



Rep. Mary E. Flowers

Filed: 3/23/2023

10300HB2820ham002

LRB103 29740 BMS 59962 a

1 AMENDMENT TO HOUSE BILL 2820

2 AMENDMENT NO. _____. Amend House Bill 2820 by replacing
3 everything after the enacting clause with the following:

4 "Section 5. The Department of Public Health Powers and
5 Duties Law of the Civil Administrative Code of Illinois is
6 amended by changing Section 2310-222 as follows:

7 (20 ILCS 2310/2310-222)

8 Sec. 2310-222. Obstetric hemorrhage and hypertension
9 training.

10 (a) As used in this Section:

11 "Birthing facility" means (1) a hospital, as defined in
12 the Hospital Licensing Act, with more than one licensed
13 obstetric bed or a neonatal intensive care unit; (2) a
14 hospital operated by a State university; ~~or~~ (3) a birth
15 center, as defined in the Alternative Health Care Delivery
16 Act; or (4) a birth center, as defined in the Birth Center

1 Licensing Act.

2 "Postpartum" means the 12-month period after a person has
3 delivered a baby.

4 (b) The Department shall ensure that all birthing
5 facilities have a written policy and conduct continuing
6 education yearly for providers and staff of obstetric medicine
7 and of the emergency department and other staff that may care
8 for pregnant or postpartum women. The written policy and
9 continuing education shall include ~~yearly educational modules~~
10 ~~regarding~~ management of severe maternal hypertension and
11 obstetric hemorrhage, addressing airway emergencies
12 experienced during childbirth, and management of other leading
13 causes of maternal mortality for units that care for pregnant
14 or postpartum women. Birthing facilities must demonstrate
15 compliance with these written policy and, education, ~~and~~
16 ~~training~~ requirements.

17 (c) The Department shall collaborate with the Illinois
18 Perinatal Quality Collaborative or its successor organization
19 to develop an initiative to improve birth equity and reduce
20 peripartum racial and ethnic disparities. The Department shall
21 ensure that the initiative includes the development of best
22 practices for implicit bias training and education in cultural
23 competency to be used by birthing facilities in interactions
24 between patients and providers. In developing the initiative,
25 the Illinois Perinatal Quality Collaborative or its successor
26 organization shall consider existing programs, such as the

1 Alliance for Innovation on Maternal Health and the California
2 Maternal Quality Collaborative's pilot work on improving birth
3 equity. The Department shall support the initiation of a
4 statewide perinatal quality improvement initiative in
5 collaboration with birthing facilities to implement strategies
6 to reduce peripartum racial and ethnic disparities and to
7 address implicit bias in the health care system.

8 (d) In order to better facilitate continuity of care, the
9 Department, in consultation with the Illinois Perinatal
10 Quality Collaborative, shall make available to all birthing
11 facilities best practices for timely identification and
12 assessment of all pregnant and postpartum women for common
13 pregnancy or postpartum complications in the emergency
14 department and for care provided by the birthing facility
15 throughout the pregnancy and postpartum period. The best
16 practices shall include the appropriate and timely
17 consultation of an obstetric or other relevant provider to
18 provide input on management and follow-up, such as offering
19 coordination of a post-delivery early postpartum visit or
20 other services that may be appropriate and available. Birthing
21 facilities shall incorporate these best practices into the
22 written policy required under subsection (b). Birthing
23 facilities may use telemedicine for the consultation.

24 (e) The Department may adopt rules for the purpose of
25 implementing this Section.

26 (Source: P.A. 101-390, eff. 1-1-20; 102-558, eff. 8-20-21;

1 102-665, eff. 10-8-21.)

2 Section 99. Effective date. This Act takes effect upon
3 becoming law.".