

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 "Board" means the Illinois Midwifery Board.

8 "Certified nurse midwife" means an individual licensed  
9 under the Nurse Practice Act as an advanced practice  
10 registered nurse and is certified as a nurse midwife.

11 "Client" means a childbearing individual or newborn for  
12 whom a licensed certified professional midwife provides  
13 services.

14 "Consultation" means the process by which a licensed  
15 certified professional midwife seeks the advice or opinion of  
16 another health care professional.

17 "Department" means the Department of Financial and  
18 Professional Regulation.

19 "Email address of record" means the designated email  
20 address of record by the Department in the applicant's  
21 application file or the licensee's licensure file as  
22 maintained by the Department.

23 "Health care professional" means an advanced practice  
24 registered nurse or a physician licensed to practice medicine  
25 in all of its branches.

1 "Intrapartum" means during labor and delivery or  
2 childbirth.

3 "Licensed certified professional midwife" means a person  
4 who has successfully met the requirements under Section 40 of  
5 this Act.

6 "Low-risk" means a low-risk pregnancy where there is an  
7 absence of any preexisting maternal disease, significant  
8 disease arising from the pregnancy, or any condition likely to  
9 affect the pregnancy, including, but not limited to, those  
10 listed in subsection (b) of Section 75.

11 "Midwife assistant" means a person, at least 18 years of  
12 age, who performs basic administrative, clerical, and  
13 supportive services under the supervision of a certified  
14 professional midwife, is educated to provide both basic and  
15 emergency care to newborns and mothers during labor, delivery,  
16 and immediately postpartum, and who maintains Neonatal  
17 Resuscitation Program provider status and cardiopulmonary  
18 resuscitation certification.

19 "Midwifery bridge certificate" means a certificate issued  
20 by the North American Registry of midwives that documents  
21 completion of accredited continuing education for certified  
22 professional midwives based upon identified areas to address  
23 education in emergency skills and other competencies set by  
24 the international confederation of midwives.

25 "Midwifery Education and Accreditation Council" or "MEAC"  
26 means the nationally recognized accrediting agency, or its

1 successor, that establishes standards for the education of  
2 direct-entry midwives in the United States.

3 "National Association of Certified Professional Midwives"  
4 or "NACPM" means the professional organization, or its  
5 successor, that promotes the growth and development of the  
6 profession of certified professional midwives.

7 "North American Registry of Midwives" or "NARM" means the  
8 accredited international agency, or its successor  
9 organization, that has established and has continued to  
10 administer certification for the credentialing of certified  
11 professional midwives, including the administration of a  
12 national competency examination.

13 "Onset of care" means the initial prenatal visit upon an  
14 agreement between a licensed certified professional midwife  
15 and client to establish a midwife-client relationship, during  
16 which the licensed certified professional midwife may take a  
17 client's medical history, complete an exam, establish a  
18 client's record, or perform other services related to  
19 establishing care. "Onset of care" does not include an initial  
20 interview where information about the licensed certified  
21 professional midwife's practice is shared but no  
22 midwife-client relationship is established.

23 "Pediatric health care professional" means a licensed  
24 physician specializing in the care of children, a family  
25 practice physician, or an advanced practice registered nurse  
26 licensed under the Nurse Practice Act and certified as a

1 Pediatric Nurse Practitioner or Family Nurse Practitioner.

2 "Physician" means a physician licensed under the Medical  
3 Practice Act of 1987 to practice medicine in all of its  
4 branches.

5 "Postpartum period" means the first 6 weeks after  
6 delivery.

7 "Practice of midwifery" means providing the necessary  
8 supervision, care, and advice to a client during a low-risk  
9 pregnancy, labor, and the postpartum period, including the  
10 intended low-risk delivery of a child, and providing normal  
11 newborn care. "Practice of midwifery" does not include the  
12 practice of medicine or nursing.

13 "Qualified midwife preceptor" means a licensed and  
14 experienced midwife or other health professional licensed in  
15 the State who participated in the clinical education of  
16 individuals enrolled in a midwifery education institution,  
17 program, or pathway accredited by the midwifery education  
18 accreditation council who meet the criteria for midwife  
19 preceptors by NARM or its successor organization.

20 "Secretary" means the Secretary of Financial and  
21 Professional Regulation.

22 "Supportive services" means simple routine medical tasks  
23 and procedures for which the midwife assistant or student  
24 midwife is appropriately trained.

25 Section 15. Address of record; email address of record.

1 All applicants and licensees shall:

2 (1) provide a valid address and email address to the  
3 Department, which shall serve as the address of record and  
4 email address of record, respectively, at the time of  
5 application for licensure or renewal of licensure; and

6 (2) inform the Department of any change of address of  
7 record or email address of record within 14 days after  
8 such change either through the Department's website or by  
9 contacting the Department.

10 Section 20. Social Security Number on license application.  
11 In addition to any other information required to be contained  
12 in an application for licensure under this Act, every  
13 application for an original license under this Act shall  
14 include the applicant's Social Security Number, which shall be  
15 retained in the agency's records pertaining to the license. As  
16 soon as practical, the Department shall assign a customer's  
17 identification number to each applicant for a license. Every  
18 application for a renewal or restored license shall require  
19 the applicant's customer identification number.

20 Section 25. Exemptions.

21 (a) This Act does not prohibit a person licensed under any  
22 other Act in this State from engaging in the practice for which  
23 he or she is licensed or from delegating services as provided  
24 for under the Act.

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

3           (1) the rendering of services by a birth attendant if  
4 such attendance is in accordance with the birth  
5 attendant's religious faith or cultural group, including  
6 indigenous communities, and is rendered only to  
7 childbearing individuals and families in a distinct  
8 cultural or religious group, including indigenous  
9 communities, as an exercise and enjoyment of religious or  
10 cultural freedom;

11           (2) a student midwife practicing midwifery as part of  
12 their course of study in an accredited midwife  
13 institution, program, or pathway under the direction and  
14 supervision of a qualified midwife preceptor; and

15           (3) a midwife assistant or student midwife performing  
16 within the scope of their responsibilities and duties as  
17 defined by rule under the supervision of a licensed  
18 certified professional midwife.

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

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

1 Section 30. Illinois Midwifery Board.

2 (a) There is created under the authority of the Department  
3 the Illinois Midwifery Board, which shall consist of 9 members  
4 appointed by the Secretary: 5 of whom shall be licensed  
5 certified professional midwives, except that initial  
6 appointees must have at least 3 years of experience in the  
7 practice of midwifery in an out-of-hospital setting, be  
8 certified by the North American Registry of Midwives, and meet  
9 the qualifications for licensure set forth in this Act; one of  
10 whom shall be a licensed obstetrician; one of whom shall be a  
11 certified nurse midwife who provides home birth services; one  
12 of whom shall be a pediatric health care professional; and one  
13 of whom shall be a public member. Board members shall serve  
14 4-year terms, except that in the case of initial appointments,  
15 terms shall be staggered as follows: 4 members shall serve for  
16 4 years, 3 members shall serve for 3 years, and 2 members shall  
17 serve for 2 years. The Board shall annually elect a  
18 chairperson and vice chairperson.

19 (b) Any appointment made to fill a vacancy shall be for the  
20 unexpired portion of the term. Appointments to fill vacancies  
21 shall be made in the same manner as original appointments. No  
22 Board member may be reappointed for a term that would cause his  
23 or her continuous service on the Board to exceed 10 years.

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



1           (d) The Secretary may solicit board recommendations from  
2 midwifery organizations.

3           (e) The members of the Board may be reimbursed for all  
4 legitimate, necessary, and authorized expenses incurred in  
5 attending the meetings of the Board.

6           (f) The Secretary may remove any member of the Board for  
7 misconduct, incapacity, or neglect of duty at any time prior  
8 to the expiration of his or her term.

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

12           (h) The Board may provide the Department with  
13 recommendations concerning the administration of this Act and  
14 may perform each of the following duties:

15                 (1) Recommend to the Department the prescription and,  
16 from time to time, the revision of any rules that may be  
17 necessary to carry out the provisions of this Act,  
18 including those that are designed to protect the health,  
19 safety, and welfare of the public.

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

22                 (3) Participate in disciplinary conferences and  
23 hearings.

24                 (4) Make recommendations to the Department regarding  
25 disciplinary action taken against a licensee as provided  
26 under this Act.

1           (5) Recommend the approval, denial of approval, and  
2           withdrawal of approval of required education and  
3           continuing educational programs.

4           (i) Members of the Board shall be immune from suit in an  
5           action based upon a disciplinary proceeding or other activity  
6           performed in good faith as a member of the Board, except for  
7           willful or wanton misconduct.

8           Section 35. Powers and duties of the Department; rules.

9           (a) The Department shall exercise the powers and duties  
10          prescribed by the Civil Administrative Code of Illinois for  
11          the administration of licensing Acts and shall exercise such  
12          other powers and duties necessary for effectuating the  
13          purposes of this Act.

14          (b) The Secretary shall adopt rules consistent with the  
15          provisions of this Act for the administration and enforcement  
16          of this Act and for the payment of fees connected to this Act  
17          and may prescribe forms that shall be issued in connection  
18          with this Act.

19          Section 40. Use of title. No person may use the title  
20          "licensed midwife", describe or imply that he or she is a  
21          licensed midwife, or represent himself or herself as a  
22          licensed midwife unless the person is granted a license under  
23          this Act or is licensed as an advanced practice registered  
24          nurse with certification as a nurse midwife.

1 Section 45. Licensure.

2 (a) Each applicant who successfully meets the requirements  
3 of this Section is eligible for licensure as a certified  
4 professional midwife if the applicant:

5 (1) submits forms prescribed by the Department and  
6 accompanied by the required fee;

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

8 (3) holds and maintains valid certified professional  
9 midwife certification granted by NARM or its successor  
10 organization;

11 (4) holds and maintains cardiopulmonary resuscitation  
12 certification;

13 (5) holds and maintains neonatal resuscitation  
14 provider status; and

15 (6) successfully completed a postsecondary midwifery  
16 education program through an institution, program, or  
17 pathway accredited by the Midwife Education and  
18 Accreditation Council, that has both academic and clinical  
19 practice incorporated throughout the curriculum.

20 (b) A midwife who is certified by NARM, but who has not  
21 completed a MEAC program, may apply for licensure if he or she:

22 (1) provides proof as a citizen residing in this  
23 State;

24 (2) provides proof of completion of the midwifery  
25 bridge certificate and applies within one year of adoption

1 of rules or provide proof of practicing as a certified  
2 professional midwife in this State for at least 3 years  
3 prior to when rules are adopted and applies up to 3 years  
4 after adoption of rules; and

5 (3) provides proof of paragraphs (1) through (6)  
6 required under subsection (a).

7 (c) Applicants have 3 years from the date of application  
8 to complete the application process. If the process has not  
9 been completed in 3 years, the application shall be denied,  
10 the fee shall be forfeited, and the applicant must reapply and  
11 meet the requirements in effect at the time of reapplication.

12 Section 50. Endorsement. Upon payment of the required fee,  
13 the Department may, in its discretion, license as a certified  
14 professional midwife, an applicant who is a certified  
15 professional midwife licensed in another jurisdiction, if the  
16 requirements for licensure in that jurisdiction were, at the  
17 time of licensure, substantially equivalent to the  
18 requirements in force in this State on that date or equivalent  
19 to the requirements of this Act.

20 Section 55. Expiration; renewal of licensure.

21 (a) The expiration date and renewal period for each  
22 license issued under this Act shall be set by rule. The holder  
23 of a license may renew the license during the month preceding  
24 the expiration date of the license by paying the required fee.

1 It is the responsibility of the licensee to notify the  
2 Department in writing of a change of address required for the  
3 renewal of a license under this Act.

4 Any licensed certified professional midwife who has  
5 permitted his or her license to expire or who has had his or  
6 her license on inactive status may have the license restored  
7 by applying to the Department and filing proof acceptable to  
8 the Department of his or her fitness to have the license  
9 restored, and by paying the required fees. Proof of fitness  
10 may include sworn evidence certifying to active lawful  
11 practice in another jurisdiction.

12 If the licensed certified professional midwife has not  
13 maintained an active practice in another jurisdiction  
14 satisfactory to the Department, the Department shall  
15 determine, by an evaluation program established by rule, his  
16 or her fitness for restoration of the license and shall  
17 establish procedures and requirements for such restoration.

18 However, any licensed certified professional midwife whose  
19 license expired while he or she was (1) in federal service on  
20 active duty with the Armed Forces of the United States, or the  
21 State Militia called he or she into service or training, or (2)  
22 in training or education under the supervision of the United  
23 States preliminary to induction into the military service, may  
24 have the license restored without paying any lapsed renewal  
25 fees if, within 2 years after honorable termination of such  
26 service, training, or education, he or she furnishes the

1 Department with satisfactory evidence to the effect that he or  
2 she has been so engaged and that his or her service, training,  
3 or education has been terminated.

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

11 The Department may adopt rules of continuing education for  
12 licensed certified professional midwives licensed under this  
13 Act that require 20 hours of continuing education per 2-year  
14 license renewal cycle. The rules shall address variances in  
15 part or in whole for good cause, including, but not limited to,  
16 illness or hardship. The continuing education rules must  
17 ensure that licensees are given the opportunity to participate  
18 in programs sponsored by or through their State or national  
19 professional associations, hospitals, or other providers of  
20 continuing education. Each licensee is responsible for  
21 maintaining records of completion of continuing education and  
22 shall be prepared to produce the records when requested by the  
23 Department.

24 Section 60. Inactive status. Any licensed certified  
25 professional midwife who notified the Department in writing on

1 forms prescribed by the Department, may elect to place his or  
2 her license on an inactive status and shall, subject to rules  
3 of the Department, be excused from payment of renewal fees  
4 until he or she notifies the Department in writing of his or  
5 her intention to restore the license.

6 Any licensed certified professional midwife requesting  
7 restoration from inactive status shall be required to pay the  
8 current renewal fee and shall be required to restore his or her  
9 license, as provided in Section 55.

10 Any licensed certified professional midwife whose license  
11 is in an inactive status shall not practice in the State.

12 Any licensee who engages in practice while his or her  
13 license is lapsed or on inactive status shall be considered to  
14 be practicing without a license, which shall be grounds for  
15 discipline under Section 140.

16 Section 65. Informed consent.

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

21 (1) the licensed certified professional midwife's  
22 experience and training;

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

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

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

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



1           (6) the intent to provide at least one midwife  
2           assistant or student midwife during intrapartum and  
3           immediate postpartum care; and

4           (7) a recommendation that the client preregister with  
5           the nearest hospital and explain the benefits of  
6           preregistration.

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

13          Section 70. Scope of practice.

14          (a) A licensed certified professional midwife shall:

15               (1) offer each client routine prenatal care and  
16               testing in accordance with current American College of  
17               Obstetricians and Gynecologists guidelines;

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

22               (3) provide clients with labor support, fetal  
23               monitoring, and routine assessment of vital signs once  
24               active labor is established;

25               (4) supervise delivery of infant and placenta, assess

1 newborn and maternal well-being in immediate postpartum,  
2 and perform an Apgar score assessment;

3 (5) perform routine cord management and inspect for an  
4 appropriate number of vessels;

5 (6) inspect the placenta and membranes for  
6 completeness;

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

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

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

16 (10) reevaluate maternal and newborn well-being within  
17 36 hours of delivery;

18 (11) notify a pediatric health care professional  
19 within 72 hours after delivery;

20 (12) use universal precautions with all biohazard  
21 materials;

22 (13) ensure that a birth certificate is accurately  
23 completed and filed in accordance with the Department of  
24 Public Health;

25 (14) offer to obtain and submit a blood sample in  
26 accordance with the recommendations for metabolic

1 screening of the newborn;

2 (15) offer an injection of vitamin K for the newborn  
3 in accordance with the indication, dose, and  
4 administration route as authorized in subsection (b);

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

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

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

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

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

20 (2) eye prophylactics, either 0.5% erythromycin  
21 ophthalmic ointment or 1% tetracycline ophthalmic ointment  
22 for the prevention of neonatal ophthalmia;

23 (3) oxytocin, pitocin, or misoprostol as a postpartum  
24 antihemorrhagic agent;

25 (4) methylergonovine or methergine for the treatment  
26 of postpartum hemorrhage;

1           (5) vitamin K for the prophylaxis of hemorrhagic  
2 disease of the newborn;

3           (6) Rho (D) immune globulin for the prevention of Rho  
4 (D) sensitization in Rho (D) negative individuals;

5           (7) intravenous fluids for maternal stabilization,  
6 including lactated Ringer's solution, or with 5% dextrose;

7           (8) administer antibiotics as prophylactic for GBS in  
8 accordance with current ACOG protocols as provided by  
9 Department rule;

10          (9) ibuprofen for postpartum pain relief;

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

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

16          The Department may approve additional medications, agents,  
17 or procedures based upon updated evidence-based obstetrical  
18 guidelines or based upon limited availability of standard  
19 medications or agents.

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

25          Section 75. Consultation and referral.

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

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

22           (1) Antepartum:

23                   (A) pregnancy induced hypertension, as evidenced  
24 by a blood pressure of 140/90 on 2 occasions greater  
25 than 6 hours apart;

26                   (B) persistent, severe headaches, epigastric pain,

1 or visual disturbances;

2 (C) persistent symptoms of urinary tract  
3 infection;

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

7 (E) rupture of membranes prior to the 37th week  
8 gestation;

9 (F) noted abnormal decrease in or cessation of  
10 fetal movement;

11 (G) anemia resistant to supplemental therapy;

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

14 (I) non-vertex presentation after 38 weeks  
15 gestation;

16 (J) hyperemesis or significant dehydration;

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

21 (L) elevated blood glucose levels unresponsive to  
22 dietary management;

23 (M) positive HIV antibody test;

24 (N) primary genital herpes infection in pregnancy;

25 (O) symptoms of malnutrition or anorexia or  
26 protracted weight loss or failure to gain weight;

- 1 (P) suspected deep vein thrombosis;
- 2 (Q) documented placental anomaly or previa;
- 3 (R) documented low-lying placenta in a  
4 childbearing individual with history of previous  
5 cesarean delivery;
- 6 (S) labor prior to the 37th week of gestation;
- 7 (T) history of prior uterine incision;
- 8 (U) lie other than vertex at term;
- 9 (V) multiple gestation;
- 10 (W) known fetal anomalies that may be affected by  
11 the site of birth;
- 12 (X) marked abnormal fetal heart tones;
- 13 (Y) abnormal non-stress test or abnormal  
14 biophysical profile;
- 15 (Z) marked or severe polyhydramnios or  
16 oligohydramnios;
- 17 (AA) evidence of intrauterine growth restriction;
- 18 (BB) significant abnormal ultrasound findings; or
- 19 (CC) gestation beyond 42 weeks by reliable  
20 confirmed dates;
- 21 (2) Intrapartum:
- 22 (A) rise in blood pressure above baseline, more  
23 than 30/15 points or greater than 140/90;
- 24 (B) persistent, severe headaches, epigastric pain  
25 or visual disturbances;
- 26 (C) significant proteinuria or ketonuria;

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

3 (E) ruptured membranes without onset of  
4 established labor after 18 hours;

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

8 (G) lie not compatible with spontaneous vaginal  
9 delivery or unstable fetal lie;

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

13 (I) signs or symptoms of maternal infection;

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

15 (K) fetal heart tones with non-reassuring  
16 patterns;

17 (L) signs or symptoms of fetal distress;

18 (M) thick meconium or frank bleeding with birth  
19 not imminent; or

20 (N) client or licensed certified professional  
21 midwife desires physician consultation or transfer;

22 (3) Postpartum:

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

24 (B) signs or symptoms of maternal shock;

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



1 (D) abnormal lochia or signs or symptoms of  
2 uterine sepsis;

3 (E) suspected deep vein thrombosis; or

4 (F) signs of clinically significant depression.

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

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

11 (2) persistent grunting respirations or retractions;

12 (3) persistent cardiac irregularities;

13 (4) persistent central cyanosis or pallor;

14 (5) persistent lethargy or poor muscle tone;

15 (6) abnormal cry;

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

17 (8) jitteriness or seizures;

18 (9) jaundice occurring before 24 hours or outside of  
19 normal range;

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

21 (11) failure to pass meconium within 48 hours of  
22 birth;

23 (12) edema;

24 (13) prolonged temperature instability;

25 (14) significant signs or symptoms of infection;

26 (15) significant clinical evidence of glycemic

1           instability;

2           (16) abnormal, bulging, or depressed fontanel;

3           (17) significant clinical evidence of prematurity;

4           (18) medically significant congenital anomalies;

5           (19) significant or suspected birth injury;

6           (20) persistent inability to suck;

7           (21) diminished consciousness;

8           (22) clinically significant abnormalities in vital  
9           signs, muscle tone, or behavior;

10          (23) clinically significant color abnormality,  
11          cyanotic, or pale or abnormal perfusion;

12          (24) abdominal distension or projectile vomiting; or

13          (25) signs of clinically significant dehydration or  
14          failure to thrive.

15          (d) Consultation with a health care professional does not  
16          establish a formal relationship with the client. Consultation  
17          does not establish a formal relationship between a licensed  
18          certified professional midwife and another health care  
19          professional.

20          Section 80. Transfer.

21          (a) Transport via private vehicle is an acceptable method  
22          of transport if it is the most expedient and safest method for  
23          accessing medical services. The licensed certified  
24          professional midwife shall initiate immediate transport  
25          according to the licensed certified professional midwife's

1 emergency plan, provide emergency stabilization until  
2 emergency medical services arrive or transfer is completed,  
3 accompany the client or follow the client to a hospital in a  
4 timely fashion, and provide pertinent information to the  
5 receiving facility and complete an emergency.

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

17 Section 85. Prohibited practices.

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

20 (1) administer prescription pharmacological agents  
21 intended to induce or augment labor;

22 (2) administer prescription pharmacological agents to  
23 provide pain management;

24 (3) use vacuum extractors or forceps;

25 (4) prescribe medications;

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

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

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

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

11           (B) malignant disease in an active phase;

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

14           (D) insulin requiring diabetes mellitus;

15           (E) known maternal congenital abnormalities  
16 affecting childbirth;

17           (F) confirmed isoimmunization, Rh disease with  
18 positive titer;

19           (G) active tuberculosis;

20           (H) active syphilis or gonorrhea;

21           (I) active genital herpes infection 2 weeks prior  
22 to labor or in labor;

23           (J) pelvic or uterine abnormalities affecting  
24 normal vaginal births, including tumors and  
25 malformations;

26           (K) alcoholism or alcohol abuse;

1 (L) drug addiction or abuse; or

2 (M) confirmed AIDS status.

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

8 Section 90. Annual Reports.

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

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

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

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

23 (4) the number of women whose care was transferred to  
24 another health care professional during the antepartum  
25 period and the reason for transfer;

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

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

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

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

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

17           (10) any other information required by rule by the  
18 Department of Public Health.

19           (b) A licensed certified professional midwife who fails to  
20 comply with the reporting requirements under this Section  
21 shall be prohibited from license renewal until the information  
22 required under subsection (a) is reported.

23           (c) The Board shall maintain the confidentiality of any  
24 report under subsection (f).

25           (d) Notwithstanding any other provision of law, a licensed  
26 certified professional midwife shall be subject to the same

1 reporting requirements as other health care professionals who  
2 provide care to individuals.

3 (f) Reports are confidential under Section 180 of this  
4 Act.

5 Section 95. Vicarious liability.

6 (a) Consultation with a physician or advanced practice  
7 registered nurse does not alone create a physician-patient or  
8 advanced practice registered nurse-patient relationship or any  
9 other relationship with the physician or advanced practice  
10 registered nurse. The informed consent shall specifically  
11 state that the licensed certified professional midwife and any  
12 consulting physician or advanced practice registered nurse are  
13 not employees, partners, associates, agents, or principals of  
14 one another. The licensed certified professional midwife shall  
15 inform the patient that he or she is independently licensed  
16 and practicing midwifery and in that regard is solely  
17 responsible for the services he or she provides.

18 (b) Nothing in this Act is intended to expand or limit the  
19 malpractice liability of physicians, advanced practice  
20 registered nurses, licensed certified professional midwives,  
21 or other health care professionals, hospitals, or other health  
22 care institutions beyond the limits existing in current  
23 Illinois statutory and common law; however, no physician,  
24 nurse, emergency medical personnel, hospital, or other health  
25 care institution shall be liable for any act or omission

1 resulting from the provision of services by any licensed  
2 certified professional midwife, even if the physician, nurse,  
3 emergency medical personnel, hospital, or other health care  
4 institution has consulted with or accepted a referral from the  
5 licensed certified professional midwife. The physician, nurse,  
6 licensed certified professional midwife, emergency medical  
7 personnel, hospital, or other health care institution  
8 providing care are responsible for their own acts and  
9 omissions.

10 Section 100. Grounds for disciplinary action.

11 (a) The Department may refuse to issue or to renew, or may  
12 revoke, suspend, place on probation, reprimand, or take other  
13 disciplinary or non-disciplinary action with regard to any  
14 license issued under this Act as the Department may deem  
15 proper, including the issuance of fines not to exceed \$10,000  
16 for each violation, for any one or combination of the  
17 following causes:

18 (1) Material misstatement in furnishing information to  
19 the Department.

20 (2) Violations of this Act, or the rules adopted under  
21 this Act.

22 (3) Conviction by plea of guilty or nolo contendere,  
23 finding of guilt, jury verdict, or entry of judgment or  
24 sentencing, including, but not limited to, convictions,  
25 preceding sentences of supervision, conditional discharge,



1 or first offender probation, under the laws of any  
2 jurisdiction of the United States that is: (i) a felony;  
3 or (ii) a misdemeanor, an essential element of which is  
4 dishonesty, or that is directly related to the practice of  
5 the profession.

6 (4) Making any misrepresentation for the purpose of  
7 obtaining licenses.

8 (5) Professional incompetence.

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

11 (7) Failing, within 60 days, to provide information in  
12 response to a written request made by the Department.

13 (8) Engaging in dishonorable, unethical, or  
14 unprofessional conduct, as defined by rule, of a character  
15 likely to deceive, defraud, or harm the public.

16 (9) Habitual or excessive use or addiction to alcohol,  
17 narcotics, stimulants, or any other chemical agent or drug  
18 that results in a midwife's inability to practice with  
19 reasonable judgment, skill, or safety.

20 (10) Discipline by another U.S. jurisdiction or  
21 foreign nation, if at least one of the grounds for  
22 discipline is the same or substantially equivalent to  
23 those set forth in this Section.

24 (11) Directly or indirectly giving to or receiving  
25 from any person, firm, corporation, partnership, or  
26 association any fee, commission, rebate or other form of

1 compensation for any professional services not actually or  
2 personally rendered. Nothing in this paragraph affects any  
3 bona fide independent contractor or employment  
4 arrangements, including provisions for compensation,  
5 health insurance, pension, or other employment benefits,  
6 with persons or entities authorized under this Act for the  
7 provision of services within the scope of the licensee's  
8 practice under this Act.

9 (12) A finding by the Department that the licensee,  
10 after having his or her license placed on probationary  
11 status, has violated the terms of probation.

12 (13) Abandonment of a patient.

13 (14) Willfully making or filing false records or  
14 reports in his or her practice, including, but not limited  
15 to, false records filed with state agencies or  
16 departments.

17 (15) Willfully failing to report an instance of  
18 suspected child abuse or neglect as required by the Abused  
19 and Neglected Child Reporting Act.

20 (16) Physical illness, or mental illness or impairment  
21 that results in the inability to practice the profession  
22 with reasonable judgment, skill, or safety, including, but  
23 not limited to, deterioration through the aging process or  
24 loss of motor skill.

25 (17) Being named as a perpetrator in an indicated  
26 report by the Department of Children and Family Services

1 under the Abused and Neglected Child Reporting Act, and  
2 upon proof by clear and convincing evidence that the  
3 licensee has caused a child to be an abused child or  
4 neglected child as defined in the Abused and Neglected  
5 Child Reporting Act.

6 (18) Gross negligence resulting in permanent injury or  
7 death of a patient.

8 (19) Employment of fraud, deception, or any unlawful  
9 means in applying for or securing a license as a licensed  
10 certified profession midwife.

11 (21) Immoral conduct in the commission of any act,  
12 including sexual abuse, sexual misconduct, or sexual  
13 exploitation related to the licensee's practice.

14 (22) Violation of the Health Care Worker Self-Referral  
15 Act.

16 (23) Practicing under a false or assumed name, except  
17 as provided by law.

18 (24) Making a false or misleading statement regarding  
19 his or her skill or the efficacy or value of the medicine,  
20 treatment, or remedy prescribed by him or her in the  
21 course of treatment.

22 (25) Allowing another person to use his or her license  
23 to practice.

24 (26) Prescribing, selling, administering,  
25 distributing, giving, or self-administering a drug  
26 classified as a controlled substance for purposes other

1 than medically-accepted therapeutic purposes.

2 (27) Promotion of the sale of drugs, devices,  
3 appliances, or goods provided for a patient in a manner to  
4 exploit the patient for financial gain.

5 (28) A pattern of practice or other behavior that  
6 demonstrates incapacity or incompetence to practice under  
7 this Act.

8 (29) Violating State or federal laws, rules, or  
9 regulations relating to controlled substances or other  
10 legend drugs or ephedra as defined in the Ephedra  
11 Prohibition Act.

12 (30) Failure to establish and maintain records of  
13 patient care and treatment as required by law.

14 (31) Attempting to subvert or cheat on the examination  
15 of the North American Registry of Midwives or its  
16 successor agency.

17 (32) Willfully or negligently violating the  
18 confidentiality between licensed certified profession  
19 midwives and patient, except as required by law.

20 (33) Willfully failing to report an instance of  
21 suspected abuse, neglect, financial exploitation, or  
22 self-neglect of an eligible adult as defined in and  
23 required by the Adult Protective Services Act.

24 (34) Being named as an abuser in a verified report by  
25 the Department on Aging under the Adult Protective  
26 Services Act and upon proof by clear and convincing

1 evidence that the licensee abused, neglected, or  
2 financially exploited an eligible adult as defined in the  
3 Adult Protective Services Act.

4 (35) Failure to report to the Department an adverse  
5 final action taken against him or her by another licensing  
6 jurisdiction of the United States or a foreign state or  
7 country, a peer review body, a health care institution, a  
8 professional society or association, a governmental  
9 agency, a law enforcement agency, or a court.

10 (36) Failure to provide copies of records of patient  
11 care or treatment, except as required by law.

12 (37) Failure of a licensee to report to the Department  
13 surrender by the licensee of a license or authorization to  
14 practice in another state or jurisdiction or current  
15 surrender by the licensee of membership professional  
16 association or society while under disciplinary  
17 investigation by any of those authorities or bodies for  
18 acts or conduct similar to acts or conduct that would  
19 constitute grounds for action under this Section.

20 (38) Failing, within 90 days, to provide a response to  
21 a request for information in response to a written request  
22 made by the Department by certified or registered mail or  
23 by email to the email address of record.

24 (39) Failure to supervise a midwife assistant or  
25 student midwife including, but not limited to, allowing a  
26 midwife assistant or student midwife to exceed their

1 scope.

2 (40) Failure to adequately inform a patient about  
3 their malpractice liability insurance coverage and the  
4 policy limits of the coverage.

5 (41) Failure to submit an annual report to Department  
6 of Public Health.

7 (b) The Department may, without a hearing, refuse to issue  
8 or renew or may suspend the license of any person who fails to  
9 file a return, or to pay the tax, penalty, or interest shown in  
10 a filed return, or to pay any final assessment of the tax,  
11 penalty, or interest as required by any tax Act administered  
12 by the Department of Revenue, until the requirements of any  
13 such tax Act are satisfied.

14 (c) The determination by a circuit court that a licensee  
15 is subject to involuntary admission or judicial admission as  
16 provided in the Mental Health and Developmental Disabilities  
17 Code operates as an automatic suspension. The suspension will  
18 end only upon a finding by a court that the patient is no  
19 longer subject to involuntary admission or judicial admission  
20 and issues an order so finding and discharging the patient,  
21 and upon the recommendation of the Disciplinary Board to the  
22 Secretary that the licensee be allowed to resume his or her  
23 practice.

24 (d) In enforcing this Section, the Department, upon a  
25 showing of a possible violation, may compel an individual  
26 licensed to practice under this Act, or who has applied for

1 licensure under this Act, to submit to a mental or physical  
2 examination, or both, including a substance abuse or sexual  
3 offender evaluation, as required by and at the expense of the  
4 Department.

5       The Department shall specifically designate the examining  
6 physician licensed to practice medicine in all of its branches  
7 or, if applicable, the multidisciplinary team involved in  
8 providing the mental or physical examination or both. The  
9 multidisciplinary team shall be led by a physician licensed to  
10 practice medicine in all of its branches and may consist of one  
11 or more or a combination of physicians licensed to practice  
12 medicine in all of its branches, licensed clinical  
13 psychologists, licensed clinical social workers, licensed  
14 clinical professional counselors, and other professional and  
15 administrative staff. Any examining physician or member of the  
16 multidisciplinary team may require any person ordered to  
17 submit to an examination pursuant to this Section to submit to  
18 any additional supplemental testing deemed necessary to  
19 complete any examination or evaluation process, including, but  
20 not limited to, blood testing, urinalysis, psychological  
21 testing, or neuropsychological testing.

22       The Department may order the examining physician or any  
23 member of the multidisciplinary team to provide to the  
24 Department any and all records, including business records,  
25 that relate to the examination and evaluation, including any  
26 supplemental testing performed.

1           The Department may order the examining physician or any  
2 member of the multidisciplinary team to present testimony  
3 concerning the mental or physical examination of the licensee  
4 or applicant. No information, report, record, or other  
5 documents in any way related to the examination shall be  
6 excluded by reason of any common law or statutory privilege  
7 relating to communications between the licensee or applicant  
8 and the examining physician or any member of the  
9 multidisciplinary team. No authorization is necessary from the  
10 licensee or applicant ordered to undergo an examination for  
11 the examining physician or any member of the multidisciplinary  
12 team to provide information, reports, records, or other  
13 documents or to provide any testimony regarding the  
14 examination and evaluation.

15           The individual to be examined may have, at his or her own  
16 expense, another physician of his or her choice present during  
17 all aspects of this examination. However, that physician shall  
18 be present only to observe and may not interfere in any way  
19 with the examination.

20           Failure of an individual to submit to a mental or physical  
21 examination, when ordered, shall result in an automatic  
22 suspension of his or her license until the individual submits  
23 to the examination.

24           If the Department finds an individual unable to practice  
25 because of the reasons set forth in this Section, the  
26 Department may require that individual to submit to care,



1 counseling, or treatment by physicians approved or designated  
2 by the Department, as a condition, term, or restriction for  
3 continued, reinstated, or renewed licensure to practice; or,  
4 in lieu of care, counseling, or treatment, the Department may  
5 file a complaint to immediately suspend, revoke, or otherwise  
6 discipline the license of the individual. An individual whose  
7 license was granted, continued, reinstated, renewed,  
8 disciplined, or supervised subject to such terms, conditions,  
9 or restrictions, and who fails to comply with such terms,  
10 conditions, or restrictions, shall be referred to the  
11 Secretary for a determination as to whether the individual  
12 shall have his or her license suspended immediately, pending a  
13 hearing by the Department.

14 In instances in which the Secretary immediately suspends a  
15 person's license under this Section, a hearing on that  
16 person's license must be convened by the Department within 30  
17 days after the suspension and completed without appreciable  
18 delay. The Department shall have the authority to review the  
19 subject individual's record of treatment and counseling  
20 regarding the impairment to the extent permitted by applicable  
21 federal statutes and regulations safeguarding the  
22 confidentiality of medical records.

23 An individual licensed under this Act and affected under  
24 this Section shall be afforded an opportunity to demonstrate  
25 to the Department that he or she can resume practice in  
26 compliance with acceptable and prevailing standards under the

1 provisions of his or her license.

2 (e) An individual or organization acting in good faith,  
3 and not in a willful and wanton manner, in complying with this  
4 Section by providing a report or other information to the  
5 Board, by assisting in the investigation or preparation of a  
6 report or information, by participating in proceedings of the  
7 Board, or by serving as a member of the Board, shall not be  
8 subject to criminal prosecution or civil damages as a result  
9 of such actions.

10 (f) Members of the Board and the Disciplinary Board shall  
11 be indemnified by the State for any actions occurring within  
12 the scope of services on the Disciplinary Board or Board, done  
13 in good faith and not willful and wanton in nature. The  
14 Attorney General shall defend all such actions unless he or  
15 she determines either that there would be a conflict of  
16 interest in such representation or that the actions complained  
17 of were not in good faith or were willful and wanton.

18 If the Attorney General declines representation, the  
19 member has the right to employ counsel of his or her choice,  
20 whose fees shall be provided by the State, after approval by  
21 the Attorney General, unless there is a determination by a  
22 court that the member's actions were not in good faith or were  
23 willful and wanton.

24 The member must notify the Attorney General within 7 days  
25 after receipt of notice of the initiation of any action  
26 involving services of the Disciplinary Board. Failure to

1 notify the Attorney General constitutes an absolute waiver of  
2 the right to a defense and indemnification.

3 The Attorney General shall determine, within 7 days after  
4 receiving such notice, whether he or she will undertake to  
5 represent the member.

6 Section 105. Suspension of license for failure to pay  
7 restitution. The Department, without further process or  
8 hearing, shall suspend the license or other authorization to  
9 practice of any person issued under this Act who has been  
10 certified by court order as not having paid restitution to a  
11 person under Section 8A-3.5 of the Illinois Public Aid Code or  
12 under Section 17-10.5 or 46-1 of the Criminal Code of 1961 or  
13 the Criminal Code of 2012. A person whose license or other  
14 authorization to practice is suspended under this Section is  
15 prohibited from practicing until the restitution is made in  
16 full.

17 Section 110. Restoration of license. At any time after the  
18 successful completion of a term of probation, suspension, or  
19 revocation of any license, the Department may restore it to  
20 the licensee, unless after an investigation and a hearing, the  
21 Department determines that restoration is not in the public  
22 interest. Where circumstances of suspension or revocation so  
23 indicate, the Department may require an examination of the  
24 licensee prior to restoring his or her license. No person

1 whose license has been revoked as authorized in this Act may  
2 apply for restoration of that license until provided for in  
3 the Civil Administrative Code of Illinois.

4 A license that has been suspended or revoked shall be  
5 considered nonrenewed for purposes of restoration and a person  
6 restoring his or her license from suspension or revocation  
7 must comply with the requirements for restoration of a  
8 nonrenewed license as set forth in Section 20 and any related  
9 rules adopted.

10 Section 115. Surrender of license. Upon the revocation or  
11 suspension of any license, the licensee shall immediately  
12 surrender the license to the Department. If the licensee fails  
13 to do so, the Department shall have the right to seize the  
14 license.

15 Section 120. Temporary suspension of license. The  
16 Secretary may temporarily suspend the license of a certified  
17 professional midwife without a hearing, simultaneously with  
18 the institution of proceedings for a hearing provided for in  
19 Section 125, if the Secretary finds that evidence in his or her  
20 possession indicates that continuation in practice would  
21 constitute an imminent danger to the public. If the Secretary  
22 suspends, temporarily, the license without a hearing, a  
23 hearing by the Department must be held within 30 days after  
24 such suspension has occurred, and concluded without

1 appreciable delay.

2 Section 125. Rehearing. If the Secretary is satisfied that  
3 substantial justice has not been done in the revocation,  
4 suspension, or refusal to issue or renew a license, the  
5 Secretary may order a rehearing by the same or another hearing  
6 officer or Disciplinary Board.

7 Section 130. Administrative review; certification of  
8 record.

9 (a) All final administrative decisions of the Department  
10 are subject to judicial review pursuant to the provisions of  
11 the Administrative Review Law, and all rules adopted pursuant  
12 thereto. "Administrative decision" has the same meaning as  
13 used in Section 3-101 of the Code of Civil Procedure.

14 (b) Proceedings for judicial review shall be commenced in  
15 the circuit court of the county in which the party applying for  
16 review resides, but if the party is not a resident of this  
17 State, venue shall be in Sangamon County.

18 (c) The Department shall not be required to certify any  
19 record to the court, to file an answer in court, or to  
20 otherwise appear in any court in a judicial review proceeding  
21 unless and until the Department has received from the  
22 plaintiff payment of the costs of furnishing and certifying  
23 the record, which costs shall be determined by the Department.  
24 Exhibits shall be certified without cost. Failure on the part

1 of the plaintiff to file a receipt in court is grounds for  
2 dismissal of the action. During the pendency and hearing of  
3 any and all judicial proceedings incident to the disciplinary  
4 action, the sanctions imposed upon the accused by the  
5 Department because of acts or omissions related to the  
6 delivery of direct patient care as specified in the  
7 Department's final administrative decision, shall, as a matter  
8 of public policy, remain in full force and effect in order to  
9 protect the public pending final resolution of any of the  
10 proceedings.

11 Section 135. Injunction.

12 (a) If any person violates any provision of this Act, the  
13 Secretary may, in the name of the People of the State of  
14 Illinois, through the Attorney General, or the State's  
15 Attorney of any county in which the action is brought,  
16 petition for an order enjoining the violation or for an order  
17 enforcing compliance with this Act. Upon the filing of a  
18 verified petition in court, the court may issue a temporary  
19 restraining order, without notice or bond, and may  
20 preliminarily and permanently enjoin such violation, and if it  
21 is established that such person has violated or is violating  
22 the injunction, the Court may punish the offender for contempt  
23 of court. Proceedings under this Section shall be in addition  
24 to, and not in lieu of, all other remedies and penalties  
25 provided by this Act.

1           (b) If any person shall practice as a certified  
2 professional midwife or hold himself or herself out as a  
3 licensed certified professional midwife without being licensed  
4 under the provisions of this Act, then any licensed certified  
5 professional midwife, any interested party, or any person  
6 injured thereby may, in addition to the Secretary, petition  
7 for relief as provided in subsection (a).

8           (c) If, in the opinion of the Department, any person  
9 violates any provision of this Act, the Department may issue a  
10 rule to show cause why an order to cease and desist should not  
11 be entered against him or her. The rule shall clearly set forth  
12 the grounds relied upon by the Department and shall provide a  
13 period of 7 days from the date of the rule to file an answer to  
14 the satisfaction of the Department. Failure to answer to the  
15 satisfaction of the Department shall cause an order to cease  
16 and desist to be issued forthwith.

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 The Department shall, before suspending, revoking, placing on  
21 probationary status, or taking any other disciplinary action  
22 as the Department may deem proper with regard to any license,  
23 at least 30 days prior to the date set for the hearing, notify  
24 the applicant or licensee in writing of any charges made and  
25 the time and place for a hearing of the charges before the

1 Disciplinary Board, direct him or her to file his or her  
2 written answer thereto to the Disciplinary Board under oath  
3 within 20 days after the service on him or her of such notice  
4 and inform him or her that if he or she fails to file such  
5 answer default will be taken against him or her and his or her  
6 license may be suspended, revoked, placed on probationary  
7 status, or have other disciplinary action, including limiting  
8 the scope, nature, or extent of his or her practice, as the  
9 Department may deem proper taken with regard thereto. Written  
10 or electronic notice may be served by personal delivery,  
11 email, or mail to the applicant or licensee at his or her  
12 address of record or email address of record. At the time and  
13 place fixed in the notice, the Department shall proceed to  
14 hear the charges and the parties or their counsel shall be  
15 accorded ample opportunity to present such statements,  
16 testimony, evidence, and argument as may be pertinent to the  
17 charges or to the defense thereto. The Department may continue  
18 such hearing from time to time. In case the applicant or  
19 licensee, after receiving notice, fails to file an answer, his  
20 or her license may in the discretion of the Secretary, having  
21 received first the recommendation of the Disciplinary Board,  
22 be suspended, revoked, placed on probationary status, or the  
23 Secretary may take whatever disciplinary action as he or she  
24 may deem proper, including limiting the scope, nature, or  
25 extent of such person's practice, without a hearing, if the  
26 act or acts charged constitute sufficient grounds for such



1 action under this Act.

2 Section 145. Hearing report. At the conclusion of the  
3 hearing, the Disciplinary Board shall present to the Secretary  
4 a written report of its findings of fact, conclusions of law,  
5 and recommendations. The report shall contain a finding of  
6 whether the accused person violated this Act or failed to  
7 comply with the conditions required in this Act. The  
8 Disciplinary Board shall specify the nature of the violation  
9 or failure to comply, and shall make its recommendations to  
10 the Secretary.

11 The report of findings of fact, conclusions of law, and  
12 recommendation of the Disciplinary Board shall be the basis  
13 for the Department's order or refusal or for the granting of a  
14 license or permit. The finding is not admissible in evidence  
15 against the person in a criminal prosecution brought for the  
16 violation of this Act, but the hearing and finding are not a  
17 bar to a criminal prosecution brought for the violation of  
18 this Act.

19 Section 150. Hearing officer. Notwithstanding the  
20 provisions of Section 140, the Secretary shall have the  
21 authority to appoint any attorney duly licensed to practice  
22 law in this State to serve as the hearing officer in any action  
23 for refusal to issue or renew, or for discipline of, a license.  
24 The hearing officer shall have full authority to conduct the

1 hearing. The hearing officer shall report his or her findings  
2 of fact, conclusions of law, and recommendations to the  
3 Disciplinary Board and the Secretary. The Disciplinary Board  
4 shall have 60 days from receipt of the report to review the  
5 report of the hearing officer and present their findings of  
6 fact, conclusions of law, and recommendations to the  
7 Secretary. If the Disciplinary Board fails to present its  
8 report within the 60-day period, the respondent may request in  
9 writing a direct appeal to the Secretary, in which case the  
10 Secretary may issue an order based upon the report of the  
11 hearing officer and the record of the proceedings or issue an  
12 order remanding the matter back to the hearing officer for  
13 additional proceedings in accordance with the order.  
14 Notwithstanding any other provision of this Section, if the  
15 Secretary, upon review, determines that substantial justice  
16 has not been done in the revocation, suspension, or refusal to  
17 issue or renew a license or other disciplinary action taken as  
18 the result of the entry of the hearing officer's report, the  
19 Secretary may order a rehearing by the same or other  
20 examiners. If the Secretary disagrees in any regard with the  
21 report of the Disciplinary Board or hearing officer, he or she  
22 may issue an order in contravention thereof.

23 Section 155. Motion for rehearing. In any case  
24 involving the refusal to issue, renew, or discipline of a  
25 license, a copy of the Disciplinary Board's report shall be

1 served upon the respondent by the Department, either  
2 personally or as provided in this Act for the service of the  
3 notice of hearing. Within 20 days after such service, the  
4 respondent may present to the Department a motion in writing  
5 for a rehearing, which motion shall specify the particular  
6 grounds therefor. If no motion for rehearing is filed, then  
7 upon the expiration of the time specified for filing such a  
8 motion, or if a motion for rehearing is denied, then upon such  
9 denial the Secretary may enter an order in accordance with  
10 recommendations of the Disciplinary Board except as provided  
11 in Section 145 or 150. If the respondent shall order from the  
12 reporting service, and pay for a transcript of the record  
13 within the time for filing a motion for rehearing, the 20-day  
14 period within which such a motion may be filed shall commence  
15 upon the delivery of the transcript to the respondent.

16 Section 160. Certification of records by Department. The  
17 Department shall not be required to certify any record to the  
18 court or file any answer in court or otherwise appear in any  
19 court in a judicial review proceeding, unless there is filed  
20 in the court, with the complaint, a receipt from the  
21 Department acknowledging payment of the costs of furnishing  
22 and certifying the record. Failure on the part of the  
23 plaintiff to file a receipt in court shall be grounds for  
24 dismissal of the action.

1           Section 165. Violation. Any person who is found to have  
2 knowingly violated any provision of this Act is guilty of a  
3 Class A misdemeanor. On conviction of a second or subsequent  
4 offense the violator shall be guilty of a Class 4 felony.

5           Section 170. Fees.

6           (a) Fees collected for the administration of this Act  
7 shall be set by the Department by rule. All fees are  
8 nonrefundable.

9           (b) All moneys collected under this Act by the Department  
10 shall be deposited in the General Professions Fund.

11          Section 175. Returned checks; fines. Any person who  
12 delivers a check or other payment to the Department that is  
13 returned to the Department unpaid by the financial institution  
14 upon which it is drawn shall pay to the Department, in addition  
15 to the amount already owed to the Department, a fine of \$50.  
16 The fines imposed by this Section are in addition to any other  
17 discipline provided under this Act for unlicensed practice or  
18 practice on a nonrenewed license. The Department shall notify  
19 the person that payment of fees and fines shall be paid to the  
20 Department by certified check or money order within 30  
21 calendar days of the notification. If, after the expiration of  
22 30 days from the date of the notification, the person has  
23 failed to submit the necessary remittance, the Department  
24 shall automatically terminate the license or certificate or

1 deny the application, without hearing. If, after termination  
2 or denial, the person seeks a license or certificate, he or she  
3 shall apply to the Department for restoration or issuance of  
4 the license or certificate and pay all fees and fines due to  
5 the Department. The Department may establish a fee for the  
6 processing of an application for restoration of a license or  
7 certificate to pay all expenses of processing this  
8 application. The Secretary may waive the fines due under this  
9 Section in individual cases where the Secretary finds that the  
10 fines would be unreasonable or unnecessarily burdensome.

11 Section 180. Confidentiality. All information collected by  
12 the Department in the course of an examination or  
13 investigation of a licensee or applicant, including, but not  
14 limited to, any complaint against a licensee filed with the  
15 Department and information collected to investigate any such  
16 complaint, shall be maintained for the confidential use of the  
17 Department and shall not be disclosed. The Department shall  
18 not disclose the information to anyone other than law  
19 enforcement officials, regulatory agencies that have an  
20 appropriate regulatory interest as determined by the  
21 Secretary, or a party presenting a lawful subpoena to the  
22 Department. Information and documents disclosed to a federal,  
23 State, county, or local law enforcement agency shall not be  
24 disclosed by the agency for any purpose to any other agency or  
25 person. A formal complaint filed against a licensee by the

1 Department or any order issued by the Department against a  
2 licensee or applicant shall be a public record, except as  
3 otherwise prohibited by law.

4 Section 185. The Regulatory Sunset Act is amended by  
5 changing Section 4.37 as follows:

6 (5 ILCS 80/4.37)

7 Sec. 4.37. Acts and Articles repealed on January 1, 2027.

8 The following are repealed on January 1, 2027:

9 The Clinical Psychologist Licensing Act.

10 The Illinois Optometric Practice Act of 1987.

11 Articles II, III, IV, V, VI, VIIA, VIIB, VIIC, XVII, XXXI,  
12 XXXI 1/4, and XXXI 3/4 of the Illinois Insurance Code.

13 The Boiler and Pressure Vessel Repairer Regulation Act.

14 The Marriage and Family Therapy Licensing Act.

15 The Licensed Certified Professional Midwife Practice Act.

16 (Source: P.A. 99-572, eff. 7-15-16; 99-909, eff. 12-16-16;  
17 99-910, eff. 12-16-16; 99-911, eff. 12-16-16; 100-201, eff.  
18 8-18-17; 100-372, eff. 8-25-17.)