

## 102ND GENERAL ASSEMBLY State of Illinois 2021 and 2022 HB3995

Introduced 3/4/2021, by Rep. Robyn Gabel

## SYNOPSIS AS INTRODUCED:

New Act

Creates the Birth Center Licensing Act. Provides that, except as provided by the Act, no person shall open, manage, conduct, offer, maintain, or advertise as a birth center without a valid license issued by the Department of Public Health. Requires all birth centers in existence as of the effective date of the Act to obtain a valid license to operate within 2 years after the adoption of rules by the Department to implement the Act. Provides that an applicant for a license under the Act shall submit an application on forms prescribed by the Department, which shall be accompanied by a nonrefundable license fee, as established by rule by the Department. Provides that licenses under the Act are renewable every 3 years upon submission of specified materials. Requires birth centers, to the extent possible, to link and integrate services with nearby health care facilities. Contains provisions concerning staffing requirements; minimum standards to protect the health and safety of a patient of a birth center; and requirements for reimbursement, reporting, training, and inspections. Requires the Department to adopt specified rules. Contains other provisions. Effective immediately.

LRB102 14648 CPF 21906 b

FISCAL NOTE ACT MAY APPLY

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1 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 Birth

  Center Licensing Act.
- 6 Section 5. Definitions. In this Act:
- 7 "Birth center" means a designated site, other than a 8 hospital:
- 9 (1) in which births are planned to occur following a normal, uncomplicated, and low-risk pregnancy;
- 11 (2) that is not the pregnant person's usual place of 12 residence;
  - (3) that is exclusively dedicated to serving the childbirth-related needs of pregnant persons and their newborns, and has no more than 10 beds; and
- 16 (4) that offers prenatal care and community education 17 services and coordinates these services with other health 18 care services available in the community.
- "Department" means the Department of Public Health.
- "Hospital" does not include places where pregnant females are received, cared for, or treated during delivery if it is in a licensed birth center, nor include any facility required to be licensed as a birth center.

- Section 10. License required. Except as provided by this
  Act, no person shall open, manage, conduct, offer, maintain,
  or advertise as a birth center without a valid license issued
  by the Department. All birth centers in existence as of the
  effective date of this Act shall obtain a valid license to
  operate within 2 years after the adoption of rules by the
  Department to implement this Act under Section 60.
- 8 Section 15. Issuance and renewal of license.
  - (a) An applicant for a license under this Act shall submit an application on forms prescribed by the Department. Each application shall be accompanied by a nonrefundable license fee, as established by rule by the Department under Section 60.
    - (b) The Department may grant a temporary initial license to an applicant. A temporary initial license expires on the earlier of the date the Department denies the license or the date 6 months after the temporary initial license was issued.
    - (c) The Department shall issue a license if, after application, inspection, and investigation, it finds the applicant meets the requirements of this Act and the rules and standards adopted pursuant to this Act.
  - (d) A license is renewable every 3 years upon submission of (i) the renewal application and fee and (ii) a report on a form prescribed by the Department that includes information

- 1 related to quality of care at a birth center. The report must
- 2 be in the form and documented by evidence as required by the
- 3 Department by rule under Section 60.
- 4 Section 20. Linkages.
- 5 (a) A birth center shall, to the extent possible, link and 6 integrate its services with nearby health care facilities.
- 7 (b) A birth center shall have a written plan for transfer patients that addresses emergency and 8 nonemergency 9 situations for both pregnant persons and newborns 10 antepartum, intrapartum, and postpartum phases. This should 11 include plans for communication with the receiving hospital before and after transfer. 12
- 13 Section 25. Staffing.

- 14 (a) A birth center shall have a clinical director, who may
  15 be:
- 16 (1) a physician who is either certified or eligible
  17 for certification by the American College of Obstetricians
  18 and Gynecologists or the American Board of Osteopathic
  19 Obstetricians and Gynecologists or has hospital
  20 obstetrical privileges; or
  - (2) a midwife who is either certified or eligible for certification by his or her governing body.
- 23 (b) The clinical director shall be responsible for:
- 24 (1) the development of policies and procedures for

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- 1 services as provided by Department rules;
- 2 (2) coordinating the clinical staff and overall provision of patient care;
  - (3) developing and approving policies defining the criteria to determine which pregnancies are accepted as normal, uncomplicated, and low-risk; and
  - (4) developing and approving policing regarding the anesthesia services available at the center.
  - (c) An obstetrician, family practitioner, or midwife licensed in Illinois shall attend each person in labor from the time of admission through birth and throughout the immediate postpartum period. Attendance may be delegated only to another physician or midwife licensed in Illinois.
- 14 (d) A second staff person shall be present at each birth
  15 who:
  - (1) is licensed or certified in Illinois in a health-related field and under the supervision of a physician or a licensed midwife in Illinois that is in attendance;
    - (2) has specialized training in labor and delivery techniques and care of newborns; and
- 22 (3) receives planned and ongoing training as needed to 23 perform assigned duties effectively.
- 24 Section 30. Minimum standards.
- 25 (a) The Department's rules adopted pursuant to Section 60

- of this Act shall contain minimum standards to protect the
- 2 health and safety of a patient of a birth center. In adopting
- 3 rules for birth centers, the Department shall consider:
- 4 (1) the Commission for the Accreditation of Birth
- 5 Centers' Standards for Freestanding Birth Centers;
- 6 (2) the American Academy of Pediatrics and American
- 7 College of Obstetricians and Gynecologists Guidelines for
- 8 Perinatal Care; and
- 9 (3) the Regionalized Perinatal Health Care Code.
- 10 Section 35. Quality of care. The Department's rules shall
- 11 provide for a time period within which each birth center must
- 12 become accredited by either the Commission for the
- 13 Accreditation of Freestanding Birth Centers or The Joint
- 14 Commission.
- 15 A birth center shall implement a quality improvement
- 16 program consistent with the requirements of the accrediting
- 17 body.
- 18 Section 40. Reimbursement requirements.
- 19 (a) A birth center shall seek certification under Titles
- 20 XVIII and XIX of the federal Social Security Act.
- 21 (b) Reimbursement rates set by the Department of
- Healthcare and Family Services should be based on all types of
- 23 medically necessary covered services provided to both the
- 24 birthing person and the baby, including:

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1	(1)	а	professional	fee	for	both	the	birthing	person
2	and baby	7 <b>;</b>							

- (2) a facility fee for the birthing person that is no less than 75% of the statewide average facility payment rate made to a hospital for an uncomplicated vaginal birth;
- (3) a facility fee for the baby that is no less than 75% of the statewide average facility payment rate made to a hospital for a normal baby; and
- 10 (4) additional fees for other services, medications, 11 laboratory tests, and supplies provided.
- 12 (c) A birth center shall provide charitable care
  13 consistent with that provided by comparable health care
  14 providers in the geographic area.
- 15 (d) A birth center may not discriminate against any
  16 patient requiring treatment because of the source of payment
  17 for services, including Medicare and Medicaid recipients.
- Section 45. Reporting requirements. The Department shall by rule require each birth center to report information every 3 years that is consistent with the birth center's license renewal schedule, which the Department shall make publicly available and which shall include the following:
  - utilization data involving patient length of stay;
- 24 (2) admissions and discharges;
- 25 (3) complications;

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- 1 (4) transfers;
- 2 (5) deaths;
- 3 (6) any other publicly reported data required under 4 the Consumer Guide to Health Care; and
  - (7) post-discharge patient status data where patients are followed for 14 days after discharge from the birth center to determine whether the mother or baby developed a complication or infection.
  - Section 50. Training. A birth center shall establish and implement a policy to ensure appropriate training and competency of individuals employed within the birth center. The policy shall, at a minimum, define the acts and practices that are allowed or prohibited for such employees, establish how training will be conducted, and illustrate how initial competency will be established.
    - Section 55. Inspections; special inspections; reports.
- The Department shall deem an accreditation body 17 applicable to birth centers as a substitute for its own 18 periodic inspection. The Department, whenever it determines 19 20 necessary, may conduct a special inspection, survey, or 21 evaluation of a birth center to assess compliance with licensure requirements and standards or a plan of correction 22 23 submitted as a result of deficiencies cited by the Department 24 or accrediting body.

- (b) Upon the Department's completion of any special inspection, survey, or evaluation, the appropriate Department personnel who conducted the special inspection, survey, or evaluation shall submit a copy of his or her report to the licensee upon exiting the birth center, and shall submit the actual report to the appropriate regional office.
  - (c) The Department's report and any recommendation for action under this Act shall be sent to the Department's central office together with a plan of correction from the birth center.
  - (d) The plan of correction may contain related comments or documentation provided by the birth center that may refute findings in the report, explain extenuating circumstances that the birth center could not reasonably have prevented, or indicate methods and timetables for correction of deficiencies described in the report.
  - (e) A birth center has 10 days after the date of the Department's special inspection, survey, or evaluation to submit a plan of correction. The Department shall determine whether a birth center is in violation of this Section no later than 60 days after completion of each special inspection, survey, evaluation, or plan of correction.
- (f) The Department shall maintain all special inspection, survey, or evaluation reports for at least 5 years in a manner accessible to the public.

- 1 Section 60. Rules.
- 2 (a) The Department shall adopt rules for the 3 administration and enforcement of this Act.
- 4 (b) Rules adopted by the Department under this Act shall stipulate:
  - (1) the eligibility criteria for birth center admission that are consistent with accreditation standards and the midwife's or physician's scope of practice;
  - (2) the necessary equipment for emergency care according to the Commission for Accreditation of Birth Centers' standards;
  - (3) the travel time distance from the birth center that is not located within a rural area and a general acute care hospital with which the birth center the maintains a transfer agreement that allows for an emergency cesarean delivery to be started within 30 minutes of the decision that a cesarean delivery is necessary;
  - (4) the travel time distance from the birth center that is located within a rural area and a general acute care hospital with which the birth center maintains a transfer agreement that allows for an emergency cesarean delivery to be started within 45 minutes of the decision that a cesarean delivery is necessary;
  - (5) that the use of general anesthesia at a birth center is prohibited; and
    - (6) the equipment used by the birth center to ensure

- 1 that it is compatible with the health and safety of the
- 2 patients.
- 3 Section 99. Effective date. This Act takes effect upon
- 4 becoming law.