



## 101ST GENERAL ASSEMBLY

### State of Illinois

2019 and 2020

HB0005

Introduced 1/9/2019, by Rep. Mary E. Flowers

#### SYNOPSIS AS INTRODUCED:

20 ILCS 1305/10-15  
20 ILCS 2310/2310-223 new  
210 ILCS 50/3.20

Amends the Department of Human Services Act. Requires the Department of Human Services to ensure access to substance use and mental health services statewide for pregnant and postpartum women, and to ensure that programs are gender-responsive, are trauma-informed, serve women and young children, and prioritize justice-involved pregnant and postpartum women. Amends the Department of Public Health Powers and Duties Law of the Civil Administrative Code of Illinois. Requires the Department of Public Health to establish a classification system for specified levels of maternal care. Requires the Department to implement substantive measures that benefit maternal care and provide a greater amount of available information in order to further medical research. Amends the Emergency Medical Services (EMS) Systems Act. Requires the Department of Public Health to ensure that EMS systems are transporting pregnant women to the appropriate facilities based on the Department of Public Health's classification system for levels of maternal care. Effective immediately.

LRB101 04078 CPF 49086 b

FISCAL NOTE ACT  
MAY APPLY

A BILL FOR

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 Department of Human Services Act is amended  
5 by changing Section 10-15 as follows:

6 (20 ILCS 1305/10-15)

7 Sec. 10-15. Pregnant women with a substance use disorder;  
8 mental health services. The Department shall develop  
9 guidelines for use in non-hospital residential care facilities  
10 for pregnant women who have a substance use disorder with  
11 respect to the care of those clients.

12 The Department shall administer infant mortality and  
13 prenatal programs, through its provider agencies, to develop  
14 special programs for case finding and service coordination for  
15 pregnant women who have a substance use disorder.

16 The Department shall ensure access to substance use and  
17 mental health services statewide for pregnant and postpartum  
18 women, and ensure that programs are gender-responsive, are  
19 trauma-informed, serve women and young children, and  
20 prioritize justice-involved pregnant and postpartum women.

21 (Source: P.A. 100-759, eff. 1-1-19.)

22 Section 10. The Department of Public Health Powers and

1 Duties Law of the Civil Administrative Code of Illinois is  
2 amended by adding Section 2310-223 as follows:

3 (20 ILCS 2310/2310-223 new)

4 Sec. 2310-223. Maternal care.

5 (a) The Department shall establish a classification system  
6 for the following levels of maternal care:

7 (1) basic care: care of uncomplicated pregnancies with  
8 the ability to detect, stabilize, and initiate management  
9 of unanticipated maternal-fetal or neonatal problems that  
10 occur during the antepartum, intrapartum, or postpartum  
11 period until the patient can be transferred to a facility  
12 at which specialty maternal care is available;

13 (2) specialty care: basic care plus care of appropriate  
14 high-risk antepartum, intrapartum, or postpartum  
15 conditions, both directly admitted and transferred to  
16 another facility;

17 (3) subspecialty care: specialty care plus care of more  
18 complex maternal medical conditions, obstetric  
19 complications, and fetal conditions; and

20 (4) regional perinatal health care: subspecialty care  
21 plus on-site medical and surgical care of the most complex  
22 maternal conditions, critically ill pregnant women, and  
23 fetuses throughout antepartum, intrapartum, and postpartum  
24 care.

25 (b) The Department shall:

1           (1) introduce uniform designations for levels of  
2 maternal care that are complimentary but distinct from  
3 levels of neonatal care;

4           (2) establish clear, uniform criteria for designation  
5 of maternal centers that are integrated with emergency  
6 response systems to help ensure that the appropriate  
7 personnel, physical space, equipment, and technology are  
8 available to achieve optimal outcomes, as well as to  
9 facilitate subsequent data collection regarding  
10 risk-appropriate care;

11           (3) require each health care facility to have a clear  
12 understanding of its capability to handle increasingly  
13 complex levels of maternal care, and to have a well-defined  
14 threshold for transferring women to health care facilities  
15 that offer a higher level of care; to ensure optimal care  
16 of all pregnant women, the Department shall require all  
17 birth centers, hospitals, and higher-level facilities to  
18 collaborate in order to develop and maintain maternal and  
19 neonatal transport plans and cooperative agreements  
20 capable of managing the health care needs of women who  
21 develop complications; the Department shall require that  
22 receiving hospitals openly accept transfers;

23           (4) require higher-level facilities to provide  
24 training for quality improvement initiatives, educational  
25 support, and severe morbidity and mortality case review for  
26 lower-level hospitals; the Department shall ensure that,

1 in those regions that do not have a facility that qualifies  
2 as a regional perinatal health care facility, any specialty  
3 care facility in the region will provide the educational  
4 and consultation function;

5 (5) require facilities and regional systems to develop  
6 methods to track severe maternal morbidity and mortality to  
7 assess the efficacy of utilizing maternal levels of care;

8 (6) analyze data collected from all facilities and  
9 regional systems in order to inform future updates to the  
10 levels of maternal care;

11 (7) require follow-up interdisciplinary work groups to  
12 further explore the implementation needs that are  
13 necessary to adopt the proposed classification system for  
14 levels of maternal care in all facilities that provide  
15 maternal care;

16 (8) disseminate data and materials to raise public  
17 awareness about the importance of prenatal care and  
18 maternal health;

19 (9) create or expand home visiting programs to target  
20 high-risk mothers in Illinois during pregnancy and  
21 postpartum periods, such as doula programs, and expand  
22 efforts to provide universal home visiting to all mothers  
23 within 3 weeks of giving birth; and

24 (10) engage the Illinois Chapter of the American  
25 Academy of Pediatrics in creating a quality improvement  
26 initiative to expand efforts of pediatricians conducting

1           postpartum depression screening at well baby visits during  
2           the first year of life.

3           Section 15. The Emergency Medical Services (EMS) Systems  
4           Act is amended by changing Section 3.20 as follows:

5           (210 ILCS 50/3.20)

6           Sec. 3.20. Emergency Medical Services (EMS) Systems.

7           (a) "Emergency Medical Services (EMS) System" means an  
8           organization of hospitals, vehicle service providers and  
9           personnel approved by the Department in a specific geographic  
10          area, which coordinates and provides pre-hospital and  
11          inter-hospital emergency care and non-emergency medical  
12          transports at a BLS, ILS and/or ALS level pursuant to a System  
13          program plan submitted to and approved by the Department, and  
14          pursuant to the EMS Region Plan adopted for the EMS Region in  
15          which the System is located.

16          (b) One hospital in each System program plan must be  
17          designated as the Resource Hospital. All other hospitals which  
18          are located within the geographic boundaries of a System and  
19          which have standby, basic or comprehensive level emergency  
20          departments must function in that EMS System as either an  
21          Associate Hospital or Participating Hospital and follow all  
22          System policies specified in the System Program Plan, including  
23          but not limited to the replacement of drugs and equipment used  
24          by providers who have delivered patients to their emergency

1 departments. All hospitals and vehicle service providers  
2 participating in an EMS System must specify their level of  
3 participation in the System Program Plan.

4 (c) The Department shall have the authority and  
5 responsibility to:

6 (1) Approve BLS, ILS and ALS level EMS Systems which  
7 meet minimum standards and criteria established in rules  
8 adopted by the Department pursuant to this Act, including  
9 the submission of a Program Plan for Department approval.  
10 Beginning September 1, 1997, the Department shall approve  
11 the development of a new EMS System only when a local or  
12 regional need for establishing such System has been  
13 verified by the Department. This shall not be construed as  
14 a needs assessment for health planning or other purposes  
15 outside of this Act. Following Department approval, EMS  
16 Systems must be fully operational within one year from the  
17 date of approval.

18 (2) Monitor EMS Systems, based on minimum standards for  
19 continuing operation as prescribed in rules adopted by the  
20 Department pursuant to this Act, which shall include  
21 requirements for submitting Program Plan amendments to the  
22 Department for approval.

23 (3) Renew EMS System approvals every 4 years, after an  
24 inspection, based on compliance with the standards for  
25 continuing operation prescribed in rules adopted by the  
26 Department pursuant to this Act.

1           (4) Suspend, revoke, or refuse to renew approval of any  
2 EMS System, after providing an opportunity for a hearing,  
3 when findings show that it does not meet the minimum  
4 standards for continuing operation as prescribed by the  
5 Department, or is found to be in violation of its  
6 previously approved Program Plan.

7           (5) Require each EMS System to adopt written protocols  
8 for the bypassing of or diversion to any hospital, trauma  
9 center or regional trauma center, which provide that a  
10 person shall not be transported to a facility other than  
11 the nearest hospital, regional trauma center or trauma  
12 center unless the medical benefits to the patient  
13 reasonably expected from the provision of appropriate  
14 medical treatment at a more distant facility outweigh the  
15 increased risks to the patient from transport to the more  
16 distant facility, or the transport is in accordance with  
17 the System's protocols for patient choice or refusal.

18           (6) Require that the EMS Medical Director of an ILS or  
19 ALS level EMS System be a physician licensed to practice  
20 medicine in all of its branches in Illinois, and certified  
21 by the American Board of Emergency Medicine or the American  
22 Osteopathic Board of Emergency Medicine, and that the EMS  
23 Medical Director of a BLS level EMS System be a physician  
24 licensed to practice medicine in all of its branches in  
25 Illinois, with regular and frequent involvement in  
26 pre-hospital emergency medical services. In addition, all



1 EMS Medical Directors shall:

2 (A) Have experience on an EMS vehicle at the  
3 highest level available within the System, or make  
4 provision to gain such experience within 12 months  
5 prior to the date responsibility for the System is  
6 assumed or within 90 days after assuming the position;

7 (B) Be thoroughly knowledgeable of all skills  
8 included in the scope of practices of all levels of EMS  
9 personnel within the System;

10 (C) Have or make provision to gain experience  
11 instructing students at a level similar to that of the  
12 levels of EMS personnel within the System; and

13 (D) For ILS and ALS EMS Medical Directors,  
14 successfully complete a Department-approved EMS  
15 Medical Director's Course.

16 (7) Prescribe statewide EMS data elements to be  
17 collected and documented by providers in all EMS Systems  
18 for all emergency and non-emergency medical services, with  
19 a one-year phase-in for commencing collection of such data  
20 elements.

21 (8) Define, through rules adopted pursuant to this Act,  
22 the terms "Resource Hospital", "Associate Hospital",  
23 "Participating Hospital", "Basic Emergency Department",  
24 "Standby Emergency Department", "Comprehensive Emergency  
25 Department", "EMS Medical Director", "EMS Administrative  
26 Director", and "EMS System Coordinator".

1 (A) (Blank).

2 (B) (Blank).

3 (9) Investigate the circumstances that caused a  
4 hospital in an EMS system to go on bypass status to  
5 determine whether that hospital's decision to go on bypass  
6 status was reasonable. The Department may impose  
7 sanctions, as set forth in Section 3.140 of the Act, upon a  
8 Department determination that the hospital unreasonably  
9 went on bypass status in violation of the Act.

10 (10) Evaluate the capacity and performance of any  
11 freestanding emergency center established under Section  
12 32.5 of this Act in meeting emergency medical service needs  
13 of the public, including compliance with applicable  
14 emergency medical standards and assurance of the  
15 availability of and immediate access to the highest quality  
16 of medical care possible.

17 (11) Permit limited EMS System participation by  
18 facilities operated by the United States Department of  
19 Veterans Affairs, Veterans Health Administration. Subject  
20 to patient preference, Illinois EMS providers may  
21 transport patients to Veterans Health Administration  
22 facilities that voluntarily participate in an EMS System.  
23 Any Veterans Health Administration facility seeking  
24 limited participation in an EMS System shall agree to  
25 comply with all Department administrative rules  
26 implementing this Section. The Department may promulgate

1 rules, including, but not limited to, the types of Veterans  
2 Health Administration facilities that may participate in  
3 an EMS System and the limitations of participation.

4 (12) Ensure that EMS systems are transporting pregnant  
5 women to the appropriate facilities based on the  
6 classification of the levels of maternal care described  
7 under subsection (a) of Section 2310-223 of the Department  
8 of Public Health Powers and Duties Law of the Civil  
9 Administrative Code of Illinois.

10 (Source: P.A. 97-333, eff. 8-12-11; 98-973, eff. 8-15-14.)

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