



102ND GENERAL ASSEMBLY

State of Illinois

2021 and 2022

HB3401

Introduced 2/22/2021, by Rep. Robyn Gabel

SYNOPSIS AS INTRODUCED:

New Act
5 ILCS 80/4.41 new

Creates the Licensed Certified Professional Midwife Practice Act. Provides for the licensure of certified professional midwives by the Department of Financial and Professional Regulation and for certain limitations on the activities of licensed certified professional midwives. Creates the Illinois Midwifery Board. Sets forth provisions concerning application; qualifications; exemptions; title protection; informed consent; consultation and referral; grounds for disciplinary action; reporting; and administrative procedures. Amends the Regulatory Sunset Act to set a repeal date for the new Act of January 1, 2032.

LRB102 14708 SPS 20061 b

FISCAL NOTE ACT
MAY APPLY

A BILL FOR

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 Licensed Certified Professional Midwife 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 the Act is to
10 protect and benefit the public by setting standards for the
11 qualifications, education, training, and experience of those
12 who seek to obtain licensure as a licensed certified
13 professional midwife, including requirements to work in
14 consultation with hospital based and privileged health care
15 professionals to promote high standards of professional
16 performance for those licensed to practice midwifery in
17 out-of-hospital settings in this State, to promote a
18 consultative and integrated maternity care delivery system in
19 Illinois with agreed-upon consulting, transfer, and transport
20 protocols in use by all health care professionals and licensed
21 certified professional midwives across all health care
22 settings to maximize client safety and positive outcomes, to
23 support accredited education and training as a prerequisite to

1 licensure, and to protect the public.

2 Section 10. Definitions. As used in this Act:

3 "Address of record" means the designated address recorded
4 by the Department in the applicant's application file or the
5 licensee's licensure file as maintained by the Department.

6 "Antepartum" means before labor or childbirth.

7 "Birth assistant" means a midwifery student or individual
8 who has been educated to provide both basic and emergency care
9 to newborns and mothers during labor, delivery, and
10 immediately postpartum and who maintains Neonatal
11 Resuscitation Program provider status and cardiopulmonary
12 resuscitation certification.

13 "Board" means the Illinois Midwifery Board.

14 "Certified nurse midwife" means an individual licensed
15 under the Nurse Practice Act as an advanced practice
16 registered nurse and is certified as a nurse midwife.

17 "Client" means a childbearing individual or newborn for
18 whom a licensed certified professional midwife provides
19 services.

20 "Consultation" means the process by which a licensed
21 certified professional midwife seeks the advice or opinion of
22 another health care professional.

23 "Department" means the Department of Financial and
24 Professional Regulation.

25 "Email address of record" means the designated email

1 address of record by the Department in the applicant's
2 application file or the licensee's licensure file as
3 maintained by the Department.

4 "Health care professional" means an advanced practice
5 registered nurse or a physician licensed to practice medicine
6 in all of its branches.

7 "Intrapartum" means during labor and delivery or
8 childbirth.

9 "Licensed certified professional midwife" means a person
10 who has successfully met the requirements under Section 40 of
11 this Act.

12 "Low-risk" means a low-risk pregnancy where there is an
13 absence of any preexisting maternal disease, significant
14 disease arising from the pregnancy, or any condition likely to
15 affect the pregnancy, including, but not limited to, those
16 listed in subsection (b) of Section 60 of this Act.

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

21 "National Association of Certified Professional Midwives"
22 or "NACPM" means the professional organization, or its
23 successor, that promotes the growth and development of the
24 profession of certified professional midwives.

25 "North American Registry of Midwives" or "NARM" means the
26 accredited international agency, or its successor

1 organization, that has established and has continued to
2 administer certification for the credentialing of licensed
3 certified professional midwives.

4 "Onset of care" means the initial prenatal visit upon an
5 agreement between a licensed certified professional midwife
6 and prospective client to establish a midwife-client
7 relationship, during which the licensed certified professional
8 midwife may take a prospective client's medical history,
9 complete an exam, establish a prospective client's record, or
10 perform other services related to establishing care. "Onset of
11 care" does not include an initial interview where information
12 about the licensed certified professional midwife's practice
13 is shared but no midwife-client relationship is established.

14 "Pediatric health care professional" means a licensed
15 physician specializing in the care of children, a family
16 practice physician, or an advanced practice registered nurse
17 licensed under the Nurse Practice Act and certified as a
18 Pediatric Nurse Practitioner or Family Nurse Practitioner.

19 "Physician" means a physician licensed under the Medical
20 Practice Act of 1987 to practice medicine in all of its
21 branches.

22 "Postpartum period" means the first 6 weeks after
23 delivery.

24 "Practice of midwifery" means providing the necessary
25 supervision, care, and advice to a client during a low-risk
26 pregnancy, labor, and the postpartum period, including the

1 intended low-risk delivery of a child, and providing normal
2 newborn care. "Practice of midwifery" does not include the
3 practice of medicine or nursing.

4 "Secretary" means the Secretary of Financial and
5 Professional Regulation.

6 Section 15. Address of record; email address of record.
7 All applicants and licensees shall:

8 (1) provide a valid address and email address to the
9 Department, which shall serve as the address of record and
10 email address of record, respectively, at the time of
11 application for licensure or renewal of licensure; and

12 (2) inform the Department of any change of address of
13 record or email address of record within 14 days after
14 such change either through the Department's website or by
15 contacting the Department.

16 Section 20. Exemptions.

17 (a) This Act does not prohibit a person licensed under any
18 other Act in this State from engaging in the practice for which
19 he or she is licensed or from delegating services as provided
20 for under the Act.

21 (b) Nothing in this Act shall be construed to prohibit or
22 require licensing under this Act with regard to:

23 (1) the gratuitous rendering of services;

24 (2) the rendering of services by a birth attendant if

1 such attendance is in accordance with the birth
2 attendant's religious faith or cultural group and is
3 rendered only to childbearing individuals and families in
4 a distinct cultural or religious group as an exercise and
5 enjoyment of religious or cultural freedom; and

6 (3) a student midwife or midwife's assistant working
7 under the supervision of a licensed certified professional
8 midwife.

9 (c) Nothing in this Act prevents a licensed certified
10 professional midwife from assisting a health care
11 professional, practicing within his or her scope of practice
12 while providing antepartum, intrapartum, or postpartum care.

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

17 Section 25. Illinois Midwifery Board.

18 (a) There is created under the authority of the Department
19 the Illinois Midwifery Board, which shall consist of 9 members
20 appointed by the Secretary: 5 of whom shall be licensed
21 certified professional midwives, except that initial
22 appointees must have at least 3 years of experience in the
23 practice of midwifery in an out-of-hospital setting, be
24 certified by the North American Registry of Midwives, and meet
25 the qualifications for licensure set forth in this Act; one of

1 whom shall be a licensed obstetrician; one of whom shall be a
2 certified nurse midwife who provides home birth services; one
3 of whom shall be a pediatric health care professional; and one
4 of whom shall be a knowledgeable public member who has given
5 birth in an out-of-hospital birth setting. Board members shall
6 serve 4-year terms, except that in the case of initial
7 appointments, terms shall be staggered as follows: 4 members
8 shall serve for 4 years, 3 members shall serve for 3 years, and
9 2 members shall serve for 2 years. The Board shall annually
10 elect a chairperson and vice chairperson.

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

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

18 (d) Board membership appointments should give preference
19 to members who have experience providing out-of-hospital birth
20 services or consulting with licensed certified professional
21 midwives or certified nurse midwives.

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

1 to the expiration of his or her term.

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

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

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

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

20 Section 30. Powers and duties of the Department; rules.

21 (a) The Department shall exercise the powers and duties
22 prescribed by the Civil Administrative Code of Illinois for
23 the administration of licensing Acts and shall exercise such
24 other powers and duties necessary for effectuating the
25 purposes of this Act.

1 (b) The Secretary shall adopt rules consistent with the
2 provisions of this Act for the administration and enforcement
3 of this Act and for the payment of fees connected to this Ac
4 and may prescribe forms that shall be issued in connection
5 with this Act.

6 (c) Administration by the Department of this Act must be
7 consistent with standards regarding the practice of midwifery
8 established by the National Association of Certified
9 Professional Midwives or a successor organization, this Act,
10 and rules adopted pursuant to this Act.

11 Section 35. Use of title. No person may use the title
12 "licensed midwife", describe or imply that he or she is a
13 licensed midwife, or represent himself or herself as a
14 licensed midwife unless the person is granted a license under
15 this Act or is licensed as an advanced practice registered
16 nurse with certification as a nurse midwife.

17 Section 40. Licensure.

18 (a) Each applicant who successfully meets the requirements
19 of this Section shall be licensed as a certified professional
20 midwife if the applicant:

21 (1) submits forms prescribed by the Department and
22 accompanied by the required fee;

23 (2) is at least 21 years of age;

24 (3) is a high school graduate or have completed an

1 equivalent education;

2 (4) holds and maintains valid certified professional
3 midwife certification granted by NARM or its successor
4 organization;

5 (5) holds and maintains cardiopulmonary resuscitation
6 certification;

7 (6) holds and maintains neonatal resuscitation
8 provider status; and

9 (7) successfully completed a postsecondary midwifery
10 education program through an institution, program, or
11 pathway accredited by the Midwife Education and
12 Accreditation Council, that has both academic and clinical
13 practice incorporated throughout the curriculum.

14 (b) Midwives who are certified by NARM, but who have not
15 completed a MEAC program, may apply for licensure for up to 3
16 years after the adoption of rules if they meet the following
17 requirements:

18 (1) provide proof as a citizen residing in Illinois;

19 (2) provide proof of practicing as a certified
20 professional midwife in Illinois for at least 3 years
21 prior to when rules are adopted; and

22 (3) provide proof of items (1) through (6) of
23 subsection (a).

24 Section 45. Renewal of licensure.

25 (a) A licensed certified professional midwife shall renew

1 his or her license every 3 years at the discretion of the
2 Department.

3 (b) Rules adopted under this Act shall require a licensed
4 certified professional midwife to maintain certified
5 professional midwife certification by meeting all continuing
6 education requirements and other requirements set forth in
7 this Section and to maintain current cardiopulmonary
8 resuscitation or basic life support certification as required
9 under Section 40.

10 (c) A licensed certified professional midwife must
11 complete at least 10 hours of continuing education credits
12 annually, such that each licensure renewal requires a total 30
13 hours of continuing education credits.

14 Section 50. Informed consent.

15 (a) A licensed certified professional midwife shall, at an
16 initial prenatal visit with a client, provide and disclose to
17 the client orally and in writing on a form provided by the
18 Department all of the following information:

19 (1) the licensed certified professional midwife's
20 experience and training;

21 (2) whether the licensed certified professional
22 midwife has malpractice liability insurance coverage and
23 the policy limits of the coverage;

24 (3) a protocol for the handling of both the patient's
25 and the newborn's medical emergencies; this shall include,

1 but not be limited to, obtaining transportation to a
2 hospital particular to each client with identification of
3 the appropriate hospital, providing a verbal report of the
4 care provided to emergency services providers, and sending
5 a copy of the client records with the client at the time of
6 any transfer to a hospital, including obtaining a signed
7 authorization to release the client's medical records to a
8 health care professional or hospital in the event of such
9 emergency transport;

10 (4) a statement informing the client that, in the
11 event of an emergency or voluntary transfer or if
12 subsequent care is required resulting from the acts or
13 omissions of the licensed certified professional midwife,
14 no liability for the acts or omissions of the licensed
15 certified professional midwife are assignable to the
16 receiving hospital, health care facility, physician,
17 nurse, emergency personnel, or other medical professional
18 rendering such care; the receiving hospital, health care
19 facility, physician, nurse, emergency medical personnel,
20 hospital, or other medical professional rendering care are
21 responsible for their own acts and omissions;

22 (5) a statement outlining the emergency equipment,
23 drugs, and personnel available to necessary to provide
24 appropriate care in the home;

25 (6) the intent to provide at least one birth assistant
26 during intrapartum and immediate postpartum care; and

1 (7) a recommendation that the client preregister with
2 the nearest hospital and explain the benefits of
3 preregistration.

4 (b) A licensed certified professional midwife shall, at an
5 initial prenatal visit with a client, provide a copy of the
6 written disclosures required under this Section to the client
7 and obtain the client's signature acknowledging that the
8 client has been informed, orally and in writing, of the
9 disclosures required.

10 Section 55. Scope of practice.

11 (a) A licensed certified professional midwife shall:

12 (1) offer each client routine prenatal care and
13 testing in accordance with current American College of
14 Obstetricians and Gynecologists guidelines;

15 (2) provide all clients with a plan for 24 hour
16 on-call availability by a licensed certified professional
17 midwife, certified nurse midwife, or licensed physician
18 throughout pregnancy, intrapartum, and 6 weeks postpartum;

19 (3) provide clients with labor support, fetal
20 monitoring, and routine assessment of vital signs once
21 active labor is established;

22 (4) supervise delivery of infant and placenta, assess
23 newborn and maternal well-being in immediate postpartum,
24 and perform an Apgar score assessment;

25 (5) perform routine cord management and inspect for an

1 appropriate number of vessels;

2 (6) inspect the placenta and membranes for
3 completeness;

4 (7) inspect the perineum and vagina postpartum for
5 lacerations and stabilize if necessary;

6 (8) observe the childbearing individual and newborn
7 postpartum until stable condition is achieved, but in no
8 event for less than 2 hours;

9 (9) instruct the childbearing individual, spouse, and
10 other support persons, both verbally and in writing, of
11 the special care and precautions for both the childbearing
12 individual and newborn in the immediate postpartum period;

13 (10) reevaluate maternal and newborn well-being within
14 36 hours of delivery;

15 (11) notify a pediatric health care professional
16 within 72 hours after delivery;

17 (12) use universal precautions with all biohazard
18 materials;

19 (13) ensure that a birth certificate is accurately
20 completed and filed in accordance with the Department of
21 Public Health;

22 (14) offer to obtain and submit a blood sample in
23 accordance with the recommendations for metabolic
24 screening of the newborn;

25 (15) offer an injection of vitamin K for the newborn
26 in accordance with the indication, dose, and

1 administration route as authorized in subsection (b);

2 (16) within one week of delivery, offer a newborn
3 hearing screening to every newborn or refer the parents to
4 a facility with a newborn hearing screening program;

5 (17) within 2 hours of the birth, offer the
6 administration of antibiotic ointment into the eyes of the
7 newborn, in accordance with the Infant Eye Disease Act;
8 and

9 (18) maintain adequate antenatal and perinatal records
10 of each client and provide records to consulting licensed
11 physicians and licensed certified nurse midwives, in
12 accordance with regulations promulgated under the Health
13 Insurance Portability and Accountability Act of 1996.

14 (b) A licensed certified professional midwife may
15 administer the following during the practice of midwifery:

16 (1) oxygen for the treatment of fetal distress;

17 (2) eye prophylactics, either 0.5% erythromycin
18 ophthalmic ointment or 1% tetracycline ophthalmic ointment
19 for the prevention of neonatal ophthalmia;

20 (3) oxytocin, pitocin, or misoprostol as a postpartum
21 antihemorrhagic agent;

22 (4) methylergonovine or methergine for the treatment
23 of postpartum hemorrhage;

24 (5) vitamin K for the prophylaxis of hemorrhagic
25 disease of the newborn;

26 (6) Rho (D) immune globulin for the prevention of Rho

1 (D) sensitization in Rho (D) negative individuals;

2 (7) intravenous fluids for maternal stabilization,
3 including lactated Ringer's solution or 5% dextrose,
4 unless unavailable or impractical, in which case 0.9%
5 sodium chloride may be administered;

6 (8) antibiotics, prescribed by a health care
7 professional, to prevent group B strep disease;

8 (9) ibuprofen for postpartum pain relief;

9 (10) lidocaine injection as a local anesthetic for
10 perineal repair; and

11 (11) sterile water subcutaneous injections as a
12 non-pharmaceutical form of pain relief during the first
13 and second stages of labor.

14 The medication indications, dose, route of administration,
15 and duration of treatment relating to the administration of
16 drugs and procedures identified under this Section shall be
17 determined by rule as the Department deems necessary to be in
18 keeping with current evidence-based practice and standards.
19 The Department may approve additional medications, agents, or
20 procedures based upon updated evidence-based obstetrical
21 guidelines or based upon limited availability of standard
22 medications or agents.

23 (c) A licensed certified professional midwife shall plan
24 for at least 2 licensed certified professional midwives or a
25 licensed certified professional midwife and a birth assistant
26 to be present at all out-of-hospital births.

1 Section 60. Consultation and referral.

2 (a) A licensed certified professional midwife shall
3 consult with a licensed physician or a certified nurse midwife
4 providing obstetrical care whenever there are significant
5 deviations, including abnormal laboratory results, relative to
6 a client's pregnancy or to a neonate. If a referral to a
7 physician or certified nurse midwife is needed, the licensed
8 certified professional midwife shall refer the client to a
9 physician or certified nurse midwife and, if possible, remain
10 in consultation with the physician until resolution of the
11 concern. Consultation does not preclude the possibility of an
12 out-of-hospital birth. It is appropriate for the licensed
13 certified professional midwife to maintain care of the client
14 to the greatest degree possible, in accordance with the
15 client's wishes, during the pregnancy and, if possible, during
16 labor, birth, and the postpartum period.

17 (b) A licensed certified professional midwife shall
18 consult with a licensed physician or a certified nurse midwife
19 with regard to any childbearing individual who presents with
20 or develops the following risk factors or presents with or
21 develops other risk factors that, in the judgment of the
22 licensed certified professional midwife, warrant consultation:

23 (1) Antepartum:

24 (A) pregnancy induced hypertension, as evidenced
25 by a blood pressure of 140/90 on 2 occasions greater

1 than 6 hours apart;

2 (B) persistent, severe headaches, epigastric pain,
3 or visual disturbances;

4 (C) persistent symptoms of urinary tract
5 infection;

6 (D) significant vaginal bleeding before the onset
7 of labor not associated with uncomplicated spontaneous
8 abortion;

9 (E) rupture of membranes prior to the 37th week
10 gestation;

11 (F) noted abnormal decrease in or cessation of
12 fetal movement;

13 (G) anemia resistant to supplemental therapy;

14 (H) fever of 102 degrees Fahrenheit or 39 degrees
15 Celsius or greater for more than 24 hours;

16 (I) non-vertex presentation after 38 weeks
17 gestation;

18 (J) hyperemesis or significant dehydration;

19 (K) isoimmunization, Rh-negative sensitized,
20 positive titers, or any other positive antibody titer,
21 which may have a detrimental effect on the
22 childbearing individual or fetus;

23 (L) elevated blood glucose levels unresponsive to
24 dietary management;

25 (M) positive HIV antibody test;

26 (N) primary genital herpes infection in pregnancy;

1 (O) symptoms of malnutrition or anorexia or
2 protracted weight loss or failure to gain weight;

3 (P) suspected deep vein thrombosis;

4 (Q) documented placental anomaly or previa;

5 (R) documented low-lying placenta in a
6 childbearing individual with history of previous
7 cesarean delivery;

8 (S) labor prior to the 37th week of gestation;

9 (T) history of prior uterine incision;

10 (U) lie other than vertex at term;

11 (V) multiple gestation;

12 (W) known fetal anomalies that may be affected by
13 the site of birth;

14 (X) marked abnormal fetal heart tones;

15 (Y) abnormal non-stress test or abnormal
16 biophysical profile;

17 (Z) marked or severe polyhydramnios or
18 oligohydramnios;

19 (AA) evidence of intrauterine growth restriction;

20 (BB) significant abnormal ultrasound findings; or

21 (CC) gestation beyond 42 weeks by reliable
22 confirmed dates;

23 (2) Intrapartum:

24 (A) rise in blood pressure above baseline, more
25 than 30/15 points or greater than 140/90;

26 (B) persistent, severe headaches, epigastric pain

1 or visual disturbances;

2 (C) significant proteinuria or ketonuria;

3 (D) fever over 100.6 degrees Fahrenheit or 38
4 degrees Celsius in absence of environmental factors;

5 (E) ruptured membranes without onset of
6 established labor after 18 hours;

7 (F) significant bleeding prior to delivery or any
8 abnormal bleeding, with or without abdominal pain or
9 evidence of placental abruption;

10 (G) lie not compatible with spontaneous vaginal
11 delivery or unstable fetal lie;

12 (H) failure to progress after 5 hours of active
13 labor or following 2 hours of active second stage
14 labor;

15 (I) signs or symptoms of maternal infection;

16 (J) active genital herpes at onset of labor;

17 (K) fetal heart tones with non-reassuring
18 patterns;

19 (L) signs or symptoms of fetal distress;

20 (M) thick meconium or frank bleeding with birth
21 not imminent; or

22 (N) client or licensed certified professional
23 midwife desires physician consultation or transfer;

24 (3) Postpartum:

25 (A) failure to void within 6 hours of birth;

26 (B) signs or symptoms of maternal shock;

1 (C) fever of 102 degrees Fahrenheit or 39 degrees
2 Celsius and unresponsive to therapy for 12 hours;

3 (D) abnormal lochia or signs or symptoms of
4 uterine sepsis;

5 (E) suspected deep vein thrombosis; or

6 (F) signs of clinically significant depression.

7 (c) A licensed certified professional midwife shall
8 consult with a licensed physician or certified nurse midwife
9 with regard to any neonate who is born with or develops the
10 following risk factors:

11 (1) Apgar score of 6 or less at 5 minutes without
12 significant improvement by 10 minutes;

13 (2) persistent grunting respirations or retractions;

14 (3) persistent cardiac irregularities;

15 (4) persistent central cyanosis or pallor;

16 (5) persistent lethargy or poor muscle tone;

17 (6) abnormal cry;

18 (7) birth weight less than 2,300 grams;

19 (8) jitteriness or seizures;

20 (9) jaundice occurring before 24 hours or outside of
21 normal range;

22 (10) failure to urinate within 24 hours of birth;

23 (11) failure to pass meconium within 48 hours of
24 birth;

25 (12) edema;

26 (13) prolonged temperature instability;

- 1 (14) significant signs or symptoms of infection;
- 2 (15) significant clinical evidence of glycemic
- 3 instability;
- 4 (16) abnormal, bulging, or depressed fontanel;
- 5 (17) significant clinical evidence of prematurity;
- 6 (18) medically significant congenital anomalies;
- 7 (19) significant or suspected birth injury;
- 8 (20) persistent inability to suck;
- 9 (21) diminished consciousness;
- 10 (22) clinically significant abnormalities in vital
- 11 signs, muscle tone, or behavior;
- 12 (23) clinically significant color abnormality,
- 13 cyanotic, or pale or abnormal perfusion;
- 14 (24) abdominal distension or projectile vomiting; or
- 15 (25) signs of clinically significant dehydration or
- 16 failure to thrive.

17 (d) Consultation with a health care professional does not

18 establish a formal relationship with the client. Consultation

19 does not establish a formal relationship between a licensed

20 certified professional midwife and another health care

21 professional.

22 Section 65. Transfer.

23 (a) Transport via private vehicle is an acceptable method

24 of transport if it is the most expedient and safest method for

25 accessing medical services. The licensed certified

1 professional midwife shall initiate immediate transport
2 according to the licensed certified professional midwife's
3 emergency plan, provide emergency stabilization until
4 emergency medical services arrive or transfer is completed,
5 accompany the client or follow the client to a hospital in a
6 timely fashion, and provide pertinent information to the
7 receiving facility and complete an emergency.

8 (b) A licensed certified professional midwife must
9 establish a protocol for the handling of both the patient's
10 and newborn's medical emergencies, including transportation to
11 a hospital, particular to each client, with identification of
12 the appropriate hospital. A verbal report of the care provided
13 must be provided to emergency services providers and a copy of
14 the client records shall be sent with the client at the time of
15 any transfer to a hospital, including obtaining a signed
16 authorization to release the client's medical records to a
17 health care professional or hospital in the event of such
18 emergency transport.

19 Section 70. Prohibited practices.

20 (a) A licensed certified professional midwife may not do
21 any of the following:

22 (1) administer prescription pharmacological agents
23 intended to induce or augment labor;

24 (2) administer prescription pharmacological agents to
25 provide pain management;

1 (3) use vacuum extractors or forceps;

2 (4) prescribe medications;

3 (5) provide out-of-hospital care to a childbearing
4 individual who has had a previous cesarean section;

5 (6) perform surgical procedures, including, but not
6 limited to, abortions, cesarean sections, and
7 circumcisions, except for an emergency episiotomy;

8 (7) knowingly accept responsibility for prenatal or
9 intrapartum care of a client with any of the following
10 risk factors:

11 (A) chronic significant maternal cardiac,
12 pulmonary, renal, or hepatic disease;

13 (B) malignant disease in an active phase;

14 (C) significant hematological disorders,
15 coagulopathies, or pulmonary embolism;

16 (D) insulin requiring diabetes mellitus;

17 (E) known maternal congenital abnormalities
18 affecting childbirth;

19 (F) confirmed isoimmunization, Rh disease with
20 positive titer;

21 (G) active tuberculosis;

22 (H) active syphilis or gonorrhea;

23 (I) active genital herpes infection 2 weeks prior
24 to labor or in labor;

25 (J) pelvic or uterine abnormalities affecting
26 normal vaginal births, including tumors and

malformations;

(K) alcoholism or alcohol abuse;

(L) drug addiction or abuse; or

(M) confirmed AIDS status.

(b) A licensed certified professional midwife shall not administer Schedule II through IV controlled substances. Subject to a prescription by a health care professional, Schedule V controlled substances may be administered by licensed certified professional midwives.

Section 75. Annual Reports.

(a) Beginning in 2023, a licensed certified professional midwife shall annually report to the Department, by no later than March 31 of each year, in a form specified by the Department, the following information regarding cases in which the licensed certified professional midwife assisted during the previous calendar year when the intended place of birth at the onset of care was an out-of-hospital setting:

(1) the total number of patients served at the onset of care;

(2) the number, by county, of live births attended;

(3) the number, by county, of cases of fetal demise, infant deaths, and maternal deaths attended at the discovery of the demise or death;

(4) the number of women whose care was transferred to another health care professional during the antepartum

1 period and the reason for transfer;

2 (5) the number, reason for, and outcome of each
3 nonemergency hospital transfer during the intrapartum or
4 postpartum period;

5 (6) the number, reason for, and outcome of each urgent
6 or emergency transport of an expectant childbearing
7 individual in the antepartum period;

8 (7) the number, reason for, and outcome of each urgent
9 or emergency transport of an infant or childbearing
10 individual during the intrapartum or immediate postpartum
11 period;

12 (8) the number of planned out-of-hospital births at
13 the onset of labor and the number of births completed in an
14 out-of-hospital setting;

15 (9) a brief description of any complications resulting
16 in the morbidity or mortality of a childbearing individual
17 or a neonate; and

18 (10) any other information required by rule by the
19 Department.

20 (b) The Department shall send a written notice of
21 noncompliance to each licensee who fails to meet the reporting
22 requirements under subsection (a) of this Section.

23 (c) A licensed certified professional midwife who fails to
24 comply with the reporting requirements under this Section
25 shall be prohibited from license renewal until the information
26 required under subsection (a) of this Section is reported.

1 (d) The Board shall maintain the confidentiality of any
2 report under subsection (f) of this Section.

3 (e) Notwithstanding any other provision of law, a licensed
4 certified professional midwife shall be subject to the same
5 reporting requirements as other health care professionals who
6 provide care to individuals.

7 (f) All reports required shall be submitted to the
8 Department in a timely fashion. Unless otherwise provided in
9 this Section, the reports shall be filed in writing within 60
10 days after a determination that a report is required under
11 this Act. The Department may also exercise the power under
12 Section 30 of this Act to subpoena copies of hospital or
13 medical records in cases concerning death or permanent bodily
14 injury. Rules shall be adopted by the Department to implement
15 this Section. Nothing contained in this Section shall act to
16 in any way waive or modify the confidentiality of reports and
17 committee reports to the extent provided by law. Any
18 information reported or disclosed shall be kept for the
19 confidential use of the Department, its attorneys, the
20 investigative staff, and authorized clerical staff, as
21 provided in this Act, and shall be afforded the same status as
22 is provided information concerning medical studies in Part 21
23 of Article VIII of the Code of Civil Procedure, except that the
24 Department may disclose information and documents to a
25 federal, state, or local law enforcement agency pursuant to a
26 subpoena in an ongoing criminal investigation or to a health

1 care licensing body or midwifery licensing authority of
2 another state or jurisdiction pursuant to an official request
3 made by that licensing body or authority. Furthermore,
4 information and documents disclosed to a federal, state, or
5 local law enforcement agency may be used by that agency only
6 for the investigation and prosecution of a criminal offense,
7 or, in the case of disclosure to a health care licensing body
8 or medical licensing authority, only for investigations and
9 disciplinary action proceedings with regard to a license.
10 Information and documents disclosed to the Department of
11 Public Health may be used by that Department only for
12 investigation and disciplinary action regarding the license of
13 a health care institution licensed by the Department of Public
14 Health.

15 Section 80. Disclosure of information to client.

16 (a) A licensed certified professional midwife shall, at an
17 initial prenatal visit with a client, provide and disclose to
18 the client orally and in writing on a form provided by the
19 department all of the following:

20 (1) The licensed certified professional midwife's
21 experience and training.

22 (2) Whether the licensed certified professional
23 midwife has malpractice liability insurance coverage and
24 the policy limits of the coverage.

25 (3) A protocol for the handling of both the patient's

1 and newborn's medical emergencies, including
2 transportation to a hospital, particular to each client,
3 with identification of the appropriate hospital. A verbal
4 report of the care provided must be provided to emergency
5 services providers and a copy of the client records shall
6 be sent with the client at the time of any transfer to a
7 hospital, including obtaining a signed authorization to
8 release the client's medical records to a health care
9 professional or hospital in the event of such emergency
10 transport.

11 (4) A statement informing the client that, in the
12 event of an emergency or voluntary transfer or if
13 subsequent care is required resulting from the acts or
14 omissions of the licensed certified professional midwife,
15 no liability for the acts or omissions of the licensed
16 certified professional midwife are assignable to the
17 receiving hospital, health care facility, physician,
18 nurse, emergency personnel or other medical professional
19 rendering such care. The receiving hospital, health care
20 facility, physician, nurse, emergency medical personnel,
21 hospital, or other medical professional rendering care are
22 responsible for their own acts and omissions.

23 (5) A statement outlining the emergency equipment,
24 drugs and personnel necessary to provide appropriate care
25 in the home.

26 (6) The intent to provide at least one birth assistant

1 during intrapartum and postpartum care.

2 (b) A licensed certified professional midwife shall, at an
3 initial prenatal visit with a client, provide a copy of the
4 written disclosures required under this Section to the client
5 and obtain the client's signature acknowledging that she has
6 been informed, orally and in writing, of the disclosures
7 required.

8 Section 85. Vicarious liability.

9 (a) No physician, advanced practice registered nurse,
10 nurse, hospital, emergency room personnel, emergency medical
11 technician, or ambulance personnel shall be liable in any
12 civil action arising out of any injury resulting from an act or
13 omission of a licensed certified professional midwife, even if
14 the health care professional has consulted with or accepted a
15 referral from the licensed certified professional midwife. A
16 physician or advanced practice registered nurse who consults
17 with a licensed certified professional midwife but who does
18 not examine or treat a client of the licensed certified
19 professional midwife shall not be deemed to have created a
20 physician-patient or advanced practice registered
21 nurse-patient relationship with such client.

22 (b) Consultation with a physician or advanced practice
23 registered nurse does not alone create a physician-patient or
24 advanced practice registered nurse-patient relationship or any
25 other relationship with the physician or advanced practice

1 registered nurse. The informed consent shall specifically
2 state that the licensed certified professional midwife and any
3 consulting physician or advanced practice registered nurse are
4 not employees, partners, associates, agents, or principals of
5 one another. The licensed certified professional midwife shall
6 inform the patient that he or she is independently licensed
7 and practicing midwifery and in that regard is solely
8 responsible for the services he or she provides.

9 (c) Nothing in this Act is intended to expand the
10 malpractice liability of physicians, advanced practice
11 registered nurses, licensed certified professional midwives,
12 or other health care professionals, hospitals, or other health
13 care institutions beyond the limits existing in current
14 Illinois statutory and common law; however, no physician,
15 nurse, emergency medical personnel, hospital, or other health
16 care institution shall be liable for any act or omission
17 resulting from the provision of services by any licensed
18 certified professional midwife, even if the physician, nurse,
19 emergency medical personnel, hospital or other health care
20 institution has consulted with or accepted a referral from the
21 licensed certified professional midwife. The physician, nurse,
22 licensed certified professional midwife, emergency medical
23 personnel, hospital, or other health care institution
24 providing care are responsible for their own acts and
25 omissions.

1 Section 90. The Regulatory Sunset Act is amended by adding
2 Section 4.41 as follows:

3 (5 ILCS 80/4.41 new)

4 Sec. 4.41. Act repealed on January 1, 2032. The following
5 Act is repealed on January 1, 2032:

6 The Licensed Certified Professional Midwife Practice Act.