



Rep. Lakesia Collins

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10200HB3084ham001

LRB102 14925 KTG 23211 a

1 AMENDMENT TO HOUSE BILL 3084

2 AMENDMENT NO. _____. Amend House Bill 3084 by replacing
3 everything after the enacting clause with the following:

4 "Section 1. Short title. This Act may be cited as the
5 Consumer Choice in Maternal Care for African-American Mothers
6 Pilot Program Act.

7 Section 5. Findings. The General Assembly finds the
8 following:

9 (1) In its 2018 Illinois Maternal Morbidity and
10 Mortality Report, the Department of Public Health reported
11 that Black women were 6 times as likely to die from a
12 pregnancy-related condition as white women; and that in
13 Illinois, 72% of pregnancy-related deaths and 93% of
14 violent pregnancy-associated deaths were deemed
15 preventable.

16 (2) The Department of Public Health also found that

1 between 2016 and 2017, Black women had the highest rate of
2 severe maternal morbidity with a rate of 101.5 per 10,000
3 deliveries, which is almost 3 times as high as the rate for
4 white women.

5 (3) In 2019, the Chicago Department of Public Health
6 released a data report on Maternal Morbidity and Mortality
7 in Chicago and found that "(w)omen for whom Medicaid was
8 the delivery payment source are significantly more likely
9 than those who used private insurance to experience severe
10 maternal morbidity." The Chicago Department of Public
11 Health identified zip codes within the city that had the
12 highest rates of severe maternal morbidity in 2016-2017
13 (100.4-172.8 per 10,000 deliveries). These zip codes
14 included: 60653, 60637, 60649, 60621, 60612, 60624, and
15 60644. All of the zip codes were identified as
16 experiencing high economic hardship. According to the
17 Chicago Department of Public Health "(c)hronic diseases,
18 including obesity, hypertension, and diabetes can increase
19 the risk of a woman experiencing adverse outcomes during
20 pregnancy." However, "there were no significant
21 differences in pre-pregnancy BMI, hypertension, and
22 diabetes between women who experienced a
23 pregnancy-associated death and all women who delivered
24 babies in Chicago."

25 (4) In a national representative survey sample of
26 mothers who gave birth in an American hospital in

1 2011-2012, 1 out of 4 mothers who identified as Black or
2 African-American expressed that they would "definitely
3 want" to have a future birth at home, compared to 8.4% of
4 white mothers. Black mothers express a demand for planned
5 home birth services at almost 3 times the rate of white
6 mothers. And yet, in the United States, non-Hispanic white
7 women who can afford to pay out-of-pocket for their labor
8 and delivery costs access planned home birth care at the
9 greatest rate. Similarly, an analysis of birth certificate
10 data from the Centers for Disease Control and Prevention
11 for the years 2016-2019 shows that non-Hispanic white
12 mothers are 7 times more likely than non-Hispanic Black
13 mothers to experience a planned home birth.

14 (5) According to calculations based on birth
15 certificate data from July 2019 in Cook County, there
16 would have to be 7 Black or African-American certified
17 professional midwives working in Cook County in order for
18 just 1% of Black mothers in Cook County to have access to
19 racially concordant midwifery care in a given month.

20 (6) For birthing persons of sufficient health who
21 desire to give birth outside of an institutional setting
22 without the assistance of epidural analgesia, planned home
23 birth under the care of a certified professional midwife
24 can be a dignifying and safe, evidence-based choice. In
25 contrast, regulatory impingement on Black families'
26 ability to access that choice does not serve to enhance

1 maternal or neonatal safety, but instead reifies the
2 institutionalization of Black bodies by the State.

3 (7) In order to make safe, planned home births
4 accessible to Black families in Illinois, the State must
5 require Medicaid provider networks to include certified
6 professional midwives. According to natality data from the
7 Centers for Disease Control and Prevention, every year
8 from 2016 through 2019, 2 out of every 3 live births to
9 Black or African-American mothers living in Cook County
10 utilized Medicaid as the source of payment for delivery.
11 According to that same data, Medicaid paid for over 14,000
12 deliveries to Black or African-American mothers residing
13 in Cook County during the year 2019 alone.

14 (8) A population-level, retrospective cohort study
15 published in 2018 that used province-wide maternity,
16 medical billing, and demographic data from British
17 Columbia, Canada concluded that antenatal midwifery care
18 in British Columbia was associated with lower odds of
19 small-for-gestational-age birth, preterm birth, and low
20 birth weight for women of low socioeconomic position
21 compared with physician models of care. Results support
22 the development of policy to ensure antenatal midwifery
23 care is available and accessible for women of low
24 socioeconomic position.

25 (9) In its January 2018 report to the General
26 Assembly, the Department of Healthcare and Family Services

1 reported that its infant and maternal care expenditures in
2 calendar year 2015 totaled \$1,410,000,000. The Department
3 of Healthcare and Family Services said, "(t)he majority of
4 HFS birth costs are for births with poor outcomes. Costs
5 for Medicaid covered births are increasing annually while
6 the number of covered births is decreasing for the same
7 period." The Department of Healthcare and Family Services'
8 expenditures average \$12,000/birth during calendar year
9 2015 for births that did not involve poor outcomes such as
10 low birth weight, very low birth weight, and infant
11 mortality. That \$12,000 expenditure covered prenatal,
12 intrapartum, and postpartum maternal healthcare, as well
13 as infant care through the first year of life. The next
14 least expensive category of births averaged an expenditure
15 of \$40,200. The most expensive category of births refers
16 to births resulting in very low birth weight which cost
17 the Department of Healthcare and Family Services over
18 \$328,000 per birth.

19 (10) Expanding Medicaid coverage to include perinatal
20 and intrapartum care by certified professional midwives
21 will not contribute to increased taxpayer burden and, in
22 fact, will likely decrease the Department of Healthcare
23 and Family Services' expenditures on maternal care while
24 improving maternal health outcomes within the Black
25 community in Illinois.

1 Section 10. Medicaid voucher pilot program. The Task
2 Force on Infant and Maternal Mortality Among African Americans
3 shall partner with community-based maternal care providers to
4 develop rules and regulations for a Medicaid voucher pilot
5 program to expand consumer choice for Black mothers that
6 includes planned home birth services and in-home perinatal and
7 postpartum care services provided by racially concordant
8 nationally accredited certified professional midwives. The
9 Department of Healthcare and Family Services shall implement
10 the pilot program no later than January 1, 2023 and the pilot
11 program shall operate for a 5-year period. On January 1, 2024,
12 and each January 1 thereafter through January 1, 2028, the
13 Task Force shall submit a report to the General Assembly that
14 provides a status update on the pilot program and annual
15 impact measure reporting.

16 Section 15. Maternity episode payment model. The pilot
17 program shall implement a maternity episode payment model that
18 provides a single payment for all services across the
19 prenatal, intrapartum, and postnatal period which covers the 9
20 months of pregnancy plus 12 weeks of postpartum. The core
21 elements of the maternity care episode payment model shall
22 include all of the following:

- 23 (1) Limited exclusion of selected high-cost health
24 conditions and further adjustments to limit service
25 provider risk such as risk adjustment and stop loss.

1 (2) Duration from the initial entry into prenatal care
2 through the postpartum and newborn periods.

3 (3) Single payment for all services across the
4 episode.

5 The Department of Healthcare and Family Services shall
6 make available to the Task Force all relevant data related to
7 maternal care expenditures made under the State's Medical
8 Assistance Program so that budget-neutral reimbursement rates
9 can be established for bundled maternal care services spanning
10 the prenatal, labor and delivery, and postpartum phases of a
11 maternity episode.".