



102ND GENERAL ASSEMBLY

State of Illinois

2021 and 2022

SB1826

Introduced 2/26/2021, by Sen. Patricia Van Pelt

SYNOPSIS AS INTRODUCED:

New Act

Creates the Consumer Choice in Maternal Care for African-American Mothers Pilot Program Act. Requires the Task Force on Infant and Maternal Mortality Among African Americans to partner with community-based maternal care providers to develop rules and regulations for a Medicaid voucher pilot program to expand consumer choice for Black mothers that includes planned home birth services and in-home perinatal and postpartum care services provided by racially concordant nationally accredited certified professional midwives. Requires the Department of Healthcare and Family Services to implement the pilot program no later than January 1, 2023. Provides that the pilot program shall operate for a 5-year period. Requires the Task Force to submit annual reports to the General Assembly, beginning January 1, 2024, and each January 1 thereafter through January 1, 2028, that provides a status update on the pilot program and annual impact measure reporting. Provides that the pilot program shall implement a maternity episode payment model that provides a single payment for all services across the prenatal, intrapartum, and postnatal period which covers the 9 months of pregnancy plus 12 weeks of postpartum. Requires the Department of Healthcare and Family Services to make available to the Task Force all relevant data related to maternal care expenditures made under the State's Medical Assistance Program so that budget-neutral reimbursement rates can be established for bundled maternal care services spanning the prenatal, labor and delivery, and postpartum phases of a maternity episode.

LRB102 16640 KTG 22040 b

FISCAL NOTE ACT
MAY APPLY

A BILL FOR

1 AN ACT concerning maternal health.

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 Consumer Choice in Maternal Care for African-American Mothers
6 Pilot Program Act.

7 Section 5. Findings. The General Assembly finds the
8 following:

9 (1) In its 2018 Illinois Maternal Morbidity and
10 Mortality Report, the Department of Public Health reported
11 that Black women were 6 times as likely to die from a
12 pregnancy-related condition as white women; and that in
13 Illinois, 72% of pregnancy-related deaths and 93% of
14 violent pregnancy-associated deaths were deemed
15 preventable.

16 (2) The Department of Public Health also found that
17 between 2016 and 2017, Black women had the highest rate of
18 severe maternal morbidity with a rate of 101.5 per 10,000
19 deliveries, which is almost 3 times as high as the rate for
20 white women.

21 (3) In 2019, the Chicago Department of Public Health
22 released a data report on Maternal Morbidity and Mortality
23 in Chicago and found that "(w)omen for whom Medicaid was

1 the delivery payment source are significantly more likely
2 than those who used private insurance to experience severe
3 maternal morbidity." The Chicago Department of Public
4 Health identified zip codes within the city that had the
5 highest rates of severe maternal morbidity in 2016-2017
6 (100.4-172.8 per 10,000 deliveries). These zip codes
7 included: 60653, 60637, 60649, 60621, 60612, 60624, and
8 60644. All of the zip codes were identified as
9 experiencing high economic hardship. According to the
10 Chicago Department of Public Health "(c)hronic diseases,
11 including obesity, hypertension, and diabetes can increase
12 the risk of a woman experiencing adverse outcomes during
13 pregnancy." However, "there were no significant
14 differences in pre-pregnancy BMI, hypertension, and
15 diabetes between women who experienced a
16 pregnancy-associated death and all women who delivered
17 babies in Chicago."

18 (4) In a national representative survey sample of
19 mothers who gave birth in an American hospital in
20 2011-2012, 1 out of 4 mothers who identified as Black or
21 African-American expressed that they would "definitely
22 want" to have a future birth at home, compared to 8.4% of
23 white mothers. Black mothers express a demand for planned
24 home birth services at almost 3 times the rate of white
25 mothers. And yet, in the United States, non-Hispanic white
26 women who can afford to pay out-of-pocket for their labor

1 and delivery costs access planned home birth care at the
2 greatest rate. Similarly, an analysis of birth certificate
3 data from the Centers for Disease Control and Prevention
4 for the years 2016-2019 shows that non-Hispanic white
5 mothers are 7 times more likely than non-Hispanic Black
6 mothers to experience a planned home birth.

7 (5) According to calculations based on birth
8 certificate data from July 2019 in Cook County, there
9 would have to be 7 Black or African-American certified
10 professional midwives working in Cook County in order for
11 just 1% of Black mothers in Cook County to have access to
12 racially concordant midwifery care in a given month.

13 (6) For birthing persons of sufficient health who
14 desire to give birth outside of an institutional setting
15 without the assistance of epidural analgesia, planned home
16 birth under the care of a certified professional midwife
17 can be a dignifying and safe, evidence-based choice. In
18 contrast, regulatory impingement on Black families'
19 ability to access that choice does not serve to enhance
20 maternal or neonatal safety, but instead reifies the
21 institutionalization of Black bodies by the State.

22 (7) In order to make safe, planned home births
23 accessible to Black families in Illinois, the State must
24 require Medicaid provider networks to include certified
25 professional midwives. According to natality data from the
26 Centers for Disease Control and Prevention, every year

1 from 2016 through 2019, 2 out of every 3 live births to
2 Black or African-American mothers living in Cook County
3 utilized Medicaid as the source of payment for delivery.
4 According to that same data, Medicaid paid for over 14,000
5 deliveries to Black or African-American mothers residing
6 in Cook County during the year 2019 alone.

7 (8) A population-level, retrospective cohort study
8 published in 2018 that used province-wide maternity,
9 medical billing, and demographic data from British
10 Columbia, Canada concluded that antenatal midwifery care
11 in British Columbia was associated with lower odds of
12 small-for-gestational-age birth, preterm birth, and low
13 birth weight for women of low socioeconomic position
14 compared with physician models of care. Results support
15 the development of policy to ensure antenatal midwifery
16 care is available and accessible for women of low
17 socioeconomic position.

18 (9) In its January 2018 report to the General
19 Assembly, the Department of Healthcare and Family Services
20 reported that its infant and maternal care expenditures in
21 calendar year 2015 totaled \$1,410,000,000. The Department
22 of Healthcare and Family Services said, "(t)he majority of
23 HFS birth costs are for births with poor outcomes. Costs
24 for Medicaid covered births are increasing annually while
25 the number of covered births is decreasing for the same
26 period." The Department of Healthcare and Family Services'

1 expenditures average \$12,000/birth during calendar year
2 2015 for births that did not involve poor outcomes such as
3 low birth weight, very low birth weight, and infant
4 mortality. That \$12,000 expenditure covered prenatal,
5 intrapartum, and postpartum maternal healthcare, as well
6 as infant care through the first year of life. The next
7 least expensive category of births averaged an expenditure
8 of \$40,200. The most expensive category of births refers
9 to births resulting in very low birth weight which cost
10 the Department of Healthcare and Family Services over
11 \$328,000 per birth.

12 (10) Expanding Medicaid coverage to include perinatal
13 and intrapartum care by certified professional midwives
14 will not contribute to increased taxpayer burden and, in
15 fact, will likely decrease the Department of Healthcare
16 and Family Services' expenditures on maternal care while
17 improving maternal health outcomes within the Black
18 community in Illinois.

19 Section 10. Medicaid voucher pilot program. The Task
20 Force on Infant and Maternal Mortality Among African Americans
21 shall partner with community-based maternal care providers to
22 develop rules and regulations for a Medicaid voucher pilot
23 program to expand consumer choice for Black mothers that
24 includes planned home birth services and in-home perinatal and
25 postpartum care services provided by racially concordant

1 nationally accredited certified professional midwives. The
2 Department of Healthcare and Family Services shall implement
3 the pilot program no later than January 1, 2023 and the pilot
4 program shall operate for a 5-year period. On January 1, 2024,
5 and each January 1 thereafter through January 1, 2028, the
6 Task Force shall submit a report to the General Assembly that
7 provides a status update on the pilot program and annual
8 impact measure reporting.

9 Section 15. Maternity episode payment model. The pilot
10 program shall implement a maternity episode payment model that
11 provides a single payment for all services across the
12 prenatal, intrapartum, and postnatal period which covers the 9
13 months of pregnancy plus 12 weeks of postpartum. The core
14 elements of the maternity care episode payment model shall
15 include all of the following:

16 (1) Limited exclusion of selected high-cost health
17 conditions and further adjustments to limit service
18 provider risk such as risk adjustment and stop loss.

19 (2) Duration from the initial entry into prenatal care
20 through the postpartum and newborn periods.

21 (3) Single payment for all services across the
22 episode.

23 The Department of Healthcare and Family Services shall
24 make available to the Task Force all relevant data related to
25 maternal care expenditures made under the State's Medical

1 Assistance Program so that budget-neutral reimbursement rates
2 can be established for bundled maternal care services spanning
3 the prenatal, labor and delivery, and postpartum phases of a
4 maternity episode.