19 or visual disturbances.

20 (C) Persistent symptoms of urinary tract
21 infection.

22 (D) Significant vaginal bleeding before the onset
23 of labor not associated with uncomplicated spontaneous
24 abortion.

25 (E) Rupture of membranes prior to the 37th week of
26 gestation.

1 (F) Noted abnormal decrease in or cessation of
2 fetal movement.

3 (G) Anemia resistant to supplemental therapy.

4 (H) Fever of 102 degrees Fahrenheit or 39 degrees
5 Celsius or greater for more than 24 hours.

6 (I) Non-vertex presentation after 36 weeks
7 gestation.

8 (J) Hyperemesis or significant dehydration.

9 (K) Isoimmunization, Rh-negative sensitized,
10 positive titers, or any other positive antibody titer,
11 which may have a detrimental effect on mother or fetus.

12 (L) Elevated blood glucose levels unresponsive to
13 dietary management.

14 (M) Positive HIV antibody test.

15 (N) Primary genital herpes infection in pregnancy
16 or active recurrent herpes infection within 2 weeks of
17 labor.

18 (O) Symptoms of malnutrition or anorexia or
19 protracted weight loss or failure to gain weight.

20 (P) Suspected deep vein thrombosis.

21 (Q) Documented placental anomaly or previa.

22 (R) Labor prior to the 37th week of gestation.

23 (S) Lie other than vertex at term.

24 (T) Known fetal anomalies that may be affected by
25 the site of birth.

26 (U) Marked abnormal fetal heart tones.

1 (V) Abnormal non-stress test or abnormal
2 biophysical profile.

3 (W) Marked or severe polyhydramnios or
4 oligohydramnios.

5 (X) Evidence of intrauterine growth restriction.

6 (Y) Significant abnormal ultrasound findings.

7 (Z) Gestation beyond 42 weeks by reliable
8 confirmed dates.

9 (AA) Controlled hypothyroidism, being treated with
10 thyroid replacement and euthyroid, and with thyroid
11 test numbers in the normal range.

12 (BB) Previous obstetrical problems, including
13 uterine abnormalities, placental abruption, placenta
14 accreta, obstetric hemorrhage, incompetent cervix, or
15 preterm delivery for any reason.

16 (CC) Unforeseen multifetal gestation.

17 (2) Intra-partum.

18 (A) Rise in blood pressure above baseline, more
19 than 30/15 points or greater than 140/90.

20 (B) Persistent, severe headaches, epigastric pain,
21 or visual disturbances.

22 (C) Significant proteinuria or ketonuria.

23 (D) Fever over 100.6 degrees Fahrenheit or 38
24 degrees Celsius in absence of environmental factors.

25 (E) Ruptured membranes without onset of
26 established labor after 18 hours.

1 (F) Significant bleeding prior to delivery or any
2 abnormal bleeding, with or without abdominal pain, or
3 evidence of placental abruption.

4 (G) Fetal lie not compatible with spontaneous
5 vaginal delivery or unstable fetal lie.

6 (H) Failure to progress after 5 hours of active
7 labor or following 2 hours of active second stage
8 labor.

9 (I) Signs or symptoms of maternal infection.

10 (J) Active genital herpes at onset of labor or
11 within 2 weeks of the onset of labor.

12 (K) Fetal heart tones with non-reassuring
13 patterns.

14 (L) Signs or symptoms of fetal distress.

15 (M) Thick meconium or frank bleeding with birth not
16 imminent.

17 (N) Patient or licensed certified professional
18 midwife desires physician or advanced practice nurse
19 consultation or transfer.

20 (3) Postpartum.

21 (A) Failure to void within 6 hours of birth.

22 (B) Signs or symptoms of maternal shock.

23 (C) Fever of 102 degrees Fahrenheit or 39 degrees
24 Celsius and unresponsive to therapy for 12 hours.

25 (D) Abnormal lochia or signs or symptoms of uterine
26 sepsis.

1 (E) Suspected deep vein thrombosis.

2 (F) Signs of clinically significant depression.

3 (G) Retained placenta.

4 (H) Patient with a third or fourth degree
5 laceration or a laceration beyond the licensed
6 certified professional midwife's ability to repair.

7 (d) A licensed certified professional midwife shall
8 consult with a licensed physician with a concentration in
9 obstetrics, a licensed physician with a concentration in
10 pediatrics, a licensed physician with a concentration in family
11 practice who performs deliveries, or an advanced practice nurse
12 who is a certified nurse midwife with regard to any neonate who
13 is born with or develops the following risk factors:

14 (1) Apgar score of 6 or less at 5 minutes without
15 significant improvement by 10 minutes.

16 (2) Persistent grunting respirations or retractions.

17 (3) Persistent cardiac irregularities.

18 (4) Persistent central cyanosis or pallor.

19 (5) Persistent lethargy or poor muscle tone.

20 (6) Abnormal cry.

21 (7) Birth weight less than 2,300 grams.

22 (8) Jitteriness or seizures.

23 (9) Jaundice occurring before 24 hours or outside of
24 normal range.

25 (10) Failure to urinate within 24 hours of birth.

26 (11) Failure to pass meconium within 48 hours of birth.

- 1 (12) Edema.
- 2 (13) Prolonged temperature instability.
- 3 (14) Significant signs or symptoms of infection.
- 4 (15) Significant clinical evidence of glycemc
5 instability.
- 6 (16) Abnormal, bulging, or depressed fontanel.
- 7 (17) Significant clinical evidence of prematurity.
- 8 (18) Medically significant congenital anomalies.
- 9 (19) Significant or suspected birth injury.
- 10 (20) Persistent inability to suck.
- 11 (21) Diminished consciousness.
- 12 (22) Clinically significant abnormalities in vital
13 signs, muscle tone, or behavior.
- 14 (23) Clinically significant color abnormality,
15 cyanotic, or pale or abnormal perfusion.
- 16 (24) Abdominal distension or projectile vomiting.
- 17 (25) Signs of clinically significant dehydration or
18 failure to thrive.

19 Section 70. Transfer.

20 (a) Transport via private vehicle is an acceptable method
21 of transport if it is the most expedient and safest method for
22 accessing medical services. The licensed certified
23 professional midwife shall initiate immediate transport
24 according to the licensed certified professional midwife's
25 emergency plan, provide emergency stabilization until

1 emergency medical services arrive or transfer is completed,
2 accompany the patient or follow the patient to a hospital in a
3 timely fashion, provide pertinent information to the receiving
4 facility, and complete an emergency transport record. The
5 following conditions shall require immediate physician or
6 advanced practice nurse notification and emergency transfer to
7 a hospital:

- 8 (1) Seizures or unconsciousness.
- 9 (2) Respiratory distress or arrest.
- 10 (3) Evidence of shock.
- 11 (4) Psychosis.
- 12 (5) Symptomatic chest pain or cardiac arrhythmias.
- 13 (6) Prolapsed umbilical cord.
- 14 (7) Shoulder dystocia not resolved by Advanced Life
15 Support in Obstetrics (ALSO) protocol.
- 16 (8) Symptoms of uterine rupture.
- 17 (9) Preeclampsia or eclampsia.
- 18 (10) Severe abdominal pain inconsistent with normal
19 labor.
- 20 (11) Chorioamnionitis.
- 21 (12) Clinically significant fetal heart rate patterns
22 or other manifestation of fetal distress.
- 23 (13) Presentation not compatible with spontaneous
24 vaginal delivery.
- 25 (14) Laceration greater than second degree perineal or
26 any cervical.

1 (15) Hemorrhage non-responsive to therapy.

2 (16) Uterine prolapse or inversion.

3 (17) Persistent uterine atony.

4 (18) Anaphylaxis.

5 (19) Failure to deliver placenta after one hour if
6 there is no bleeding or fundus is firm.

7 (20) Sustained instability or persistent abnormal
8 vital signs.

9 (21) Other conditions or symptoms that could threaten
10 the life of the mother, fetus, or neonate.

11 (b) If birth is imminent and the patient refuses to be
12 transferred after the licensed certified professional midwife
13 determines that a transfer is necessary, the licensed certified
14 professional midwife shall:

15 (1) call 9-1-1 and remain with the patient until
16 emergency services personnel arrive; and

17 (2) transfer care and give a verbal report of the care
18 provided to the emergency medical services providers.

19 (c) For each patient who is transported under this section,
20 the licensed certified professional midwife shall complete a
21 standard transport reporting form and submit the completed form
22 to the Department.

23 (d) The Board shall develop and recommend to the Department
24 for adoption in the rules implementing this Act a planned
25 out-of-hospital birth transport protocol.

1 Section 75. Annual reports.

2 (a) A licensed certified professional midwife shall
3 annually report to the Department by no later than March 31st
4 of each year beginning in 2020, in a form specified by the
5 Department, the following information regarding cases in which
6 the licensed certified professional midwife assisted during
7 the previous calendar year when the intended place of birth at
8 the onset of care was an out-of-hospital setting:

9 (1) the total number of patients served at the onset of
10 care;

11 (2) the number, by county, of live births attended;

12 (3) the number, by county, of cases of fetal demise,
13 infant deaths, and maternal deaths attended at the
14 discovery of the demise or death;

15 (4) the number of women whose care was transferred to
16 another health care practitioner during the antepartum
17 period and the reason for transfer;

18 (5) the number, reason for, and outcome of each
19 nonemergency hospital transfer during the intra-partum or
20 postpartum period;

21 (6) the number, reason for, and outcome of each urgent
22 or emergency transport of an expectant mother in the
23 antepartum period;

24 (7) the number, reason for, and outcome of each urgent
25 or emergency transport of an infant or mother during the
26 intra-partum or immediate postpartum period;

1 (8) the number of planned out-of-hospital births at the
2 onset of labor and the number of births completed in an
3 out-of-hospital setting;

4 (9) a brief description of any complications resulting
5 in the morbidity or mortality of a mother or a neonate; and

6 (10) any other information required by rule by the
7 Department.

8 (b) The Department shall send a written notice of
9 noncompliance to each licensee who fails to meet the reporting
10 requirements under subsection (a) of this Section.

11 (c) A licensed certified professional midwife who fails to
12 comply with the reporting requirements under this Section shall
13 be prohibited from license renewal until the information
14 required under subsection (a) of this Section is reported.

15 (d) The Committee shall maintain the confidentiality of any
16 report under subsection (f) of this Section.

17 (e) Notwithstanding any other provision of law, a licensed
18 certified professional midwife shall be subject to the same
19 reporting requirements as other health care practitioners who
20 provide care to individuals.

21 (f) All reports required shall be submitted to the
22 Department in a timely fashion. Unless otherwise provided in
23 this Section, the reports shall be filed in writing within 60
24 days after a determination that a report is required under this
25 Act.

26 The Department may also exercise the power under Section

1 165 of this Act to subpoena copies of hospital or medical
2 records in cases concerning death or permanent bodily injury.
3 Rules shall be adopted by the Department to implement this
4 Section.

5 Nothing contained in this Section shall act to in any way
6 waive or modify the confidentiality of reports and committee
7 reports to the extent provided by law. Any information reported
8 or disclosed shall be kept for the confidential use of the
9 Department, its attorneys, the investigative staff, and
10 authorized clerical staff, as provided in this Act, and shall
11 be afforded the same status as is provided information
12 concerning medical studies in Part 21 of Article VIII of the
13 Code of Civil Procedure, except that the Department may
14 disclose information and documents to a federal, state, or
15 local law enforcement agency pursuant to a subpoena in an
16 ongoing criminal investigation or to a health care licensing
17 body or midwifery licensing authority of another state or
18 jurisdiction pursuant to an official request made by that
19 licensing body or authority. Furthermore, information and
20 documents disclosed to a federal, state, or local law
21 enforcement agency may be used by that agency only for the
22 investigation and prosecution of a criminal offense, or, in the
23 case of disclosure to a health care licensing body or medical
24 licensing authority, only for investigations and disciplinary
25 action proceedings with regard to a license. Information and
26 documents disclosed to the Department of Public Health may be

1 used by that Department only for investigation and disciplinary
2 action regarding the license of a health care institution
3 licensed by the Department of Public Health.

4 Section 80. Illinois Certified Professional Midwifery
5 Board.

6 (a) There is created under the authority of the Department
7 the Illinois Certified Professional Midwifery Board, which
8 shall consist of the following 9 members appointed by the
9 Secretary:

10 Three of whom shall be licensed certified professional
11 midwives who currently practice midwifery; except that the
12 initial appointees shall be Certified Professional
13 Midwives who have at least 3 years of experience in the
14 practice of midwifery in an out-of-hospital setting, and
15 otherwise meet the qualifications for licensure set forth
16 in this Act.

17 One of whom shall be a licensed physician concentrating
18 in obstetrics.

19 One of whom shall be a licensed physician concentrating
20 in a family practice who performs deliveries.

21 One of whom shall be a licensed physician who
22 concentrates in pediatrics.

23 Two of whom shall be advanced practice nurses who are
24 certified nurse midwives.

25 One of whom shall be a knowledgeable public member who

1 has given birth with the assistance of a licensed certified
2 professional midwife or a Certified Professional Midwife
3 in an out-of-hospital birth setting.

4 Board members shall serve 4-year terms, except that in the
5 case of initial appointments, terms shall be staggered as
6 follows: 4 members shall serve for 4 years, and 5 members shall
7 serve for 2 years. The Board shall annually elect a chairperson
8 and vice chairperson.

9 (b) Any appointment made to fill a vacancy shall be for the
10 unexpired portion of the term. Appointments to fill vacancies
11 shall be made in the same manner as original appointments. No
12 Board member may be reappointed for a term that would cause his
13 or her continuous service on the Board to exceed 9 years.

14 (c) Board membership must have reasonable representation
15 from different geographic areas of this State.

16 (d) The members of the Board shall serve without
17 compensation but may be reimbursed for all legitimate,
18 necessary, and authorized expenses incurred in attending the
19 meetings of the Board if funds are available for such purposes.

20 (e) The Secretary may remove any member of the Board for
21 misconduct, incapacity, or neglect of duty at any time prior to
22 the expiration of his or her term.

23 (f) Five Board members shall constitute a quorum. A vacancy
24 in the membership of the Board shall not impair the right of a
25 quorum to perform all of the duties of the Board.

26 (g) The Board shall provide the Department with

1 recommendations concerning the administration of this Act and
2 may perform each of the following duties:

3 (1) Recommend to the Department from time to time
4 revisions to any rules that may be necessary to carry out
5 the provisions of this Act, including those that are
6 designed to protect the health, safety, and welfare of the
7 public.

8 (2) Conduct hearings and disciplinary conferences on
9 disciplinary charges of licensees.

10 (3) Report to the Department, upon completion of a
11 hearing, the disciplinary actions recommended to be taken
12 against a person found in violation of this Act.

13 (4) Recommend the approval, denial of approval, or
14 withdrawal of approval of required education and
15 continuing educational programs.

16 (h) The Secretary shall give due consideration to all
17 recommendations of the Board. If the Secretary takes action
18 contrary to a recommendation of the Board, the Secretary must
19 promptly provide a written explanation of that action.

20 (i) The Board may recommend to the Secretary that one or
21 more licensed certified professional midwives be selected by
22 the Secretary to assist in any investigation under this Act.
23 Travel expenses shall be provided to any licensee who provides
24 assistance under this subsection (i), in an amount determined
25 by the Secretary, if funds are available for such purposes.

26 (j) Members of the Board shall be immune from suit in an

1 action based upon a disciplinary proceeding or other activity
2 performed in good faith as a member of the Board, except for
3 willful or wanton misconduct.

4 (k) Members of the Board may participate in and act at any
5 meeting of the Illinois Midwifery Board through the use of any
6 real-time Internet or telephone communication media, by means
7 of which all persons participating in the meeting can
8 communicate with each other. Participation in such meeting
9 shall constitute attendance and presence in person at the
10 meeting of the person or persons so participating.

11 Section 85. Continuing education for certified
12 professional midwife licensees.

13 The Department shall adopt rules of continuing education
14 for licensed certified professional midwives that require a
15 total of 24 hours of continuing education per 2-year license
16 renewal cycle. Four hours of continuing education shall consist
17 of successful completion of peer review in accordance with NARM
18 standards for official peer review. The rules shall address
19 variances in part or in whole for good cause, including without
20 limitation illness or hardship. The continuing education rules
21 must ensure that licensees are given the opportunity to
22 participate in programs sponsored by or through their State or
23 national professional associations, hospitals, or other
24 providers of continuing education. Each licensee is
25 responsible for maintaining records of completion of

1 continuing education and shall produce the records when
2 requested by the Department.

3 Section 90. Vicarious liability.

4 (a) No physician, advanced practice nurse, nurse,
5 hospital, emergency room personnel, emergency medical
6 technician, or ambulance personnel shall be liable in any civil
7 action arising out of any injury resulting from an act or
8 omission of a licensed certified professional midwife, even if
9 the health care practitioner has consulted with or accepted a
10 referral from the licensed certified professional midwife. A
11 physician or advanced practice nurse who consults with a
12 licensed certified professional midwife but who does not
13 examine or treat a client of the licensed certified
14 professional midwife shall not be deemed to have created a
15 physician-patient or advanced practice nurse-patient
16 relationship with such client.

17 (b) Consultation with a physician or advanced practice
18 nurse does not alone create a physician-patient or advanced
19 practice nurse-patient relationship or any other relationship
20 with the physician or advanced practice nurse. The informed
21 consent shall specifically state that the licensed certified
22 professional midwife and any consulting physician or advanced
23 practice nurse are not employees, partners, associates,
24 agents, or principals of one another. The licensed certified
25 professional midwife shall inform the patient that he or she is

1 independently licensed and practicing midwifery and in that
2 regard is solely responsible for the services he or she
3 provides.

4 Section 95. Advertising.

5 (a) Any person licensed under this Act may advertise the
6 availability of midwifery services in the public media or on
7 premises where services are rendered, if the advertising is
8 truthful and not misleading and is in conformity with any rules
9 regarding the practice of a licensed certified professional
10 midwife.

11 (b) A licensee must include in every advertisement for
12 midwifery services regulated under this Act his or her title as
13 it appears on the license or the initials authorized under this
14 Act.

15 Section 100. Social Security Number on application. In
16 addition to any other information required to be contained in
17 the application, every application for an original, renewal,
18 reinstated, or restored license under this Act shall include
19 the applicant's Social Security Number.

20 Section 105. Renewal of licensure.

21 (a) Licensed certified professional midwives shall renew
22 their license biannually at the discretion of the Department.

23 (b) Rules adopted under this Act shall require the licensed

1 certified professional midwife to maintain CPM certification
2 by meeting all the continuing education requirements and other
3 requirements set forth by the North American Registry of
4 Midwives.

5 Section 110. Inactive status.

6 (a) A licensed certified professional midwife who notifies
7 the Department in writing on forms prescribed by the Department
8 may elect to place his or her license on an inactive status and
9 shall be excused from payment of renewal fees until he or she
10 notifies the Department in writing of his or her intent to
11 restore the license.

12 (b) A licensed certified professional midwife whose
13 license is on inactive status may not practice licensed
14 certified professional midwifery in the State of Illinois.

15 (c) A licensed certified professional midwife requesting
16 restoration from inactive status shall be required to pay the
17 current renewal fee and to restore his or her license, as
18 provided by the Department.

19 (d) Any licensee who engages in the practice of midwifery
20 while his or her license is lapsed or on inactive status shall
21 be considered to be practicing without a license, which shall
22 be grounds for discipline.

23 Section 115. Renewal, reinstatement, or restoration of
24 licensure; military service.

1 (a) The expiration date and renewal period for each license
2 issued under this Act shall be set by the Department.

3 (b) All renewal applicants shall provide proof of having
4 maintained CPM certification by meeting continuing education
5 requirements and other requirements set forth by the North
6 American Registry of Midwives and current CPR certification
7 required under Section 30.

8 (c) Any licensed certified professional midwife who has
9 permitted his or her license to expire or who has had his or
10 her license on inactive status may have his or her license
11 restored by making application to the Department and filing
12 proof acceptable to the Department of fitness to have the
13 license restored and by paying the required fees. Proof of
14 fitness may include evidence attesting to active lawful
15 practice in another jurisdiction.

16 (d) The Department shall determine, by an evaluation
17 program, fitness for restoration of a license under this
18 Section and shall establish procedures and requirements for
19 restoration.

20 (e) Any licensed certified professional midwife whose
21 license expired while he or she was (i) in federal service on
22 active duty with the Armed Forces of the United States or the
23 State Militia and called into service or training or (ii)
24 received education under the supervision of the United States
25 preliminary to induction into the military service may have his
26 or her license restored without paying any lapsed renewal fees,

1 if, within 2 years after honorable termination of service,
2 training, or education, he or she furnishes the Department with
3 satisfactory evidence to the effect that he or she has been so
4 engaged.

5 Section 120. Roster. The Department shall maintain a roster
6 of the names and addresses of all licensees and of all persons
7 whose licenses have been suspended or revoked. This roster
8 shall be available upon written request and payment of the
9 required fee.

10 Section 125. Fees.

11 (a) The Department shall provide for a schedule of fees for
12 the administration and enforcement of this Act, including
13 without limitation original licensure, renewal, and
14 restoration, which fees shall be nonrefundable.

15 (b) All fees collected under this Act shall be deposited
16 into the General Professions Dedicated Fund and appropriated to
17 the Department for the ordinary and contingent expenses of the
18 Department in the administration of this Act.

19 Section 130. Returned checks; fines. Any person who
20 delivers a check or other payment to the Department that is
21 returned to the Department unpaid by the financial institution
22 upon which it is drawn shall pay to the Department, in addition
23 to the amount already owed to the Department, a fine of \$50.

1 The fines imposed by this Section are in addition to any other
2 discipline provided under this Act for unlicensed practice or
3 practice on a non-renewed license. The Department shall notify
4 the person that fees and fines shall be paid to the Department
5 by certified check or money order within 30 calendar days after
6 the notification. If, after the expiration of 30 days from the
7 date of the notification, the person has failed to submit the
8 necessary remittance, the Department shall automatically
9 terminate the license or deny the application, without hearing.
10 If, after termination or denial, the person seeks a license, he
11 or she shall apply to the Department for restoration or
12 issuance of the license and pay all fees and fines due to the
13 Department. The Department may establish a fee for the
14 processing of an application for restoration of a license to
15 defray all expenses of processing the application. The
16 Secretary may waive the fines due under this Section in
17 individual cases where the Secretary finds that the fines would
18 be unreasonable or unnecessarily burdensome.

19 Section 135. Unlicensed practice; civil penalty. Any
20 person who practices, offers to practice, attempts to practice,
21 or holds himself or herself out to practice certified
22 professional midwifery or as a midwife without being licensed
23 under this Act shall, in addition to any other penalty provided
24 by law, pay a civil penalty to the Department in an amount not
25 to exceed \$5,000 for each offense, as determined by the

1 Department. The civil penalty shall be assessed by the
2 Department after a hearing is held in accordance with the
3 provisions set forth in this Act regarding the provision of a
4 hearing for the discipline of a licensee. The civil penalty
5 shall be paid within 60 days after the effective date of the
6 order imposing the civil penalty. The order shall constitute a
7 judgment and may be filed and execution had thereon in the same
8 manner as any judgment from any court of record. The Department
9 may investigate any unlicensed activity.

10 Section 140. Grounds for disciplinary action.

11 (a) The Department may refuse to issue or to renew or may
12 revoke, suspend, place on probation, reprimand, or take other
13 disciplinary action as the Department may deem proper,
14 including fines not to exceed \$5,000 for each violation, with
15 regard to any licensee or license for any one or combination of
16 the following causes:

17 (1) Violations of this Act or its rules.

18 (2) Material misstatement in furnishing information to
19 the Department.

20 (3) Conviction of any crime under the laws of any U.S.
21 jurisdiction that is (i) a felony, (ii) a misdemeanor, an
22 essential element of which is dishonesty, or (iii) directly
23 related to the practice of the profession.

24 (4) Making any misrepresentation for the purpose of
25 obtaining a license.

1 (5) Professional incompetence or gross negligence.

2 (6) Gross malpractice.

3 (7) Aiding or assisting another person in violating any
4 provision of this Act or its rules.

5 (8) Failing to provide information within 60 days in
6 response to a written request made by the Department.

7 (9) Engaging in dishonorable, unethical, or
8 unprofessional conduct of a character likely to deceive,
9 defraud, or harm the public.

10 (10) Habitual or excessive use or addiction to alcohol,
11 narcotics, stimulants, or any other chemical agent or drug
12 that results in the inability to practice with reasonable
13 judgment, skill, or safety.

14 (11) Discipline by another U.S. jurisdiction or
15 foreign nation if at least one of the grounds for the
16 discipline is the same or substantially equivalent to those
17 set forth in this Act.

18 (12) Directly or indirectly giving to or receiving from
19 any person, firm, corporation, partnership, or association
20 any fee, commission, rebate, or other form of compensation
21 for any professional services not actually or personally
22 rendered. This shall not be deemed to include rent or other
23 remunerations paid to an individual, partnership, or
24 corporation by a licensed certified professional midwife
25 for the lease, rental, or use of space, owned or controlled
26 by the individual, partnership, corporation, or

1 association.

2 (13) A finding by the Department that the licensee,
3 after having his or her license placed on probationary
4 status, has violated the terms of probation.

5 (14) Abandonment of a patient.

6 (15) Willfully making or filing false records or
7 reports relating to a licensee's practice, including, but
8 not limited to, false records filed with State agencies or
9 departments.

10 (16) Physical illness or mental illness, including,
11 but not limited to, deterioration through the aging process
12 or loss of motor skill that results in the inability to
13 practice the profession with reasonable judgment, skill,
14 or safety.

15 (17) Failure to provide a patient with a copy of his or
16 her record upon the written request of the patient.

17 (18) Conviction by any court of competent
18 jurisdiction, either within or without this State, of any
19 violation of any law governing the practice of licensed
20 certified professional midwifery or conviction in this or
21 another state of any crime that is a felony under the laws
22 of this State or conviction of a felony in a federal court,
23 if the Department determines, after investigation, that
24 the person has not been sufficiently rehabilitated to
25 warrant the public trust.

26 (19) A finding that licensure has been applied for or

1 obtained by fraudulent means.

2 (20) Being named as a perpetrator in an indicated
3 report by the Department of Children and Family Services
4 under the Abused and Neglected Child Reporting Act and upon
5 proof by clear and convincing evidence that the licensee
6 has caused a child to be an abused child or a neglected
7 child, as defined in Section 3 of the Abused and Neglected
8 Child Reporting Act.

9 (21) Practicing or attempting to practice under a name
10 other than the full name shown on a license issued under
11 this Act.

12 (22) Immoral conduct in the commission of any act, such
13 as sexual abuse, sexual misconduct, or sexual
14 exploitation, related to the licensee's practice.

15 (23) Maintaining a professional relationship with any
16 person, firm, or corporation when the licensed certified
17 professional midwife knows or should know that a person,
18 firm, or corporation is violating this Act.

19 (24) Failure to provide satisfactory proof of having
20 participated in approved continuing education programs as
21 determined by the Board and approved by the Secretary.
22 Exceptions for extreme hardships are to be defined by the
23 Department.

24 (b) The Department may refuse to issue or may suspend the
25 license of any person who fails to (i) file a tax return or to
26 pay the tax, penalty, or interest shown in a filed return or

1 (ii) pay any final assessment of the tax, penalty, or interest,
2 as required by any tax Act administered by the Illinois
3 Department of Revenue, until the time that the requirements of
4 that tax Act are satisfied.

5 (c) The determination by a circuit court that a licensee is
6 subject to involuntary admission or judicial admission as
7 provided in the Mental Health and Developmental Disabilities
8 Code operates as an automatic suspension. The suspension shall
9 end only upon a finding by a court that the patient is no
10 longer subject to involuntary admission or judicial admission,
11 the issuance of an order so finding and discharging the
12 patient, and the recommendation of the Board to the Secretary
13 that the licensee be allowed to resume his or her practice.

14 (d) In enforcing this Section, the Department, upon a
15 showing of a possible violation, may compel any person licensed
16 to practice under this Act or who has applied for licensure or
17 certification pursuant to this Act to submit to a mental or
18 physical examination, or both, as required by and at the
19 expense of the Department. The examining physicians shall be
20 those specifically designated by the Department. The
21 Department may order an examining physician to present
22 testimony concerning the mental or physical examination of the
23 licensee or applicant. No information shall be excluded by
24 reason of any common law or statutory privilege relating to
25 communications between the licensee or applicant and the
26 examining physician. The person to be examined may have, at his

1 or her own expense, another physician of his or her choice
2 present during all aspects of the examination. Failure of any
3 person to submit to a mental or physical examination when
4 directed shall be grounds for suspension of a license until the
5 person submits to the examination if the Department finds,
6 after notice and hearing, that the refusal to submit to the
7 examination was without reasonable cause.

8 If the Department finds an individual unable to practice
9 because of the reasons set forth in this subsection (d), the
10 Department may require that individual to submit to care,
11 counseling, or treatment by physicians approved or designated
12 by the Department, as a condition, term, or restriction for
13 continued, reinstated, or renewed licensure to practice or, in
14 lieu of care, counseling, or treatment, the Department may file
15 a complaint to immediately suspend, revoke, or otherwise
16 discipline the license of the individual. Any person whose
17 license was granted, reinstated, renewed, disciplined, or
18 supervised subject to such terms, conditions, or restrictions
19 and who fails to comply with such terms, conditions, or
20 restrictions shall be referred to the Secretary for a
21 determination as to whether or not the person shall have his or
22 her license suspended immediately, pending a hearing by the
23 Department.

24 In instances in which the Secretary immediately suspends a
25 person's license under this Section, a hearing on that person's
26 license must be convened by the Department within 15 days after

1 the suspension and completed without appreciable delay. The
2 Department may review the person's record of treatment and
3 counseling regarding the impairment, to the extent permitted by
4 applicable federal statutes and regulations safeguarding the
5 confidentiality of medical records.

6 A person licensed under this Act and affected under this
7 subsection (d) shall be afforded an opportunity to demonstrate
8 to the Department that he or she can resume practice in
9 compliance with acceptable and prevailing standards under the
10 provisions of his or her license.

11 Section 145. Failure to pay restitution. The Department,
12 without further process or hearing, shall suspend the license
13 or other authorization to practice of any person issued under
14 this Act who has been certified by court order as not having
15 paid restitution to a person under Section 8A-3.5 of the
16 Illinois Public Aid Code, under Section 46-1 of the Criminal
17 Code of 1961, or under Sections 17-8.5 or 17-10.5 of the
18 Criminal Code of 2012. A person whose license or other
19 authorization to practice is suspended under this Section is
20 prohibited from practicing until restitution is paid in full.

21 Section 150. Injunction; cease and desist order.

22 (a) If a person violates any provision of this Act, the
23 Secretary may, in the name of the People of the State of
24 Illinois, through the Attorney General or the State's Attorney

1 of any county in which the action is brought, petition for an
2 order enjoining the violation or enforcing compliance with this
3 Act. Upon the filing of a verified petition in court, the court
4 may issue a temporary restraining order, without notice or
5 bond, and may preliminarily and permanently enjoin the
6 violation. If it is established that the person has violated or
7 is violating the injunction, the court may punish the offender
8 for contempt of court. Proceedings under this Section shall be
9 in addition to, and not in lieu of, all other remedies and
10 penalties provided by this Act.

11 (b) If any person practices as a licensed certified
12 professional midwife or holds himself or herself out as a
13 licensed certified professional midwife without being licensed
14 under the provisions of this Act, then any licensed certified
15 professional midwife, any interested party, or any person
16 injured thereby may, in addition to the Secretary, petition for
17 relief as provided in subsection (a) of this Section.

18 (c) Whenever, in the opinion of the Department, any person
19 violates any provision of this Act, the Department may issue a
20 rule to show cause why an order to cease and desist should not
21 be entered against that person. The rule shall clearly set
22 forth the grounds relied upon by the Department and shall
23 provide a period of 7 days after the date of the rule to file an
24 answer to the satisfaction of the Department. Failure to answer
25 to the satisfaction of the Department shall cause an order to
26 cease and desist to be issued immediately.

1 Section 155. Violation; criminal penalty.

2 (a) Whoever knowingly practices or offers to practice
3 midwifery in this State without being licensed for that purpose
4 or exempt under this Act shall be guilty of a Class A
5 misdemeanor; and shall be guilty of a Class 4 felony for a
6 second or subsequent violation.

7 (b) Notwithstanding any other provision of this Act, all
8 criminal fines, moneys, or other property collected or received
9 by the Department under this Section or any other State or
10 federal statute, including, but not limited to, property
11 forfeited to the Department under Section 505 of the Illinois
12 Controlled Substances Act or Section 85 of the Methamphetamine
13 Control and Community Protection Act, shall be deposited into
14 the Professional Regulation Evidence Fund.

15 Section 160. Investigation; notice; hearing. The
16 Department may investigate the actions of any applicant or of
17 any person or persons holding or claiming to hold a license
18 under this Act. Before refusing to issue or to renew or taking
19 any disciplinary action regarding a license, the Department
20 shall, at least 30 days prior to the date set for the hearing,
21 notify in writing the applicant or licensee of the nature of
22 any charges and that a hearing shall be held on a date
23 designated. The Department shall direct the applicant or
24 licensee to file a written answer with the Board under oath

1 within 20 days after the service of the notice and inform the
2 applicant or licensee that failure to file an answer shall
3 result in default being taken against the applicant or licensee
4 and that the license may be suspended, revoked, or placed on
5 probationary status or that other disciplinary action may be
6 taken, including limiting the scope, nature, or extent of
7 practice, as the Secretary may deem proper. Written notice may
8 be served by personal delivery or certified or registered mail
9 to the respondent at the address of his or her last
10 notification to the Department. If the person fails to file an
11 answer after receiving notice, his or her license may, in the
12 discretion of the Department, be suspended, revoked, or placed
13 on probationary status, or the Department may take any
14 disciplinary action deemed proper, including limiting the
15 scope, nature, or extent of the person's practice or the
16 imposition of a fine, without a hearing, if the act or acts
17 charged constitute sufficient grounds for such action under
18 this Act. At the time and place fixed in the notice, the Board
19 shall proceed to hear the charges and the parties or their
20 counsel shall be accorded ample opportunity to present such
21 statements, testimony, evidence, and argument as may be
22 pertinent to the charges or to their defense. The Board may
23 continue a hearing from time to time.

24 Section 165. Formal hearing; preservation of record. The
25 Department, at its expense, shall preserve a record of all

1 proceedings at the formal hearing of any case. The notice of
2 hearing, complaint, and all other documents in the nature of
3 pleadings and written motions filed in the proceedings, the
4 transcript of testimony, the report of the Board or hearing
5 officer, and order of the Department shall be the record of the
6 proceeding. The Department shall furnish a transcript of the
7 record to any person interested in the hearing upon payment of
8 the fee required under Section 2105-115 of the Department of
9 Professional Regulation Law.

10 Section 170. Witnesses; production of documents; contempt.
11 Any circuit court may upon application of the Department or its
12 designee or of the applicant or licensee against whom
13 proceedings under Section 95 of this Act are pending, enter an
14 order requiring the attendance of witnesses and their testimony
15 and the production of documents, papers, files, books, and
16 records in connection with any hearing or investigation. The
17 court may compel obedience to its order by proceedings for
18 contempt.

19 Section 175. Subpoena; oaths. The Department shall have the
20 power to subpoena and bring before it any person in this State
21 and to take testimony either orally or by deposition or both
22 with the same fees and mileage and in the same manner as
23 prescribed in civil cases in circuit courts of this State. The
24 Secretary, the designated hearing officer, and every member of

1 the Board has the power to administer oaths to witnesses at any
2 hearing that the Department is authorized to conduct and any
3 other oaths authorized in any Act administered by the
4 Department. Any circuit court may, upon application of the
5 Department or its designee or upon application of the person
6 against whom proceedings under this Act are pending, enter an
7 order requiring the attendance of witnesses and their
8 testimony, and the production of documents, papers, files,
9 books, and records in connection with any hearing or
10 investigation. The court may compel obedience to its order by
11 proceedings for contempt.

12 Section 180. Findings of fact, conclusions of law, and
13 recommendations. At the conclusion of the hearing the Board
14 shall present to the Secretary a written report of its findings
15 of fact, conclusions of law, and recommendations. The report
16 shall contain a finding as to whether or not the accused person
17 violated this Act or failed to comply with the conditions
18 required under this Act. The Board shall specify the nature of
19 the violation or failure to comply and shall make its
20 recommendations to the Secretary.

21 The report of findings of fact, conclusions of law, and
22 recommendations of the Board shall be the basis for the
23 Department's order. If the Secretary disagrees in any regard
24 with the report of the Board, the Secretary may issue an order
25 in contravention of the report. The finding is not admissible

1 in evidence against the person in a criminal prosecution
2 brought for the violation of this Act, but the hearing and
3 findings are not a bar to a criminal prosecution brought for
4 the violation of this Act.

5 Section 185. Hearing officer. The Secretary may appoint any
6 attorney duly licensed to practice law in the State of Illinois
7 to serve as the hearing officer in any action for departmental
8 refusal to issue, renew, or license an applicant or for
9 disciplinary action against a licensee. The hearing officer
10 shall have full authority to conduct the hearing. The hearing
11 officer shall report his or her findings of fact, conclusions
12 of law, and recommendations to the Board and the Secretary. The
13 Board shall have 60 calendar days after receipt of the report
14 to review the report of the hearing officer and present its
15 findings of fact, conclusions of law, and recommendations to
16 the Secretary. If the Board fails to present its report within
17 the 60-day period, the Secretary may issue an order based on
18 the report of the hearing officer. If the Secretary disagrees
19 with the recommendation of the Board or the hearing officer, he
20 or she may issue an order in contravention of that
21 recommendation.

22 Section 190. Service of report; motion for rehearing. In
23 any case involving the discipline of a license, a copy of the
24 Board's report shall be served upon the respondent by the

1 Department, either personally or as provided in this Act for
2 the service of the notice of hearing. Within 20 days after the
3 service, the respondent may present to the Department a motion
4 in writing for a rehearing that shall specify the particular
5 grounds for rehearing. If no motion for rehearing is filed,
6 then upon the expiration of the time specified for filing a
7 motion, or if a motion for rehearing is denied, then upon the
8 denial, the Secretary may enter an order in accordance with
9 this Act. If the respondent orders from the reporting service
10 and pays for a transcript of the record within the time for
11 filing a motion for rehearing, the 20-day period within which
12 the motion may be filed shall commence upon the delivery of the
13 transcript to the respondent.

14 Section 195. Rehearing. Whenever the Secretary is
15 satisfied that substantial justice has not been done in the
16 revocation, suspension, or refusal to issue or renew a license,
17 the Secretary may order a rehearing by the same or another
18 hearing officer or by the Board.

19 Section 200. Prima facie proof. An order or a certified
20 copy thereof, over the seal of the Department and purporting to
21 be signed by the Secretary, shall be prima facie proof of the
22 following:

23 (1) that the signature is the genuine signature of the
24 Secretary;

- 1 (2) that such Secretary is duly appointed and qualified;
- 2 (3) that the Board and its members are qualified to act;
- 3 and
- 4 (4) that the findings and conclusions set forth therein are
- 5 prima facie true and correct.

6 Section 205. Restoration of license. At any time after the

7 suspension or revocation of any license, the Department may

8 restore the license to the accused person, unless after an

9 investigation and a hearing the Department determines that

10 restoration is not in the public interest.

11 Section 210. Surrender of license. Upon the revocation or

12 suspension of any license, the licensee shall immediately

13 surrender the license to the Department. If the licensee fails

14 to do so, the Department shall have the right to seize the

15 license.

16 Section 215. Summary suspension. The Secretary may

17 summarily suspend the license of a licensee under this Act

18 without a hearing, simultaneously with the institution of

19 proceedings for a hearing provided for in this Act, if the

20 Secretary finds that evidence in his or her possession

21 indicates that continuation in practice would constitute an

22 imminent danger to the public. In the event that the Secretary

23 summarily suspends a license without a hearing, a hearing by

1 the Department must be held within 30 days after the suspension
2 has occurred.

3 Section 220. Certificate of record. The Department shall
4 not be required to certify any record to the court or file any
5 answer in court or otherwise appear in any court in a judicial
6 review proceeding, unless there is filed in the court, with the
7 complaint, a receipt from the Department acknowledging payment
8 of the costs of furnishing and certifying the record. Failure
9 on the part of the plaintiff to file a receipt in court shall
10 be grounds for dismissal of the action.

11 Section 225. Administrative Review Law. All final
12 administrative decisions of the Department are subject to
13 judicial review under the Administrative Review Law and its
14 rules. The term "administrative decision" is defined as in
15 Section 3-101 of the Code of Civil Procedure.

16 Section 230. Illinois Administrative Procedure Act. The
17 Illinois Administrative Procedure Act is hereby expressly
18 adopted and incorporated in this Act as if all of the
19 provisions of such Act were included in this Act, except that
20 the provision of subsection (d) of Section 10-65 of the
21 Illinois Administrative Procedure Act that provides that at
22 hearings the licensee has the right to show compliance with all
23 lawful requirements for retention, continuation, or renewal of

1 the license is specifically excluded. For purposes of this Act,
2 the notice required under Section 10-25 of the Illinois
3 Administrative Procedure Act is deemed sufficient when mailed
4 to the last known address of a party.

5 Section 235. Home rule. The regulation and licensing of
6 midwives are exclusive powers and functions of the State. A
7 home rule unit may not regulate or license midwives. This
8 Section is a denial and limitation of home rule powers and
9 functions under subsection (h) of Section 6 of Article VII of
10 the Illinois Constitution.

11 Section 240. Severability. The provisions of this Act are
12 severable under Section 1.31 of the Statute on Statutes.

13 Section 900. The Regulatory Sunset Act is amended by adding
14 Section 4.38 as follows:

15 (5 ILCS 80/4.38 new)

16 Sec. 4.38. Act repealed on January 1, 2028. The following
17 Act is repealed on January 1, 2028:

18 The Home Birth Safety Act.

19 Section 905. The Medical Practice Act of 1987 is amended by
20 changing Section 4 as follows:

1 (225 ILCS 60/4) (from Ch. 111, par. 4400-4)

2 (Section scheduled to be repealed on December 31, 2017)

3 Sec. 4. Exemptions. This Act does not apply to the
4 following:

5 (1) persons lawfully carrying on their particular
6 profession or business under any valid existing regulatory
7 Act of this State, including without limitation persons
8 engaged in the practice of midwifery who are licensed under
9 the Home Birth Safety Act;

10 (2) persons rendering gratuitous services in cases of
11 emergency; or

12 (3) persons treating human ailments by prayer or
13 spiritual means as an exercise or enjoyment of religious
14 freedom.

15 (Source: P.A. 96-7, eff. 4-3-09; 97-622, eff. 11-23-11.)

16 Section 910. The Nurse Practice Act is amended by changing
17 Section 50-15 as follows:

18 (225 ILCS 65/50-15) (was 225 ILCS 65/5-15)

19 (Section scheduled to be repealed on January 1, 2018)

20 Sec. 50-15. Policy; application of Act.

21 (a) For the protection of life and the promotion of health,
22 and the prevention of illness and communicable diseases, any
23 person practicing or offering to practice advanced,
24 professional, or practical nursing in Illinois shall submit

1 evidence that he or she is qualified to practice, and shall be
2 licensed as provided under this Act. No person shall practice
3 or offer to practice advanced, professional, or practical
4 nursing in Illinois or use any title, sign, card or device to
5 indicate that such a person is practicing professional or
6 practical nursing unless such person has been licensed under
7 the provisions of this Act.

8 (b) This Act does not prohibit the following:

9 (1) The practice of nursing in Federal employment in
10 the discharge of the employee's duties by a person who is
11 employed by the United States government or any bureau,
12 division or agency thereof and is a legally qualified and
13 licensed nurse of another state or territory and not in
14 conflict with Sections 50-50, 55-10, 60-10, and 70-5 of
15 this Act.

16 (2) Nursing that is included in the program of study by
17 students enrolled in programs of nursing or in current
18 nurse practice update courses approved by the Department.

19 (3) The furnishing of nursing assistance in an
20 emergency.

21 (4) The practice of nursing by a nurse who holds an
22 active license in another state when providing services to
23 patients in Illinois during a bonafide emergency or in
24 immediate preparation for or during interstate transit.

25 (5) The incidental care of the sick by members of the
26 family, domestic servants or housekeepers, or care of the

1 sick where treatment is by prayer or spiritual means.

2 (6) Persons from being employed as unlicensed
3 assistive personnel in private homes, long term care
4 facilities, nurseries, hospitals or other institutions.

5 (7) The practice of practical nursing by one who is a
6 licensed practical nurse under the laws of another U.S.
7 jurisdiction and has applied in writing to the Department,
8 in form and substance satisfactory to the Department, for a
9 license as a licensed practical nurse and who is qualified
10 to receive such license under this Act, until (i) the
11 expiration of 6 months after the filing of such written
12 application, (ii) the withdrawal of such application, or
13 (iii) the denial of such application by the Department.

14 (8) The practice of advanced practice nursing by one
15 who is an advanced practice nurse under the laws of another
16 state, territory of the United States, or country and has
17 applied in writing to the Department, in form and substance
18 satisfactory to the Department, for a license as an
19 advanced practice nurse and who is qualified to receive
20 such license under this Act, until (i) the expiration of 6
21 months after the filing of such written application, (ii)
22 the withdrawal of such application, or (iii) the denial of
23 such application by the Department.

24 (9) The practice of professional nursing by one who is
25 a registered professional nurse under the laws of another
26 state, territory of the United States or country and has

1 applied in writing to the Department, in form and substance
2 satisfactory to the Department, for a license as a
3 registered professional nurse and who is qualified to
4 receive such license under Section 55-10, until (1) the
5 expiration of 6 months after the filing of such written
6 application, (2) the withdrawal of such application, or (3)
7 the denial of such application by the Department.

8 (10) The practice of professional nursing that is
9 included in a program of study by one who is a registered
10 professional nurse under the laws of another state or
11 territory of the United States or foreign country,
12 territory or province and who is enrolled in a graduate
13 nursing education program or a program for the completion
14 of a baccalaureate nursing degree in this State, which
15 includes clinical supervision by faculty as determined by
16 the educational institution offering the program and the
17 health care organization where the practice of nursing
18 occurs.

19 (11) Any person licensed in this State under any other
20 Act from engaging in the practice for which she or he is
21 licensed, including without limitation any person engaged
22 in the practice of midwifery who is licensed under the Home
23 Birth Safety Act.

24 (12) Delegation to authorized direct care staff
25 trained under Section 15.4 of the Mental Health and
26 Developmental Disabilities Administrative Act consistent

1 with the policies of the Department.

2 (13) The practice, services, or activities of persons
3 practicing the specified occupations set forth in
4 subsection (a) of, and pursuant to a licensing exemption
5 granted in subsection (b) or (d) of, Section 2105-350 of
6 the Department of Professional Regulation Law of the Civil
7 Administrative Code of Illinois, but only for so long as
8 the 2016 Olympic and Paralympic Games Professional
9 Licensure Exemption Law is operable.

10 (14) County correctional personnel from delivering
11 prepackaged medication for self-administration to an
12 individual detainee in a correctional facility.

13 Nothing in this Act shall be construed to limit the
14 delegation of tasks or duties by a physician, dentist, or
15 podiatric physician to a licensed practical nurse, a registered
16 professional nurse, or other persons.

17 (Source: P.A. 98-214, eff. 8-9-13.)

18 Section 915. The Illinois Public Aid Code is amended by
19 changing Section 5-5 as follows:

20 (305 ILCS 5/5-5) (from Ch. 23, par. 5-5)

21 Sec. 5-5. Medical services. The Illinois Department, by
22 rule, shall determine the quantity and quality of and the rate
23 of reimbursement for the medical assistance for which payment
24 will be authorized, and the medical services to be provided,

1 which may include all or part of the following: (1) inpatient
2 hospital services; (2) outpatient hospital services; (3) other
3 laboratory and X-ray services; (4) skilled nursing home
4 services; (5) physicians' services whether furnished in the
5 office, the patient's home, a hospital, a skilled nursing home,
6 or elsewhere; (6) medical care, or any other type of remedial
7 care furnished by licensed practitioners, including the
8 services of licensed certified professional midwives pursuant
9 to the Home Birth Safety Act; (7) home health care services;
10 (8) private duty nursing service; (9) clinic services; (10)
11 dental services, including prevention and treatment of
12 periodontal disease and dental caries disease for pregnant
13 women, provided by an individual licensed to practice dentistry
14 or dental surgery; for purposes of this item (10), "dental
15 services" means diagnostic, preventive, or corrective
16 procedures provided by or under the supervision of a dentist in
17 the practice of his or her profession; (11) physical therapy
18 and related services; (12) prescribed drugs, dentures, and
19 prosthetic devices; and eyeglasses prescribed by a physician
20 skilled in the diseases of the eye, or by an optometrist,
21 whichever the person may select; (13) other diagnostic,
22 screening, preventive, and rehabilitative services, including
23 to ensure that the individual's need for intervention or
24 treatment of mental disorders or substance use disorders or
25 co-occurring mental health and substance use disorders is
26 determined using a uniform screening, assessment, and

1 evaluation process inclusive of criteria, for children and
2 adults; for purposes of this item (13), a uniform screening,
3 assessment, and evaluation process refers to a process that
4 includes an appropriate evaluation and, as warranted, a
5 referral; "uniform" does not mean the use of a singular
6 instrument, tool, or process that all must utilize; (14)
7 transportation and such other expenses as may be necessary;
8 (15) medical treatment of sexual assault survivors, as defined
9 in Section 1a of the Sexual Assault Survivors Emergency
10 Treatment Act, for injuries sustained as a result of the sexual
11 assault, including examinations and laboratory tests to
12 discover evidence which may be used in criminal proceedings
13 arising from the sexual assault; (16) the diagnosis and
14 treatment of sickle cell anemia; and (17) any other medical
15 care, and any other type of remedial care recognized under the
16 laws of this State, but not including abortions, or induced
17 miscarriages or premature births, unless, in the opinion of a
18 physician, such procedures are necessary for the preservation
19 of the life of the woman seeking such treatment, or except an
20 induced premature birth intended to produce a live viable child
21 and such procedure is necessary for the health of the mother or
22 her unborn child. The Illinois Department, by rule, shall
23 prohibit any physician from providing medical assistance to
24 anyone eligible therefor under this Code where such physician
25 has been found guilty of performing an abortion procedure in a
26 wilful and wanton manner upon a woman who was not pregnant at

1 the time such abortion procedure was performed. The term "any
2 other type of remedial care" shall include nursing care and
3 nursing home service for persons who rely on treatment by
4 spiritual means alone through prayer for healing.

5 Notwithstanding any other provision of this Section, a
6 comprehensive tobacco use cessation program that includes
7 purchasing prescription drugs or prescription medical devices
8 approved by the Food and Drug Administration shall be covered
9 under the medical assistance program under this Article for
10 persons who are otherwise eligible for assistance under this
11 Article.

12 Notwithstanding any other provision of this Code, the
13 Illinois Department may not require, as a condition of payment
14 for any laboratory test authorized under this Article, that a
15 physician's handwritten signature appear on the laboratory
16 test order form. The Illinois Department may, however, impose
17 other appropriate requirements regarding laboratory test order
18 documentation.

19 Upon receipt of federal approval of an amendment to the
20 Illinois Title XIX State Plan for this purpose, the Department
21 shall authorize the Chicago Public Schools (CPS) to procure a
22 vendor or vendors to manufacture eyeglasses for individuals
23 enrolled in a school within the CPS system. CPS shall ensure
24 that its vendor or vendors are enrolled as providers in the
25 medical assistance program and in any capitated Medicaid
26 managed care entity (MCE) serving individuals enrolled in a

1 school within the CPS system. Under any contract procured under
2 this provision, the vendor or vendors must serve only
3 individuals enrolled in a school within the CPS system. Claims
4 for services provided by CPS's vendor or vendors to recipients
5 of benefits in the medical assistance program under this Code,
6 the Children's Health Insurance Program, or the Covering ALL
7 KIDS Health Insurance Program shall be submitted to the
8 Department or the MCE in which the individual is enrolled for
9 payment and shall be reimbursed at the Department's or the
10 MCE's established rates or rate methodologies for eyeglasses.

11 On and after July 1, 2012, the Department of Healthcare and
12 Family Services may provide the following services to persons
13 eligible for assistance under this Article who are
14 participating in education, training or employment programs
15 operated by the Department of Human Services as successor to
16 the Department of Public Aid:

17 (1) dental services provided by or under the
18 supervision of a dentist; and

19 (2) eyeglasses prescribed by a physician skilled in the
20 diseases of the eye, or by an optometrist, whichever the
21 person may select.

22 Notwithstanding any other provision of this Code and
23 subject to federal approval, the Department may adopt rules to
24 allow a dentist who is volunteering his or her service at no
25 cost to render dental services through an enrolled
26 not-for-profit health clinic without the dentist personally

1 enrolling as a participating provider in the medical assistance
2 program. A not-for-profit health clinic shall include a public
3 health clinic or Federally Qualified Health Center or other
4 enrolled provider, as determined by the Department, through
5 which dental services covered under this Section are performed.
6 The Department shall establish a process for payment of claims
7 for reimbursement for covered dental services rendered under
8 this provision.

9 The Illinois Department, by rule, may distinguish and
10 classify the medical services to be provided only in accordance
11 with the classes of persons designated in Section 5-2.

12 The Department of Healthcare and Family Services must
13 provide coverage and reimbursement for amino acid-based
14 elemental formulas, regardless of delivery method, for the
15 diagnosis and treatment of (i) eosinophilic disorders and (ii)
16 short bowel syndrome when the prescribing physician has issued
17 a written order stating that the amino acid-based elemental
18 formula is medically necessary.

19 The Illinois Department shall authorize the provision of,
20 and shall authorize payment for, screening by low-dose
21 mammography for the presence of occult breast cancer for women
22 35 years of age or older who are eligible for medical
23 assistance under this Article, as follows:

24 (A) A baseline mammogram for women 35 to 39 years of
25 age.

26 (B) An annual mammogram for women 40 years of age or

1 older.

2 (C) A mammogram at the age and intervals considered
3 medically necessary by the woman's health care provider for
4 women under 40 years of age and having a family history of
5 breast cancer, prior personal history of breast cancer,
6 positive genetic testing, or other risk factors.

7 (D) A comprehensive ultrasound screening of an entire
8 breast or breasts if a mammogram demonstrates
9 heterogeneous or dense breast tissue, when medically
10 necessary as determined by a physician licensed to practice
11 medicine in all of its branches.

12 (E) A screening MRI when medically necessary, as
13 determined by a physician licensed to practice medicine in
14 all of its branches.

15 All screenings shall include a physical breast exam,
16 instruction on self-examination and information regarding the
17 frequency of self-examination and its value as a preventative
18 tool. For purposes of this Section, "low-dose mammography"
19 means the x-ray examination of the breast using equipment
20 dedicated specifically for mammography, including the x-ray
21 tube, filter, compression device, and image receptor, with an
22 average radiation exposure delivery of less than one rad per
23 breast for 2 views of an average size breast. The term also
24 includes digital mammography and includes breast
25 tomosynthesis. As used in this Section, the term "breast
26 tomosynthesis" means a radiologic procedure that involves the

1 acquisition of projection images over the stationary breast to
2 produce cross-sectional digital three-dimensional images of
3 the breast. If, at any time, the Secretary of the United States
4 Department of Health and Human Services, or its successor
5 agency, promulgates rules or regulations to be published in the
6 Federal Register or publishes a comment in the Federal Register
7 or issues an opinion, guidance, or other action that would
8 require the State, pursuant to any provision of the Patient
9 Protection and Affordable Care Act (Public Law 111-148),
10 including, but not limited to, 42 U.S.C. 18031(d)(3)(B) or any
11 successor provision, to defray the cost of any coverage for
12 breast tomosynthesis outlined in this paragraph, then the
13 requirement that an insurer cover breast tomosynthesis is
14 inoperative other than any such coverage authorized under
15 Section 1902 of the Social Security Act, 42 U.S.C. 1396a, and
16 the State shall not assume any obligation for the cost of
17 coverage for breast tomosynthesis set forth in this paragraph.

18 On and after January 1, 2016, the Department shall ensure
19 that all networks of care for adult clients of the Department
20 include access to at least one breast imaging Center of Imaging
21 Excellence as certified by the American College of Radiology.

22 On and after January 1, 2012, providers participating in a
23 quality improvement program approved by the Department shall be
24 reimbursed for screening and diagnostic mammography at the same
25 rate as the Medicare program's rates, including the increased
26 reimbursement for digital mammography.

1 The Department shall convene an expert panel including
2 representatives of hospitals, free-standing mammography
3 facilities, and doctors, including radiologists, to establish
4 quality standards for mammography.

5 On and after January 1, 2017, providers participating in a
6 breast cancer treatment quality improvement program approved
7 by the Department shall be reimbursed for breast cancer
8 treatment at a rate that is no lower than 95% of the Medicare
9 program's rates for the data elements included in the breast
10 cancer treatment quality program.

11 The Department shall convene an expert panel, including
12 representatives of hospitals, free standing breast cancer
13 treatment centers, breast cancer quality organizations, and
14 doctors, including breast surgeons, reconstructive breast
15 surgeons, oncologists, and primary care providers to establish
16 quality standards for breast cancer treatment.

17 Subject to federal approval, the Department shall
18 establish a rate methodology for mammography at federally
19 qualified health centers and other encounter-rate clinics.
20 These clinics or centers may also collaborate with other
21 hospital-based mammography facilities. By January 1, 2016, the
22 Department shall report to the General Assembly on the status
23 of the provision set forth in this paragraph.

24 The Department shall establish a methodology to remind
25 women who are age-appropriate for screening mammography, but
26 who have not received a mammogram within the previous 18

1 months, of the importance and benefit of screening mammography.
2 The Department shall work with experts in breast cancer
3 outreach and patient navigation to optimize these reminders and
4 shall establish a methodology for evaluating their
5 effectiveness and modifying the methodology based on the
6 evaluation.

7 The Department shall establish a performance goal for
8 primary care providers with respect to their female patients
9 over age 40 receiving an annual mammogram. This performance
10 goal shall be used to provide additional reimbursement in the
11 form of a quality performance bonus to primary care providers
12 who meet that goal.

13 The Department shall devise a means of case-managing or
14 patient navigation for beneficiaries diagnosed with breast
15 cancer. This program shall initially operate as a pilot program
16 in areas of the State with the highest incidence of mortality
17 related to breast cancer. At least one pilot program site shall
18 be in the metropolitan Chicago area and at least one site shall
19 be outside the metropolitan Chicago area. On or after July 1,
20 2016, the pilot program shall be expanded to include one site
21 in western Illinois, one site in southern Illinois, one site in
22 central Illinois, and 4 sites within metropolitan Chicago. An
23 evaluation of the pilot program shall be carried out measuring
24 health outcomes and cost of care for those served by the pilot
25 program compared to similarly situated patients who are not
26 served by the pilot program.

1 The Department shall require all networks of care to
2 develop a means either internally or by contract with experts
3 in navigation and community outreach to navigate cancer
4 patients to comprehensive care in a timely fashion. The
5 Department shall require all networks of care to include access
6 for patients diagnosed with cancer to at least one academic
7 commission on cancer-accredited cancer program as an
8 in-network covered benefit.

9 Any medical or health care provider shall immediately
10 recommend, to any pregnant woman who is being provided prenatal
11 services and is suspected of drug abuse or is addicted as
12 defined in the Alcoholism and Other Drug Abuse and Dependency
13 Act, referral to a local substance abuse treatment provider
14 licensed by the Department of Human Services or to a licensed
15 hospital which provides substance abuse treatment services.
16 The Department of Healthcare and Family Services shall assure
17 coverage for the cost of treatment of the drug abuse or
18 addiction for pregnant recipients in accordance with the
19 Illinois Medicaid Program in conjunction with the Department of
20 Human Services.

21 All medical providers providing medical assistance to
22 pregnant women under this Code shall receive information from
23 the Department on the availability of services under the Drug
24 Free Families with a Future or any comparable program providing
25 case management services for addicted women, including
26 information on appropriate referrals for other social services

1 that may be needed by addicted women in addition to treatment
2 for addiction.

3 The Illinois Department, in cooperation with the
4 Departments of Human Services (as successor to the Department
5 of Alcoholism and Substance Abuse) and Public Health, through a
6 public awareness campaign, may provide information concerning
7 treatment for alcoholism and drug abuse and addiction, prenatal
8 health care, and other pertinent programs directed at reducing
9 the number of drug-affected infants born to recipients of
10 medical assistance.

11 Neither the Department of Healthcare and Family Services
12 nor the Department of Human Services shall sanction the
13 recipient solely on the basis of her substance abuse.

14 The Illinois Department shall establish such regulations
15 governing the dispensing of health services under this Article
16 as it shall deem appropriate. The Department should seek the
17 advice of formal professional advisory committees appointed by
18 the Director of the Illinois Department for the purpose of
19 providing regular advice on policy and administrative matters,
20 information dissemination and educational activities for
21 medical and health care providers, and consistency in
22 procedures to the Illinois Department.

23 The Illinois Department may develop and contract with
24 Partnerships of medical providers to arrange medical services
25 for persons eligible under Section 5-2 of this Code.
26 Implementation of this Section may be by demonstration projects

1 in certain geographic areas. The Partnership shall be
2 represented by a sponsor organization. The Department, by rule,
3 shall develop qualifications for sponsors of Partnerships.
4 Nothing in this Section shall be construed to require that the
5 sponsor organization be a medical organization.

6 The sponsor must negotiate formal written contracts with
7 medical providers for physician services, inpatient and
8 outpatient hospital care, home health services, treatment for
9 alcoholism and substance abuse, and other services determined
10 necessary by the Illinois Department by rule for delivery by
11 Partnerships. Physician services must include prenatal and
12 obstetrical care. The Illinois Department shall reimburse
13 medical services delivered by Partnership providers to clients
14 in target areas according to provisions of this Article and the
15 Illinois Health Finance Reform Act, except that:

16 (1) Physicians participating in a Partnership and
17 providing certain services, which shall be determined by
18 the Illinois Department, to persons in areas covered by the
19 Partnership may receive an additional surcharge for such
20 services.

21 (2) The Department may elect to consider and negotiate
22 financial incentives to encourage the development of
23 Partnerships and the efficient delivery of medical care.

24 (3) Persons receiving medical services through
25 Partnerships may receive medical and case management
26 services above the level usually offered through the

1 medical assistance program.

2 Medical providers shall be required to meet certain
3 qualifications to participate in Partnerships to ensure the
4 delivery of high quality medical services. These
5 qualifications shall be determined by rule of the Illinois
6 Department and may be higher than qualifications for
7 participation in the medical assistance program. Partnership
8 sponsors may prescribe reasonable additional qualifications
9 for participation by medical providers, only with the prior
10 written approval of the Illinois Department.

11 Nothing in this Section shall limit the free choice of
12 practitioners, hospitals, and other providers of medical
13 services by clients. In order to ensure patient freedom of
14 choice, the Illinois Department shall immediately promulgate
15 all rules and take all other necessary actions so that provided
16 services may be accessed from therapeutically certified
17 optometrists to the full extent of the Illinois Optometric
18 Practice Act of 1987 without discriminating between service
19 providers.

20 The Department shall apply for a waiver from the United
21 States Health Care Financing Administration to allow for the
22 implementation of Partnerships under this Section.

23 The Illinois Department shall require health care
24 providers to maintain records that document the medical care
25 and services provided to recipients of Medical Assistance under
26 this Article. Such records must be retained for a period of not

1 less than 6 years from the date of service or as provided by
2 applicable State law, whichever period is longer, except that
3 if an audit is initiated within the required retention period
4 then the records must be retained until the audit is completed
5 and every exception is resolved. The Illinois Department shall
6 require health care providers to make available, when
7 authorized by the patient, in writing, the medical records in a
8 timely fashion to other health care providers who are treating
9 or serving persons eligible for Medical Assistance under this
10 Article. All dispensers of medical services shall be required
11 to maintain and retain business and professional records
12 sufficient to fully and accurately document the nature, scope,
13 details and receipt of the health care provided to persons
14 eligible for medical assistance under this Code, in accordance
15 with regulations promulgated by the Illinois Department. The
16 rules and regulations shall require that proof of the receipt
17 of prescription drugs, dentures, prosthetic devices and
18 eyeglasses by eligible persons under this Section accompany
19 each claim for reimbursement submitted by the dispenser of such
20 medical services. No such claims for reimbursement shall be
21 approved for payment by the Illinois Department without such
22 proof of receipt, unless the Illinois Department shall have put
23 into effect and shall be operating a system of post-payment
24 audit and review which shall, on a sampling basis, be deemed
25 adequate by the Illinois Department to assure that such drugs,
26 dentures, prosthetic devices and eyeglasses for which payment

1 is being made are actually being received by eligible
2 recipients. Within 90 days after September 16, 1984 (the
3 effective date of Public Act 83-1439), the Illinois Department
4 shall establish a current list of acquisition costs for all
5 prosthetic devices and any other items recognized as medical
6 equipment and supplies reimbursable under this Article and
7 shall update such list on a quarterly basis, except that the
8 acquisition costs of all prescription drugs shall be updated no
9 less frequently than every 30 days as required by Section
10 5-5.12.

11 The rules and regulations of the Illinois Department shall
12 require that a written statement including the required opinion
13 of a physician shall accompany any claim for reimbursement for
14 abortions, or induced miscarriages or premature births. This
15 statement shall indicate what procedures were used in providing
16 such medical services.

17 Notwithstanding any other law to the contrary, the Illinois
18 Department shall, within 365 days after July 22, 2013 (the
19 effective date of Public Act 98-104), establish procedures to
20 permit skilled care facilities licensed under the Nursing Home
21 Care Act to submit monthly billing claims for reimbursement
22 purposes. Following development of these procedures, the
23 Department shall, by July 1, 2016, test the viability of the
24 new system and implement any necessary operational or
25 structural changes to its information technology platforms in
26 order to allow for the direct acceptance and payment of nursing

1 home claims.

2 Notwithstanding any other law to the contrary, the Illinois
3 Department shall, within 365 days after August 15, 2014 (the
4 effective date of Public Act 98-963), establish procedures to
5 permit ID/DD facilities licensed under the ID/DD Community Care
6 Act and MC/DD facilities licensed under the MC/DD Act to submit
7 monthly billing claims for reimbursement purposes. Following
8 development of these procedures, the Department shall have an
9 additional 365 days to test the viability of the new system and
10 to ensure that any necessary operational or structural changes
11 to its information technology platforms are implemented.

12 The Illinois Department shall require all dispensers of
13 medical services, other than an individual practitioner or
14 group of practitioners, desiring to participate in the Medical
15 Assistance program established under this Article to disclose
16 all financial, beneficial, ownership, equity, surety or other
17 interests in any and all firms, corporations, partnerships,
18 associations, business enterprises, joint ventures, agencies,
19 institutions or other legal entities providing any form of
20 health care services in this State under this Article.

21 The Illinois Department may require that all dispensers of
22 medical services desiring to participate in the medical
23 assistance program established under this Article disclose,
24 under such terms and conditions as the Illinois Department may
25 by rule establish, all inquiries from clients and attorneys
26 regarding medical bills paid by the Illinois Department, which

1 inquiries could indicate potential existence of claims or liens
2 for the Illinois Department.

3 Enrollment of a vendor shall be subject to a provisional
4 period and shall be conditional for one year. During the period
5 of conditional enrollment, the Department may terminate the
6 vendor's eligibility to participate in, or may disenroll the
7 vendor from, the medical assistance program without cause.
8 Unless otherwise specified, such termination of eligibility or
9 disenrollment is not subject to the Department's hearing
10 process. However, a disenrolled vendor may reapply without
11 penalty.

12 The Department has the discretion to limit the conditional
13 enrollment period for vendors based upon category of risk of
14 the vendor.

15 Prior to enrollment and during the conditional enrollment
16 period in the medical assistance program, all vendors shall be
17 subject to enhanced oversight, screening, and review based on
18 the risk of fraud, waste, and abuse that is posed by the
19 category of risk of the vendor. The Illinois Department shall
20 establish the procedures for oversight, screening, and review,
21 which may include, but need not be limited to: criminal and
22 financial background checks; fingerprinting; license,
23 certification, and authorization verifications; unscheduled or
24 unannounced site visits; database checks; prepayment audit
25 reviews; audits; payment caps; payment suspensions; and other
26 screening as required by federal or State law.

1 The Department shall define or specify the following: (i)
2 by provider notice, the "category of risk of the vendor" for
3 each type of vendor, which shall take into account the level of
4 screening applicable to a particular category of vendor under
5 federal law and regulations; (ii) by rule or provider notice,
6 the maximum length of the conditional enrollment period for
7 each category of risk of the vendor; and (iii) by rule, the
8 hearing rights, if any, afforded to a vendor in each category
9 of risk of the vendor that is terminated or disenrolled during
10 the conditional enrollment period.

11 To be eligible for payment consideration, a vendor's
12 payment claim or bill, either as an initial claim or as a
13 resubmitted claim following prior rejection, must be received
14 by the Illinois Department, or its fiscal intermediary, no
15 later than 180 days after the latest date on the claim on which
16 medical goods or services were provided, with the following
17 exceptions:

18 (1) In the case of a provider whose enrollment is in
19 process by the Illinois Department, the 180-day period
20 shall not begin until the date on the written notice from
21 the Illinois Department that the provider enrollment is
22 complete.

23 (2) In the case of errors attributable to the Illinois
24 Department or any of its claims processing intermediaries
25 which result in an inability to receive, process, or
26 adjudicate a claim, the 180-day period shall not begin

1 until the provider has been notified of the error.

2 (3) In the case of a provider for whom the Illinois
3 Department initiates the monthly billing process.

4 (4) In the case of a provider operated by a unit of
5 local government with a population exceeding 3,000,000
6 when local government funds finance federal participation
7 for claims payments.

8 For claims for services rendered during a period for which
9 a recipient received retroactive eligibility, claims must be
10 filed within 180 days after the Department determines the
11 applicant is eligible. For claims for which the Illinois
12 Department is not the primary payer, claims must be submitted
13 to the Illinois Department within 180 days after the final
14 adjudication by the primary payer.

15 In the case of long term care facilities, within 5 days of
16 receipt by the facility of required prescreening information,
17 data for new admissions shall be entered into the Medical
18 Electronic Data Interchange (MEDI) or the Recipient
19 Eligibility Verification (REV) System or successor system, and
20 within 15 days of receipt by the facility of required
21 prescreening information, admission documents shall be
22 submitted through MEDI or REV or shall be submitted directly to
23 the Department of Human Services using required admission
24 forms. Effective September 1, 2014, admission documents,
25 including all prescreening information, must be submitted
26 through MEDI or REV. Confirmation numbers assigned to an

1 accepted transaction shall be retained by a facility to verify
2 timely submittal. Once an admission transaction has been
3 completed, all resubmitted claims following prior rejection
4 are subject to receipt no later than 180 days after the
5 admission transaction has been completed.

6 Claims that are not submitted and received in compliance
7 with the foregoing requirements shall not be eligible for
8 payment under the medical assistance program, and the State
9 shall have no liability for payment of those claims.

10 To the extent consistent with applicable information and
11 privacy, security, and disclosure laws, State and federal
12 agencies and departments shall provide the Illinois Department
13 access to confidential and other information and data necessary
14 to perform eligibility and payment verifications and other
15 Illinois Department functions. This includes, but is not
16 limited to: information pertaining to licensure;
17 certification; earnings; immigration status; citizenship; wage
18 reporting; unearned and earned income; pension income;
19 employment; supplemental security income; social security
20 numbers; National Provider Identifier (NPI) numbers; the
21 National Practitioner Data Bank (NPDB); program and agency
22 exclusions; taxpayer identification numbers; tax delinquency;
23 corporate information; and death records.

24 The Illinois Department shall enter into agreements with
25 State agencies and departments, and is authorized to enter into
26 agreements with federal agencies and departments, under which

1 such agencies and departments shall share data necessary for
2 medical assistance program integrity functions and oversight.
3 The Illinois Department shall develop, in cooperation with
4 other State departments and agencies, and in compliance with
5 applicable federal laws and regulations, appropriate and
6 effective methods to share such data. At a minimum, and to the
7 extent necessary to provide data sharing, the Illinois
8 Department shall enter into agreements with State agencies and
9 departments, and is authorized to enter into agreements with
10 federal agencies and departments, including but not limited to:
11 the Secretary of State; the Department of Revenue; the
12 Department of Public Health; the Department of Human Services;
13 and the Department of Financial and Professional Regulation.

14 Beginning in fiscal year 2013, the Illinois Department
15 shall set forth a request for information to identify the
16 benefits of a pre-payment, post-adjudication, and post-edit
17 claims system with the goals of streamlining claims processing
18 and provider reimbursement, reducing the number of pending or
19 rejected claims, and helping to ensure a more transparent
20 adjudication process through the utilization of: (i) provider
21 data verification and provider screening technology; and (ii)
22 clinical code editing; and (iii) pre-pay, pre- or
23 post-adjudicated predictive modeling with an integrated case
24 management system with link analysis. Such a request for
25 information shall not be considered as a request for proposal
26 or as an obligation on the part of the Illinois Department to

1 take any action or acquire any products or services.

2 The Illinois Department shall establish policies,
3 procedures, standards and criteria by rule for the acquisition,
4 repair and replacement of orthotic and prosthetic devices and
5 durable medical equipment. Such rules shall provide, but not be
6 limited to, the following services: (1) immediate repair or
7 replacement of such devices by recipients; and (2) rental,
8 lease, purchase or lease-purchase of durable medical equipment
9 in a cost-effective manner, taking into consideration the
10 recipient's medical prognosis, the extent of the recipient's
11 needs, and the requirements and costs for maintaining such
12 equipment. Subject to prior approval, such rules shall enable a
13 recipient to temporarily acquire and use alternative or
14 substitute devices or equipment pending repairs or
15 replacements of any device or equipment previously authorized
16 for such recipient by the Department. Notwithstanding any
17 provision of Section 5-5f to the contrary, the Department may,
18 by rule, exempt certain replacement wheelchair parts from prior
19 approval and, for wheelchairs, wheelchair parts, wheelchair
20 accessories, and related seating and positioning items,
21 determine the wholesale price by methods other than actual
22 acquisition costs.

23 The Department shall require, by rule, all providers of
24 durable medical equipment to be accredited by an accreditation
25 organization approved by the federal Centers for Medicare and
26 Medicaid Services and recognized by the Department in order to

1 bill the Department for providing durable medical equipment to
2 recipients. No later than 15 months after the effective date of
3 the rule adopted pursuant to this paragraph, all providers must
4 meet the accreditation requirement.

5 The Department shall execute, relative to the nursing home
6 prescreening project, written inter-agency agreements with the
7 Department of Human Services and the Department on Aging, to
8 effect the following: (i) intake procedures and common
9 eligibility criteria for those persons who are receiving
10 non-institutional services; and (ii) the establishment and
11 development of non-institutional services in areas of the State
12 where they are not currently available or are undeveloped; and
13 (iii) notwithstanding any other provision of law, subject to
14 federal approval, on and after July 1, 2012, an increase in the
15 determination of need (DON) scores from 29 to 37 for applicants
16 for institutional and home and community-based long term care;
17 if and only if federal approval is not granted, the Department
18 may, in conjunction with other affected agencies, implement
19 utilization controls or changes in benefit packages to
20 effectuate a similar savings amount for this population; and
21 (iv) no later than July 1, 2013, minimum level of care
22 eligibility criteria for institutional and home and
23 community-based long term care; and (v) no later than October
24 1, 2013, establish procedures to permit long term care
25 providers access to eligibility scores for individuals with an
26 admission date who are seeking or receiving services from the

1 long term care provider. In order to select the minimum level
2 of care eligibility criteria, the Governor shall establish a
3 workgroup that includes affected agency representatives and
4 stakeholders representing the institutional and home and
5 community-based long term care interests. This Section shall
6 not restrict the Department from implementing lower level of
7 care eligibility criteria for community-based services in
8 circumstances where federal approval has been granted.

9 The Illinois Department shall develop and operate, in
10 cooperation with other State Departments and agencies and in
11 compliance with applicable federal laws and regulations,
12 appropriate and effective systems of health care evaluation and
13 programs for monitoring of utilization of health care services
14 and facilities, as it affects persons eligible for medical
15 assistance under this Code.

16 The Illinois Department shall report annually to the
17 General Assembly, no later than the second Friday in April of
18 1979 and each year thereafter, in regard to:

19 (a) actual statistics and trends in utilization of
20 medical services by public aid recipients;

21 (b) actual statistics and trends in the provision of
22 the various medical services by medical vendors;

23 (c) current rate structures and proposed changes in
24 those rate structures for the various medical vendors; and

25 (d) efforts at utilization review and control by the
26 Illinois Department.

1 The period covered by each report shall be the 3 years
2 ending on the June 30 prior to the report. The report shall
3 include suggested legislation for consideration by the General
4 Assembly. The filing of one copy of the report with the
5 Speaker, one copy with the Minority Leader and one copy with
6 the Clerk of the House of Representatives, one copy with the
7 President, one copy with the Minority Leader and one copy with
8 the Secretary of the Senate, one copy with the Legislative
9 Research Unit, and such additional copies with the State
10 Government Report Distribution Center for the General Assembly
11 as is required under paragraph (t) of Section 7 of the State
12 Library Act shall be deemed sufficient to comply with this
13 Section.

14 Rulemaking authority to implement Public Act 95-1045, if
15 any, is conditioned on the rules being adopted in accordance
16 with all provisions of the Illinois Administrative Procedure
17 Act and all rules and procedures of the Joint Committee on
18 Administrative Rules; any purported rule not so adopted, for
19 whatever reason, is unauthorized.

20 On and after July 1, 2012, the Department shall reduce any
21 rate of reimbursement for services or other payments or alter
22 any methodologies authorized by this Code to reduce any rate of
23 reimbursement for services or other payments in accordance with
24 Section 5-5e.

25 Because kidney transplantation can be an appropriate, cost
26 effective alternative to renal dialysis when medically

1 necessary and notwithstanding the provisions of Section 1-11 of
2 this Code, beginning October 1, 2014, the Department shall
3 cover kidney transplantation for noncitizens with end-stage
4 renal disease who are not eligible for comprehensive medical
5 benefits, who meet the residency requirements of Section 5-3 of
6 this Code, and who would otherwise meet the financial
7 requirements of the appropriate class of eligible persons under
8 Section 5-2 of this Code. To qualify for coverage of kidney
9 transplantation, such person must be receiving emergency renal
10 dialysis services covered by the Department. Providers under
11 this Section shall be prior approved and certified by the
12 Department to perform kidney transplantation and the services
13 under this Section shall be limited to services associated with
14 kidney transplantation.

15 Notwithstanding any other provision of this Code to the
16 contrary, on or after July 1, 2015, all FDA approved forms of
17 medication assisted treatment prescribed for the treatment of
18 alcohol dependence or treatment of opioid dependence shall be
19 covered under both fee for service and managed care medical
20 assistance programs for persons who are otherwise eligible for
21 medical assistance under this Article and shall not be subject
22 to any (1) utilization control, other than those established
23 under the American Society of Addiction Medicine patient
24 placement criteria, (2) prior authorization mandate, or (3)
25 lifetime restriction limit mandate.

26 On or after July 1, 2015, opioid antagonists prescribed for

1 the treatment of an opioid overdose, including the medication
2 product, administration devices, and any pharmacy fees related
3 to the dispensing and administration of the opioid antagonist,
4 shall be covered under the medical assistance program for
5 persons who are otherwise eligible for medical assistance under
6 this Article. As used in this Section, "opioid antagonist"
7 means a drug that binds to opioid receptors and blocks or
8 inhibits the effect of opioids acting on those receptors,
9 including, but not limited to, naloxone hydrochloride or any
10 other similarly acting drug approved by the U.S. Food and Drug
11 Administration.

12 Upon federal approval, the Department shall provide
13 coverage and reimbursement for all drugs that are approved for
14 marketing by the federal Food and Drug Administration and that
15 are recommended by the federal Public Health Service or the
16 United States Centers for Disease Control and Prevention for
17 pre-exposure prophylaxis and related pre-exposure prophylaxis
18 services, including, but not limited to, HIV and sexually
19 transmitted infection screening, treatment for sexually
20 transmitted infections, medical monitoring, assorted labs, and
21 counseling to reduce the likelihood of HIV infection among
22 individuals who are not infected with HIV but who are at high
23 risk of HIV infection.

24 (Source: P.A. 98-104, Article 9, Section 9-5, eff. 7-22-13;
25 98-104, Article 12, Section 12-20, eff. 7-22-13; 98-303, eff.
26 8-9-13; 98-463, eff. 8-16-13; 98-651, eff. 6-16-14; 98-756,

1 eff. 7-16-14; 98-963, eff. 8-15-14; 99-78, eff. 7-20-15;
2 99-180, eff. 7-29-15; 99-236, eff. 8-3-15; 99-407 (see Section
3 20 of P.A. 99-588 for the effective date of P.A. 99-407);
4 99-433, eff. 8-21-15; 99-480, eff. 9-9-15; 99-588, eff.
5 7-20-16; 99-642, eff. 7-28-16; 99-772, eff. 1-1-17; 99-895,
6 eff. 1-1-17; revised 9-20-16.)