



## 101ST GENERAL ASSEMBLY

### State of Illinois

2019 and 2020

SB3851

Introduced 2/14/2020, by Sen. Iris Y. Martinez

#### SYNOPSIS AS INTRODUCED:

New Act

5 ILCS 80/4.41 new

215 ILCS 5/356z.43 new

225 ILCS 60/4

from Ch. 111, par. 4400-4

225 ILCS 65/50-15

was 225 ILCS 65/5-15

305 ILCS 5/5-5

from Ch. 23, par. 5-5

Creates the Certified Professional Midwives Practice Act. Provides for the licensure of midwives by the Department of Financial and Professional Regulation and for certain limitations on the activities of licensed midwives. Creates the Illinois Midwifery Board. Sets forth provisions concerning application, qualifications, grounds for disciplinary action, and administrative procedures. Amends the Regulatory Sunset Act to set a repeal date for the new Act of January 1, 2031. Amends the Illinois Insurance Code, the Medical Practice Act of 1987, the Nurse Practice Act, and the Illinois Public Aid Code to make related changes.

LRB101 20758 SPS 70445 b

CORRECTIONAL  
BUDGET AND  
IMPACT NOTE ACT  
MAY APPLY

FISCAL NOTE ACT  
MAY APPLY

1 AN ACT concerning regulation.

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 Certified Professional Midwives Practice Act.

6 Section 5. Purpose. The practice of midwifery in  
7 out-of-hospital settings is hereby declared to affect the  
8 public health, safety, and welfare and to be subject to  
9 regulation in the public interest. The purpose of this Act is  
10 to protect and benefit the public by setting standards for the  
11 qualifications, education, training, and experience of those  
12 who seek to obtain licensure and hold the title of licensed  
13 certified professional midwife, to promote high standards of  
14 professional performance for those licensed to practice  
15 midwifery in out-of-hospital settings in this State, to promote  
16 a collaborative and integrated maternity care delivery system  
17 in Illinois, and to protect the public from unprofessional  
18 conduct by persons licensed to practice midwifery, as defined  
19 in this Act. This Act shall be liberally construed to best  
20 carry out these purposes.

21 Section 10. Exemptions.

22 (a) This Act does not prohibit a person licensed under any

1 other Act in this State from engaging in the practice for which  
2 they are licensed or from delegating services as provided for  
3 under that other Act.

4 (b) Nothing in this Act shall be construed to prohibit or  
5 require licensing under this Act, with regard to:

6 (1) the gratuitous rendering of services;

7 (2) the rendering of services by a birth attendant, if  
8 such attendance is in accordance with the birth attendant's  
9 religious faith or cultural group and is rendered only to  
10 women and families in a distinct cultural or religious  
11 group as an exercise and enjoyment of their religious or  
12 cultural freedom; and

13 (3) a student midwife or midwife's assistant working  
14 under the supervision of a licensed midwife.

15 (c) Nothing in this Act abridges, limits, or changes in any  
16 way the right of parents to deliver their baby where, when,  
17 how, and with whom they choose, regardless of licensure under  
18 this Act.

19 Section 15. Definitions. In this Act:

20 "Board" means the Illinois Midwifery Board.

21 "Certified professional midwife" means a person who has met  
22 the standards for certification set by the North American  
23 Registry of Midwives and has been awarded the Certified  
24 Professional Midwife credential.

25 "Department" means the Department of Financial and

1 Professional Regulation.

2 "International Confederation of Midwives" means the  
3 organization that sets global standards for the education and  
4 autonomous practice of midwifery.

5 "Licensed certified professional midwife" means a person  
6 who has been granted a license under this Act to engage in the  
7 practice of midwifery.

8 "Midwifery Bridge Certificate" means the certificate  
9 issued by NARM based upon completion of accredited continuing  
10 education specific to content in emergency skills for  
11 pregnancy, birth, and newborn care, along with other midwifery  
12 topics addressing the core competencies of the International  
13 Confederation of Midwives.

14 "Midwifery Education and Accreditation Council" or "MEAC"  
15 means the nationally recognized accrediting agency, or its  
16 successor, that establishes standards for the education of  
17 direct-entry midwives in the United States.

18 "National Association of Certified Professional Midwives"  
19 means the professional organization, or its successor, that  
20 promotes the growth and development of the profession of  
21 certified professional midwives.

22 "North American Registry of Midwives" or "NARM" means the  
23 accredited international agency, or its successor, that has  
24 established and has continued to administer certification for  
25 the credentialing of certified professional midwives.

26 "Practice of midwifery" means providing the necessary

1 supervision, care, education, and advice to pregnant people  
2 during the antepartum, intrapartum, and postpartum period,  
3 conducting deliveries independently, and caring for the  
4 newborn, with such care including, without limitation,  
5 preventative measures, breastfeeding assistance, and  
6 education, the detection of abnormal conditions in the  
7 childbearing individual and the child, the procurement of  
8 medical assistance, and the execution of emergency measures in  
9 the absence of medical help. "Practice of midwifery" includes  
10 nonprescriptive family planning and basic well-woman care  
11 limited to Pap tests, sexually transmitted infection  
12 screenings, and preconception screenings. "Practice of  
13 midwifery" does not constitute the practice of medicine.

14 "Secretary" means the Secretary of Financial and  
15 Professional Regulation.

16 Section 20. Unlicensed practice. Beginning January 1,  
17 2021, no person may practice, attempt to practice, or hold  
18 themselves out to practice as a licensed certified professional  
19 midwife unless they are licensed under this Act.

20 Section 25. Title. A licensed certified professional  
21 midwife may identify themselves as a "licensed certified  
22 professional midwife" and may use the abbreviation "LCPM".

23 Section 30. Informed Consent.

1 (a) A licensed certified professional midwife shall, at an  
2 initial consultation with a prospective client, provide a copy  
3 of the rules under this Act and an informational brochure  
4 developed in cooperation by the Illinois chapters of the  
5 National Association of Certified Professional Midwives and  
6 the American College of Obstetricians and Gynecologists, or  
7 their successors, detailing the benefits and risks of having an  
8 out-of-hospital birth with a licensed certified professional  
9 midwife, and disclose to the client orally and in writing  
10 (informed consent documentation), all of the following:

11 (1) The licensed certified professional midwife's  
12 experience, training, and current licensure status.

13 (2) Whether the licensed certified professional  
14 midwife has malpractice liability insurance coverage and  
15 the policy limits of any such coverage.

16 (3) A written protocol for the handling of medical  
17 emergencies, including transportation to a hospital,  
18 particular to each client.

19 (b) The informed consent documentation must be signed and  
20 dated by the client and the licensed certified professional  
21 midwife. A copy must be provided to the client and the original  
22 must be kept in the client's chart.

23 Section 35. Vicarious liability. Nothing in this Act is  
24 intended to expand the malpractice liability of physicians,  
25 advanced practice registered nurses, certified professional

1 midwives, or other health care providers beyond the limits  
2 existing in current Illinois statutory and common law.

3 Section 40. Advertising.

4 (a) Any person licensed under this Act may advertise the  
5 availability of professional midwifery services in the public  
6 media or on premises where professional services are rendered  
7 if the advertising is truthful and not misleading and is in  
8 conformity with any rules regarding the practice of a licensed  
9 certified professional midwife.

10 (b) A licensee must include in every advertisement for  
11 midwifery services regulated under this Act their title as it  
12 appears on the license or the initials "LCPM" as authorized  
13 under this Act.

14 Section 45. Powers and duties of the Department; rules.

15 (a) The Department shall exercise the powers and duties  
16 prescribed by the Civil Administrative Code of Illinois for the  
17 administration of licensing Acts and shall exercise such other  
18 powers and duties necessary for effectuating the purposes of  
19 this Act.

20 (b) The Secretary shall adopt rules consistent with the  
21 provisions of this Act for the administration and enforcement  
22 of this Act and for the payment of fees connected to this Act  
23 and may prescribe forms that shall be issued in connection with  
24 this Act.

1 (c) Rules adopted by the Department must address the scope  
2 of practice and services provided and the use of equipment,  
3 procedures, medications, and other agents that are determined  
4 by the Department to be necessarily available in order to  
5 ensure the health and safety of the childbearing individual and  
6 her newborn.

7 (d) The rules adopted by the Department under this Section  
8 may not:

9 (1) require a licensed certified professional midwife  
10 to practice midwifery under the supervision of another  
11 health care provider;

12 (2) require a licensed certified professional midwife  
13 to enter into a written agreement with another health care  
14 provider;

15 (3) limit the location where a licensed certified  
16 professional midwife may practice midwifery;

17 (4) permit a licensed certified professional midwife  
18 to do any of the following:

19 (A) administer prescription pharmacological agents  
20 intended to induce or augment labor;

21 (B) administer prescription pharmacological agents  
22 to provide pain management;

23 (C) use vacuum extractors or forceps;

24 (D) prescribe medications;

25 (E) perform surgical procedures, including, but  
26 not limited to, abortions, cesarean sections, and



1 circumcisions; or

2 (F) provide out-of-hospital care to a woman who has  
3 had a vertical uterine incision cesarean section.

4 (5) Permit the licensed certified professional midwife  
5 to knowingly accept responsibility for prenatal or  
6 intrapartum care of a client with any of the following risk  
7 factors:

8 (A) chronic significant maternal cardiac,  
9 pulmonary, renal, or hepatic disease;

10 (B) malignant disease in an active phase;

11 (C) significant hematological disorders or  
12 coagulopathies or pulmonary embolism;

13 (D) insulin-requiring diabetes mellitus;

14 (E) confirmed isoimmunization, Rh disease, with  
15 positive titer;

16 (F) active tuberculosis;

17 (G) active syphilis or gonorrhea;

18 (H) active genital herpes infection 2 weeks prior  
19 to labor or in labor;

20 (I) pelvic or uterine abnormalities affecting  
21 normal vaginal births, including tumors and  
22 malformations;

23 (J) alcoholism or abuse;

24 (K) drug addiction or abuse;

25 (L) confirmed AIDS status;

26 (M) uncontrolled current serious psychiatric

1 illness;

2 (N) social or familial conditions unsatisfactory  
3 for out-of-hospital maternity care services; or

4 (O) fetus with suspected or diagnosed congenital  
5 abnormalities that may require immediate medical  
6 intervention.

7 (e) With regards to Medicaid reimbursement, no rules  
8 prescribed by the Department shall require the licensed midwife  
9 to carry liability insurance in order to be reimbursed by the  
10 State as a Medicaid provider.

11 (f) The Department shall consult with the Board in adopting  
12 rules. Notice of proposed rulemaking shall be transmitted to  
13 the Board and the Department shall review the Board's response  
14 and any recommendations made. The Department shall notify the  
15 Board in writing with proper explanation of deviations from the  
16 Board's recommendations and responses.

17 (g) The Department may at any time seek the advice and the  
18 expert knowledge of the Board on any matter relating to the  
19 administration of this Act.

20 (h) The Department shall issue a quarterly report to the  
21 Board of the status of all complaints related to the profession  
22 filed with the Department.

23 (i) Rules adopted by the Department regarding the practice  
24 of midwifery must be consistent with the standards regarding  
25 the practice of midwifery established by the National  
26 Association of Certified Professional Midwives, or a successor

1 organization whose essential documents include, without  
2 limitation, subject matter concerning scope of practice,  
3 standards of practice, informed consent, appropriate  
4 consultation, collaboration or referral, and acknowledgment of  
5 a woman's right to self-determination concerning her maternity  
6 care.

7 Section 50. Drugs and screenings.

8 (a) A licensed certified professional midwife may not  
9 prescribe medications, but may, in the course of providing care  
10 within their scope of practice, as defined in the rules,  
11 administer those medications and vaccines approved by the  
12 Department and listed in the rules. The medication indications,  
13 dose, route of administration, and duration of treatment  
14 relating to the administration of drugs and procedures  
15 identified under this Section shall be determined by rule as  
16 the Department deems necessary to be in keeping with current  
17 evidence-based practice standards. The Department may approve  
18 additional medications, agents, or procedures based upon  
19 limited availability of standard medications or agents.

20 (b) A licensed certified professional midwife may obtain  
21 appropriate screenings and testing for clients, including, but  
22 not limited to, ultrasounds and non-stress tests.

23 (c) In addition to the drugs, devices, and procedures  
24 identified in rules, a licensed certified professional midwife  
25 may administer any other prescription drug, use any other

1 device, or perform any other procedure as an authorized agent  
2 of a licensed practitioner with prescriptive authority.

3 (d) Nothing in this Act is intended to restrict the  
4 licensed certified professional midwife's ability to  
5 administer herbal or homeopathic remedies in keeping with the  
6 client's usual home practices or in keeping with the licensed  
7 certified professional midwife's midwifery education or  
8 continuing education programs.

9 Section 55. Consultation and referral.

10 (a) A licensed certified professional midwife shall  
11 consult with a physician licensed to practice medicine in all  
12 of its branches or a licensed certified nurse midwife providing  
13 obstetrical care whenever there are significant deviations,  
14 including abnormal laboratory results, relative to a client's  
15 pregnancy or to a neonate. If a referral to health care  
16 provider trained in high risk pregnancy is needed, the licensed  
17 certified professional midwife shall refer the client to a  
18 physician or certified nurse midwife and, if possible, remain  
19 in consultation with the physician or certified nurse midwife  
20 until resolution of the concern. Consultation does not preclude  
21 the possibility of an out-of-hospital birth. It is appropriate  
22 for the licensed certified professional midwife to maintain  
23 care of the client to the greatest degree possible, in  
24 accordance with the client's wishes, during the pregnancy and,  
25 if possible, during labor, birth, and the postpartum period.

1           (b) Specific parameters for required consultation shall be  
2 determined by the Department by rule.

3           Section 60. Transfer.

4           (a) The licensed certified professional midwife shall  
5 provide all clients with information, in writing, regarding the  
6 potential benefits of filing prenatal records prior to the  
7 birth with the emergency transport hospital identified in the  
8 informed consent documentation.

9           (b) The licensed certified professional midwife shall file  
10 the client's prenatal records with the emergency hospital at 36  
11 weeks of pregnancy or shall document the client's refusal using  
12 standard forms provided by the Department.

13           (c) The licensed certified professional midwife shall, in  
14 case of emergency, initiate immediate transport according to  
15 the licensed certified professional midwife's emergency plan,  
16 provide emergency stabilization until emergency medical  
17 services arrive or transfer is completed, accompany the client  
18 or follow the client to a hospital in a timely fashion, provide  
19 pertinent information to the receiving facility, and complete  
20 an emergency transport record. Transport via private vehicle is  
21 an acceptable method of transport if it is the most expedient  
22 and safest method for accessing medical services.

23           (d) Specific parameters for required transfer shall be  
24 determined by the Department by rule.

25           (e) A licensed certified professional midwife may deliver a

1 client's infant with any of the complications or conditions set  
2 forth in by the Department by rule if no physician or other  
3 equivalent medical services are available and the situation  
4 presents immediate harm to the health and safety of the client,  
5 if the complication or condition entails extraordinary and  
6 unnecessary human suffering, or if delivery occurs during  
7 transport.

8 Section 65. Reporting requirements. All licensed certified  
9 professional midwives must file such reports as are required in  
10 rules, at such times as are designated by the Department using  
11 forms developed by the Department. These reports shall, at a  
12 minimum, detail any serious adverse outcomes for or death of  
13 the childbearing individual or the neonate.

14 Section 70. Illinois Midwifery Board.

15 (a) There is created under the authority of the Department  
16 the Illinois Midwifery Board, which shall consist of 7 members  
17 appointed by the Secretary, 4 of whom shall be licensed  
18 certified professional midwives, except that initial  
19 appointees must have at least 3 years of experience in the  
20 practice of midwifery in an out-of-hospital setting, be  
21 certified by the North American Registry of Midwives, and meet  
22 the qualifications for licensure set forth in this Act; one of  
23 whom shall be a licensed obstetrician or a family practice  
24 physician who has a minimum of 2 years experience providing

1 home birth services; one of whom shall be a licensed certified  
2 nurse midwife who has a minimum of 2 years experience providing  
3 home birth services; and one of whom shall be a knowledgeable  
4 public member who has given birth with the assistance of a  
5 certified professional midwife in an out-of-hospital birth  
6 setting. A physician or certified nurse midwife who has a  
7 minimum or 2 years experience consulting or collaborating with  
8 a home birth provider may stand in substitution if the criteria  
9 for physician or certified nurse midwife board members cannot  
10 be met. Board members shall serve 4-year terms, except that in  
11 the case of initial appointments, terms shall be staggered as  
12 follows: 3 members shall serve for 4 years, 2 members shall  
13 serve for 3 years, and 2 members shall serve for 2 years. The  
14 Board shall annually elect a chairperson and vice chairperson.

15 (b) Any appointment made to fill a vacancy shall be for the  
16 unexpired portion of the term. Appointments to fill vacancies  
17 shall be made in the same manner as original appointments. No  
18 Board member may be reappointed for a term that would cause his  
19 or her continuous service on the Board to exceed 9 years.

20 (c) Board membership must have a reasonable representation  
21 from different geographic areas of this State, if possible.

22 (d) The members of the Board may be reimbursed for all  
23 legitimate, necessary, and authorized expenses incurred in  
24 attending the meetings of the Board.

25 (e) The Secretary may remove any member of the Board for  
26 misconduct, incapacity, or neglect of duty at any time prior to

1 the expiration of their term.

2 (f) Four Board members shall constitute a quorum. A vacancy  
3 in the membership of the Board shall not impair the right of a  
4 quorum to perform all of the duties of the Board.

5 (g) The Board shall provide the Department with  
6 recommendations concerning the administration of this Act and  
7 may perform each of the following duties:

8 (1) Recommend to the Department the prescription and,  
9 from time to time, the revision of any rules that may be  
10 necessary to carry out the provisions of this Act,  
11 including those that are designed to protect the health,  
12 safety, and welfare of the public.

13 (2) Recommend changes to the medication formulary list  
14 as standards and drug availability change.

15 (3) Conduct hearing and disciplinary conferences on  
16 disciplinary charges of licensees.

17 (4) Report to the Department, upon completion of a  
18 hearing, the disciplinary actions recommended to be taken  
19 against a person found in violation of this Act.

20 (5) Recommend the approval, denial of approval, and  
21 withdrawal of approval of required education and  
22 continuing educational programs.

23 (6) Assist the Department in drafting forms and  
24 informational handouts relative to this Act.

25 (h) The Secretary shall give due consideration to all  
26 recommendations of the Board. If the Secretary takes action



1 contrary to a recommendation of the Board, the Secretary must  
2 promptly provide a written explanation of that action.

3 (i) The Board may recommend to the Secretary that one or  
4 more licensed midwives be selected by the Secretary to assist  
5 in any investigation under this Act. Compensation shall be  
6 provided to any licensee who provides assistance under this  
7 subsection in an amount determined by the Secretary.

8 (j) Members of the Board shall be immune from suit in an  
9 action based upon a disciplinary proceeding or other activity  
10 performed in good faith as a member of the Board, except for  
11 willful or wanton misconduct.

12 (k) Members of the Board may participate in and act at any  
13 meeting of the Illinois Midwifery Board through the use of any  
14 real-time Internet or telephone communications media, by means  
15 of which all persons participating in the meeting can  
16 communicate with each other. Participation in such meeting  
17 shall constitute attendance and presence in person at the  
18 meetings of the person or persons so participating.

19 Section 75. Qualifications for licensed certified  
20 professional midwives.

21 (a) Each applicant who successfully meets the requirements  
22 of this Section shall be licensed as a licensed certified  
23 professional midwife.

24 (b) An applicant for licensure as a licensed certified  
25 professional midwife must:

1           (1) submit a completed written application, on forms  
2 provided by the Department, and fees as established by the  
3 Department;

4           (2) be at least 21 years old;

5           (3) be a high school graduate or have completed  
6 equivalent education;

7           (4) successfully complete one of the following formal  
8 midwifery education and training programs:

9           (A) Accredited Educational Pathway:

10           (i) applicants who are certified professional  
11 midwives and who have successfully completed an  
12 educational program or pathway accredited by the  
13 MEAC;

14           (ii) after January 1, 2022, all new applicants  
15 for licensure as a licensed certified professional  
16 midwife must have graduated from an educational  
17 program or pathway that is accredited by MEAC;

18           (B) Non-Accredited Educational Pathway:

19           (i) applicants who are certified professional  
20 midwives before January 1, 2022, and who have  
21 completed non-accredited educational pathways will  
22 be required to obtain a Midwifery Bridge  
23 Certificate in order to become a licensed  
24 certified professional midwife;

25           (ii) applicants who have maintained licensure  
26 in a state that does not require MEAC-accredited

1 education, regardless of the date of their  
2 certification, shall obtain the Midwifery Bridge  
3 Certificate to be eligible for licensure;

4 (5) hold a current valid Certified Professional  
5 Midwife Credential granted by NARM or its successor  
6 organization;

7 (6) hold current cardiopulmonary resuscitation or  
8 basic life support certification for health care  
9 professionals or providers issued by the American Red Cross  
10 or the American Heart Association;

11 (7) within the last 2 years, have successfully  
12 completed the American Academy of Pediatrics/American  
13 Heart Association Neonatal Resuscitation Program;

14 (8) not have violated the provisions of this Act  
15 concerning the grounds for disciplinary action; the  
16 Department may take into consideration any felony  
17 conviction of the applicant, but such a conviction may not  
18 operate as an absolute bar to licensure as a licensed  
19 certified professional midwife; and

20 (9) meet all other requirements established by the  
21 Department by rule.

22 Section 80. Social Security Number on application. In  
23 addition to any other information required to be contained in  
24 the application, every application for an original, renewal,  
25 reinstated, or restored license under this Act shall include

1 the applicant's Social Security Number.

2 Section 85. Renewal of licensure.

3 (a) Licensed certified professional midwives shall renew  
4 their license every 2 years at the discretion of the  
5 Department.

6 (b) Rules adopted under this Act shall require the licensed  
7 certified professional midwife to maintain certified  
8 professional midwife certification by meeting all continuing  
9 education requirements and other requirements set forth by the  
10 North American Registry of Midwives and current  
11 cardiopulmonary resuscitation or basic life support  
12 certification as required under Section 75.

13 Section 90. Inactive status.

14 (a) A licensed certified professional midwife who notifies  
15 the Department in writing on forms prescribed by the Department  
16 may elect to place his or her license on inactive status and  
17 shall be excused from payment of renewal fees until he or she  
18 notifies the Department in writing of his or her intent to  
19 restore the license.

20 (b) A licensed certified professional midwife whose  
21 license is on inactive status may not practice licensed  
22 certified professional midwifery in the State of Illinois.

23 (c) A licensed certified professional midwife requesting  
24 restoration from inactive status shall be required to pay the

1 current renewal fee, as provided by the Department, to restore  
2 his or her license.

3 (d) Any licensee who engages in the practice of midwifery  
4 while his or her license is lapsed or on inactive status shall  
5 be considered to be practicing without a license, which shall  
6 be grounds for discipline.

7 Section 95. Restoration of licensure; military service.

8 (a) Any licensed certified professional midwife who has  
9 permitted his or her license to expire or who has had his or  
10 her license on inactive status may have the license restored by  
11 making application to the Department and filing proof  
12 acceptable to the Department of fitness to have the license  
13 restored and by paying the required fees. Proof of fitness may  
14 include evidence attesting to active lawful practice in another  
15 jurisdiction.

16 (b) The Department shall determine, by an evaluation  
17 program, fitness for restoration of a license under this  
18 Section and shall establish procedures and requirements for  
19 restoration.

20 (c) A licensed certified professional midwife whose  
21 license expired while they were:

22 (i) in federal service on active duty with the Armed  
23 Forces of the United States or the State Militia and called  
24 into service or training; or

25 (ii) received education under the supervision of the

1 United States preliminary to induction into the military  
2 service;

3 may have the license restored without paying any lapsed  
4 renewal fees if, within 2 years after honorable termination of  
5 service, training, or education, they furnish the Department  
6 with satisfactory evidence to the effect that they have been so  
7 engaged.

8 Section 100. Roster. The Department shall maintain a roster  
9 of the names and addresses of all licensees and of all persons  
10 whose licenses have been suspended or revoked. This roster  
11 shall be available upon written request and payment of the  
12 required fee.

13 Section 105. Fees.

14 (a) The Department shall provide for a schedule of fees for  
15 the administration and enforcement of this Act, including  
16 without limitation original licensure, renewal, and  
17 restoration, which fees shall be nonrefundable.

18 (b) All fees collected under this Act shall be deposited  
19 into the General Professions Dedicated Fund and appropriated to  
20 the Department for the ordinary and contingent expenses of the  
21 Department in the administration of this Act.

22 Section 110. Returned checks; fines. Any person who  
23 delivers a check or other payment to the Department that is

1 returned to the Department unpaid by the financial institution  
2 upon which it is drawn shall pay to the Department, in addition  
3 to the amount already owed to the Department, a fine of \$50.  
4 The fines imposed by this Section are in addition to any other  
5 discipline provided under this Act for unlicensed practice or  
6 practice on a non-renewed license. The Department shall notify  
7 the person that fees and fines shall be paid to the Department  
8 by certified check or money order within 30 calendar days after  
9 the notification. If, after the expiration of 30 days from the  
10 date of the notification, the person has failed to submit the  
11 necessary remittance, the Department shall automatically  
12 terminate the license or deny the application, without hearing.  
13 If, after termination or denial, the person seeks a license, he  
14 or she shall apply to the Department for restoration or  
15 issuance of the license and pay all fees and fines due to the  
16 Department. The Department may establish a fee for the  
17 processing of an application for restoration of a license to  
18 defray all expenses of processing the application. The  
19 Secretary may waive the fines due under this Section in  
20 individual cases where the Secretary finds that the fines would  
21 be unreasonable or unnecessarily burdensome.

22 Section 115. Unlicensed practice; civil penalty. Any  
23 person who practices, offers to practice, attempts to practice,  
24 or holds himself or herself out to practice certified  
25 professional midwifery or as a midwife without being licensed

1 under this Act shall, in addition to any other penalty provided  
2 by law, pay a civil penalty to the Department in an amount not  
3 to exceed \$5,000 for each offense, as determined by the  
4 Department. The civil penalty shall be assessed by the  
5 Department after a hearing is held in accordance with the  
6 provisions set forth in this Act regarding the provision of a  
7 hearing for the discipline of a licensee. The civil penalty  
8 shall be paid within 60 days after the effective date of the  
9 order imposing the civil penalty. The order shall constitute a  
10 judgment and may be filed and execution had thereon in the same  
11 manner as any judgment from any court of record. The Department  
12 may investigate any unlicensed activity.

13 Section 120. Grounds for disciplinary action.

14 (a) The Department may refuse to issue or to renew or may  
15 revoke, suspend, place on probation, reprimand, or take other  
16 disciplinary action as the Department may deem proper,  
17 including fines not to exceed \$5,000 for each violation, with  
18 regard to any licensee or license for any one or combination of  
19 the following causes:

20 (1) Violations of this Act or its rules.

21 (2) Material misstatement in furnishing information to  
22 the Department.

23 (3) Conviction of any crime under the laws of any U.S.  
24 jurisdiction that is (i) a felony, (ii) a misdemeanor, an  
25 essential element of which is dishonesty, (iii) directly



1 related to the practice of the profession.

2 (4) Making any misrepresentation for the purpose of  
3 obtaining a license.

4 (5) Professional incompetence or gross negligence.

5 (6) Gross malpractice.

6 (7) Aiding or assisting another person in violating any  
7 provision of this Act or its rules.

8 (8) Failing to provide information within 60 days in  
9 response to a written request made by the Department.

10 (9) Engaging in dishonorable, unethical, or  
11 unprofessional conduct of a character likely to deceive,  
12 defraud, or harm the public.

13 (10) Habitual or excessive use or addiction to alcohol,  
14 narcotics, stimulants, or any other chemical agent or drug  
15 that results in the inability to practice with reasonable  
16 judgment, skill, or safety.

17 (11) Discipline by another U.S. jurisdiction or  
18 foreign nation if at least one of the grounds for the  
19 discipline is the same or substantially equivalent to those  
20 set forth in this Act.

21 (12) Directly or indirectly giving to or receiving from  
22 any person, firm, corporation, partnership, or association  
23 any fee, commission, rebate, or other form of compensation  
24 for any professional services not actually or personally  
25 rendered. This shall not be deemed to include rent or other  
26 remunerations paid to an individual, partnership, or

1 corporation by a licensed certified professional midwife  
2 for the lease, rental, or use of space, owned or controlled  
3 by the individual, partnership, corporation, association.

4 (13) A finding by the Department that the licensee,  
5 after having his or her license placed on probationary  
6 status, has violated the terms of probation.

7 (14) Abandonment of a patient.

8 (15) Willfully making or filing false records or  
9 reports relating to a licensee's practice, including, but  
10 not limited to, false records filed with State agencies or  
11 departments.

12 (16) Physical illness or mental illness, including,  
13 but not limited to, deterioration through the aging process  
14 or loss of motor skill that results in the inability to  
15 practice the profession with reasonable judgment, skill,  
16 or safety.

17 (17) Failure to provide a patient with a copy of his or  
18 her record upon the written request of the patient.

19 (18) Conviction by any court of competent  
20 jurisdiction, either within or without this State, of any  
21 violation of any law governing the practice of licensed  
22 certified professional midwifery or conviction in this or  
23 another state of any crime that is a felony under the laws  
24 of this State or conviction of a felony in a federal court,  
25 if the Department determines, after investigation, that  
26 the person has not been sufficiently rehabilitated to

1 warrant the public trust.

2 (19) A finding that licensure has been applied for or  
3 obtained by fraudulent means.

4 (20) Being named as a perpetrator in an indicated  
5 report by the Department of Children and Family Services  
6 under the Abused and Neglected Child Reporting Act and upon  
7 proof by clear and convincing evidence that the licensee  
8 has caused a child to be an abused child or a neglected  
9 child, as defined in Section 3 of the Abused and Neglected  
10 Child Reporting Act.

11 (21) Practicing or attempting to practice under a name  
12 other than the full name shown on a license issued under  
13 this Act.

14 (22) Immoral conduct in the commission of any act, such  
15 as sexual abuse, sexual misconduct, or sexual  
16 exploitation, related to the licensee's practice.

17 (23) Maintaining a professional relationship with any  
18 person, firm, or corporation when the licensed certified  
19 professional midwife knows or should know that a person,  
20 firm, or corporation is violating this Act.

21 (24) Failure to provide satisfactory proof of having  
22 participated in approved continuing education programs as  
23 determined by the Board and approved by the Secretary.  
24 Exceptions for extreme hardships are to be defined by the  
25 Department.

26 (b) The Department may refuse to issue or may suspend the

1 license of any person who fails to:

2 (i) file a tax return or to pay the tax, penalty, or  
3 interest shown in a filed return; or

4 (ii) pay any final assessment of the tax, penalty, or  
5 interest, as required by any tax Act administered by the  
6 Illinois Department of Revenue, until the time that the  
7 requirements of that tax Act are satisfied.

8 (c) The determination by a circuit court that a licensee is  
9 subject to involuntary admission or judicial admission as  
10 provided in the Mental Health and Developmental Disabilities  
11 Code operates as an automatic suspension. The suspension shall  
12 end only upon a finding by a court that the patient is no  
13 longer subject to involuntary admission or judicial admission,  
14 the issuance of an order so finding and discharging the  
15 patient, and the recommendation of the Board to the Secretary  
16 that the licensee be allowed to resume their practice.

17 (d) In enforcing this Section, the Department, upon a  
18 showing of a possible violation, may compel any person licensed  
19 to practice under this Act or who has applied for licensure or  
20 certification pursuant to this Act to submit to a mental or  
21 physical examination, or both, as required by and at the  
22 expense of the Department. The examining physicians shall be  
23 those specifically designated by the Department. The  
24 Department may order an examining physician to present  
25 testimony concerning the mental or physical examination of the  
26 licensee or applicant. No information shall be excluded by

1 reason of any common law or statutory privilege relating to  
2 communications between the licensee or applicant and the  
3 examining physician. The person to be examined may have, at his  
4 or her own expense, another physician of his or her choice  
5 present during all aspects of the examination. Failure of any  
6 person to submit to a mental or physical examination when  
7 directed shall be grounds for suspension of a license until the  
8 person submits to the examination if the Department finds,  
9 after notice and hearing, that the refusal to submit to the  
10 examination was without reasonable cause. If the Department  
11 finds an individual unable to practice because of the reasons  
12 set forth in this subsection (d), the Department may require  
13 that individual to submit to care, counseling, or treatment by  
14 physicians approved or designated by the Department, as a  
15 condition, term, or restriction for continued, reinstated, or  
16 renewed licensure to practice or, in lieu of care, counseling,  
17 or treatment, the Department may file a complaint to  
18 immediately suspend, revoke, or otherwise discipline the  
19 license of the individual. Any person whose license was  
20 granted, reinstated, renewed, disciplined, or supervised  
21 subject to such terms, conditions, or restrictions and who  
22 fails to comply with such terms, conditions, or restrictions  
23 shall be referred to the Secretary for a determination as to  
24 whether or not the person shall have his or her license  
25 suspended immediately, pending a hearing by the Department. If  
26 the Secretary immediately suspends a person's license under

1 this Section, a hearing on that person's license must be  
2 convened by the Department within 15 days after the suspension  
3 and completed without appreciable delay. The Department may  
4 review the person's record of treatment and counseling  
5 regarding the impairment to the extent permitted by applicable  
6 federal statutes and regulations safeguarding the  
7 confidentiality of medical records. A person licensed under  
8 this Act and affected under this subsection (d) shall be  
9 afforded an opportunity to demonstrate to the Department that  
10 he or she can resume practice in compliance with acceptable and  
11 prevailing standards under the provisions of his or her  
12 license.

13 Section 125. Failure to pay restitution. The Department,  
14 without further process or hearing, shall suspend the license  
15 or other authorization to practice of any person issued under  
16 this Act who has been certified by court order as not having  
17 paid restitution to a person under Section 8A-3.5 of the  
18 Illinois Public Aid Code, under Section 46-1 of the Criminal  
19 Code of 1961, or under Sections 17-8.5 or 17-10.5 of the  
20 Criminal Code of 2012. A person whose license or other  
21 authorization to practice is suspended under this Section is  
22 prohibited from practicing until restitution is paid in full.

23 Section 130. Injunction; cease and desist order.

24 (a) If a person violates any provision of this Act, the

1 Secretary may, in the name of the People of the State of  
2 Illinois, through the Attorney General or the State's Attorney  
3 of any county in which the action is brought, petition for an  
4 order enjoining the violation or enforcing compliance with this  
5 Act. Upon the filing of a verified petition in court, the court  
6 may issue a temporary restraining order, without notice or  
7 bond, and may preliminarily and permanently enjoin the  
8 violation. If it is established that the person has violated or  
9 is violating the injunction, the court may punish the offender  
10 for contempt of court. Proceedings under this Section shall be  
11 in addition to, and not in lieu of, all other remedies and  
12 penalties provided by this Act.

13 (b) If any person practices as a licensed certified  
14 professional midwife or holds himself or herself out as a  
15 licensed certified professional midwife without being licensed  
16 under the provisions of this Act, then any licensed certified  
17 professional midwife, any interested party, or any person  
18 injured thereby may, in addition to the Secretary, petition for  
19 relief as provided in subsection (a) of this Section.

20 (c) Whenever, in the opinion of the Department, any person  
21 violates any provision of this Act, the Department may issue a  
22 rule to show cause why an order to cease and desist should not  
23 be entered against that person. The rule shall clearly set  
24 forth the grounds relied upon by the Department and shall  
25 provide a period of 7 days after the date of the rule to file an  
26 answer to the satisfaction of the Department. Failure to answer

1 to the satisfaction of the Department shall cause an order to  
2 cease and desist to be issued immediately.

3 Section 135. Violation; criminal penalty.

4 (a) Whoever knowingly practices or offers to practice  
5 midwifery in this State without being licensed for that purpose  
6 or exempt under this Act shall be guilty of a Class A  
7 misdemeanor; and shall be guilty of a Class 4 felony for a  
8 second or subsequent violation.

9 (b) Notwithstanding any other provision of this Act, all  
10 criminal fines, moneys, or other property collected or received  
11 by the Department under this Section or any other State or  
12 federal statute, including, but not limited to, property  
13 forfeited to the Department under Section 505 of the Illinois  
14 Controlled Substances Act or Section 85 of the Methamphetamine  
15 Control and Community Protection Act, shall be deposited into  
16 the Professional Regulation Evidence Fund.

17 Section 140. Investigation; notice; hearing. The  
18 Department may investigate the actions of any applicant or of  
19 any person or persons holding or claiming to hold a license  
20 under this Act. Before refusing to issue or to renew or taking  
21 any disciplinary action regarding a license, the Department  
22 shall, at least 30 days prior to the date set for the hearing,  
23 notify in writing the applicant or licensee of the nature of  
24 any charges and that a hearing shall be held on a date



1 designated. The Department shall direct the applicant or  
2 licensee to file a written answer with the Board under oath  
3 within 20 days after the service of the notice and inform the  
4 applicant or licensee that failure to file an answer shall  
5 result in default being taken against the applicant or licensee  
6 and that the license may be suspended, revoked, or placed on  
7 probationary status or that other disciplinary action may be  
8 taken, including limiting the scope, nature, or extent of  
9 practice, as the Secretary may deem proper. Written notice may  
10 be served by personal delivery or certified or registered mail  
11 to the respondent at the address of his or her last  
12 notification to the Department. If the person fails to file an  
13 answer after receiving notice, his or her license may, in the  
14 discretion of the Department, be suspended, revoked, or placed  
15 on probationary status, or the Department may take any  
16 disciplinary action deemed proper, including limiting the  
17 scope, nature, or extent of the person's practice or the  
18 imposition of a fine, without a hearing, if the act or acts  
19 charged constitute sufficient grounds for such action under  
20 this Act. At the time and place fixed in the notice, the Board  
21 shall proceed to hear the charges and the parties or their  
22 counsel shall be accorded ample opportunity to present such  
23 statements, testimony, evidence, and argument as may be  
24 pertinent to the charges or to their defense. The Board may  
25 continue a hearing from time to time.

1           Section 145. Formal hearing; preservation of record. The  
2 Department, at its expense, shall preserve a record of all  
3 proceedings at the formal hearing of any case. The notice of  
4 hearing, complaint, and all other documents in the nature of  
5 pleadings and written motions filed in the proceedings, the  
6 transcript of testimony, the report of the Board or hearing  
7 officer, and order of the Department shall be the record of the  
8 proceeding. The Department shall furnish a transcript of the  
9 record to any person interested in the hearing upon payment of  
10 the fee required under Section 2105-115 of the Department of  
11 Professional Regulation Law.

12           Section 150. Witnesses; production of documents; contempt.  
13 Any circuit court may upon application of the Department or its  
14 designee or of the applicant or licensee against whom  
15 proceedings under Section 95 of this Act are pending, enter an  
16 order requiring the attendance of witnesses and their testimony  
17 and the production of documents, papers, files, books, and  
18 records in connection with any hearing or investigation. The  
19 court may compel obedience to its order by proceedings for  
20 contempt.

21           Section 155. Subpoena; oaths. The Department shall have the  
22 power to subpoena and bring before it any person in this State  
23 and to take testimony either orally or by deposition or both  
24 with the same fees and mileage and in the same manner as

1 prescribed in civil cases in circuit courts of this State. The  
2 Secretary, the designated hearing officer, and every member of  
3 the Board has the power to administer oaths to witnesses at any  
4 hearing that the Department is authorized to conduct and any  
5 other oaths authorized in any Act administered by the  
6 Department. Any circuit court may, upon application of the  
7 Department or its designee or upon application of the person  
8 against whom proceedings under this Act are pending, enter an  
9 order requiring the attendance of witnesses and their  
10 testimony, and the production of documents, papers, files,  
11 books, and records in connection with any hearing or  
12 investigation. The court may compel obedience to its order by  
13 proceedings for contempt.

14 Section 160. Findings of fact, conclusions of law, and  
15 recommendations. At the conclusion of the hearing, the Board  
16 shall present to the Secretary a written report of its findings  
17 of fact, conclusions of law, and recommendations. The report  
18 shall contain a finding as to whether or not the accused person  
19 violated this Act or failed to comply with the conditions  
20 required under this Act. The Board shall specify the nature of  
21 the violation or failure to comply and shall make its  
22 recommendations to the Secretary. The findings of fact,  
23 conclusions of law, and recommendations of the Board shall be  
24 the basis for the Department's order. If the Secretary  
25 disagrees in any regard with the report of the Board, the

1 Secretary may issue an order in contravention of the report.  
2 The finding is not admissible in evidence against the person in  
3 a criminal prosecution brought for the violation of this Act,  
4 but the hearing and findings are not a bar to a criminal  
5 prosecution brought for the violation of this Act.

6 Section 165. Hearing officer. The Secretary may appoint any  
7 attorney duly licensed to practice law in the State of Illinois  
8 to serve as the hearing officer in any action for departmental  
9 refusal to issue, renew, or license an applicant or for  
10 disciplinary action against a licensee. The hearing officer  
11 shall have full authority to conduct the hearing. The hearing  
12 officer shall report his or her findings of fact, conclusions  
13 of law, and recommendations to the Board and the Secretary. The  
14 Board shall have 60 calendar days after receipt of the report  
15 to review the report of the hearing officer and present its  
16 findings of fact, conclusions of law, and recommendations to  
17 the Secretary. If the Board fails to present its report within  
18 the 60-day period, the Secretary may issue an order based on  
19 the report of the hearing officer. If the Secretary disagrees  
20 with the recommendation of the Board or the hearing officer,  
21 the Secretary may issue an order in contravention of that  
22 recommendation.

23 Section 170. Service of report; motion for rehearing. In  
24 any case involving the discipline of a license, a copy of the

1 Board's report shall be served upon the respondent by the  
2 Department, either personally or as provided in this Act for  
3 the service of the notice of hearing. Within 20 days after the  
4 service, the respondent may present to the Department a motion  
5 in writing for a rehearing that shall specify the particular  
6 grounds for rehearing. If no motion for rehearing is filed,  
7 then upon the expiration of the time specified for filing a  
8 motion, or if a motion for rehearing is denied, then upon the  
9 denial, the Secretary may enter an order in accordance with  
10 this Act. If the respondent orders from the reporting service  
11 and pays for a transcript of the record within the time for  
12 filing a motion for rehearing, the 20-day period within which  
13 the motion may be filed shall commence upon the delivery of the  
14 transcript to the respondent.

15 Section 175. Rehearing. Whenever the Secretary is  
16 satisfied that substantial justice has not been done in the  
17 revocation, suspension, or refusal to issue or renew a license,  
18 the Secretary may order a rehearing by the same or another  
19 hearing officer or by the Board.

20 Section 180. Prima facie proof. An order or a certified  
21 copy thereof, over the seal of the Department and purporting to  
22 be signed by the Secretary, shall be prima facie proof of the  
23 following:

24 (1) that the signature is the genuine signature of the

1 Secretary;

2 (2) that such Secretary is duly appointed and  
3 qualified;

4 (3) that the Board and its members are qualified to  
5 act; and

6 (4) that the findings and conclusions set forth therein  
7 are prima facie true and correct.

8 Section 185. Restoration of license. At any time after the  
9 suspension or revocation of any license, the Department may  
10 restore the license to the accused person, unless after an  
11 investigation and a hearing the Department determines that  
12 restoration is not in the public interest.

13 Section 190. Surrender of license. Upon the revocation or  
14 suspension of any license, the licensee shall immediately  
15 surrender the license to the Department. If the licensee fails  
16 to do so, the Department shall have the right to seize the  
17 license.

18 Section 195. Summary suspension. The Secretary may  
19 summarily suspend the license of a licensee under this Act  
20 without a hearing, simultaneously with the institution of  
21 proceedings for a hearing provided for in this Act if the  
22 Secretary finds that evidence in his or her possession  
23 indicates that continuation in practice would constitute an

1 imminent danger to the public. If the Secretary summarily  
2 suspends a license without a hearing, a hearing by the  
3 Department must be held within 30 days after the suspension has  
4 occurred.

5 Section 200. Certificate of record. The Department shall  
6 not be required to certify any record to the court or file any  
7 answer in court or otherwise appear in any court in a judicial  
8 review proceeding, unless there is filed in the court, with the  
9 complaint, a receipt from the Department acknowledging payment  
10 of the costs of furnishing and certifying the record. Failure  
11 on the part of the plaintiff to file a receipt in court shall  
12 be grounds for dismissal of the action.

13 Section 205. Administrative Review Law. All final  
14 administrative decisions of the Department are subject to  
15 judicial review under the Administrative Review Law and its  
16 rules. The term "administrative decision" is defined as in  
17 Section 3-101 of the Code of Civil Procedure.

18 Section 210. Illinois Administrative Procedure Act. The  
19 Illinois Administrative Procedure Act is hereby expressly  
20 adopted and incorporated in this Act as if all of the  
21 provisions of such Act were included in this Act, except that  
22 the provision of subsection (d) of Section 10-65 of the  
23 Illinois Administrative Procedure Act that provides that at

1 hearings the licensee has the right to show compliance with all  
2 lawful requirements for retention, continuation, or renewal of  
3 the license is specifically excluded. For purposes of this Act,  
4 the notice required under Section 10-25 of the Illinois  
5 Administrative Procedure Act is deemed sufficient when mailed  
6 to the last known address of a party.

7 Section 215. Home rule. The regulation and licensing of  
8 midwives are exclusive powers and functions of the State. A  
9 home rule unit may not regulate or license midwives. This  
10 Section is a denial and limitation of home rule powers and  
11 functions under subsection (h) of Section 6 of Article VII of  
12 the Illinois Constitution.

13 Section 220. Severability. The provisions of this Act are  
14 severable under Section 1.31 of the Statute on Statutes.

15 Section 225. The Regulatory Sunset Act is amended by adding  
16 Section 4.41 as follows:

17 (5 ILCS 80/4.41 new)

18 Sec. 4.41. Act repealed on January 1, 2031. The following  
19 Act is repealed on January 1, 2031:

20 The Certified Professional Midwives Practice Act.

21 Section 230. The Illinois Insurance Code is amended by



1 adding Section 356z.43 as follows:

2 (215 ILCS 5/356z.43 new)

3 Sec. 356z.43. Licensed certified professional midwife  
4 care. Notwithstanding anything in this Section, An individual  
5 or group policy of accident and health insurance that provides  
6 maternity coverage and is amended, delivered, issued, or  
7 renewed after the effective date of this amendatory Act of the  
8 101st General Assembly, and which provides maternity benefits,  
9 which are not limited to complications of pregnancy, or newborn  
10 care benefits, shall provide coverage for maternity services  
11 rendered by a licensed certified professional midwife licensed  
12 pursuant to this Amendatory Act of the 101st General Assembly,  
13 regardless of the site of services, in accordance with  
14 guidelines adopted by rule by the commissioner.

15 Section 235. The Medical Practice Act of 1987 is amended by  
16 changing Section 4 as follows:

17 (225 ILCS 60/4) (from Ch. 111, par. 4400-4)

18 (Section scheduled to be repealed on January 1, 2022)

19 Sec. 4. Exemptions. This Act does not apply to the  
20 following:

21 (1) persons lawfully carrying on their particular  
22 profession or business under any valid existing regulatory  
23 Act of this State, including, without limitation, persons

1 engaged in the practice of midwifery who are licensed under  
2 the Certified Professional Midwives Practice Act;

3 (2) persons rendering gratuitous services in cases of  
4 emergency; or

5 (3) persons treating human ailments by prayer or  
6 spiritual means as an exercise or enjoyment of religious  
7 freedom.

8 (Source: P.A. 96-7, eff. 4-3-09; 97-622, eff. 11-23-11.)

9 Section 240. The Nurse Practice Act is amended by changing  
10 Section 50-15 as follows:

11 (225 ILCS 65/50-15) (was 225 ILCS 65/5-15)

12 (Section scheduled to be repealed on January 1, 2028)

13 Sec. 50-15. Policy; application of Act.

14 (a) For the protection of life and the promotion of health,  
15 and the prevention of illness and communicable diseases, any  
16 person practicing or offering to practice advanced,  
17 professional, or practical nursing in Illinois shall submit  
18 evidence that he or she is qualified to practice, and shall be  
19 licensed as provided under this Act. No person shall practice  
20 or offer to practice advanced, professional, or practical  
21 nursing in Illinois or use any title, sign, card or device to  
22 indicate that such a person is practicing professional or  
23 practical nursing unless such person has been licensed under  
24 the provisions of this Act.

1 (b) This Act does not prohibit the following:

2 (1) The practice of nursing in Federal employment in  
3 the discharge of the employee's duties by a person who is  
4 employed by the United States government or any bureau,  
5 division or agency thereof and is a legally qualified and  
6 licensed nurse of another state or territory and not in  
7 conflict with Sections 50-50, 55-10, 60-10, and 70-5 of  
8 this Act.

9 (2) Nursing that is included in the program of study by  
10 students enrolled in programs of nursing or in current  
11 nurse practice update courses approved by the Department.

12 (3) The furnishing of nursing assistance in an  
13 emergency.

14 (4) The practice of nursing by a nurse who holds an  
15 active license in another state when providing services to  
16 patients in Illinois during a bonafide emergency or in  
17 immediate preparation for or during interstate transit.

18 (5) The incidental care of the sick by members of the  
19 family, domestic servants or housekeepers, or care of the  
20 sick where treatment is by prayer or spiritual means.

21 (6) Persons from being employed as unlicensed  
22 assistive personnel in private homes, long term care  
23 facilities, nurseries, hospitals or other institutions.

24 (7) The practice of practical nursing by one who is a  
25 licensed practical nurse under the laws of another U.S.  
26 jurisdiction and has applied in writing to the Department,

1 in form and substance satisfactory to the Department, for a  
2 license as a licensed practical nurse and who is qualified  
3 to receive such license under this Act, until (i) the  
4 expiration of 6 months after the filing of such written  
5 application, (ii) the withdrawal of such application, or  
6 (iii) the denial of such application by the Department.

7 (8) The practice of advanced practice registered  
8 nursing by one who is an advanced practice registered nurse  
9 under the laws of another United States jurisdiction or a  
10 foreign jurisdiction and has applied in writing to the  
11 Department, in form and substance satisfactory to the  
12 Department, for a license as an advanced practice  
13 registered nurse and who is qualified to receive such  
14 license under this Act, until (i) the expiration of 6  
15 months after the filing of such written application, (ii)  
16 the withdrawal of such application, or (iii) the denial of  
17 such application by the Department.

18 (9) The practice of professional nursing by one who is  
19 a registered professional nurse under the laws of another  
20 United States jurisdiction or a foreign jurisdiction and  
21 has applied in writing to the Department, in form and  
22 substance satisfactory to the Department, for a license as  
23 a registered professional nurse and who is qualified to  
24 receive such license under Section 55-10, until (1) the  
25 expiration of 6 months after the filing of such written  
26 application, (2) the withdrawal of such application, or (3)

1 the denial of such application by the Department.

2 (10) The practice of professional nursing that is  
3 included in a program of study by one who is a registered  
4 professional nurse under the laws of another United States  
5 jurisdiction or a foreign jurisdiction and who is enrolled  
6 in a graduate nursing education program or a program for  
7 the completion of a baccalaureate nursing degree in this  
8 State, which includes clinical supervision by faculty as  
9 determined by the educational institution offering the  
10 program and the health care organization where the practice  
11 of nursing occurs.

12 (11) Any person licensed in this State under any other  
13 Act from engaging in the practice for which she or he is  
14 licensed, including, without limitation, any person  
15 engaged in the practice of midwifery who is licensed under  
16 the Certified Professional Midwives Practice Act.

17 (12) Delegation to authorized direct care staff  
18 trained under Section 15.4 of the Mental Health and  
19 Developmental Disabilities Administrative Act consistent  
20 with the policies of the Department.

21 (13) (Blank).

22 (14) County correctional personnel from delivering  
23 prepackaged medication for self-administration to an  
24 individual detainee in a correctional facility.

25 Nothing in this Act shall be construed to limit the  
26 delegation of tasks or duties by a physician, dentist, or

1 podiatric physician to a licensed practical nurse, a registered  
2 professional nurse, or other persons.

3 (Source: P.A. 100-513, eff. 1-1-18.)

4 Section 245. The Illinois Public Aid Code is amended by  
5 changing Section 5-5 as follows:

6 (305 ILCS 5/5-5) (from Ch. 23, par. 5-5)

7 Sec. 5-5. Medical services. The Illinois Department, by  
8 rule, shall determine the quantity and quality of and the rate  
9 of reimbursement for the medical assistance for which payment  
10 will be authorized, and the medical services to be provided,  
11 which may include all or part of the following: (1) inpatient  
12 hospital services; (2) outpatient hospital services; (3) other  
13 laboratory and X-ray services; (4) skilled nursing home  
14 services; (5) physicians' services whether furnished in the  
15 office, the patient's home, a hospital, a skilled nursing home,  
16 or elsewhere; (6) medical care, or any other type of remedial  
17 care furnished by licensed practitioners, including the  
18 services of licensed certified professional midwives pursuant  
19 to the Certified Professional Midwives Practice Act; (7) home  
20 health care services; (8) private duty nursing service; (9)  
21 clinic services; (10) dental services, including prevention  
22 and treatment of periodontal disease and dental caries disease  
23 for pregnant women, provided by an individual licensed to  
24 practice dentistry or dental surgery; for purposes of this item

1 (10), "dental services" means diagnostic, preventive, or  
2 corrective procedures provided by or under the supervision of a  
3 dentist in the practice of his or her profession; (11) physical  
4 therapy and related services; (12) prescribed drugs, dentures,  
5 and prosthetic devices; and eyeglasses prescribed by a  
6 physician skilled in the diseases of the eye, or by an  
7 optometrist, whichever the person may select; (13) other  
8 diagnostic, screening, preventive, and rehabilitative  
9 services, including to ensure that the individual's need for  
10 intervention or treatment of mental disorders or substance use  
11 disorders or co-occurring mental health and substance use  
12 disorders is determined using a uniform screening, assessment,  
13 and evaluation process inclusive of criteria, for children and  
14 adults; for purposes of this item (13), a uniform screening,  
15 assessment, and evaluation process refers to a process that  
16 includes an appropriate evaluation and, as warranted, a  
17 referral; "uniform" does not mean the use of a singular  
18 instrument, tool, or process that all must utilize; (14)  
19 transportation and such other expenses as may be necessary;  
20 (15) medical treatment of sexual assault survivors, as defined  
21 in Section 1a of the Sexual Assault Survivors Emergency  
22 Treatment Act, for injuries sustained as a result of the sexual  
23 assault, including examinations and laboratory tests to  
24 discover evidence which may be used in criminal proceedings  
25 arising from the sexual assault; (16) the diagnosis and  
26 treatment of sickle cell anemia; and (17) any other medical

1 care, and any other type of remedial care recognized under the  
2 laws of this State. The term "any other type of remedial care"  
3 shall include nursing care and nursing home service for persons  
4 who rely on treatment by spiritual means alone through prayer  
5 for healing.

6 Notwithstanding any other provision of this Section, a  
7 comprehensive tobacco use cessation program that includes  
8 purchasing prescription drugs or prescription medical devices  
9 approved by the Food and Drug Administration shall be covered  
10 under the medical assistance program under this Article for  
11 persons who are otherwise eligible for assistance under this  
12 Article.

13 Notwithstanding any other provision of this Code,  
14 reproductive health care that is otherwise legal in Illinois  
15 shall be covered under the medical assistance program for  
16 persons who are otherwise eligible for medical assistance under  
17 this Article.

18 Notwithstanding any other provision of this Code, the  
19 Illinois Department may not require, as a condition of payment  
20 for any laboratory test authorized under this Article, that a  
21 physician's handwritten signature appear on the laboratory  
22 test order form. The Illinois Department may, however, impose  
23 other appropriate requirements regarding laboratory test order  
24 documentation.

25 Upon receipt of federal approval of an amendment to the  
26 Illinois Title XIX State Plan for this purpose, the Department



1 shall authorize the Chicago Public Schools (CPS) to procure a  
2 vendor or vendors to manufacture eyeglasses for individuals  
3 enrolled in a school within the CPS system. CPS shall ensure  
4 that its vendor or vendors are enrolled as providers in the  
5 medical assistance program and in any capitated Medicaid  
6 managed care entity (MCE) serving individuals enrolled in a  
7 school within the CPS system. Under any contract procured under  
8 this provision, the vendor or vendors must serve only  
9 individuals enrolled in a school within the CPS system. Claims  
10 for services provided by CPS's vendor or vendors to recipients  
11 of benefits in the medical assistance program under this Code,  
12 the Children's Health Insurance Program, or the Covering ALL  
13 KIDS Health Insurance Program shall be submitted to the  
14 Department or the MCE in which the individual is enrolled for  
15 payment and shall be reimbursed at the Department's or the  
16 MCE's established rates or rate methodologies for eyeglasses.

17 On and after July 1, 2012, the Department of Healthcare and  
18 Family Services may provide the following services to persons  
19 eligible for assistance under this Article who are  
20 participating in education, training or employment programs  
21 operated by the Department of Human Services as successor to  
22 the Department of Public Aid:

23 (1) dental services provided by or under the  
24 supervision of a dentist; and

25 (2) eyeglasses prescribed by a physician skilled in the  
26 diseases of the eye, or by an optometrist, whichever the

1 person may select.

2 On and after July 1, 2018, the Department of Healthcare and  
3 Family Services shall provide dental services to any adult who  
4 is otherwise eligible for assistance under the medical  
5 assistance program. As used in this paragraph, "dental  
6 services" means diagnostic, preventative, restorative, or  
7 corrective procedures, including procedures and services for  
8 the prevention and treatment of periodontal disease and dental  
9 caries disease, provided by an individual who is licensed to  
10 practice dentistry or dental surgery or who is under the  
11 supervision of a dentist in the practice of his or her  
12 profession.

13 On and after July 1, 2018, targeted dental services, as set  
14 forth in Exhibit D of the Consent Decree entered by the United  
15 States District Court for the Northern District of Illinois,  
16 Eastern Division, in the matter of Memisovski v. Maram, Case  
17 No. 92 C 1982, that are provided to adults under the medical  
18 assistance program shall be established at no less than the  
19 rates set forth in the "New Rate" column in Exhibit D of the  
20 Consent Decree for targeted dental services that are provided  
21 to persons under the age of 18 under the medical assistance  
22 program.

23 Notwithstanding any other provision of this Code and  
24 subject to federal approval, the Department may adopt rules to  
25 allow a dentist who is volunteering his or her service at no  
26 cost to render dental services through an enrolled

1 not-for-profit health clinic without the dentist personally  
2 enrolling as a participating provider in the medical assistance  
3 program. A not-for-profit health clinic shall include a public  
4 health clinic or Federally Qualified Health Center or other  
5 enrolled provider, as determined by the Department, through  
6 which dental services covered under this Section are performed.  
7 The Department shall establish a process for payment of claims  
8 for reimbursement for covered dental services rendered under  
9 this provision.

10 The Illinois Department, by rule, may distinguish and  
11 classify the medical services to be provided only in accordance  
12 with the classes of persons designated in Section 5-2.

13 The Department of Healthcare and Family Services must  
14 provide coverage and reimbursement for amino acid-based  
15 elemental formulas, regardless of delivery method, for the  
16 diagnosis and treatment of (i) eosinophilic disorders and (ii)  
17 short bowel syndrome when the prescribing physician has issued  
18 a written order stating that the amino acid-based elemental  
19 formula is medically necessary.

20 The Illinois Department shall authorize the provision of,  
21 and shall authorize payment for, screening by low-dose  
22 mammography for the presence of occult breast cancer for women  
23 35 years of age or older who are eligible for medical  
24 assistance under this Article, as follows:

- 25 (A) A baseline mammogram for women 35 to 39 years of  
26 age.

1           (B) An annual mammogram for women 40 years of age or  
2           older.

3           (C) A mammogram at the age and intervals considered  
4           medically necessary by the woman's health care provider for  
5           women under 40 years of age and having a family history of  
6           breast cancer, prior personal history of breast cancer,  
7           positive genetic testing, or other risk factors.

8           (D) A comprehensive ultrasound screening and MRI of an  
9           entire breast or breasts if a mammogram demonstrates  
10          heterogeneous or dense breast tissue or when medically  
11          necessary as determined by a physician licensed to practice  
12          medicine in all of its branches.

13          (E) A screening MRI when medically necessary, as  
14          determined by a physician licensed to practice medicine in  
15          all of its branches.

16          (F) A diagnostic mammogram when medically necessary,  
17          as determined by a physician licensed to practice medicine  
18          in all its branches, advanced practice registered nurse, or  
19          physician assistant.

20          The Department shall not impose a deductible, coinsurance,  
21          copayment, or any other cost-sharing requirement on the  
22          coverage provided under this paragraph; except that this  
23          sentence does not apply to coverage of diagnostic mammograms to  
24          the extent such coverage would disqualify a high-deductible  
25          health plan from eligibility for a health savings account  
26          pursuant to Section 223 of the Internal Revenue Code (26 U.S.C.

1 223).

2 All screenings shall include a physical breast exam,  
3 instruction on self-examination and information regarding the  
4 frequency of self-examination and its value as a preventative  
5 tool.

6 For purposes of this Section:

7 "Diagnostic mammogram" means a mammogram obtained using  
8 diagnostic mammography.

9 "Diagnostic mammography" means a method of screening that  
10 is designed to evaluate an abnormality in a breast, including  
11 an abnormality seen or suspected on a screening mammogram or a  
12 subjective or objective abnormality otherwise detected in the  
13 breast.

14 "Low-dose mammography" means the x-ray examination of the  
15 breast using equipment dedicated specifically for mammography,  
16 including the x-ray tube, filter, compression device, and image  
17 receptor, with an average radiation exposure delivery of less  
18 than one rad per breast for 2 views of an average size breast.  
19 The term also includes digital mammography and includes breast  
20 tomosynthesis.

21 "Breast tomosynthesis" means a radiologic procedure that  
22 involves the acquisition of projection images over the  
23 stationary breast to produce cross-sectional digital  
24 three-dimensional images of the breast.

25 If, at any time, the Secretary of the United States  
26 Department of Health and Human Services, or its successor

1 agency, promulgates rules or regulations to be published in the  
2 Federal Register or publishes a comment in the Federal Register  
3 or issues an opinion, guidance, or other action that would  
4 require the State, pursuant to any provision of the Patient  
5 Protection and Affordable Care Act (Public Law 111-148),  
6 including, but not limited to, 42 U.S.C. 18031(d)(3)(B) or any  
7 successor provision, to defray the cost of any coverage for  
8 breast tomosynthesis outlined in this paragraph, then the  
9 requirement that an insurer cover breast tomosynthesis is  
10 inoperative other than any such coverage authorized under  
11 Section 1902 of the Social Security Act, 42 U.S.C. 1396a, and  
12 the State shall not assume any obligation for the cost of  
13 coverage for breast tomosynthesis set forth in this paragraph.

14 On and after January 1, 2016, the Department shall ensure  
15 that all networks of care for adult clients of the Department  
16 include access to at least one breast imaging Center of Imaging  
17 Excellence as certified by the American College of Radiology.

18 On and after January 1, 2012, providers participating in a  
19 quality improvement program approved by the Department shall be  
20 reimbursed for screening and diagnostic mammography at the same  
21 rate as the Medicare program's rates, including the increased  
22 reimbursement for digital mammography.

23 The Department shall convene an expert panel including  
24 representatives of hospitals, free-standing mammography  
25 facilities, and doctors, including radiologists, to establish  
26 quality standards for mammography.

1           On and after January 1, 2017, providers participating in a  
2 breast cancer treatment quality improvement program approved  
3 by the Department shall be reimbursed for breast cancer  
4 treatment at a rate that is no lower than 95% of the Medicare  
5 program's rates for the data elements included in the breast  
6 cancer treatment quality program.

7           The Department shall convene an expert panel, including  
8 representatives of hospitals, free-standing breast cancer  
9 treatment centers, breast cancer quality organizations, and  
10 doctors, including breast surgeons, reconstructive breast  
11 surgeons, oncologists, and primary care providers to establish  
12 quality standards for breast cancer treatment.

13           Subject to federal approval, the Department shall  
14 establish a rate methodology for mammography at federally  
15 qualified health centers and other encounter-rate clinics.  
16 These clinics or centers may also collaborate with other  
17 hospital-based mammography facilities. By January 1, 2016, the  
18 Department shall report to the General Assembly on the status  
19 of the provision set forth in this paragraph.

20           The Department shall establish a methodology to remind  
21 women who are age-appropriate for screening mammography, but  
22 who have not received a mammogram within the previous 18  
23 months, of the importance and benefit of screening mammography.  
24 The Department shall work with experts in breast cancer  
25 outreach and patient navigation to optimize these reminders and  
26 shall establish a methodology for evaluating their

1 effectiveness and modifying the methodology based on the  
2 evaluation.

3 The Department shall establish a performance goal for  
4 primary care providers with respect to their female patients  
5 over age 40 receiving an annual mammogram. This performance  
6 goal shall be used to provide additional reimbursement in the  
7 form of a quality performance bonus to primary care providers  
8 who meet that goal.

9 The Department shall devise a means of case-managing or  
10 patient navigation for beneficiaries diagnosed with breast  
11 cancer. This program shall initially operate as a pilot program  
12 in areas of the State with the highest incidence of mortality  
13 related to breast cancer. At least one pilot program site shall  
14 be in the metropolitan Chicago area and at least one site shall  
15 be outside the metropolitan Chicago area. On or after July 1,  
16 2016, the pilot program shall be expanded to include one site  
17 in western Illinois, one site in southern Illinois, one site in  
18 central Illinois, and 4 sites within metropolitan Chicago. An  
19 evaluation of the pilot program shall be carried out measuring  
20 health outcomes and cost of care for those served by the pilot  
21 program compared to similarly situated patients who are not  
22 served by the pilot program.

23 The Department shall require all networks of care to  
24 develop a means either internally or by contract with experts  
25 in navigation and community outreach to navigate cancer  
26 patients to comprehensive care in a timely fashion. The



1 Department shall require all networks of care to include access  
2 for patients diagnosed with cancer to at least one academic  
3 commission on cancer-accredited cancer program as an  
4 in-network covered benefit.

5 Any medical or health care provider shall immediately  
6 recommend, to any pregnant woman who is being provided prenatal  
7 services and is suspected of having a substance use disorder as  
8 defined in the Substance Use Disorder Act, referral to a local  
9 substance use disorder treatment program licensed by the  
10 Department of Human Services or to a licensed hospital which  
11 provides substance abuse treatment services. The Department of  
12 Healthcare and Family Services shall assure coverage for the  
13 cost of treatment of the drug abuse or addiction for pregnant  
14 recipients in accordance with the Illinois Medicaid Program in  
15 conjunction with the Department of Human Services.

16 All medical providers providing medical assistance to  
17 pregnant women under this Code shall receive information from  
18 the Department on the availability of services under any  
19 program providing case management services for addicted women,  
20 including information on appropriate referrals for other  
21 social services that may be needed by addicted women in  
22 addition to treatment for addiction.

23 The Illinois Department, in cooperation with the  
24 Departments of Human Services (as successor to the Department  
25 of Alcoholism and Substance Abuse) and Public Health, through a  
26 public awareness campaign, may provide information concerning

1 treatment for alcoholism and drug abuse and addiction, prenatal  
2 health care, and other pertinent programs directed at reducing  
3 the number of drug-affected infants born to recipients of  
4 medical assistance.

5 Neither the Department of Healthcare and Family Services  
6 nor the Department of Human Services shall sanction the  
7 recipient solely on the basis of her substance abuse.

8 The Illinois Department shall establish such regulations  
9 governing the dispensing of health services under this Article  
10 as it shall deem appropriate. The Department should seek the  
11 advice of formal professional advisory committees appointed by  
12 the Director of the Illinois Department for the purpose of  
13 providing regular advice on policy and administrative matters,  
14 information dissemination and educational activities for  
15 medical and health care providers, and consistency in  
16 procedures to the Illinois Department.

17 The Illinois Department may develop and contract with  
18 Partnerships of medical providers to arrange medical services  
19 for persons eligible under Section 5-2 of this Code.  
20 Implementation of this Section may be by demonstration projects  
21 in certain geographic areas. The Partnership shall be  
22 represented by a sponsor organization. The Department, by rule,  
23 shall develop qualifications for sponsors of Partnerships.  
24 Nothing in this Section shall be construed to require that the  
25 sponsor organization be a medical organization.

26 The sponsor must negotiate formal written contracts with

1 medical providers for physician services, inpatient and  
2 outpatient hospital care, home health services, treatment for  
3 alcoholism and substance abuse, and other services determined  
4 necessary by the Illinois Department by rule for delivery by  
5 Partnerships. Physician services must include prenatal and  
6 obstetrical care. The Illinois Department shall reimburse  
7 medical services delivered by Partnership providers to clients  
8 in target areas according to provisions of this Article and the  
9 Illinois Health Finance Reform Act, except that:

10 (1) Physicians participating in a Partnership and  
11 providing certain services, which shall be determined by  
12 the Illinois Department, to persons in areas covered by the  
13 Partnership may receive an additional surcharge for such  
14 services.

15 (2) The Department may elect to consider and negotiate  
16 financial incentives to encourage the development of  
17 Partnerships and the efficient delivery of medical care.

18 (3) Persons receiving medical services through  
19 Partnerships may receive medical and case management  
20 services above the level usually offered through the  
21 medical assistance program.

22 Medical providers shall be required to meet certain  
23 qualifications to participate in Partnerships to ensure the  
24 delivery of high quality medical services. These  
25 qualifications shall be determined by rule of the Illinois  
26 Department and may be higher than qualifications for

1 participation in the medical assistance program. Partnership  
2 sponsors may prescribe reasonable additional qualifications  
3 for participation by medical providers, only with the prior  
4 written approval of the Illinois Department.

5 Nothing in this Section shall limit the free choice of  
6 practitioners, hospitals, and other providers of medical  
7 services by clients. In order to ensure patient freedom of  
8 choice, the Illinois Department shall immediately promulgate  
9 all rules and take all other necessary actions so that provided  
10 services may be accessed from therapeutically certified  
11 optometrists to the full extent of the Illinois Optometric  
12 Practice Act of 1987 without discriminating between service  
13 providers.

14 The Department shall apply for a waiver from the United  
15 States Health Care Financing Administration to allow for the  
16 implementation of Partnerships under this Section.

17 The Illinois Department shall require health care  
18 providers to maintain records that document the medical care  
19 and services provided to recipients of Medical Assistance under  
20 this Article. Such records must be retained for a period of not  
21 less than 6 years from the date of service or as provided by  
22 applicable State law, whichever period is longer, except that  
23 if an audit is initiated within the required retention period  
24 then the records must be retained until the audit is completed  
25 and every exception is resolved. The Illinois Department shall  
26 require health care providers to make available, when

1 authorized by the patient, in writing, the medical records in a  
2 timely fashion to other health care providers who are treating  
3 or serving persons eligible for Medical Assistance under this  
4 Article. All dispensers of medical services shall be required  
5 to maintain and retain business and professional records  
6 sufficient to fully and accurately document the nature, scope,  
7 details and receipt of the health care provided to persons  
8 eligible for medical assistance under this Code, in accordance  
9 with regulations promulgated by the Illinois Department. The  
10 rules and regulations shall require that proof of the receipt  
11 of prescription drugs, dentures, prosthetic devices and  
12 eyeglasses by eligible persons under this Section accompany  
13 each claim for reimbursement submitted by the dispenser of such  
14 medical services. No such claims for reimbursement shall be  
15 approved for payment by the Illinois Department without such  
16 proof of receipt, unless the Illinois Department shall have put  
17 into effect and shall be operating a system of post-payment  
18 audit and review which shall, on a sampling basis, be deemed  
19 adequate by the Illinois Department to assure that such drugs,  
20 dentures, prosthetic devices and eyeglasses for which payment  
21 is being made are actually being received by eligible  
22 recipients. Within 90 days after September 16, 1984 (the  
23 effective date of Public Act 83-1439), the Illinois Department  
24 shall establish a current list of acquisition costs for all  
25 prosthetic devices and any other items recognized as medical  
26 equipment and supplies reimbursable under this Article and

1 shall update such list on a quarterly basis, except that the  
2 acquisition costs of all prescription drugs shall be updated no  
3 less frequently than every 30 days as required by Section  
4 5-5.12.

5 Notwithstanding any other law to the contrary, the Illinois  
6 Department shall, within 365 days after July 22, 2013 (the  
7 effective date of Public Act 98-104), establish procedures to  
8 permit skilled care facilities licensed under the Nursing Home  
9 Care Act to submit monthly billing claims for reimbursement  
10 purposes. Following development of these procedures, the  
11 Department shall, by July 1, 2016, test the viability of the  
12 new system and implement any necessary operational or  
13 structural changes to its information technology platforms in  
14 order to allow for the direct acceptance and payment of nursing  
15 home claims.

16 Notwithstanding any other law to the contrary, the Illinois  
17 Department shall, within 365 days after August 15, 2014 (the  
18 effective date of Public Act 98-963), establish procedures to  
19 permit ID/DD facilities licensed under the ID/DD Community Care  
20 Act and MC/DD facilities licensed under the MC/DD Act to submit  
21 monthly billing claims for reimbursement purposes. Following  
22 development of these procedures, the Department shall have an  
23 additional 365 days to test the viability of the new system and  
24 to ensure that any necessary operational or structural changes  
25 to its information technology platforms are implemented.

26 The Illinois Department shall require all dispensers of

1 medical services, other than an individual practitioner or  
2 group of practitioners, desiring to participate in the Medical  
3 Assistance program established under this Article to disclose  
4 all financial, beneficial, ownership, equity, surety or other  
5 interests in any and all firms, corporations, partnerships,  
6 associations, business enterprises, joint ventures, agencies,  
7 institutions or other legal entities providing any form of  
8 health care services in this State under this Article.

9       The Illinois Department may require that all dispensers of  
10 medical services desiring to participate in the medical  
11 assistance program established under this Article disclose,  
12 under such terms and conditions as the Illinois Department may  
13 by rule establish, all inquiries from clients and attorneys  
14 regarding medical bills paid by the Illinois Department, which  
15 inquiries could indicate potential existence of claims or liens  
16 for the Illinois Department.

17       Enrollment of a vendor shall be subject to a provisional  
18 period and shall be conditional for one year. During the period  
19 of conditional enrollment, the Department may terminate the  
20 vendor's eligibility to participate in, or may disenroll the  
21 vendor from, the medical assistance program without cause.  
22 Unless otherwise specified, such termination of eligibility or  
23 disenrollment is not subject to the Department's hearing  
24 process. However, a disenrolled vendor may reapply without  
25 penalty.

26       The Department has the discretion to limit the conditional

1 enrollment period for vendors based upon category of risk of  
2 the vendor.

3 Prior to enrollment and during the conditional enrollment  
4 period in the medical assistance program, all vendors shall be  
5 subject to enhanced oversight, screening, and review based on  
6 the risk of fraud, waste, and abuse that is posed by the  
7 category of risk of the vendor. The Illinois Department shall  
8 establish the procedures for oversight, screening, and review,  
9 which may include, but need not be limited to: criminal and  
10 financial background checks; fingerprinting; license,  
11 certification, and authorization verifications; unscheduled or  
12 unannounced site visits; database checks; prepayment audit  
13 reviews; audits; payment caps; payment suspensions; and other  
14 screening as required by federal or State law.

15 The Department shall define or specify the following: (i)  
16 by provider notice, the "category of risk of the vendor" for  
17 each type of vendor, which shall take into account the level of  
18 screening applicable to a particular category of vendor under  
19 federal law and regulations; (ii) by rule or provider notice,  
20 the maximum length of the conditional enrollment period for  
21 each category of risk of the vendor; and (iii) by rule, the  
22 hearing rights, if any, afforded to a vendor in each category  
23 of risk of the vendor that is terminated or disenrolled during  
24 the conditional enrollment period.

25 To be eligible for payment consideration, a vendor's  
26 payment claim or bill, either as an initial claim or as a



1 resubmitted claim following prior rejection, must be received  
2 by the Illinois Department, or its fiscal intermediary, no  
3 later than 180 days after the latest date on the claim on which  
4 medical goods or services were provided, with the following  
5 exceptions:

6 (1) In the case of a provider whose enrollment is in  
7 process by the Illinois Department, the 180-day period  
8 shall not begin until the date on the written notice from  
9 the Illinois Department that the provider enrollment is  
10 complete.

11 (2) In the case of errors attributable to the Illinois  
12 Department or any of its claims processing intermediaries  
13 which result in an inability to receive, process, or  
14 adjudicate a claim, the 180-day period shall not begin  
15 until the provider has been notified of the error.

16 (3) In the case of a provider for whom the Illinois  
17 Department initiates the monthly billing process.

18 (4) In the case of a provider operated by a unit of  
19 local government with a population exceeding 3,000,000  
20 when local government funds finance federal participation  
21 for claims payments.

22 For claims for services rendered during a period for which  
23 a recipient received retroactive eligibility, claims must be  
24 filed within 180 days after the Department determines the  
25 applicant is eligible. For claims for which the Illinois  
26 Department is not the primary payer, claims must be submitted

1 to the Illinois Department within 180 days after the final  
2 adjudication by the primary payer.

3 In the case of long term care facilities, within 45  
4 calendar days of receipt by the facility of required  
5 prescreening information, new admissions with associated  
6 admission documents shall be submitted through the Medical  
7 Electronic Data Interchange (MEDI) or the Recipient  
8 Eligibility Verification (REV) System or shall be submitted  
9 directly to the Department of Human Services using required  
10 admission forms. Effective September 1, 2014, admission  
11 documents, including all prescreening information, must be  
12 submitted through MEDI or REV. Confirmation numbers assigned to  
13 an accepted transaction shall be retained by a facility to  
14 verify timely submittal. Once an admission transaction has been  
15 completed, all resubmitted claims following prior rejection  
16 are subject to receipt no later than 180 days after the  
17 admission transaction has been completed.

18 Claims that are not submitted and received in compliance  
19 with the foregoing requirements shall not be eligible for  
20 payment under the medical assistance program, and the State  
21 shall have no liability for payment of those claims.

22 To the extent consistent with applicable information and  
23 privacy, security, and disclosure laws, State and federal  
24 agencies and departments shall provide the Illinois Department  
25 access to confidential and other information and data necessary  
26 to perform eligibility and payment verifications and other

1 Illinois Department functions. This includes, but is not  
2 limited to: information pertaining to licensure;  
3 certification; earnings; immigration status; citizenship; wage  
4 reporting; unearned and earned income; pension income;  
5 employment; supplemental security income; social security  
6 numbers; National Provider Identifier (NPI) numbers; the  
7 National Practitioner Data Bank (NPDB); program and agency  
8 exclusions; taxpayer identification numbers; tax delinquency;  
9 corporate information; and death records.

10 The Illinois Department shall enter into agreements with  
11 State agencies and departments, and is authorized to enter into  
12 agreements with federal agencies and departments, under which  
13 such agencies and departments shall share data necessary for  
14 medical assistance program integrity functions and oversight.  
15 The Illinois Department shall develop, in cooperation with  
16 other State departments and agencies, and in compliance with  
17 applicable federal laws and regulations, appropriate and  
18 effective methods to share such data. At a minimum, and to the  
19 extent necessary to provide data sharing, the Illinois  
20 Department shall enter into agreements with State agencies and  
21 departments, and is authorized to enter into agreements with  
22 federal agencies and departments, including, but not limited  
23 to: the Secretary of State; the Department of Revenue; the  
24 Department of Public Health; the Department of Human Services;  
25 and the Department of Financial and Professional Regulation.

26 Beginning in fiscal year 2013, the Illinois Department

1 shall set forth a request for information to identify the  
2 benefits of a pre-payment, post-adjudication, and post-edit  
3 claims system with the goals of streamlining claims processing  
4 and provider reimbursement, reducing the number of pending or  
5 rejected claims, and helping to ensure a more transparent  
6 adjudication process through the utilization of: (i) provider  
7 data verification and provider screening technology; and (ii)  
8 clinical code editing; and (iii) pre-pay, pre- or  
9 post-adjudicated predictive modeling with an integrated case  
10 management system with link analysis. Such a request for  
11 information shall not be considered as a request for proposal  
12 or as an obligation on the part of the Illinois Department to  
13 take any action or acquire any products or services.

14 The Illinois Department shall establish policies,  
15 procedures, standards and criteria by rule for the acquisition,  
16 repair and replacement of orthotic and prosthetic devices and  
17 durable medical equipment. Such rules shall provide, but not be  
18 limited to, the following services: (1) immediate repair or  
19 replacement of such devices by recipients; and (2) rental,  
20 lease, purchase or lease-purchase of durable medical equipment  
21 in a cost-effective manner, taking into consideration the  
22 recipient's medical prognosis, the extent of the recipient's  
23 needs, and the requirements and costs for maintaining such  
24 equipment. Subject to prior approval, such rules shall enable a  
25 recipient to temporarily acquire and use alternative or  
26 substitute devices or equipment pending repairs or

1 replacements of any device or equipment previously authorized  
2 for such recipient by the Department. Notwithstanding any  
3 provision of Section 5-5f to the contrary, the Department may,  
4 by rule, exempt certain replacement wheelchair parts from prior  
5 approval and, for wheelchairs, wheelchair parts, wheelchair  
6 accessories, and related seating and positioning items,  
7 determine the wholesale price by methods other than actual  
8 acquisition costs.

9 The Department shall require, by rule, all providers of  
10 durable medical equipment to be accredited by an accreditation  
11 organization approved by the federal Centers for Medicare and  
12 Medicaid Services and recognized by the Department in order to  
13 bill the Department for providing durable medical equipment to  
14 recipients. No later than 15 months after the effective date of  
15 the rule adopted pursuant to this paragraph, all providers must  
16 meet the accreditation requirement.

17 In order to promote environmental responsibility, meet the  
18 needs of recipients and enrollees, and achieve significant cost  
19 savings, the Department, or a managed care organization under  
20 contract with the Department, may provide recipients or managed  
21 care enrollees who have a prescription or Certificate of  
22 Medical Necessity access to refurbished durable medical  
23 equipment under this Section (excluding prosthetic and  
24 orthotic devices as defined in the Orthotics, Prosthetics, and  
25 Pedorthics Practice Act and complex rehabilitation technology  
26 products and associated services) through the State's

1 assistive technology program's reutilization program, using  
2 staff with the Assistive Technology Professional (ATP)  
3 Certification if the refurbished durable medical equipment:  
4 (i) is available; (ii) is less expensive, including shipping  
5 costs, than new durable medical equipment of the same type;  
6 (iii) is able to withstand at least 3 years of use; (iv) is  
7 cleaned, disinfected, sterilized, and safe in accordance with  
8 federal Food and Drug Administration regulations and guidance  
9 governing the reprocessing of medical devices in health care  
10 settings; and (v) equally meets the needs of the recipient or  
11 enrollee. The reutilization program shall confirm that the  
12 recipient or enrollee is not already in receipt of same or  
13 similar equipment from another service provider, and that the  
14 refurbished durable medical equipment equally meets the needs  
15 of the recipient or enrollee. Nothing in this paragraph shall  
16 be construed to limit recipient or enrollee choice to obtain  
17 new durable medical equipment or place any additional prior  
18 authorization conditions on enrollees of managed care  
19 organizations.

20 The Department shall execute, relative to the nursing home  
21 prescreening project, written inter-agency agreements with the  
22 Department of Human Services and the Department on Aging, to  
23 effect the following: (i) intake procedures and common  
24 eligibility criteria for those persons who are receiving  
25 non-institutional services; and (ii) the establishment and  
26 development of non-institutional services in areas of the State

1 where they are not currently available or are undeveloped; and  
2 (iii) notwithstanding any other provision of law, subject to  
3 federal approval, on and after July 1, 2012, an increase in the  
4 determination of need (DON) scores from 29 to 37 for applicants  
5 for institutional and home and community-based long term care;  
6 if and only if federal approval is not granted, the Department  
7 may, in conjunction with other affected agencies, implement  
8 utilization controls or changes in benefit packages to  
9 effectuate a similar savings amount for this population; and  
10 (iv) no later than July 1, 2013, minimum level of care  
11 eligibility criteria for institutional and home and  
12 community-based long term care; and (v) no later than October  
13 1, 2013, establish procedures to permit long term care  
14 providers access to eligibility scores for individuals with an  
15 admission date who are seeking or receiving services from the  
16 long term care provider. In order to select the minimum level  
17 of care eligibility criteria, the Governor shall establish a  
18 workgroup that includes affected agency representatives and  
19 stakeholders representing the institutional and home and  
20 community-based long term care interests. This Section shall  
21 not restrict the Department from implementing lower level of  
22 care eligibility criteria for community-based services in  
23 circumstances where federal approval has been granted.

24 The Illinois Department shall develop and operate, in  
25 cooperation with other State Departments and agencies and in  
26 compliance with applicable federal laws and regulations,

1 appropriate and effective systems of health care evaluation and  
2 programs for monitoring of utilization of health care services  
3 and facilities, as it affects persons eligible for medical  
4 assistance under this Code.

5 The Illinois Department shall report annually to the  
6 General Assembly, no later than the second Friday in April of  
7 1979 and each year thereafter, in regard to:

8 (a) actual statistics and trends in utilization of  
9 medical services by public aid recipients;

10 (b) actual statistics and trends in the provision of  
11 the various medical services by medical vendors;

12 (c) current rate structures and proposed changes in  
13 those rate structures for the various medical vendors; and

14 (d) efforts at utilization review and control by the  
15 Illinois Department.

16 The period covered by each report shall be the 3 years  
17 ending on the June 30 prior to the report. The report shall  
18 include suggested legislation for consideration by the General  
19 Assembly. The requirement for reporting to the General Assembly  
20 shall be satisfied by filing copies of the report as required  
21 by Section 3.1 of the General Assembly Organization Act, and  
22 filing such additional copies with the State Government Report  
23 Distribution Center for the General Assembly as is required  
24 under paragraph (t) of Section 7 of the State Library Act.

25 Rulemaking authority to implement Public Act 95-1045, if  
26 any, is conditioned on the rules being adopted in accordance



1 with all provisions of the Illinois Administrative Procedure  
2 Act and all rules and procedures of the Joint Committee on  
3 Administrative Rules; any purported rule not so adopted, for  
4 whatever reason, is unauthorized.

5 On and after July 1, 2012, the Department shall reduce any  
6 rate of reimbursement for services or other payments or alter  
7 any methodologies authorized by this Code to reduce any rate of  
8 reimbursement for services or other payments in accordance with  
9 Section 5-5e.

10 Because kidney transplantation can be an appropriate,  
11 cost-effective alternative to renal dialysis when medically  
12 necessary and notwithstanding the provisions of Section 1-11 of  
13 this Code, beginning October 1, 2014, the Department shall  
14 cover kidney transplantation for noncitizens with end-stage  
15 renal disease who are not eligible for comprehensive medical  
16 benefits, who meet the residency requirements of Section 5-3 of  
17 this Code, and who would otherwise meet the financial  
18 requirements of the appropriate class of eligible persons under  
19 Section 5-2 of this Code. To qualify for coverage of kidney  
20 transplantation, such person must be receiving emergency renal  
21 dialysis services covered by the Department. Providers under  
22 this Section shall be prior approved and certified by the  
23 Department to perform kidney transplantation and the services  
24 under this Section shall be limited to services associated with  
25 kidney transplantation.

26 Notwithstanding any other provision of this Code to the

1 contrary, on or after July 1, 2015, all FDA approved forms of  
2 medication assisted treatment prescribed for the treatment of  
3 alcohol dependence or treatment of opioid dependence shall be  
4 covered under both fee for service and managed care medical  
5 assistance programs for persons who are otherwise eligible for  
6 medical assistance under this Article and shall not be subject  
7 to any (1) utilization control, other than those established  
8 under the American Society of Addiction Medicine patient  
9 placement criteria, (2) prior authorization mandate, or (3)  
10 lifetime restriction limit mandate.

11 On or after July 1, 2015, opioid antagonists prescribed for  
12 the treatment of an opioid overdose, including the medication  
13 product, administration devices, and any pharmacy fees related  
14 to the dispensing and administration of the opioid antagonist,  
15 shall be covered under the medical assistance program for  
16 persons who are otherwise eligible for medical assistance under  
17 this Article. As used in this Section, "opioid antagonist"  
18 means a drug that binds to opioid receptors and blocks or  
19 inhibits the effect of opioids acting on those receptors,  
20 including, but not limited to, naloxone hydrochloride or any  
21 other similarly acting drug approved by the U.S. Food and Drug  
22 Administration.

23 Upon federal approval, the Department shall provide  
24 coverage and reimbursement for all drugs that are approved for  
25 marketing by the federal Food and Drug Administration and that  
26 are recommended by the federal Public Health Service or the

1 United States Centers for Disease Control and Prevention for  
2 pre-exposure prophylaxis and related pre-exposure prophylaxis  
3 services, including, but not limited to, HIV and sexually  
4 transmitted infection screening, treatment for sexually  
5 transmitted infections, medical monitoring, assorted labs, and  
6 counseling to reduce the likelihood of HIV infection among  
7 individuals who are not infected with HIV but who are at high  
8 risk of HIV infection.

9 A federally qualified health center, as defined in Section  
10 1905(1)(2)(B) of the federal Social Security Act, shall be  
11 reimbursed by the Department in accordance with the federally  
12 qualified health center's encounter rate for services provided  
13 to medical assistance recipients that are performed by a dental  
14 hygienist, as defined under the Illinois Dental Practice Act,  
15 working under the general supervision of a dentist and employed  
16 by a federally qualified health center.

17 (Source: P.A. 100-201, eff. 8-18-17; 100-395, eff. 1-1-18;  
18 100-449, eff. 1-1-18; 100-538, eff. 1-1-18; 100-587, eff.  
19 6-4-18; 100-759, eff. 1-1-19; 100-863, eff. 8-14-18; 100-974,  
20 eff. 8-19-18; 100-1009, eff. 1-1-19; 100-1018, eff. 1-1-19;  
21 100-1148, eff. 12-10-18; 101-209, eff. 8-5-19; 101-580, eff.  
22 1-1-20; revised 9-18-19.)