HB2449

LRB10107699JRG52747b

101ST GENERAL ASSEMBLY

State of Illinois

2019 and 2020

HB2449

by Rep. Robyn Gabel

SYNOPSIS AS INTRODUCED:

New Act
5 ILCS 80/4.40 new
225 ILCS 60/4 from Ch. 111, par. 4400-4
225 ILCS 65/50-15 was 225 ILCS 65/5-15
305 ILCS 5/5-5 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, 2030. Amends the Medical Practice Act of 1987, the Nurse Practice Act, and the Illinois Public Aid Code to make related changes.

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CORRECTIONAL BUDGET AND IMPACT NOTE ACT MAY APPLY

FISCAL NOTE ACT MAY APPLY

A BILL FOR

AN ACT concerning regulation.

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

Section 1. Short title. This Act may be cited as the Home Birth Safety Act.

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

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

Section 10. Exemptions.

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

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

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

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

Section 15. Definitions. In this Act:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Section 20. Unlicensed practice. Beginning on January 1, 2021, no person may practice, attempt to practice, or hold himself or herself out to practice as a licensed certified professional midwife unless he or she is licensed under this Act.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(8) indicators of quality health care services;

(9) principles of health education;

(10) national and local health services and

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

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

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

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

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

(15) advocacy and empowerment strategies for women;

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

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

(18) culturally sensitive care;

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

(20) benefits and risks of available birth settings;

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

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

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

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

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

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

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

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

(G) is respectful of individuals and their culture

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

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

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

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

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

(L) provides opportunity for client feedback;

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

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

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

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

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

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

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

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

(24) anatomy and physiology of the human body;

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

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

(27) signs and symptoms of pregnancy;

(28) examinations and tests for confirmation of pregnancy;

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

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

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

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

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

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

(35) normal progression of pregnancy, such as body

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

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

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

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

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

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

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

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

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

(44) effects of prescribed medications, ultrasound,

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

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

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

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

(48) the physical preparation for labor;

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(G) assess fetal growth using manual measurements;

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

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

(J) monitor fetal heart rate with Doppler;

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

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

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

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

(O) teach or demonstrate measures to decrease

common discomforts of pregnancy;

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

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

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

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

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

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

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

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

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

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

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

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

(62) normal progression of labor;

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

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

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

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

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

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

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

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

after a cesarean;

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

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

(73) indications for performing an episiotomy;

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

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

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

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

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

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

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

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

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

(B) perform a focused physical examination in labor;

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

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

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

(F) monitor and chart progress of labor;

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

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

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

(J) provide for bladder care, including

performance of urinary catheterization when indicated;

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

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

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

(N) perform an episiotomy if needed;

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

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

(Q) manage the birth of multiples;

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

(S) clamp and cut the cord;

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

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

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

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

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

(X) inspect the placenta and membranes for completeness;

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

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

(AA) estimate and record maternal blood loss;

(BB) inspect the vagina and cervix for lacerations;

(CC) repair an episiotomy, if needed;

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

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

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

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

(GG) perform manual removal of placenta;

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

(II) perform aortic compression;

(JJ) identify and manage shock;

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

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

(MM) perform adult cardiopulmonary resuscitation.

Section 30. Qualifications for licensed certified professional midwives.

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

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

(1) Submit a completed written application, on forms

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

(2) Be at least 21 years old.

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

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

(A) Accredited Educational Pathway:

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

(ii) After January 1, 2024, all new applicants for licensure as a licensed certified professional midwife must have graduated from an educational program or pathway accredited by MEAC.

(B) Non-accredited Educational Pathway:

(i) Applicants who are Certified Professional Midwives before January 1, 2024, and who have completed non-accredited education pathways will be required to obtain the NARM Midwifery Bridge Certificate in order to become licensed as a licensed certified professional midwife.

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

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

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

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

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

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

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

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

Section 35. Criminal history records background check.

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

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

"LCPM".

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

(a) "Practice of midwifery" means:

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

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

(b) The practice of midwifery includes:

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

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

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

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

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

(4) Discussing:

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

(B) any specific risk factors pertaining to the

health and circumstances of the individual patient;

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

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

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

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

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

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

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

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

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

of the newborn.

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

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

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

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

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

(B) performing emergency procedures, including:

(i) administering approved medications;

(ii) administering intravenous fluids for stabilization;

(iii) performing an emergency episiotomy; and

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

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

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

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

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

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

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

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

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

(B) assessing newborn feeding and hydration;

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

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

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

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

(18) Within 72 hours after delivery:

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

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

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

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

(B) assessment of newborn feeding and hydration; and

(C) breastfeeding support and counseling.

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

(A) breastfeeding support and counseling; and

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

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

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

(c) The practice of midwifery does not include:

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

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

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

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

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

(6) Using vacuum extractors or forceps.

(7) Prescribing medications.

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

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

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

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

(C) malignant disease in an active phase;

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

(E) diabetes mellitus requiring insulin;

(F) known maternal congenital abnormalities affecting childbirth;

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

(H) active tuberculosis;

(I) active syphilis or gonorrhea;

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

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

(L) alcoholism or abuse;

(M) drug addiction or abuse;

(N) confirmed HIV or AIDS status;

(O) uncontrolled current serious psychiatric illness;

(P) social or familial conditions unsatisfactory for out-of-hospital maternity care services;

(Q) fetus with suspected or diagnosed congenital abnormalities that may require immediate medical intervention;

(R) indications that the fetus has died in utero; or

(S) premature labor (gestation less than 37 weeks).

(10) Continuing to provide care for conditions for which a transfer is required under subsection (c) of Section 60.

(11) Administering drugs other than those listed in Section 60 of this Act.

Section 50. Informed consent.

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

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

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

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

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

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

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

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

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

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

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

practitioner.

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

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

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

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

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

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

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

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

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

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

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

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

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

(e) Perform routine cord management and inspect for the

appropriate number of vessels.

(f) Inspect the placenta and membranes for completeness.

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

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

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

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

(k) Use universal precautions with all biohazard materials.

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

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

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

sample in accordance with metabolic screening requirements for newborns.

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

(p) Provide services to the patient after the postpartum period limited to breastfeeding support and counseling and counseling and referral for family planning.

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

Section 60. Administration of drugs.

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

(1) oxygen for the treatment of fetal distress;

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

(3) oxytocin (Pitocin) as a postpartum antihemorrhagic

agent or as prophylaxis for hemorrhage;

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

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

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

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

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

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

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

(11) ibuprofen for postpartum pain relief.

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

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

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

Section 65. Consultation, referral, and transfer.

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

(b) The midwife shall document during prenatal care the

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

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

(1) Antepartum.

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

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

(C) Persistent symptoms of urinary tract infection.

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

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

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

(G) Anemia resistant to supplemental therapy.

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

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

(J) Hyperemesis or significant dehydration.

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

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

(M) Positive HIV antibody test.

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

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

(P) Suspected deep vein thrombosis.

(Q) Documented placental anomaly or previa.

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

(S) Lie other than vertex at term.

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

(U) Marked abnormal fetal heart tones.

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

(W) Marked or severe polyhydramnios or oligohydramnios.

(X) Evidence of intrauterine growth restriction.

(Y) Significant abnormal ultrasound findings.

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

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

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

(CC) Unforeseen multifetal gestation.

(2) Intra-partum.

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

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

(C) Significant proteinuria or ketonuria.

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

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

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

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

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

(I) Signs or symptoms of maternal infection.

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

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

(L) Signs or symptoms of fetal distress.

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

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

(3) Postpartum.

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

(B) Signs or symptoms of maternal shock.

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

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

(E) Suspected deep vein thrombosis.

(F) Signs of clinically significant depression.

(G) Retained placenta.

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

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

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

(2) Persistent grunting respirations or retractions.

(3) Persistent cardiac irregularities.

(4) Persistent central cyanosis or pallor.

(5) Persistent lethargy or poor muscle tone.

(6) Abnormal cry.

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

(8) Jitteriness or seizures.

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

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

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

(12) Edema.

(13) Prolonged temperature instability.

(14) Significant signs or symptoms of infection.

(15) Significant clinical evidence of glycemic instability.

(16) Abnormal, bulging, or depressed fontanel.

(17) Significant clinical evidence of prematurity.

(18) Medically significant congenital anomalies.

(19) Significant or suspected birth injury.

(20) Persistent inability to suck.

(21) Diminished consciousness.

(22) Clinically significant abnormalities in vital signs, muscle tone, or behavior.

(23) Clinically significant color abnormality, cyanotic, or pale or abnormal perfusion.

(24) Abdominal distension or projectile vomiting.

(25) Signs of clinically significant dehydration or failure to thrive.

Section 70. Transfer.

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

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

(1) Seizures or unconsciousness.

(2) Respiratory distress or arrest.

(3) Evidence of shock.

(4) Psychosis.

(5) Symptomatic chest pain or cardiac arrhythmias.

(6) Prolapsed umbilical cord.

(7) Shoulder dystocia not resolved by Advanced Life Support in Obstetrics (ALSO) protocol.

(8) Symptoms of uterine rupture.

(9) Preeclampsia or eclampsia.

(10) Severe abdominal pain inconsistent with normal labor.

(11) Chorioamnionitis.

(12) Clinically significant fetal heart rate patterns or other manifestation of fetal distress.

(13) Presentation not compatible with spontaneous vaginal delivery.

(14) Laceration greater than second degree perineal or any cervical.

(15) Hemorrhage non-responsive to therapy.

(16) Uterine prolapse or inversion.

(17) Persistent uterine atony.

(18) Anaphylaxis.

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

(20) Sustained instability or persistent abnormal vital signs.

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

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

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

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

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

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

Section 75. Annual reports.

(a) A licensed certified professional midwife shall annually report to the Department by no later than March 31st of each year beginning in 2022, in a form specified by the Department, the following information regarding cases in which the licensed certified professional midwife assisted during the previous calendar year when the intended place of birth at the onset of care was an out-of-hospital setting:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

The Department may also exercise the power under Section

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

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

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

Section 80. Illinois Certified Professional Midwifery Board.

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

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

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

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

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

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

One of whom shall be a knowledgeable public member who

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

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

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

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

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

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

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

(g) The Board shall provide the Department with

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

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

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

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

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

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

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

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

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

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

Section 85. Continuing education for certified professional midwife licensees.

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

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

Section 90. Vicarious liability.

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

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

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

Section 95. Advertising.

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

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

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

Section 105. Renewal of licensure.

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

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

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

Section 110. Inactive status.

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

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

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

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

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

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

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

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

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

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

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

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

Section 125. Fees.

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

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

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

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

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

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

Section 140. Grounds for disciplinary action.

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

(1) Violations of this Act or its rules.

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

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

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

(5) Professional incompetence or gross negligence.

(6) Gross malpractice.

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

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

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

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

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

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

association.

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

(14) Abandonment of a patient.

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

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

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

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

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

obtained by fraudulent means.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Section 150. Injunction; cease and desist order.

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

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

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

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

Section 155. Violation; criminal penalty.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(2) that such Secretary is duly appointed and qualified;

(3) that the Board and its members are qualified to act; and

(4) that the findings and conclusions set forth therein are prima facie true and correct.

Section 205. Restoration of license. At any time after the suspension or revocation of any license, the Department may restore the license to the accused person, unless after an investigation and a hearing the Department determines that restoration is not in the public interest.

Section 210. Surrender of license. Upon the revocation or suspension of any license, the licensee shall immediately surrender the license to the Department. If the licensee fails to do so, the Department shall have the right to seize the license.

Section 215. Summary suspension. The Secretary may summarily suspend the license of a licensee under this Act without a hearing, simultaneously with the institution of proceedings for a hearing provided for in this Act, if the Secretary finds that evidence in his or her possession indicates that continuation in practice would constitute an imminent danger to the public. If the Secretary summarily suspends a license without a hearing, a hearing by the

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

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

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

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

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

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

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

Section 900. The Regulatory Sunset Act is amended by adding Section 4.40 as follows:

(5 ILCS 80/4.40 new)

Sec. 4.40. Act repealed on January 1, 2030. The following Act is repealed on January 1, 2030:

The Home Birth Safety Act.

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

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

(Section scheduled to be repealed on December 31, 2019)

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

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

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

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

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

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

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

(Section scheduled to be repealed on January 1, 2028)

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

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

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

(b) This Act does not prohibit the following:

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

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

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

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

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

sick where treatment is by prayer or spiritual means.

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

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

(8) The practice of advanced practice registered nursing by one who is an advanced practice registered nurse under the laws of another United States jurisdiction or a foreign jurisdiction and has applied in writing to the Department, in form and substance satisfactory to the Department, for a license as an advanced practice registered nurse and who is qualified to receive such license under this Act, until (i) the expiration of 6 months after the filing of such written application, (ii) the withdrawal of such application, or (iii) the denial of such application by the Department.

(9) The practice of professional nursing by one who is a registered professional nurse under the laws of another

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

(10) The practice of professional nursing that is included in a program of study by one who is a registered professional nurse under the laws of another United States jurisdiction or a foreign jurisdiction and who is enrolled in a graduate nursing education program or a program for the completion of a baccalaureate nursing degree in this State, which includes clinical supervision by faculty as determined by the educational institution offering the program and the health care organization where the practice of nursing occurs.

(11) Any person licensed in this State under any other Act from engaging in the practice for which she or he is licensed<u>, including, without limitation, any person engaged in the practice of midwifery who is licensed under the Home Birth Safety Act</u>.

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

with the policies of the Department.

(13) (Blank).

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

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

(Source: P.A. 100-513, eff. 1-1-18.)

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

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

Sec. 5-5. Medical services. The Illinois Department, by rule, shall determine the quantity and quality of and the rate of reimbursement for the medical assistance for which payment will be authorized, and the medical services to be provided, which may include all or part of the following: (1) inpatient hospital services; (2) outpatient hospital services; (3) other laboratory and X-ray services; (4) skilled nursing home services; (5) physicians' services whether furnished in the office, the patient's home, a hospital, a skilled nursing home, or elsewhere; (6) medical care, or any other type of remedial care furnished by licensed practitioners, including the

services of licensed certified professional midwives pursuant to the Home Birth Safety Act; (7) home health care services; (8) private duty nursing service; (9) clinic services; (10) dental services, including prevention and treatment of periodontal disease and dental caries disease for pregnant women, provided by an individual licensed to practice dentistry or dental surgery; for purposes of this item (10), "dental services" means diagnostic, preventive, or corrective procedures provided by or under the supervision of a dentist in the practice of his or her profession; (11) physical therapy and related services; (12) prescribed drugs, dentures, and prosthetic devices; and eyeglasses prescribed by a physician skilled in the diseases of the eye, or by an optometrist, whichever the person may select; (13) other diagnostic, screening, preventive, and rehabilitative services, including to ensure that the individual's need for intervention or treatment of mental disorders or substance use disorders or co-occurring mental health and substance use disorders is determined using a uniform screening, assessment, and evaluation process inclusive of criteria, for children and adults; for purposes of this item (13), a uniform screening, assessment, and evaluation process refers to a process that includes an appropriate evaluation and, as warranted, a referral; "uniform" does not mean the use of a singular instrument, tool, or process that all must utilize; (14) transportation and such other expenses as may be necessary;

(15) medical treatment of sexual assault survivors, as defined in Section 1a of the Sexual Assault Survivors Emergency Treatment Act, for injuries sustained as a result of the sexual assault, including examinations and laboratory tests to discover evidence which may be used in criminal proceedings arising from the sexual assault; (16) the diagnosis and treatment of sickle cell anemia; and (17) any other medical care, and any other type of remedial care recognized under the laws of this State. The term "any other type of remedial care" shall include nursing care and nursing home service for persons who rely on treatment by spiritual means alone through prayer for healing.

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

Notwithstanding any other provision of this Code, reproductive health care that is otherwise legal in Illinois shall be covered under the medical assistance program for persons who are otherwise eligible for medical assistance under this Article.

Notwithstanding any other provision of this Code, the Illinois Department may not require, as a condition of payment

for any laboratory test authorized under this Article, that a physician's handwritten signature appear on the laboratory test order form. The Illinois Department may, however, impose other appropriate requirements regarding laboratory test order documentation.

Upon receipt of federal approval of an amendment to the Illinois Title XIX State Plan for this purpose, the Department shall authorize the Chicago Public Schools (CPS) to procure a vendor or vendors to manufacture eyeglasses for individuals enrolled in a school within the CPS system. CPS shall ensure that its vendor or vendors are enrolled as providers in the medical assistance program and in any capitated Medicaid managed care entity (MCE) serving individuals enrolled in a school within the CPS system. Under any contract procured under this provision, the vendor or vendors must serve only individuals enrolled in a school within the CPS system. Claims for services provided by CPS's vendor or vendors to recipients of benefits in the medical assistance program under this Code, the Children's Health Insurance Program, or the Covering ALL KIDS Health Insurance Program shall be submitted to the Department or the MCE in which the individual is enrolled for payment and shall be reimbursed at the Department's or the MCE's established rates or rate methodologies for eyeglasses.

On and after July 1, 2012, the Department of Healthcare and Family Services may provide the following services to persons eligible for assistance under this Article who are

participating in education, training or employment programs operated by the Department of Human Services as successor to the Department of Public Aid:

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

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

On and after July 1, 2018, the Department of Healthcare and Family Services shall provide dental services to any adult who is otherwise eligible for assistance under the medical assistance program. As used in this paragraph, "dental services" means diagnostic, preventative, restorative, or corrective procedures, including procedures and services for the prevention and treatment of periodontal disease and dental caries disease, provided by an individual who is licensed to practice dentistry or dental surgery or who is under the supervision of a dentist in the practice of his or her profession.

On and after July 1, 2018, targeted dental services, as set forth in Exhibit D of the Consent Decree entered by the United States District Court for the Northern District of Illinois, Eastern Division, in the matter of Memisovski v. Maram, Case No. 92 C 1982, that are provided to adults under the medical assistance program shall be established at no less than the rates set forth in the "New Rate" column in Exhibit D of the

Consent Decree for targeted dental services that are provided to persons under the age of 18 under the medical assistance program.

Notwithstanding any other provision of this Code and subject to federal approval, the Department may adopt rules to allow a dentist who is volunteering his or her service at no cost to render dental services through an enrolled not-for-profit health clinic without the dentist personally enrolling as a participating provider in the medical assistance program. A not-for-profit health clinic shall include a public health clinic or Federally Qualified Health Center or other enrolled provider, as determined by the Department, through which dental services covered under this Section are performed. The Department shall establish a process for payment of claims for reimbursement for covered dental services rendered under this provision.

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

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

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

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

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

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

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

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

All screenings shall include a physical breast exam, instruction on self-examination and information regarding the frequency of self-examination and its value as a preventative tool. For purposes of this Section, "low-dose mammography"

means the x-ray examination of the breast using equipment dedicated specifically for mammography, including the x-ray tube, filter, compression device, and image receptor, with an average radiation exposure delivery of less than one rad per breast for 2 views of an average size breast. The term also includes digital mammography and includes breast tomosynthesis. As used in this Section, the term "breast tomosynthesis" means a radiologic procedure that involves the acquisition of projection images over the stationary breast to produce cross-sectional digital three-dimensional images of the breast. If, at any time, the Secretary of the United States Department of Health and Human Services, or its successor agency, promulgates rules or regulations to be published in the Federal Register or publishes a comment in the Federal Register or issues an opinion, guidance, or other action that would require the State, pursuant to any provision of the Patient Protection and Affordable Care Act (Public Law 111-148), including, but not limited to, 42 U.S.C. 18031(d)(3)(B) or any successor provision, to defray the cost of any coverage for breast tomosynthesis outlined in this paragraph, then the requirement that an insurer cover breast tomosynthesis is inoperative other than any such coverage authorized under Section 1902 of the Social Security Act, 42 U.S.C. 1396a, and the State shall not assume any obligation for the cost of coverage for breast tomosynthesis set forth in this paragraph.

On and after January 1, 2016, the Department shall ensure

that all networks of care for adult clients of the Department include access to at least one breast imaging Center of Imaging Excellence as certified by the American College of Radiology.

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

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

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

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

Subject to federal approval, the Department shall establish a rate methodology for mammography at federally

qualified health centers and other encounter-rate clinics. These clinics or centers may also collaborate with other hospital-based mammography facilities. By January 1, 2016, the Department shall report to the General Assembly on the status of the provision set forth in this paragraph.

The Department shall establish a methodology to remind women who are age-appropriate for screening mammography, but who have not received a mammogram within the previous 18 months, of the importance and benefit of screening mammography. The Department shall work with experts in breast cancer outreach and patient navigation to optimize these reminders and shall establish a methodology for evaluating their effectiveness and modifying the methodology based on the evaluation.

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

The Department shall devise a means of case-managing or patient navigation for beneficiaries diagnosed with breast cancer. This program shall initially operate as a pilot program in areas of the State with the highest incidence of mortality related to breast cancer. At least one pilot program site shall be in the metropolitan Chicago area and at least one site shall

be outside the metropolitan Chicago area. On or after July 1, 2016, the pilot program shall be expanded to include one site in western Illinois, one site in southern Illinois, one site in central Illinois, and 4 sites within metropolitan Chicago. An evaluation of the pilot program shall be carried out measuring health outcomes and cost of care for those served by the pilot program compared to similarly situated patients who are not served by the pilot program.

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

Any medical or health care provider shall immediately recommend, to any pregnant woman who is being provided prenatal services and is suspected of having a substance use disorder as defined in the Substance Use Disorder Act, referral to a local substance use disorder treatment program licensed by the Department of Human Services or to a licensed hospital which provides substance abuse treatment services. The Department of Healthcare and Family Services shall assure coverage for the cost of treatment of the drug abuse or addiction for pregnant recipients in accordance with the Illinois Medicaid Program in

conjunction with the Department of Human Services.

All medical providers providing medical assistance to pregnant women under this Code shall receive information from the Department on the availability of services under any program providing case management services for addicted women, including information on appropriate referrals for other social services that may be needed by addicted women in addition to treatment for addiction.

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

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

The Illinois Department shall establish such regulations governing the dispensing of health services under this Article as it shall deem appropriate. The Department should seek the advice of formal professional advisory committees appointed by the Director of the Illinois Department for the purpose of providing regular advice on policy and administrative matters, information dissemination and educational activities for

medical and health care providers, and consistency in procedures to the Illinois Department.

The Illinois Department may develop and contract with Partnerships of medical providers to arrange medical services for persons eligible under Section 5-2 of this Code. Implementation of this Section may be by demonstration projects in certain geographic areas. The Partnership shall be represented by a sponsor organization. The Department, by rule, shall develop qualifications for sponsors of Partnerships. Nothing in this Section shall be construed to require that the sponsor organization be a medical organization.

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

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

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

(3) Persons receiving medical services through Partnerships may receive medical and case management services above the level usually offered through the medical assistance program.

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

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

The Department shall apply for a waiver from the United

States Health Care Financing Administration to allow for the implementation of Partnerships under this Section.

The Illinois Department shall require health care providers to maintain records that document the medical care and services provided to recipients of Medical Assistance under this Article. Such records must be retained for a period of not less than 6 years from the date of service or as provided by applicable State law, whichever period is longer, except that if an audit is initiated within the required retention period then the records must be retained until the audit is completed and every exception is resolved. The Illinois Department shall require health care providers to make available, when authorized by the patient, in writing, the medical records in a timely fashion to other health care providers who are treating or serving persons eligible for Medical Assistance under this Article. All dispensers of medical services shall be required to maintain and retain business and professional records sufficient to fully and accurately document the nature, scope, details and receipt of the health care provided to persons eligible for medical assistance under this Code, in accordance with regulations promulgated by the Illinois Department. The rules and regulations shall require that proof of the receipt of prescription drugs, dentures, prosthetic devices and eyeglasses by eligible persons under this Section accompany each claim for reimbursement submitted by the dispenser of such medical services. No such claims for reimbursement shall be

approved for payment by the Illinois Department without such proof of receipt, unless the Illinois Department shall have put into effect and shall be operating a system of post-payment audit and review which shall, on a sampling basis, be deemed adequate by the Illinois Department to assure that such drugs, dentures, prosthetic devices and eyeglasses for which payment is being made are actually being received by eligible recipients. Within 90 days after September 16, 1984 (the effective date of Public Act 83-1439), the Illinois Department shall establish a current list of acquisition costs for all prosthetic devices and any other items recognized as medical equipment and supplies reimbursable under this Article and shall update such list on a quarterly basis, except that the acquisition costs of all prescription drugs shall be updated no less frequently than every 30 days as required by Section 5-5.12.

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

home claims.

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

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

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

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

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

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

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

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

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

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

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

until the provider has been notified of the error.

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

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

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

In the case of long term care facilities, within 45 calendar days of receipt by the facility of required prescreening information, new admissions with associated admission documents shall be submitted through the Medical Electronic Data Interchange (MEDI) or the Recipient Eligibility Verification (REV) System or shall be submitted directly to the Department of Human Services using required admission forms. Effective September 1, 2014, admission documents, including all prescreening information, must be submitted through MEDI or REV. Confirmation numbers assigned to an accepted transaction shall be retained by a facility to verify timely submittal. Once an admission transaction has been

completed, all resubmitted claims following prior rejection are subject to receipt no later than 180 days after the admission transaction has been completed.

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

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

The Illinois Department shall enter into agreements with State agencies and departments, and is authorized to enter into agreements with federal agencies and departments, under which such agencies and departments shall share data necessary for medical assistance program integrity functions and oversight.

The Illinois Department shall develop, in cooperation with other State departments and agencies, and in compliance with applicable federal laws and regulations, appropriate and effective methods to share such data. At a minimum, and to the extent necessary to provide data sharing, the Illinois Department shall enter into agreements with State agencies and departments, and is authorized to enter into agreements with federal agencies and departments, including but not limited to: the Secretary of State; the Department of Revenue; the Department of Public Health; the Department of Human Services; and the Department of Financial and Professional Regulation.

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

The Illinois Department shall establish policies,

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

The Department shall require, by rule, all providers of durable medical equipment to be accredited by an accreditation organization approved by the federal Centers for Medicare and Medicaid Services and recognized by the Department in order to bill the Department for providing durable medical equipment to recipients. No later than 15 months after the effective date of

the rule adopted pursuant to this paragraph, all providers must meet the accreditation requirement.

In order to promote environmental responsibility, meet the needs of recipients and enrollees, and achieve significant cost savings, the Department, or a managed care organization under contract with the Department, may provide recipients or managed care enrollees who have a prescription or Certificate of Medical Necessity access to refurbished durable medical equipment under this Section (excluding prosthetic and orthotic devices as defined in the Orthotics, Prosthetics, and Pedorthics Practice Act and complex rehabilitation technology products and associated services) through the State's assistive technology program's reutilization program, using staff with the Assistive Technology Professional (ATP) Certification if the refurbished durable medical equipment: (i) is available; (ii) is less expensive, including shipping costs, than new durable medical equipment of the same type; (iii) is able to withstand at least 3 years of use; (iv) is cleaned, disinfected, sterilized, and safe in accordance with federal Food and Drug Administration regulations and guidance governing the reprocessing of medical devices in health care settings; and (v) equally meets the needs of the recipient or enrollee. The reutilization program shall confirm that the recipient or enrollee is not already in receipt of same or similar equipment from another service provider, and that the refurbished durable medical equipment equally meets the needs

of the recipient or enrollee. Nothing in this paragraph shall be construed to limit recipient or enrollee choice to obtain new durable medical equipment or place any additional prior authorization conditions on enrollees of managed care organizations.

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

admission date who are seeking or receiving services from the long term care provider. In order to select the minimum level of care eligibility criteria, the Governor shall establish a workgroup that includes affected agency representatives and stakeholders representing the institutional and home and community-based long term care interests. This Section shall not restrict the Department from implementing lower level of care eligibility criteria for community-based services in circumstances where federal approval has been granted.

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

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

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

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

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

(d) efforts at utilization review and control by the

Illinois Department.

The period covered by each report shall be the 3 years ending on the June 30 prior to the report. The report shall include suggested legislation for consideration by the General Assembly. The requirement for reporting to the General Assembly shall be satisfied by filing copies of the report as required by Section 3.1 of the General Assembly Organization Act, and filing such additional copies with the State Government Report Distribution Center for the General Assembly as is required under paragraph (t) of Section 7 of the State Library Act.

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

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

Because kidney transplantation can be an appropriate, cost-effective alternative to renal dialysis when medically necessary and notwithstanding the provisions of Section 1-11 of this Code, beginning October 1, 2014, the Department shall cover kidney transplantation for noncitizens with end-stage

renal disease who are not eligible for comprehensive medical benefits, who meet the residency requirements of Section 5-3 of this Code, and who would otherwise meet the financial requirements of the appropriate class of eligible persons under Section 5-2 of this Code. To qualify for coverage of kidney transplantation, such person must be receiving emergency renal dialysis services covered by the Department. Providers under this Section shall be prior approved and certified by the Department to perform kidney transplantation and the services under this Section shall be limited to services associated with kidney transplantation.

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

On or after July 1, 2015, opioid antagonists prescribed for the treatment of an opioid overdose, including the medication product, administration devices, and any pharmacy fees related to the dispensing and administration of the opioid antagonist,

shall be covered under the medical assistance program for persons who are otherwise eligible for medical assistance under this Article. As used in this Section, "opioid antagonist" means a drug that binds to opioid receptors and blocks or inhibits the effect of opioids acting on those receptors, including, but not limited to, naloxone hydrochloride or any other similarly acting drug approved by the U.S. Food and Drug Administration.

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

A federally qualified health center, as defined in Section 1905(l)(2)(B) of the federal Social Security Act, shall be reimbursed by the Department in accordance with the federally qualified health center's encounter rate for services provided to medical assistance recipients that are performed by a dental hygienist, as defined under the Illinois Dental Practice Act,

working under the general supervision of a dentist and employed by a federally qualified health center.

Notwithstanding any other provision of this Code, the Illinois Department shall authorize licensed dietitian nutritionists and certified diabetes educators to counsel senior diabetes patients in the senior diabetes patients' homes to remove the hurdle of transportation for senior diabetes patients to receive treatment.

(Source: P.A. 99-78, eff. 7-20-15; 99-180, eff. 7-29-15; 99-236, eff. 8-3-15; 99-407 (see Section 20 of P.A. 99-588 for the effective date of P.A. 99-407); 99-433, eff. 8-21-15; 99-480, eff. 9-9-15; 99-588, eff. 7-20-16; 99-642, eff. 7-28-16; 99-772, eff. 1-1-17; 99-895, eff. 1-1-17; 100-201, eff. 8-18-17; 100-395, eff. 1-1-18; 100-449, eff. 1-1-18; 100-538, eff. 1-1-18; 100-587, eff. 6-4-18; 100-759, eff. 1-1-19; 100-863, eff. 8-14-18; 100-974, eff. 8-19-18; 100-1009, eff. 1-1-19; 100-1018, eff. 1-1-19; 100-1148, eff. 12-10-18.)