



Rep. Julie Hamos

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1 AMENDMENT TO SENATE BILL 264

2 AMENDMENT NO. _____. Amend Senate Bill 264, AS AMENDED, in
3 Section 5, Sec. 35, by replacing all of item (6) with the
4 following:

5 "(6) Alternative health care delivery model; birth
6 center. A birth center shall be exclusively dedicated to
7 servicing the childbirth-related needs of women and their
8 newborns and shall have no more than 10 beds. A birth
9 center is a designated site that is away from the mother's
10 usual place of residence and in which births are planned to
11 occur following a normal, uncomplicated, and low-risk
12 pregnancy. A birth center shall offer prenatal care and
13 community education services and shall coordinate these
14 services with other health care services available in the
15 community.

16 (A) A birth center shall not be separately licensed
17 if it is one of the following:

18 (1) A part of a hospital; or

1 (2) A freestanding facility that is physically
2 distinct from a hospital but is operated under a
3 license issued to a hospital under the Hospital
4 Licensing Act.

5 (B) A separate birth center license shall be
6 required if the birth center is operated as:

7 (1) A part of the operation of a federally
8 qualified health center as designated by the
9 United States Department of Health and Human
10 Services; or

11 (2) A facility other than one described in
12 subparagraph (A)(1), (A)(2), or (B)(1) of this
13 paragraph (6) whose costs are reimbursable under
14 Title XIX of the federal Social Security Act.

15 In adopting rules for birth centers, the Department
16 shall consider: the American Association of Birth Centers'
17 Standards for Freestanding Birth Centers; the American
18 Academy of Pediatrics/American College of Obstetricians
19 and Gynecologists Guidelines for Perinatal Care; and the
20 Regionalized Perinatal Health Care Code. The Department's
21 rules shall stipulate the eligibility criteria for birth
22 center admission. The Department's rules shall stipulate
23 the necessary equipment for emergency care according to the
24 American Association of Birth Centers' standards and any
25 additional equipment deemed necessary by the Department.
26 The Department's rules shall provide for a time period

1 within which each birth center not part of a hospital must
2 become accredited by either the Commission for the
3 Accreditation of Freestanding Birth Centers or The Joint
4 Commission.

5 A birth center shall be certified to participate in the
6 Medicare and Medicaid programs under Titles XVIII and XIX,
7 respectively, of the federal Social Security Act. To the
8 extent necessary, the Illinois Department of Healthcare
9 and Family Services shall apply for a waiver from the
10 United States Health Care Financing Administration to
11 allow birth centers to be reimbursed under Title XIX of the
12 federal Social Security Act.

13 A birth center that is not operated under a hospital
14 license shall be located within a ground travel time
15 distance from the general acute care hospital with which
16 the birth center maintains a contractual relationship,
17 including a transfer agreement, as required under this
18 paragraph, that allows for an emergency caesarian delivery
19 to be started within 30 minutes of the decision a caesarian
20 delivery is necessary. A birth center operating under a
21 hospital license shall be located within a ground travel
22 time distance from the licensed hospital that allows for an
23 emergency caesarian delivery to be started within 30
24 minutes of the decision a caesarian delivery is necessary.

25 The services of a medial director physician, licensed
26 to practice medicine in all its branches, who is certified

1 or eligible for certification by the American College of
2 Obstetricians and Gynecologists or the American Board of
3 Osteopathic Obstetricians and Gynecologists or has
4 hospital obstetrical privileges are required in birth
5 centers. The medical director in consultation with the
6 Director of Nursing and Midwifery Services shall
7 coordinate the clinical staff and overall provision of
8 patient care. The medical director or his or her physician
9 designee shall be available on the premises or within a
10 close proximity as defined by rule. The medical director
11 and the Director of Nursing and Midwifery Services shall
12 jointly develop and approve policies defining the criteria
13 to determine which pregnancies are accepted as normal,
14 uncomplicated, and low-risk, and the anesthesia services
15 available at the center. No general anesthesia may be
16 administered at the center.

17 If a birth center employs certified nurse midwives, a
18 certified nurse midwife shall be the Director of Nursing
19 and Midwifery Services who is responsible for the
20 development of policies and procedures for services as
21 provided by Department rules.

22 An obstetrician, family practitioner, or certified
23 nurse midwife shall attend each woman in labor from the
24 time of admission through birth and throughout the
25 immediate postpartum period. Attendance may be delegated
26 only to another physician or certified nurse midwife.

1 Additionally, a second staff person shall also be present
2 at each birth who is licensed or certified in Illinois in a
3 health-related field and under the supervision of the
4 physician or certified nurse midwife in attendance, has
5 specialized training in labor and delivery techniques and
6 care of newborns, and receives planned and ongoing training
7 as needed to perform assigned duties effectively.

8 The maximum length of stay in a birth center shall be
9 consistent with existing State laws allowing a 48-hour stay
10 or appropriate post-delivery care, if discharged earlier
11 than 48 hours.

12 A birth center shall participate in the Illinois
13 Perinatal System under the Developmental Disability
14 Prevention Act. At a minimum, this participation shall
15 require a birth center to establish a letter of agreement
16 with a hospital designated under the Perinatal System. A
17 hospital that operates or has a letter of agreement with a
18 birth center shall include the birth center under its
19 maternity service plan under the Hospital Licensing Act and
20 shall include the birth center in the hospital's letter of
21 agreement with its regional perinatal center.

22 A birth center may not discriminate against any patient
23 requiring treatment because of the source of payment for
24 services, including Medicare and Medicaid recipients.

25 No general anesthesia and no surgery may be performed
26 at a birth center. The Department may by rule add birth

1 center patient eligibility criteria or standards as it
2 deems necessary. The Department shall by rule require each
3 birth center to report the information which the Department
4 shall make publicly available, which shall include, but is
5 not limited to, the following:

6 (i) Birth center ownership.

7 (ii) Sources of payment for services.

8 (iii) Utilization data involving patient length of
9 stay.

10 (iv) Admissions and discharges.

11 (v) Complications.

12 (vi) Transfers.

13 (vii) Unusual incidents.

14 (viii) Deaths.

15 (xi) Any other publicly reported data required
16 under the Illinois Consumer Guide.

17 (x) Post-discharge patient status data where
18 patients are followed for 14 days after discharge from
19 the birth center to determine whether the mother or
20 baby developed a complication or infection.

21 Within 9 months after the effective date of this
22 amendatory Act of the 95th General Assembly, the Department
23 shall adopt rules that are developed with consideration of:
24 the American Association of Birth Centers' Standards for
25 Freestanding Birth Centers; the American Academy of
26 Pediatrics/American College of Obstetricians and

1 Gynecologists Guidelines for Perinatal Care; and the
2 Regionalized Perinatal Health Care Code.

3 The Department shall adopt other rules as necessary to
4 implement the provisions of this amendatory Act of the 95th
5 General Assembly within 9 months after the effective date
6 of this amendatory Act of the 95th General Assembly."