Rep. Mary E. Flowers

Filed: 10/28/2021

AMENDMENT TO SENATE BILL 1041

AMENDMENT NO. _____. Amend Senate Bill 1041, AS AMENDED, by replacing everything after the enacting clause with the following:

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

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

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

(2) The Department of Public Health also found that between 2016 and 2017, Black women had the highest rate of severe maternal morbidity with a rate of 101.5 per 10,000 deliveries, which is almost 3 times as high as the rate for white women.

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

(4) In a national representative survey sample of

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

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

(6) For birthing persons of sufficient health who desire to give birth outside of an institutional setting without the assistance of epidural analgesia, planned home birth under the care of a certified professional midwife can be a dignifying and safe, evidence-based choice. In contrast, regulatory impingement on Black families'

ability to access that choice does not serve to enhance maternal or neonatal safety, but instead reifies the institutionalization of Black bodies by the State.

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

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

(9) In its January 2018 report to the General

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

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

Section 10. Medicaid voucher program. The Task Force on Infant and Maternal Mortality Among African Americans shall partner with Holistic Birth Collective to advise the Department of Healthcare and Family Services on the development of a Medicaid voucher program that is eligible for federal dollars to expand consumer choice for Black mothers that includes planned home birth services and in-home perinatal and postpartum care services provided by racially concordant nationally accredited certified professional midwives who are licensed and registered in Illinois. On January 1, 2024, and each January 1 thereafter, the Task Force shall submit a report to the General Assembly that provides a status update on the program and annual impact measure reporting. The Department of Public Health, in consultation with the Department of Healthcare and Family Services, shall implement the program. The Department of Healthcare and Family Services and the Department of Public Health are authorized to adopt rules to implement this Section. The Department of Healthcare and Family Services must apply for a State Plan amendment no later than December 31, 2022.

Section 15. Maternity episode payment model. The program shall implement a maternity episode payment model that provides a single payment for all services across the prenatal, intrapartum, and postnatal period which covers the 9

months of pregnancy plus 12 weeks of postpartum. The core elements of the maternity care episode payment model shall include all of the following:

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

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

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

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

Section 99. Effective date. This Act takes effect January 1, 2022.".