

1 AN ACT concerning regulation.

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

4 Section 1. Short title. This Act may be cited as the
5 Licensed Certified Professional Midwife Practice Act.

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

1 licensure, and to protect the public.

2 Section 10. Definitions. As used in this Act:

3 "Address of record" means the designated address recorded
4 by the Department in the applicant's application file or the
5 licensee's licensure file as maintained by the Department.

6 "Antepartum" means before labor or childbirth.

7 "Board" means the Illinois Midwifery Board.

8 "Certified nurse midwife" means an individual licensed
9 under the Nurse Practice Act as an advanced practice
10 registered nurse and is certified as a nurse midwife.

11 "Client" means a childbearing individual or newborn for
12 whom a licensed certified professional midwife provides
13 services.

14 "Consultation" means the process by which a licensed
15 certified professional midwife seeks the advice or opinion of
16 another health care professional.

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

19 "Email address of record" means the designated email
20 address of record by the Department in the applicant's
21 application file or the licensee's licensure file as
22 maintained by the Department.

23 "Health care professional" means an advanced practice
24 registered nurse or a physician licensed to practice medicine
25 in all of its branches.

1 "Intrapartum" means during labor and delivery or
2 childbirth.

3 "Licensed certified professional midwife" means a person
4 who has successfully met the requirements under Section 45 of
5 this Act.

6 "Low-risk" means a low-risk pregnancy where there is an
7 absence of any preexisting maternal disease, significant
8 disease arising from the pregnancy, or any condition likely to
9 affect the pregnancy, including, but not limited to, those
10 listed in Section 85.

11 "Midwife assistant" means a person, at least 18 years of
12 age, who performs basic administrative, clerical, and
13 supportive services under the supervision of a certified
14 professional midwife, is educated to provide both basic and
15 emergency care to newborns and mothers during labor, delivery,
16 and immediately postpartum, and who maintains Neonatal
17 Resuscitation Program provider status and cardiopulmonary
18 resuscitation certification.

19 "Midwifery bridge certificate" means a certificate issued
20 by the North American Registry of midwives that documents
21 completion of accredited continuing education for certified
22 professional midwives based upon identified areas to address
23 education in emergency skills and other competencies set by
24 the international confederation of midwives.

25 "Midwifery Education and Accreditation Council" or "MEAC"
26 means the nationally recognized accrediting agency, or its

1 successor, that establishes standards for the education of
2 direct-entry midwives in the United States.

3 "National Association of Certified Professional Midwives"
4 or "NACPM" means the professional organization, or its
5 successor, that promotes the growth and development of the
6 profession of certified professional midwives.

7 "North American Registry of Midwives" or "NARM" means the
8 accredited international agency, or its successor
9 organization, that has established and has continued to
10 administer certification for the credentialing of certified
11 professional midwives, including the administration of a
12 national competency examination.

13 "Onset of care" means the initial prenatal visit upon an
14 agreement between a licensed certified professional midwife
15 and client to establish a midwife-client relationship, during
16 which the licensed certified professional midwife may take a
17 client's medical history, complete an exam, establish a
18 client's record, or perform other services related to
19 establishing care. "Onset of care" does not include an initial
20 interview where information about the licensed certified
21 professional midwife's practice is shared but no
22 midwife-client relationship is established.

23 "Pediatric health care professional" means a licensed
24 physician specializing in the care of children, a family
25 practice physician, or an advanced practice registered nurse
26 licensed under the Nurse Practice Act and certified as a

1 Pediatric Nurse Practitioner or Family Nurse Practitioner.

2 "Physician" means a physician licensed under the Medical
3 Practice Act of 1987 to practice medicine in all of its
4 branches.

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

7 "Practice of midwifery" means providing the necessary
8 supervision, care, and advice to a client during a low-risk
9 pregnancy, labor, and the postpartum period, including the
10 intended low-risk delivery of a child, and providing normal
11 newborn care. "Practice of midwifery" does not include the
12 practice of medicine or nursing.

13 "Qualified midwife preceptor" means a licensed and
14 experienced midwife or other health professional licensed in
15 the State who participated in the clinical education of
16 individuals enrolled in a midwifery education institution,
17 program, or pathway accredited by the midwifery education
18 accreditation council who meet the criteria for midwife
19 preceptors by NARM or its successor organization.

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

22 "Supportive services" means simple routine medical tasks
23 and procedures for which the midwife assistant or student
24 midwife is appropriately trained.

25 Section 15. Address of record; email address of record.

1 All applicants and licensees shall:

2 (1) provide a valid address and email address to the
3 Department, which shall serve as the address of record and
4 email address of record, respectively, at the time of
5 application for licensure or renewal of licensure; and

6 (2) inform the Department of any change of address of
7 record or email address of record within 14 days after
8 such change either through the Department's website or by
9 contacting the Department.

10 Section 20. Social security number on license application.
11 In addition to any other information required to be contained
12 in an application for licensure under this Act, every
13 application for an original license under this Act shall
14 include the applicant's social security number, which shall be
15 retained in the agency's records pertaining to the license.
16 For applicants without a social security number, an individual
17 taxpayer identification number shall be provided instead of a
18 social security number. As soon as practical, the Department
19 shall assign a customer's identification number to each
20 applicant for a license. Every application for a renewal or
21 restored license shall require the applicant's customer
22 identification number.

23 Section 25. Exemptions.

24 (a) This Act does not prohibit a person licensed under any

1 other Act in this State from engaging in the practice for which
2 he or she is licensed or from delegating services as provided
3 for under the Act.

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

6 (1) a traditional birth attendant practicing midwifery
7 without a license if the traditional birth attendant has
8 cultural, indigenous, or religious traditions that have
9 historically included the attendance of traditional birth
10 attendants at births and that birth attendant serves only
11 the women and families in that distinct cultural,
12 indigenous, or religious group;

13 (2) a student midwife practicing midwifery as part of
14 his or her course of study in an accredited midwife
15 institution, program, or pathway under the direction and
16 supervision of a qualified midwife preceptor; and

17 (3) a midwife assistant performing within the scope of
18 his or her responsibilities and duties as defined by rule
19 under the supervision of a licensed certified professional
20 midwife.

21 (c) Nothing in this Act prevents a licensed certified
22 professional midwife from assisting a health care
23 professional, practicing within his or her scope of practice
24 while providing antepartum, intrapartum, or postpartum care.

25 (d) Nothing in this Act abridges, limits, or changes in
26 any way the rights of parents to deliver their baby where,

1 when, how, and with whom they choose, regardless of licensure
2 under this Act.

3 Section 30. Illinois Midwifery Board.

4 (a) There is created under the authority of the Department
5 the Illinois Midwifery Board, which shall consist of 9 members
6 appointed by the Secretary: 5 of whom shall be licensed
7 certified professional midwives, with initial appointees
8 having at least 3 years of experience in the practice of
9 midwifery in an out-of-hospital setting, be certified by the
10 North American Registry of Midwives, and meet the
11 qualifications for licensure set forth in this Act; one of
12 whom shall be an Illinois licensed physician who specializes
13 in obstetrics; one of whom shall be a certified nurse midwife
14 who provides home birth services; one of whom shall be a
15 pediatric health care professional; and one of whom shall be a
16 public member. Board members shall serve 4-year terms, except
17 that in the case of initial appointments, terms shall be
18 staggered as follows: 4 members shall serve for 4 years, 3
19 members shall serve for 3 years, and 2 members shall serve for
20 2 years. The Board shall annually elect a chairperson and vice
21 chairperson. All board members must be residents of this
22 State. All board members, except for the public member, must
23 be licensed in good standing and, at the time of appointment,
24 actively engaged in their respective professions.

25 (b) Any appointment made to fill a vacancy shall be for the

1 unexpired portion of the term. Appointments to fill vacancies
2 shall be made in the same manner as original appointments. No
3 Board member may be reappointed for a term that would cause his
4 or her continuous service on the Board to exceed 10 years.

5 (c) Board membership must have a reasonable representation
6 from different geographic areas of this State, if possible.

7 (d) The Secretary may solicit board recommendations from
8 midwifery organizations.

9 (e) The members of the Board may be reimbursed for all
10 legitimate, necessary, and authorized expenses incurred in
11 attending the meetings of the Board.

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

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

18 (h) The Board may provide the Department with
19 recommendations concerning the administration of this Act and
20 may perform each of the following duties:

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

26 (2) Recommend changes to the medication formulary list

1 as standards and drug availability change.

2 (3) Participate in disciplinary conferences and
3 hearings.

4 (4) Make recommendations to the Department regarding
5 disciplinary action taken against a licensee as provided
6 under this Act.

7 (5) Recommend the approval, denial of approval, and
8 withdrawal of approval of required education and
9 continuing educational programs.

10 (i) Members of the Board shall be immune from suit in an
11 action based upon a disciplinary proceeding or other activity
12 performed in good faith as a member of the Board, except for
13 willful or wanton misconduct.

14 Section 35. Powers and duties of the Department; rules.

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

20 (b) The Secretary shall adopt rules consistent with the
21 provisions of this Act for the administration and enforcement
22 of this Act and for the payment of fees connected to this Act
23 and may prescribe forms that shall be issued in connection
24 with this Act.

1 Section 40. Use of title. No person may use the title
2 "licensed midwife", describe or imply that he or she is a
3 licensed midwife, or represent himself or herself as a
4 licensed midwife unless the person is granted a license under
5 this Act or is licensed as an advanced practice registered
6 nurse with certification as a nurse midwife.

7 Section 45. Licensure.

8 (a) Each applicant who successfully meets the requirements
9 of this Section is eligible for licensure as a certified
10 professional midwife if the applicant:

11 (1) submits forms prescribed by the Department and
12 accompanied by the required nonrefundable fee;

13 (2) is at least 21 years of age;

14 (3) has successfully completed a licensure examination
15 approved by the Department;

16 (4) holds valid certified professional midwife
17 certification granted by NARM or its successor
18 organization;

19 (5) holds an active cardiopulmonary resuscitation
20 certification;

21 (6) holds an active neonatal resuscitation provider
22 status; and

23 (7) successfully completed a postsecondary midwifery
24 education program through an institution, program, or
25 pathway accredited by the Midwife Education and

1 Accreditation Council, that has both academic and clinical
2 practice incorporated throughout the curriculum.

3 (b) A midwife who is certified by NARM, but who has not
4 completed a MEAC program, may apply for licensure if he or she:

5 (1) holds a valid certified professional midwife
6 certification granted by NARM or its successor
7 organization for at least 3 years;

8 (2) provides proof of completion of the midwifery
9 bridge certificate granted by NARM and applies within one
10 year of adoption of rules; and

11 (3) provides proof of paragraphs (1) through (6)
12 required under subsection (a).

13 (c) Applicants have 3 years from the date of application
14 to complete the application process. If the process has not
15 been completed in 3 years, the application shall be denied,
16 the fee shall be forfeited, and the applicant must reapply and
17 meet the requirements in effect at the time of reapplication.

18 Section 50. Endorsement. Upon payment of the required
19 nonrefundable fee and submission of required documentation,
20 the Department may, in its discretion, license as a certified
21 professional midwife, an applicant who is a certified
22 professional midwife licensed in another jurisdiction, if the
23 requirements for licensure in that jurisdiction were, at the
24 time of licensure, substantially equivalent to the
25 requirements in force in this State on that date or equivalent

1 to the requirements of this Act. Applicants have 3 years from
2 the date of application to complete the application process.
3 If the process has not been completed in 3 years, the
4 application shall be denied, the fee shall be forfeited, and
5 the applicant must reapply and meet the requirements in effect
6 at the time of reapplication.

7 Section 55. Expiration; renewal of licensure. The
8 expiration date and renewal period for each license issued
9 under this Act shall be set by rule. The holder of a license
10 may renew the license during the month preceding the
11 expiration date of the license by paying the required fee. It
12 is the responsibility of the licensee to notify the Department
13 in writing of a change of address required for the renewal of a
14 license under this Act. Applicants have 3 years from the date
15 of application to complete the application process. If the
16 process has not been completed in 3 years, the application
17 shall be denied, the fee shall be forfeited, and the applicant
18 must reapply and meet the requirements in effect at the time of
19 reapplication.

20 The Department may adopt rules for continuing education
21 for licensed certified professional midwives licensed under
22 this Act that require 20 hours of continuing education per
23 2-year license renewal cycle. The rules shall address
24 variances in part or in whole for good cause, including
25 without limitation, illness or hardship. The rules must ensure

1 that licensees are given the opportunity to participate in
2 programs sponsored by or through their State or national
3 professional associations, hospitals, or other providers of
4 continuing education. Each licensee is responsible for
5 maintaining records of completion of continuing education and
6 shall be prepared to produce the records when requested by the
7 Department.

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

16 If the licensed certified professional midwife has not
17 maintained an active practice in another jurisdiction
18 satisfactory to the Department, the Department shall
19 determine, by an evaluation program established by rule, his
20 or her fitness for restoration of the license and shall
21 establish procedures and requirements for such restoration.

22 However, any licensed certified professional midwife whose
23 license expired while he or she was (1) in federal or State
24 service on active duty, or (2) in training or education under
25 the supervision of the United States preliminary to induction
26 into the military service, may have the license restored

1 without paying any lapsed renewal fees if, within 2 years
2 after termination of such service, training, or education, he
3 or she furnishes the Department with satisfactory evidence to
4 the effect that he or she has been so engaged and that his or
5 her service, training, or education has been terminated.

6 Section 60. Inactive status. Any licensed certified
7 professional midwife who notified the Department in writing on
8 forms prescribed by the Department, may elect to place his or
9 her license on an inactive status and shall, subject to rules
10 of the Department, be excused from payment of renewal fees
11 until he or she notifies the Department in writing of his or
12 her intention to restore the license.

13 Any licensed certified professional midwife requesting
14 restoration from inactive status shall be required to pay the
15 current renewal fee and shall be required to restore his or her
16 license, as provided in Section 55.

17 Any licensed certified professional midwife whose license
18 is in an inactive status shall not practice in the State.

19 Any licensee who engages in practice while his or her
20 license is lapsed or on inactive status shall be considered to
21 be practicing without a license, which shall be grounds for
22 discipline under Section 140.

23 Section 65. Informed consent.

24 (a) A licensed certified professional midwife shall, at an

1 initial prenatal visit with a client, provide and disclose to
2 the client orally and in writing all of the following
3 information:

4 (1) the licensed certified professional midwife's
5 experience and training;

6 (2) the licensed certified professional midwife holds
7 an active CPR certification and an active neonatal
8 resuscitation provider status;

9 (3) whether the licensed certified professional
10 midwife has malpractice liability insurance coverage and
11 the coverage limits of the policy;

12 (4) a protocol for the handling of both the patient's
13 and the newborn's medical emergencies; this shall include,
14 but not be limited to, obtaining transportation to a
15 hospital particular to each client with identification of
16 the appropriate hospital, providing a verbal report of the
17 care provided to emergency services providers, and sending
18 a copy of the client records with the client at the time of
19 any transfer to a hospital, including obtaining a signed
20 authorization to release the client's medical records to a
21 health care professional or hospital in the event of such
22 emergency transport;

23 (5) a statement informing the client that, in the
24 event of an emergency or voluntary transfer or if
25 subsequent care is required resulting from the acts or
26 omissions of the licensed certified professional midwife,

1 no liability for the acts or omissions of the licensed
2 certified professional midwife are assignable to the
3 receiving hospital, health care facility, physician,
4 nurse, emergency personnel, or other medical professional
5 rendering such care; the receiving hospital, health care
6 facility, physician, nurse, emergency medical personnel,
7 hospital, or other medical professional rendering care are
8 responsible for their own acts and omissions;

9 (6) a statement outlining the emergency equipment,
10 drugs, and personnel available to provide appropriate care
11 in the home;

12 (7) the intent to provide at least one midwife
13 assistant or student midwife during intrapartum and
14 immediate postpartum care; and

15 (8) a recommendation that the client preregister with
16 the nearest hospital and explain the benefits of
17 preregistration.

18 (b) A licensed certified professional midwife shall, at an
19 initial prenatal visit with a client, provide a copy of the
20 written disclosures required under this Section to the client
21 and obtain the client's signature and date of signature
22 acknowledging that the client has been informed, orally and in
23 writing, of the disclosures required.

24 Section 70. Scope of practice.

25 (a) A licensed certified professional midwife shall:

1 (1) offer each client routine prenatal care and
2 testing in accordance with current American College of
3 Obstetricians and Gynecologists guidelines;

4 (2) provide all clients with a plan for 24 hour
5 on-call availability by a licensed certified professional
6 midwife, certified nurse midwife, or licensed physician
7 throughout pregnancy, intrapartum, and 6 weeks postpartum;

8 (3) provide clients with labor support, fetal
9 monitoring, and routine assessment of vital signs once
10 active labor is established;

11 (4) supervise delivery of infant and placenta, assess
12 newborn and maternal well-being in immediate postpartum,
13 and perform an Apgar score assessment;

14 (5) perform routine cord management and inspect for an
15 appropriate number of vessels;

16 (6) inspect the placenta and membranes for
17 completeness;

18 (7) inspect the perineum and vagina postpartum for
19 lacerations and stabilize if necessary;

20 (8) observe the childbearing individual and newborn
21 postpartum until stable condition is achieved, but in no
22 event for less than 2 hours;

23 (9) instruct the childbearing individual, spouse, and
24 other support persons, both verbally and in writing, of
25 the special care and precautions for both the childbearing
26 individual and newborn in the immediate postpartum period;

1 (10) reevaluate maternal and newborn well-being within
2 36 hours of delivery;

3 (11) notify a pediatric health care professional
4 within 72 hours after delivery;

5 (12) use universal precautions with all biohazard
6 materials;

7 (13) ensure that a birth certificate is accurately
8 completed and filed in accordance with the Department of
9 Public Health;

10 (14) offer to obtain and submit a blood sample in
11 accordance with the recommendations for metabolic
12 screening of the newborn;

13 (15) offer an injection of vitamin K for the newborn
14 in accordance with the indication, dose, and
15 administration route as authorized in subsection (b);

16 (16) within one week of delivery, offer a newborn
17 hearing screening to every newborn or refer the parents to
18 a facility with a newborn hearing screening program;

19 (17) within 2 hours of the birth, offer the
20 administration of antibiotic ointment into the eyes of the
21 newborn, in accordance with the Infant Eye Disease Act;
22 and

23 (18) maintain adequate antenatal and perinatal records
24 of each client and provide records to consulting licensed
25 physicians and licensed certified nurse midwives, in
26 accordance with regulations promulgated under the Health

1 Insurance Portability and Accountability Act of 1996.

2 (b) A licensed certified professional midwife may obtain
3 and administer the following during the practice of midwifery:

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

5 (2) eye prophylactics, either 0.5% erythromycin
6 ophthalmic ointment or 1% tetracycline ophthalmic ointment
7 for the prevention of neonatal ophthalmia;

8 (3) oxytocin, pitocin, or misoprostol as a postpartum
9 antihemorrhagic agent;

10 (4) methylergonovine or methergine for the treatment
11 of postpartum hemorrhage;

12 (5) vitamin K for the prophylaxis of hemorrhagic
13 disease of the newborn;

14 (6) Rho (D) immune globulin for the prevention of Rho
15 (D) sensitization in Rho (D) negative individuals;

16 (7) intravenous fluids for maternal stabilization,
17 including lactated Ringer's solution, or with 5% dextrose
18 unless unavailable or impractical, in which case 0.09%
19 sodium chloride may be administered;

20 (8) administer antibiotics as prophylactic for GBS in
21 accordance with current ACOG protocols as provided by
22 Department rule;

23 (9) ibuprofen for postpartum pain relief;

24 (10) lidocaine injection as a local anesthetic for
25 perineal repair; and

26 (11) sterile water subcutaneous injections as a

1 non-pharmaceutical form of pain relief during the first
2 and second stages of labor.

3 The Department may approve by rule additional medications,
4 agents, or procedures based upon updated evidence-based
5 obstetrical guidelines or based upon limited availability of
6 standard medications or agents.

7 (c) A licensed certified professional midwife shall plan
8 for at least 2 licensed certified professional midwives or a
9 licensed certified professional midwife and a midwife
10 assistant or student midwife to be present at all
11 out-of-hospital births.

12 Section 75. Consultation and referral.

13 (a) A licensed certified professional midwife shall
14 consult with a licensed physician or a certified nurse midwife
15 providing obstetrical care whenever there are significant
16 deviations, including abnormal laboratory results, relative to
17 a client's pregnancy or to a neonate. If a referral to a
18 physician or certified nurse midwife is needed, the licensed
19 certified professional midwife shall refer the client to a
20 physician or certified nurse midwife and, if possible, remain
21 in consultation with the physician until resolution of the
22 concern. Consultation does not preclude the possibility of an
23 out-of-hospital birth. It is appropriate for the licensed
24 certified professional midwife to maintain care of the client
25 to the greatest degree possible, in accordance with the

1 client's wishes, during the pregnancy and, if possible, during
2 labor, birth, and the postpartum period.

3 (b) A licensed certified professional midwife shall
4 consult with a licensed physician or a certified nurse midwife
5 with regard to any childbearing individual who presents with
6 or develops the following risk factors or presents with or
7 develops other risk factors that, in the judgment of the
8 licensed certified professional midwife, warrant consultation:

9 (1) Antepartum:

10 (A) pregnancy induced hypertension, as evidenced
11 by a blood pressure of 140/90 on 2 occasions greater
12 than 6 hours apart;

13 (B) persistent, severe headaches, epigastric pain,
14 or visual disturbances;

15 (C) persistent symptoms of urinary tract
16 infection;

17 (D) significant vaginal bleeding before the onset
18 of labor not associated with uncomplicated spontaneous
19 abortion;

20 (E) rupture of membranes prior to the 37th week
21 gestation;

22 (F) noted abnormal decrease in or cessation of
23 fetal movement;

24 (G) anemia resistant to supplemental therapy;

25 (H) fever of 102 degrees Fahrenheit or 39 degrees
26 Celsius or greater for more than 24 hours;

1 (I) non-vertex presentation after 38 weeks
2 gestation;

3 (J) hyperemesis or significant dehydration;

4 (K) isoimmunization, Rh-negative sensitized,
5 positive titers, or any other positive antibody titer,
6 which may have a detrimental effect on the
7 childbearing individual or fetus;

8 (L) elevated blood glucose levels unresponsive to
9 dietary management;

10 (M) positive HIV antibody test;

11 (N) primary genital herpes infection in pregnancy;

12 (O) symptoms of malnutrition or anorexia or
13 protracted weight loss or failure to gain weight;

14 (P) suspected deep vein thrombosis;

15 (Q) documented placental anomaly or previa;

16 (R) documented low-lying placenta in a
17 childbearing individual with history of previous
18 cesarean delivery;

19 (S) labor prior to the 37th week of gestation;

20 (T) history of prior uterine incision;

21 (U) lie other than vertex at term;

22 (V) multiple gestation;

23 (W) known fetal anomalies that may be affected by
24 the site of birth;

25 (X) marked abnormal fetal heart tones;

26 (Y) abnormal non-stress test or abnormal

1 biophysical profile;

2 (Z) marked or severe polyhydramnios or
3 oligohydramnios;

4 (AA) evidence of intrauterine growth restriction;

5 (BB) significant abnormal ultrasound findings; or

6 (CC) gestation beyond 42 weeks by reliable
7 confirmed dates;

8 (2) Intrapartum:

9 (A) rise in blood pressure above baseline, more
10 than 30/15 points or greater than 140/90;

11 (B) persistent, severe headaches, epigastric pain
12 or visual disturbances;

13 (C) significant proteinuria or ketonuria;

14 (D) fever over 100.6 degrees Fahrenheit or 38
15 degrees Celsius in absence of environmental factors;

16 (E) ruptured membranes without onset of
17 established labor after 18 hours;

18 (F) significant bleeding prior to delivery or any
19 abnormal bleeding, with or without abdominal pain or
20 evidence of placental abruption;

21 (G) lie not compatible with spontaneous vaginal
22 delivery or unstable fetal lie;

23 (H) failure to progress after 5 hours of active
24 labor or following 2 hours of active second stage
25 labor;

26 (I) signs or symptoms of maternal infection;

- 1 (J) active genital herpes at onset of labor;
- 2 (K) fetal heart tones with non-reassuring
- 3 patterns;
- 4 (L) signs or symptoms of fetal distress;
- 5 (M) thick meconium or frank bleeding with birth
- 6 not imminent; or
- 7 (N) client or licensed certified professional
- 8 midwife desires physician consultation or transfer;
- 9 (3) Postpartum:
- 10 (A) failure to void within 6 hours of birth;
- 11 (B) signs or symptoms of maternal shock;
- 12 (C) fever of 102 degrees Fahrenheit or 39 degrees
- 13 Celsius and unresponsive to therapy for 12 hours;
- 14 (D) abnormal lochia or signs or symptoms of
- 15 uterine sepsis;
- 16 (E) suspected deep vein thrombosis; or
- 17 (F) signs of clinically significant depression.
- 18 (c) A licensed certified professional midwife shall
- 19 consult with a licensed physician or certified nurse midwife
- 20 with regard to any neonate who is born with or develops the
- 21 following risk factors:
- 22 (1) Apgar score of 6 or less at 5 minutes without
- 23 significant improvement by 10 minutes;
- 24 (2) persistent grunting respirations or retractions;
- 25 (3) persistent cardiac irregularities;
- 26 (4) persistent central cyanosis or pallor;

- 1 (5) persistent lethargy or poor muscle tone;
- 2 (6) abnormal cry;
- 3 (7) birth weight less than 2,300 grams;
- 4 (8) jitteriness or seizures;
- 5 (9) jaundice occurring before 24 hours or outside of
- 6 normal range;
- 7 (10) failure to urinate within 24 hours of birth;
- 8 (11) failure to pass meconium within 48 hours of
- 9 birth;
- 10 (12) edema;
- 11 (13) prolonged temperature instability;
- 12 (14) significant signs or symptoms of infection;
- 13 (15) significant clinical evidence of glycemic
- 14 instability;
- 15 (16) abnormal, bulging, or depressed fontanel;
- 16 (17) significant clinical evidence of prematurity;
- 17 (18) medically significant congenital anomalies;
- 18 (19) significant or suspected birth injury;
- 19 (20) persistent inability to suck;
- 20 (21) diminished consciousness;
- 21 (22) clinically significant abnormalities in vital
- 22 signs, muscle tone, or behavior;
- 23 (23) clinically significant color abnormality,
- 24 cyanotic, or pale or abnormal perfusion;
- 25 (24) abdominal distension or projectile vomiting; or
- 26 (25) signs of clinically significant dehydration or

1 failure to thrive.

2 (d) Consultation with a health care professional does not
3 establish a formal relationship with the client. Consultation
4 does not establish a formal relationship between a licensed
5 certified professional midwife and another health care
6 professional.

7 Section 80. Transfer.

8 (a) Transport via private vehicle is an acceptable method
9 of transport if it is the most expedient and safest method for
10 accessing medical services. The licensed certified
11 professional midwife shall initiate immediate transport
12 according to the licensed certified professional midwife's
13 emergency plan, provide emergency stabilization until
14 emergency medical services arrive or transfer is completed,
15 accompany the client or follow the client to a hospital in a
16 timely fashion, and provide pertinent information to the
17 receiving facility and complete an emergency transport record.

18 (b) A licensed certified professional midwife must
19 establish a written protocol for the handling of both the
20 patient's and newborn's medical emergencies, including
21 transportation to a hospital, particular to each client, with
22 identification of the appropriate hospital. A verbal report of
23 the care provided must be provided to emergency services
24 providers and a copy of the client records shall be sent with
25 the client at the time of any transfer to a hospital, including

1 obtaining a signed authorization to release the client's
2 medical records to a health care professional or hospital in
3 the event of such emergency.

4 Section 85. Prohibited practices.

5 (a) A licensed certified professional midwife may not do
6 any of the following:

7 (1) administer prescription pharmacological agents
8 intended to induce or augment labor;

9 (2) administer prescription pharmacological agents to
10 provide pain management;

11 (3) use vacuum extractors or forceps;

12 (4) prescribe medications;

13 (5) provide out-of-hospital care to a childbearing
14 individual who has had a previous cesarean section;

15 (6) perform abortions or surgical procedures,
16 including, but not limited to, cesarean sections and
17 circumcisions, except for an emergency episiotomy;

18 (7) knowingly accept responsibility for prenatal or
19 intrapartum care of a client with any of the following
20 risk factors:

21 (A) chronic significant maternal cardiac,
22 pulmonary, renal, or hepatic disease;

23 (B) malignant disease in an active phase;

24 (C) significant hematological disorders,
25 coagulopathies, or pulmonary embolism;

- 1 (D) insulin requiring diabetes mellitus;
- 2 (E) known maternal congenital abnormalities
3 affecting childbirth;
- 4 (F) confirmed isoimmunization, Rh disease with
5 positive titer;
- 6 (G) active tuberculosis;
- 7 (H) active syphilis or gonorrhea;
- 8 (I) active genital herpes infection 2 weeks prior
9 to labor or in labor;
- 10 (J) pelvic or uterine abnormalities affecting
11 normal vaginal births, including tumors and
12 malformations;
- 13 (K) alcoholism or alcohol abuse;
- 14 (L) drug addiction or abuse; or
- 15 (M) confirmed AIDS status.

16 (b) A licensed certified professional midwife shall not
17 administer Schedule II through IV controlled substances.
18 Subject to a prescription by a health care professional,
19 Schedule V controlled substances may be administered by
20 licensed certified professional midwives.

21 Section 90. Annual Reports.

22 (a) A licensed certified professional midwife shall
23 annually report to the Department of Public Health, by no
24 later than March 31 of each year, in a manner specified by the
25 Department of Public Health, the following information

1 regarding cases in which the licensed certified professional
2 midwife assisted during the previous calendar year when the
3 intended place of birth at the onset of care was an
4 out-of-hospital setting:

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

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

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

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

14 (5) the number, reason for, and outcome of each
15 nonemergency hospital transfer during the intrapartum or
16 postpartum period;

17 (6) the number, reason for, and outcome of each urgent
18 or emergency transport of an expectant childbearing
19 individual in the antepartum period;

20 (7) the number, reason for, and outcome of each urgent
21 or emergency transport of an infant or childbearing
22 individual during the intrapartum or immediate postpartum
23 period;

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

1 (9) a brief description of any complications resulting
2 in the morbidity or mortality of a childbearing individual
3 or a neonate; and

4 (10) any other information required by rule by the
5 Department of Public Health.

6 (b) The Board shall maintain the confidentiality of any
7 report under subsection (d).

8 (c) Notwithstanding any other provision of law, a licensed
9 certified professional midwife shall be subject to the same
10 reporting requirements as other health care professionals who
11 provide care to individuals.

12 (d) Reports are confidential under Section 180 of this
13 Act.

14 Section 95. Vicarious liability.

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

1 responsible for the services he or she provides.

2 (b) Nothing in this Act is intended to expand or limit the
3 malpractice liability of physicians, advanced practice
4 registered nurses, licensed certified professional midwives,
5 or other health care professionals, hospitals, or other health
6 care institutions beyond the limits existing in current
7 Illinois statutory and common law; however, no physician,
8 nurse, emergency medical personnel, hospital, or other health
9 care institution shall be liable for any act or omission
10 resulting from the provision of services by any licensed
11 certified professional midwife solely on the basis that the
12 physician, nurse, emergency medical personnel, hospital, or
13 other health care institution has consulted with or accepted a
14 referral from the licensed certified professional midwife. The
15 physician, nurse, licensed certified professional midwife,
16 emergency medical personnel, hospital, or other health care
17 institution providing care are responsible for their own acts
18 and omissions.

19 Section 100. Grounds for disciplinary action.

20 (a) The Department may refuse to issue or to renew, or may
21 revoke, suspend, place on probation, reprimand, or take other
22 disciplinary or non-disciplinary action with regard to any
23 license issued under this Act as the Department may deem
24 proper, including the issuance of fines not to exceed \$10,000
25 for each violation, for any one or combination of the

1 following causes:

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

4 (2) Violations of this Act, or the rules adopted under
5 this Act.

6 (3) Conviction by plea of guilty or nolo contendere,
7 finding of guilt, jury verdict, or entry of judgment or
8 sentencing, including, but not limited to, convictions,
9 preceding sentences of supervision, conditional discharge,
10 or first offender probation, under the laws of any
11 jurisdiction of the United States that is: (i) a felony;
12 or (ii) a misdemeanor, an essential element of which is
13 dishonesty, or that is directly related to the practice of
14 the profession.

15 (4) Making any misrepresentation for the purpose of
16 obtaining licenses.

17 (5) Professional incompetence.

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

20 (7) Failing, within 60 days, to provide information in
21 response to a written request made by the Department.

22 (8) Engaging in dishonorable, unethical, or
23 unprofessional conduct, as defined by rule, of a character
24 likely to deceive, defraud, or harm the public.

25 (9) Habitual or excessive use or addiction to alcohol,
26 narcotics, stimulants, or any other chemical agent or drug

1 that results in a midwife's inability to practice with
2 reasonable judgment, skill, or safety.

3 (10) Discipline by another U.S. jurisdiction or
4 foreign nation, if at least one of the grounds for
5 discipline is the same or substantially equivalent to
6 those set forth in this Section.

7 (11) Directly or indirectly giving to or receiving
8 from any person, firm, corporation, partnership, or
9 association any fee, commission, rebate or other form of
10 compensation for any professional services not actually or
11 personally rendered. Nothing in this paragraph affects any
12 bona fide independent contractor or employment
13 arrangements, including provisions for compensation,
14 health insurance, pension, or other employment benefits,
15 with persons or entities authorized under this Act for the
16 provision of services within the scope of the licensee's
17 practice under this Act.

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

21 (13) Abandonment of a patient.

22 (14) Willfully making or filing false records or
23 reports in his or her practice, including, but not limited
24 to, false records filed with state agencies or
25 departments.

26 (15) Willfully failing to report an instance of

1 suspected child abuse or neglect as required by the Abused
2 and Neglected Child Reporting Act.

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

8 (17) Being named as a perpetrator in an indicated
9 report by the Department of Children and Family Services
10 under the Abused and Neglected Child Reporting Act, and
11 upon proof by clear and convincing evidence that the
12 licensee has caused a child to be an abused child or
13 neglected child as defined in the Abused and Neglected
14 Child Reporting Act.

15 (18) Gross negligence resulting in permanent injury or
16 death of a patient.

17 (19) Employment of fraud, deception, or any unlawful
18 means in applying for or securing a license as a licensed
19 certified profession midwife.

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

23 (22) Violation of the Health Care Worker Self-Referral
24 Act.

25 (23) Practicing under a false or assumed name, except
26 as provided by law.

1 (24) Making a false or misleading statement regarding
2 his or her skill or the efficacy or value of the medicine,
3 treatment, or remedy prescribed by him or her in the
4 course of treatment.

5 (25) Allowing another person to use his or her license
6 to practice.

7 (26) Prescribing, selling, administering,
8 distributing, giving, or self-administering a drug
9 classified as a controlled substance for purposes other
10 than medically-accepted therapeutic purposes.

11 (27) Promotion of the sale of drugs, devices,
12 appliances, or goods provided for a patient in a manner to
13 exploit the patient for financial gain.

14 (28) A pattern of practice or other behavior that
15 demonstrates incapacity or incompetence to practice under
16 this Act.

17 (29) Violating State or federal laws, rules, or
18 regulations relating to controlled substances or other
19 legend drugs or ephedra as defined in the Ephedra
20 Prohibition Act.

21 (30) Failure to establish and maintain records of
22 patient care and treatment as required by law.

23 (31) Attempting to subvert or cheat on the examination
24 of the North American Registry of Midwives or its
25 successor agency.

26 (32) Willfully or negligently violating the

1 confidentiality between licensed certified profession
2 midwives and patient, except as required by law.

3 (33) Willfully failing to report an instance of
4 suspected abuse, neglect, financial exploitation, or
5 self-neglect of an eligible adult as defined in and
6 required by the Adult Protective Services Act.

7 (34) Being named as an abuser in a verified report by
8 the Department on Aging under the Adult Protective
9 Services Act and upon proof by clear and convincing
10 evidence that the licensee abused, neglected, or
11 financially exploited an eligible adult as defined in the
12 Adult Protective Services Act.

13 (35) Failure to report to the Department an adverse
14 final action taken against him or her by another licensing
15 jurisdiction of the United States or a foreign state or
16 country, a peer review body, a health care institution, a
17 professional society or association, a governmental
18 agency, a law enforcement agency, or a court.

19 (36) Failure to provide copies of records of patient
20 care or treatment, except as required by law.

21 (37) Failure of a licensee to report to the Department
22 surrender by the licensee of a license or authorization to
23 practice in another state or jurisdiction or current
24 surrender by the licensee of membership professional
25 association or society while under disciplinary
26 investigation by any of those authorities or bodies for

1 acts or conduct similar to acts or conduct that would
2 constitute grounds for action under this Section.

3 (38) Failing, within 90 days, to provide a response to
4 a request for information in response to a written request
5 made by the Department by certified or registered mail or
6 by email to the email address of record.

7 (39) Failure to supervise a midwife assistant or
8 student midwife including, but not limited to, allowing a
9 midwife assistant or student midwife to exceed their
10 scope.

11 (40) Failure to adequately inform a patient about
12 their malpractice liability insurance coverage and the
13 policy limits of the coverage.

14 (41) Failure to submit an annual report to Department
15 of Public Health.

16 (42) Failure to disclose active cardiopulmonary
17 resuscitation certification or neonatal resuscitation
18 provider status to clients.

19 (43) Engaging in one of the prohibited practices
20 provided for in Section 85 of this Act.

21 (b) The Department may, without a hearing, refuse to issue
22 or renew or may suspend the license of any person who fails to
23 file a return, or to pay the tax, penalty, or interest shown in
24 a filed return, or to pay any final assessment of the tax,
25 penalty, or interest as required by any tax Act administered
26 by the Department of Revenue, until the requirements of any

1 such tax Act are satisfied.

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

11 (d) In enforcing this Section, the Department, upon a
12 showing of a possible violation, may compel an individual
13 licensed to practice under this Act, or who has applied for
14 licensure under this Act, to submit to a mental or physical
15 examination, or both, including a substance abuse or sexual
16 offender evaluation, as required by and at the expense of the
17 Department.

18 The Department shall specifically designate the examining
19 physician licensed to practice medicine in all of its branches
20 or, if applicable, the multidisciplinary team involved in
21 providing the mental or physical examination or both. The
22 multidisciplinary team shall be led by a physician licensed to
23 practice medicine in all of its branches and may consist of one
24 or more or a combination of physicians licensed to practice
25 medicine in all of its branches, licensed clinical
26 psychologists, licensed clinical social workers, licensed

1 clinical professional counselors, and other professional and
2 administrative staff. Any examining physician or member of the
3 multidisciplinary team may require any person ordered to
4 submit to an examination pursuant to this Section to submit to
5 any additional supplemental testing deemed necessary to
6 complete any examination or evaluation process, including, but
7 not limited to, blood testing, urinalysis, psychological
8 testing, or neuropsychological testing.

9 The Department may order the examining physician or any
10 member of the multidisciplinary team to provide to the
11 Department any and all records, including business records,
12 that relate to the examination and evaluation, including any
13 supplemental testing performed.

14 The Department may order the examining physician or any
15 member of the multidisciplinary team to present testimony
16 concerning the mental or physical examination of the licensee
17 or applicant. No information, report, record, or other
18 documents in any way related to the examination shall be
19 excluded by reason of any common law or statutory privilege
20 relating to communications between the licensee or applicant
21 and the examining physician or any member of the
22 multidisciplinary team. No authorization is necessary from the
23 licensee or applicant ordered to undergo an examination for
24 the examining physician or any member of the multidisciplinary
25 team to provide information, reports, records, or other
26 documents or to provide any testimony regarding the

1 examination and evaluation.

2 The individual to be examined may have, at his or her own
3 expense, another physician of his or her choice present during
4 all aspects of this examination. However, that physician shall
5 be present only to observe and may not interfere in any way
6 with the examination.

7 Failure of an individual to submit to a mental or physical
8 examination, when ordered, shall result in an automatic
9 suspension of his or her license until the individual submits
10 to the examination.

11 If the Department finds an individual unable to practice
12 because of the reasons set forth in this Section, the
13 Department may require that individual to submit to care,
14 counseling, or treatment by physicians approved or designated
15 by the Department, as a condition, term, or restriction for
16 continued, reinstated, or renewed licensure to practice; or,
17 in lieu of care, counseling, or treatment, the Department may
18 file a complaint to immediately suspend, revoke, or otherwise
19 discipline the license of the individual. An individual whose
20 license was granted, continued, reinstated, renewed,
21 disciplined, or supervised subject to such terms, conditions,
22 or restrictions, and who fails to comply with such terms,
23 conditions, or restrictions, shall be referred to the
24 Secretary for a determination as to whether the individual
25 shall have his or her license suspended immediately, pending a
26 hearing by the Department.

1 In instances in which the Secretary immediately suspends a
2 person's license under this Section, a hearing on that
3 person's license must be convened by the Department within 30
4 days after the suspension and completed without appreciable
5 delay. The Department shall have the authority to review the
6 subject individual's record of treatment and counseling
7 regarding the impairment to the extent permitted by applicable
8 federal statutes and regulations safeguarding the
9 confidentiality of medical records.

10 An individual licensed under this Act and affected under
11 this Section shall be afforded an opportunity to demonstrate
12 to the Department that he or she can resume practice in
13 compliance with acceptable and prevailing standards under the
14 provisions of his or her license.

15 Section 105. Suspension of license for failure to pay
16 restitution. The Department, without further process or
17 hearing, shall suspend the license or other authorization to
18 practice of any person issued under this Act who has been
19 certified by court order as not having paid restitution to a
20 person under Section 8A-3.5 of the Illinois Public Aid Code or
21 under Section 17-10.5 or 46-1 of the Criminal Code of 1961 or
22 the Criminal Code of 2012. A person whose license or other
23 authorization to practice is suspended under this Section is
24 prohibited from practicing until the restitution is made in
25 full.

1 Section 110. Restoration of license. At any time after the
2 successful completion of a term of probation, suspension, or
3 revocation of any license, the Department may restore it to
4 the licensee, unless after an investigation and a hearing, the
5 Department determines that restoration is not in the public
6 interest. Where circumstances of suspension or revocation so
7 indicate, the Department may require an examination of the
8 licensee prior to restoring his or her license. No person
9 whose license has been revoked as authorized in this Act may
10 apply for restoration of that license until provided for in
11 the Civil Administrative Code of Illinois.

12 A license that has been suspended or revoked shall be
13 considered nonrenewed for purposes of restoration and a person
14 restoring his or her license from suspension or revocation
15 must comply with the requirements for restoration of a
16 nonrenewed license as set forth in Section 20 and any related
17 rules adopted.

18 Section 115. Surrender of license. Upon the revocation or
19 suspension of any license, the licensee shall immediately
20 surrender the license to the Department. If the licensee fails
21 to do so, the Department shall have the right to seize the
22 license.

23 Section 120. Temporary suspension of license. The

1 Secretary may temporarily suspend the license of a certified
2 professional midwife without a hearing, simultaneously with
3 the institution of proceedings for a hearing provided for in
4 Section 125, if the Secretary finds that evidence in his or her
5 possession indicates that continuation in practice would
6 constitute an imminent danger to the public. If the Secretary
7 suspends, temporarily, the license without a hearing, a
8 hearing by the Department must be held within 30 days after
9 such suspension has occurred, and concluded without
10 appreciable delay.

11 Section 125. Rehearing. If the Secretary is satisfied that
12 substantial justice has not been done in the revocation,
13 suspension, or refusal to issue or renew a license, the
14 Secretary may order a rehearing by the same or another hearing
15 officer or Board.

16 Section 130. Administrative review; certification of
17 record.

18 (a) All final administrative decisions of the Department
19 are subject to judicial review pursuant to the provisions of
20 the Administrative Review Law, and all rules adopted pursuant
21 thereto. "Administrative decision" has the same meaning as
22 used in Section 3-101 of the Code of Civil Procedure.

23 (b) Proceedings for judicial review shall be commenced in
24 the circuit court of the county in which the party applying for

1 review resides, but if the party is not a resident of this
2 State, venue shall be in Sangamon County.

3 (c) The Department shall not be required to certify any
4 record to the court, to file an answer in court, or to
5 otherwise appear in any court in a judicial review proceeding
6 unless and until the Department has received from the
7 plaintiff payment of the costs of furnishing and certifying
8 the record, which costs shall be determined by the Department.
9 Exhibits shall be certified without cost. Failure on the part
10 of the plaintiff to file a receipt in court is grounds for
11 dismissal of the action. During the pendency and hearing of
12 any and all judicial proceedings incident to the disciplinary
13 action, the sanctions imposed upon the accused by the
14 Department because of acts or omissions related to the
15 delivery of direct patient care as specified in the
16 Department's final administrative decision, shall, as a matter
17 of public policy, remain in full force and effect in order to
18 protect the public pending final resolution of any of the
19 proceedings.

20 Section 135. Injunction.

21 (a) If any person violates any provision of this Act, the
22 Secretary may, in the name of the People of the State of
23 Illinois, through the Attorney General, or the State's
24 Attorney of any county in which the action is brought,
25 petition for an order enjoining the violation or for an order

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

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

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

1 Section 140. Investigation; notice; hearing. The
2 Department may investigate the actions of any applicant or of
3 any person or persons holding or claiming to hold a license
4 under this Act. The Department shall, before suspending,
5 revoking, placing on probationary status, or taking any other
6 disciplinary action as the Department may deem proper with
7 regard to any license, at least 30 days prior to the date set
8 for the hearing, notify the applicant or licensee in writing
9 of any charges made and the time and place for a hearing of the
10 charges, direct him or her to file his or her written answer
11 under oath within 20 days after the service and inform the
12 applicant or licensee that failure to answer will result in a
13 default being entered against the applicant or licensee. As a
14 result of the default, such may be suspended, revoked, placed
15 on probationary status, or have other disciplinary action,
16 including limiting the scope, nature or extent of his or her
17 practice, as the Department may deem proper taken with regard
18 thereto. Written or electronic notice may be served by
19 personal delivery, email, or mail to the applicant or licensee
20 at his or her address of record or email address of record. At
21 the time and place fixed in the notice, the Department shall
22 proceed to hear the charges and the parties or their counsel
23 shall be accorded ample opportunity to present such
24 statements, testimony, evidence, and argument as may be
25 pertinent to the charges or to the defense thereto. The
26 Department may continue such hearing from time to time. In

1 case the applicant or licensee, after receiving notice, fails
2 to file an answer, his or her license may in the discretion of
3 the Secretary, having received first the recommendation of the
4 Board, be suspended, revoked, placed on probationary status,
5 or the Secretary may take whatever disciplinary action as he
6 or she may deem proper, including limiting the scope, nature,
7 or extent of such person's practice, without a hearing, if the
8 act or acts charged constitute sufficient grounds for such
9 action under this Act.

10 Section 145. Hearing report. At the conclusion of the
11 hearing, the Board shall present to the Secretary a written
12 report of its findings of fact, conclusions of law, and
13 recommendations. The report shall contain a finding of whether
14 the accused person violated this Act or failed to comply with
15 the conditions required in this Act. The Board shall specify
16 the nature of the violation or failure to comply, and shall
17 make its recommendations to the Secretary.

18 The report of findings of fact, conclusions of law, and
19 recommendation of the Board shall be the basis for the
20 Department's order or refusal or for the granting of a license
21 or permit. The finding is not admissible in evidence against
22 the person in a criminal prosecution brought for the violation
23 of this Act, but the hearing and finding are not a bar to a
24 criminal prosecution brought for the violation of this Act.

1 Section 150. Hearing officer. Notwithstanding the
2 provisions of Section 140, the Secretary shall have the
3 authority to appoint any attorney duly licensed to practice
4 law in this State to serve as the hearing officer in any action
5 for refusal to issue or renew, or for discipline of, a license.
6 The hearing officer shall have full authority to conduct the
7 hearing. The hearing officer shall report his or her findings
8 of fact, conclusions of law, and recommendations to the Board
9 and the Secretary. The Board shall have 60 days after receipt
10 of the report to review the report of the hearing officer and
11 present their findings of fact, conclusions of law, and
12 recommendations to the Secretary. If the Secretary disagrees
13 in any regard with the report of the Board or hearing officer,
14 he or she may issue an order in contravention thereof.

15 Section 155. Motion for rehearing. In any case
16 involving the refusal to issue, renew, or discipline of a
17 license, a copy of the Board's report shall be served upon the
18 respondent by the Department, either personally or as provided
19 in this Act for the service of the notice of hearing. Within 20
20 days after such service, the respondent may present to the
21 Department a motion in writing for a rehearing, which motion
22 shall specify the particular grounds therefor. If no motion
23 for rehearing is filed, then upon the expiration of the time
24 specified for filing such a motion, or if a motion for
25 rehearing is denied, then upon such denial the Secretary may

1 enter an order in accordance with recommendations of the Board
2 except as provided in Section 145 or 150. If the respondent
3 shall order from the reporting service, and pay for a
4 transcript of the record within the time for filing a motion
5 for rehearing, the 20-day period within which such a motion
6 may be filed shall commence upon the delivery of the
7 transcript to the respondent.

8 Section 160. Certification of records by Department. The
9 Department shall not be required to certify any record to the
10 court or file any answer in court or otherwise appear in any
11 court in a judicial review proceeding, unless there is filed
12 in the court, with the complaint, a receipt from the
13 Department acknowledging payment of the costs of furnishing
14 and certifying the record. Failure on the part of the
15 plaintiff to file a receipt in court shall be grounds for
16 dismissal of the action.

17 Section 165. Violation. Any person who is found to have
18 knowingly violated any provision of this Act is guilty of a
19 Class A misdemeanor. On conviction of a second or subsequent
20 offense the violator shall be guilty of a Class 4 felony.

21 Section 170. Fees.

22 (a) Fees collected for the administration of this Act
23 shall be set by the Department by rule. All fees are

1 nonrefundable.

2 (b) All moneys collected under this Act by the Department
3 shall be deposited in the General Professions Dedicated Fund.

4 Section 175. Returned checks; fines. Any person who
5 delivers a check or other payment to the Department that is
6 returned to the Department unpaid by the financial institution
7 upon which it is drawn shall pay to the Department, in addition
8 to the amount already owed to the Department, a fine of \$50.
9 The fines imposed by this Section are in addition to any other
10 discipline provided under this Act for unlicensed practice or
11 practice on a nonrenewed license. The Department shall notify
12 the person that payment of fees and fines shall be paid to the
13 Department by certified check or money order within 30
14 calendar days of the notification. If, after the expiration of
15 30 days from the date of the notification, the person has
16 failed to submit the necessary remittance, the Department
17 shall automatically terminate the license or certificate or
18 deny the application, without hearing. If, after termination
19 or denial, the person seeks a license or certificate, he or she
20 shall apply to the Department for restoration or issuance of
21 the license or certificate and pay all fees and fines due to
22 the Department. The Department may establish a fee for the
23 processing of an application for restoration of a license or
24 certificate to pay all expenses of processing this
25 application. The Secretary may waive the fines due under this

1 Section in individual cases where the Secretary finds that the
2 fines would be unreasonable or unnecessarily burdensome.

3 Section 180. Confidentiality. All information collected by
4 the Department in the course of an examination or
5 investigation of a licensee or applicant, including, but not
6 limited to, any complaint against a licensee filed with the
7 Department and information collected to investigate any such
8 complaint, shall be maintained for the confidential use of the
9 Department and shall not be disclosed. The Department shall
10 not disclose the information to anyone other than law
11 enforcement officials, regulatory agencies that have an
12 appropriate regulatory interest as determined by the
13 Secretary, or a party presenting a lawful subpoena to the
14 Department. Information and documents disclosed to a federal,
15 State, county, or local law enforcement agency shall not be
16 disclosed by the agency for any purpose to any other agency or
17 person. A formal complaint filed against a licensee by the
18 Department or any order issued by the Department against a
19 licensee or applicant shall be a public record, except as
20 otherwise prohibited by law.

21 Section 185. The Regulatory Sunset Act is amended by
22 changing Section 4.37 as follows:

23 (5 ILCS 80/4.37)

1 Sec. 4.37. Acts and Articles repealed on January 1, 2027.

2 The following are repealed on January 1, 2027:

3 The Clinical Psychologist Licensing Act.

4 The Illinois Optometric Practice Act of 1987.

5 Articles II, III, IV, V, VI, VIIA, VIIB, VIIC, XVII, XXXI,
6 XXXI 1/4, and XXXI 3/4 of the Illinois Insurance Code.

7 The Boiler and Pressure Vessel Repairer Regulation Act.

8 The Marriage and Family Therapy Licensing Act.

9 The Licensed Certified Professional Midwife Practice Act.

10 (Source: P.A. 99-572, eff. 7-15-16; 99-909, eff. 12-16-16;
11 99-910, eff. 12-16-16; 99-911, eff. 12-16-16; 100-201, eff.
12 8-18-17; 100-372, eff. 8-25-17.)

13 Section 999. Effective date. This Act takes effect on
14 October 1, 2022.