

AN ACT concerning State government.

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

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

(20 ILCS 2310/2310-222)

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

(a) As used in this Section:

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

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

(b) The Department shall ensure that all birthing facilities have a written policy and conduct continuing education yearly for providers and staff of obstetric medicine and of the emergency department and other staff that may care

for pregnant or postpartum women. The written policy and continuing education shall include ~~yearly educational modules regarding~~ management of severe maternal hypertension and obstetric hemorrhage, addressing airway emergencies experienced during childbirth, and management of other leading causes of maternal mortality for units that care for pregnant or postpartum women. Birthing facilities must demonstrate compliance with these written policy and ~~education, and training~~ requirements.

(c) The Department shall collaborate with the Illinois Perinatal Quality Collaborative or its successor organization to develop an initiative to improve birth equity and reduce peripartum racial and ethnic disparities. The Department shall ensure that the initiative includes the development of best practices for implicit bias training and education in cultural competency to be used by birthing facilities in interactions between patients and providers. In developing the initiative, the Illinois Perinatal Quality Collaborative or its successor organization shall consider existing programs, such as the Alliance for Innovation on Maternal Health and the California Maternal Quality Collaborative's pilot work on improving birth equity. The Department shall support the initiation of a statewide perinatal quality improvement initiative in collaboration with birthing facilities to implement strategies to reduce peripartum racial and ethnic disparities and to address implicit bias in the health care system.

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

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

(Source: P.A. 101-390, eff. 1-1-20; 102-558, eff. 8-20-21; 102-665, eff. 10-8-21.)

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