

1 AN ACT concerning health.

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

4 Section 5. The Prenatal and Newborn Care Act is amended by  
5 adding Sections 8 and 9 as follows:

6 (410 ILCS 225/8 new)

7 Sec. 8. Educational information on risks and healthcare  
8 needs of premature infants.

9 (a) It is the purpose of this Section to:

10 (1) improve healthcare quality and outcomes for  
11 infants born preterm through enhanced hospital discharge,  
12 follow-up care, and management processes and reduced  
13 rehospitalization from infectious disease and other  
14 complications; and

15 (2) reduce infant morbidity and mortality associated  
16 with prematurity.

17 (b) The General Assembly finds the following:

18 (1) Infants born premature at less than 37 weeks  
19 gestational age have greater morbidity and mortality than  
20 full-term infants.

21 (2) In 2006, 12.8% of all births in the United States  
22 were premature, accounting for more than 542,000 infants.

23 (3) In Illinois, 1 in 8 babies were born premature in

1       2006, or 13.3% of live births, accounting for 23,955  
2       premature births.

3       (4) Between 1996 and 2006, the rate of infants born  
4       premature in Illinois increased nearly 15%.

5       (5) The rate of premature birth in Illinois is highest  
6       in African American infants, 19.3%, followed by Native  
7       Americans, 15.6%, Hispanics, 12.1%, and Caucasians, 11.9%.

8       (6) Approximately 70% of premature births occur in the  
9       late preterm period between 34 and 36 weeks of gestation,  
10       and late-preterm babies have significant differences in  
11       clinical outcomes than full-term infants, including  
12       greater risk for temperature instability, hypoglycemia,  
13       respiratory distress, and jaundice.

14       (7) In 2005, preterm birth cost the United States at  
15       least \$26.2 billion, or \$51,600 for every infant born  
16       prematurely.

17       (8) Medical costs for premature babies are greater than  
18       they are for healthy newborns. In 2007, the average medical  
19       costs for a preterm baby were more than 10 times as high as  
20       they were for a healthy full-term baby. The costs for a  
21       healthy baby from birth to his first birthday were \$4,551.  
22       For a pre-term baby, the costs were \$49,033.

23       (9) The costs of premature birth in Illinois may be  
24       significant because the State Medicaid Program paid for 40%  
25       of all births in 2003.

26       (10) Premature infant standard of care practices of

1 clinicians and hospitals may vary across the State,  
2 particularly for late preterm births.

3 (c) The Department of Public Health shall publish on its  
4 website information about the possible health complications  
5 associated with newborn infants who are born premature at less  
6 than 37 weeks gestational age and the proper care and support  
7 for these newborn infants. The written information shall, at a  
8 minimum, include the following:

9 (1) The unique health issues affecting infants born  
10 premature, such as increased risk of developmental  
11 problems; nutritional challenges; infection; chronic lung  
12 disease (bronchopulmonary dysplasia); vision and hearing  
13 impairment; breathing problems; feeding; maintaining body  
14 temperature; jaundice; hyperactivity; infant mortality as  
15 well as long-term complications associated with growth and  
16 nutrition; respiratory problems; fine motor skills;  
17 reading; and speaking.

18 (2) The proper care needs of premature infants,  
19 developmental screenings, and monitoring and healthcare  
20 services available to premature infants through the  
21 Medicaid program or other public or private health  
22 programs.

23 (3) Methods, vaccines, and other preventative measures  
24 to protect premature infants from infectious diseases,  
25 including viral respiratory infections.

26 (4) The emotional and financial burdens and other

1 challenges that parents and family members of premature  
2 infants experience and information about community  
3 resources available to support them.

4 (d) The information shall be easily accessible and written  
5 in clear language to educate parents of premature infants  
6 across a variety of socioeconomic statuses.

7 (e) In determining what information is most beneficial to  
8 the public, the Department may consult with pediatric  
9 healthcare providers, community organizations, or other  
10 experts as the Department deems necessary.

11 (f) The Department shall ensure that the information is  
12 accessible to children's health providers, maternal care  
13 providers, hospitals, public health departments, and medical  
14 organizations. The Department shall encourage those  
15 organizations to provide the publications to parents or  
16 guardians of premature infants.

17 (410 ILCS 225/9 new)

18 Sec. 9. The Illinois Department of Healthcare and Family  
19 Services; consultation; data reporting.

20 (a) The Illinois Department of Healthcare and Family  
21 Services, which administers the Illinois Medicaid Program and  
22 the Covering ALL KIDS Health Insurance Program, shall consult  
23 with statewide organizations focused on premature infant  
24 healthcare in order to:

25 (1) examine and improve hospital discharge and

1 follow-up care procedures for premature infants born  
2 earlier than 37 weeks gestational age to ensure  
3 standardized and coordinated processes are followed as  
4 premature infants leave the hospital from either a Level 1  
5 (well baby nursery), Level 2 (step down or transitional  
6 nursery), or Level 3 (neonatal intensive care unit) unit  
7 and transition to follow-up care by a health care provider  
8 in the community; and

9 (2) use guidance from the Centers for Medicare and  
10 Medicaid Services' Neonatal Outcome Improvement Project to  
11 implement programs to improve newborn outcome, reduce  
12 newborn health costs, and establish ongoing quality  
13 improvement for newborns.

14 (b) In consultation with statewide organizations  
15 representing hospitals, the Department of Public Health shall  
16 consider mechanisms to collect discharge data for purposes of  
17 analyzing readmission rates of certain premature infants.

18 Section 99. Effective date. This Act takes effect upon  
19 becoming law.