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SENATE JOINT RESOLUTION

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WHEREAS, The Constitution of the State of Illinois provides for "the health, safety and welfare of the people" and the "opportunity for the fullest development of the individual"; and

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WHEREAS, It has been demonstrated that due to deeply held religious, philosophical, or personal reasons, some families will always choose to give birth to their children at home; and

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WHEREAS, There were 61,041 out-of-hospital births in the United States in 2015 with a 52% increase in out-of-hospital births and a 45% increase in home births since 2007; and

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WHEREAS, 65% of U.S. home births in 2015 were attended by non-nurse midwives; and

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WHEREAS, In Illinois, home births increased by 50% between 2007 and 2014; and

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WHEREAS, All well-designed studies show that for low-risk women, planned home birth, attended by a trained maternity care provider, is as safe as hospital birth; and

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WHEREAS, Over 50 trained Illinois home birth providers,

1 including the last remaining Illinois home birth physician,
2 have ceased providing home birth services since 1996; and

3 WHEREAS, There now remain fewer than 10 legally recognized
4 home birth practices (nurse-midwives) in Illinois, and these
5 are located in only six of 102 Illinois counties (Lake, Cook,
6 DuPage, Will, Peoria, and McLean); and

7 WHEREAS, Due to the scarcity of legal home birth providers,
8 approximately 50% of the babies born at home in Illinois are
9 born either with no skilled assistance at all (unassisted home
10 birth), or they are born into the hands of underground
11 community midwives; and

12 WHEREAS, Some of these underground midwives are nationally
13 certified and credentialed, while others are not; and

14 WHEREAS, Underground community midwives have no legal
15 access to life saving oxygen and anti-hemorrhage medications;
16 and

17 WHEREAS, Underground community midwives have no means of
18 legally completing newborn congenital heart disease
19 screenings, hearing screenings and metabolic screening tests,
20 and no means of legally filing accurate birth certificate
21 information; and

1 WHEREAS, An underground system of care may cause parents
2 and midwives to delay seeking hospital care in the event of an
3 emergency; parents are afraid of Child Protective Services
4 involvement; midwives are afraid of arrest; and

5 WHEREAS, Underground healthcare is never safe; and

6 WHEREAS, The above-mentioned increase in Illinois home
7 births, the shortage of licensed home birth providers, and the
8 dangers associated with families resorting to underground
9 healthcare, in effect, add up to a "Home Birth Maternity Care
10 Crisis" in Illinois; and

11 WHEREAS, Illinois is surrounded on three sides by states
12 (Wisconsin, Indiana, Missouri) that set educational standards
13 for their community midwives, license and regulate them, allow
14 them to have access to life-saving oxygen and medications,
15 allow them to perform life-saving newborn screenings, and allow
16 them to openly transport to a hospital in an emergency; and

17 WHEREAS, 33 of the 50 United States also protect their
18 citizens in this way through licensure and regulation of
19 community midwives; and

20 WHEREAS, Licensure in these states is based upon the

1 requirement that the community midwife earn a Certified
2 Professional Midwife (CPM) credential - the only healthcare
3 credential requiring documented out-of-hospital training and
4 experience; and

5 WHEREAS, States that license Certified Professional
6 Midwives tend to have lower perinatal mortality rates; and

7 WHEREAS, More and more states are taking advantage of the
8 cost-savings associated with home birth midwifery care to
9 reduce state Medicaid expenditures; and

10 WHEREAS, The State of Illinois used to license community
11 midwives under the Medical Practice Act from 1877 to 1963 and
12 ceased renewing licenses in 1972; and

13 WHEREAS, Home birth mothers and families have been seeking
14 a legislative solution to the Home Birth Maternity Care Crisis
15 for nearly 40 years (since 1979); and

16 WHEREAS, All Illinois mothers and their newborns deserve
17 access to safe maternity care regardless of place of birth;
18 therefore, be it

19 RESOLVED, BY THE SENATE OF THE ONE HUNDRED FIRST GENERAL
20 ASSEMBLY OF THE STATE OF ILLINOIS, THE HOUSE OF REPRESENTATIVES

1 CONCURRING HEREIN, that we find it unacceptable that home birth
2 mothers and babies in Illinois are without adequate maternity
3 care providers; and be it further

4 RESOLVED, That it is in the State's best interest to assure
5 its citizens access to all safe maternity care options; and be
6 it further

7 RESOLVED, That Illinois families, in order to best meet
8 personal needs and desires, are entitled freedom to choose
9 among all safe, nationally-recognized maternity care options,
10 including home birth; and be it further

11 RESOLVED, That the Home Birth Maternity Care Crisis Study
12 Committee is hereby created; and be it further

13 RESOLVED, That the Home Birth Maternity Care Crisis Study
14 Committee be bipartisan; and be it further

15 RESOLVED, That the Home Birth Maternity Care Crisis Study
16 Committee include 15 members as follows:

17 (1) One appointed by the Secretary of the Department of
18 Financial and Professional Regulation;

19 (2) One appointed by the President of the Senate;

20 (3) One appointed by the Minority Leader of the Senate;

21 (4) One appointed by the Speaker of the House of

1 Representatives;

2 (5) One appointed by the Minority Leader of the House
3 of Representatives;

4 (6) A representative of a statewide association
5 representing professional midwives, appointed by the
6 President of the Senate;

7 (7) A representative of a national association
8 representing professional midwives, appointed by the
9 President of the Senate;

10 (8) A representative of a statewide association
11 representing advanced practice nursing, appointed by the
12 President of the Senate;

13 (9) A representative of a statewide association
14 representing nurse-midwives, appointed by the Minority
15 Leader of the Senate;

16 (10) A representative of a statewide association
17 representing hospitals, appointed by the Minority Leader
18 of the Senate;

19 (11) A representative of a statewide association
20 representing lawyers, appointed by the Speaker of the House
21 of Representatives;

22 (12) A representative of a statewide association
23 representing pediatrics, appointed by the Speaker of the
24 House of Representatives;

25 (13) A representative of a statewide association
26 representing obstetricians and gynecologists, appointed by

1 the Minority Leader of the House of Representatives;

2 (14) A representative of a statewide association
3 representing doctors, appointed by the Minority Leader of
4 the House of Representatives; and

5 (15) A representative of a statewide association
6 representing a consumer organization, appointed by the
7 Minority Leader of the House of Representatives; and be it
8 further

9 RESOLVED That the Home Birth Maternity Care Crisis Study
10 Committee shall meet monthly until such time that it is
11 prepared to make a recommendation to the General Assembly, but
12 that time shall be no later than October 8, 2019; and be it
13 further

14 RESOLVED, That the Office of the Secretary of the
15 Department of Financial and Professional Regulation shall
16 provide the Task Force with administrative and other support;
17 and be it further

18 RESOLVED, That the Home Birth Maternity Care Crisis Study
19 Committee will hear testimony from all interested parties; and
20 be it further

21 RESOLVED, That the Home Birth Maternity Care Crisis Study
22 Committee will thoroughly consider the role that Certified

1 Professional Midwives may have in helping to resolve the Home
2 Birth Maternity Care Crisis; and be it further

3 RESOLVED, That the Home Birth Maternity Care Crisis Study
4 Committee will recommend to the General Assembly a
5 consumer-focused, evidence-based solution to the Illinois Home
6 Birth Maternity Care Crisis that protects families from the
7 dangers of having inadequate numbers of licensed home birth
8 providers to care for them during the prenatal, intrapartum,
9 and postpartum portions of their pregnancies, especially in the
10 underserved communities of Illinois.