

1 AN ACT concerning public aid.

2 **Be it enacted by the People of the State of Illinois,**
3 **represented in the General Assembly:**

4 Section 5. The Birth Center Licensing Act is amended by
5 changing Sections 5 and 25 as follows:

6 (210 ILCS 170/5)

7 Sec. 5. Definitions. In this Act:

8 "Birth center" means a designated site, other than a
9 hospital:

10 (1) in which births are planned to occur following a
11 normal, uncomplicated, and low-risk pregnancy;

12 (2) that is not the pregnant person's usual place of
13 residence;

14 (3) that is exclusively dedicated to serving the
15 childbirth-related needs of pregnant persons and their
16 newborns, and has no more than 10 beds;

17 (4) that offers prenatal care and community education
18 services and coordinates these services with other health
19 care services available in the community; and

20 (5) that does not provide general anesthesia or
21 surgery.

22 "Certified nurse midwife" means an advanced practice
23 registered nurse licensed in Illinois under the Nurse Practice

1 Act with full practice authority or who is delegated such
2 authority as part of a written collaborative agreement with a
3 physician who is associated with the birthing center or who
4 has privileges at a nearby birthing hospital.

5 "Department" means the Illinois Department of Public
6 Health.

7 "Hospital" does not include places where pregnant females
8 are received, cared for, or treated during delivery if it is in
9 a licensed birth center, nor include any facility required to
10 be licensed as a birth center.

11 "Licensed certified professional midwife" means a person
12 who has successfully met the requirements under Section 45 of
13 the Licensed Certified Professional Midwife Practice Act and
14 holds an active license to practice as a licensed certified
15 professional midwife in Illinois.

16 "Physician" means a physician licensed to practice
17 medicine in all its branches in Illinois.

18 (Source: P.A. 102-518, eff. 8-20-21.)

19 (210 ILCS 170/25)

20 Sec. 25. Staffing.

21 (a) A birth center shall have a clinical director, who may
22 be:

23 (1) a physician who is either certified or eligible
24 for certification by the American College of Obstetricians
25 and Gynecologists or the American Board of Osteopathic

1 Obstetricians and Gynecologists or has hospital
2 obstetrical privileges; or

3 (2) a certified nurse midwife.

4 (b) The clinical director shall be responsible for:

5 (1) the development of policies and procedures for
6 services as provided by Department rules;

7 (2) coordinating the clinical staff and overall
8 provision of patient care;

9 (3) developing and approving policies defining the
10 criteria to determine which pregnancies are accepted as
11 normal, uncomplicated, and low-risk; and

12 (4) developing and approving policing regarding the
13 anesthesia services available at the center.

14 (c) An obstetrician, family practitioner, ~~or~~ certified
15 nurse midwife, or licensed certified professional midwife
16 shall attend each person in labor from the time of admission
17 through birth and throughout the immediate postpartum period.
18 Attendance may be delegated only to another physician, ~~or~~ a
19 certified nurse midwife, or a licensed certified professional
20 midwife.

21 (d) A second staff person shall be present at each birth
22 who:

23 (1) is licensed or certified in Illinois in a
24 health-related field and under the supervision of a
25 physician, ~~or~~ a certified nurse midwife, or a licensed
26 certified professional midwife who is in attendance;

1 (2) has specialized training in labor and delivery
2 techniques and care of newborns; and

3 (3) receives planned and ongoing training as needed to
4 perform assigned duties effectively.

5 (Source: P.A. 102-518, eff. 8-20-21.)

6 Section 10. The Illinois Public Aid Code is amended by
7 changing Section 5-5.24 as follows:

8 (305 ILCS 5/5-5.24)

9 Sec. 5-5.24. Prenatal and perinatal care.

10 (a) The Department of Healthcare and Family Services may
11 provide reimbursement under this Article for all prenatal and
12 perinatal health care services that are provided for the
13 purpose of preventing low-birthweight infants, reducing the
14 need for neonatal intensive care hospital services, and
15 promoting perinatal and maternal health. These services may
16 include comprehensive risk assessments for pregnant
17 individuals, individuals with infants, and infants, lactation
18 counseling, nutrition counseling, childbirth support,
19 psychosocial counseling, treatment and prevention of
20 periodontal disease, language translation, nurse home
21 visitation, and other support services that have been proven
22 to improve birth and maternal health outcomes. The Department
23 shall maximize the use of preventive prenatal and perinatal
24 health care services consistent with federal statutes, rules,

1 and regulations. The Department of Public Aid (now Department
2 of Healthcare and Family Services) shall develop a plan for
3 prenatal and perinatal preventive health care and shall
4 present the plan to the General Assembly by January 1, 2004. On
5 or before January 1, 2006 and every 2 years thereafter, the
6 Department shall report to the General Assembly concerning the
7 effectiveness of prenatal and perinatal health care services
8 reimbursed under this Section in preventing low-birthweight
9 infants and reducing the need for neonatal intensive care
10 hospital services. Each such report shall include an
11 evaluation of how the ratio of expenditures for treating
12 low-birthweight infants compared with the investment in
13 promoting healthy births and infants in local community areas
14 throughout Illinois relates to healthy infant development in
15 those areas.

16 On and after July 1, 2012, the Department shall reduce any
17 rate of reimbursement for services or other payments or alter
18 any methodologies authorized by this Code to reduce any rate
19 of reimbursement for services or other payments in accordance
20 with Section 5-5e.

21 (b) (1) As used in this subsection:

22 "Affiliated provider" means a provider who is enrolled in
23 the medical assistance program and has an active contract with
24 a managed care organization.

25 "Non-affiliated provider" means a provider who is enrolled
26 in the medical assistance program but does not have a contract

1 with an MCO.

2 "Preventive prenatal and perinatal health care services"
3 means services described in subsection (a) including the
4 following non-emergent diagnostic and ancillary services:

5 (i) Diagnostic labs and imaging, including level II
6 ultrasounds.

7 (ii) RhoGAM injections.

8 (iii) Injectable 17-alpha-hydroxyprogesterone
9 caproate (commonly called 17P).

10 (iv) Intrapartum (labor and delivery) services.

11 (v) Any other outpatient or inpatient service relating
12 to pregnancy or the 12 months following childbirth or
13 fetal loss.

14 (2) In order to maximize the accessibility of preventive
15 prenatal and perinatal health care services, the Department of
16 Healthcare and Family Services shall amend its managed care
17 contracts such that an MCO must pay for preventive prenatal
18 services, perinatal healthcare services, and postpartum
19 services rendered by a non-affiliated provider, for which the
20 health plan would pay if rendered by an affiliated provider,
21 at the rate paid under the Illinois Medicaid fee-for-service
22 program methodology for such services, including all policy
23 adjusters, including, but not limited to, Medicaid High Volume
24 Adjustments, Medicaid Percentage Adjustments, Outpatient High
25 Volume Adjustments, and all outlier add-on adjustments to the
26 extent such adjustments are incorporated in the development of

1 the applicable MCO capitated rates, unless a different rate
2 was agreed upon by the health plan and the non-affiliated
3 provider.

4 (3) In cases where a managed care organization must pay
5 for preventive prenatal services, perinatal healthcare
6 services, and postpartum services rendered by a non-affiliated
7 provider, the requirements under paragraph (2) shall not apply
8 if the services were not emergency services, as defined in
9 Section 5-30.1, and:

10 (A) the non-affiliated provider is a perinatal
11 hospital and has, within the 12 months preceding the date
12 of service, rejected a contract that was offered in good
13 faith by the health plan as determined by the Department;
14 or

15 (B) the health plan has terminated a contract with the
16 non-affiliated provider for cause, and the Department has
17 not deemed the termination to have been without merit. The
18 Department may deem that a determination for cause has
19 merit if:

20 (i) an institutional provider has repeatedly
21 failed to conduct discharge planning; or

22 (ii) the provider's conduct adversely and
23 substantially impacts the health of Medicaid patients;
24 or

25 (iii) the provider's conduct constitutes fraud,
26 waste, or abuse; or

1 (iv) the provider's conduct violates the code of
2 ethics governing his or her profession.

3 (Source: P.A. 102-665, eff. 10-8-21.)

4 Section 99. Effective date. This Act takes effect January
5 1, 2023.