



Rep. Robyn Gabel

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1 AMENDMENT TO SENATE BILL 3712

2 AMENDMENT NO. _____. Amend Senate Bill 3712 by replacing
3 everything after the enacting clause with the following:

4 "Section 1. Short title. This Act may be cited as the Home
5 Birth Safety 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 and hold the title of Licensed
13 Midwife, to promote high standards of professional performance
14 for those licensed to practice midwifery in out-of-hospital
15 settings in this State, and to protect the public from
16 unprofessional conduct by persons licensed to practice

1 midwifery, as defined in this Act. This Act shall be liberally
2 construed to best carry out these purposes.

3 Section 10. Exemptions.

4 (a) This Act does not prohibit a person licensed under any
5 other Act in this State from engaging in the practice for which
6 he or she is licensed or from delegating services as provided
7 for under that other Act.

8 (b) Nothing in this Act shall be construed to prohibit or
9 require licensing under this Act, with regard to a student
10 midwife working under the direction of a licensed midwife.

11 Section 15. Definitions. In this Act:

12 "Board" means the Illinois Midwifery Board.

13 "Certified professional midwife" means a person who has met
14 the standards for certification set by the North American
15 Registry of Midwives or a successor organization and has been
16 awarded the Certified Professional Midwife (CPM) credential.

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

19 "Licensed midwife" means a person who has been granted a
20 license under this Act to engage in the practice of midwifery.

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

1 "North American Registry of Midwives" or "NARM" means the
2 accredited international agency, or its successor, that has
3 established and has continued to administer certification for
4 the credentialing of certified professional midwives.

5 "Practice of midwifery" means providing the necessary
6 supervision, care, education, and advice to women during the
7 antepartum, intrapartum, and postpartum period, conducting
8 deliveries independently, and caring for the newborn, with such
9 care including without limitation preventative measures, the
10 detection of abnormal conditions in the mother and the child,
11 the procurement of medical assistance, and the execution of
12 emergency measures in the absence of medical help. "Practice of
13 midwifery" includes non-prescriptive family planning.

14 "Secretary" means the Secretary of Financial and
15 Professional Regulation.

16 Section 20. Unlicensed practice. Beginning 3 years after
17 the effective date of this Act, no person may practice, attempt
18 to practice, or hold himself or herself out to practice as a
19 licensed midwife unless he or she is licensed as a midwife
20 under this Act.

21 Section 25. Title. A licensed midwife may identify himself
22 or herself as a Licensed Midwife or a Licensed Homebirth
23 Midwife and may use the abbreviation L.M. A licensed midwife
24 who carries the CPM credential may alternately identify himself

1 or herself as a Licensed Certified Professional Midwife or
2 Licensed CPM and may use the abbreviation LM, CPM.

3 Section 30. Informed consent.

4 (a) A licensed midwife shall, at an initial consultation
5 with a client, provide a copy of the rules under this Act and
6 disclose to the client orally and in writing all of the
7 following:

8 (1) The licensed midwife's experience and training.

9 (2) Whether the licensed midwife has malpractice
10 liability insurance coverage and the policy limits of any
11 such coverage.

12 (3) A written protocol for the handling of medical
13 emergencies, including transportation to a hospital,
14 particular to each client.

15 (4) A notice that the client must obtain a physical
16 examination from a physician licensed to practice medicine
17 in all its branches, doctor of osteopathy, physician
18 assistant, or advanced practice nurse.

19 (b) A copy of the informed consent document, signed and
20 dated by the client, must be kept in each client's chart.

21 Section 33. Vicarious liability. No physician licensed to
22 practice medicine in all its branches or advanced practice
23 nurse shall be held liable for an injury solely resulting from
24 an act or omission by a licensed midwife occurring outside of a

1 hospital, doctor's office or health care facility.

2 Except as may otherwise be provided by law, nothing in this
3 Section shall exempt any physician licensed to practice
4 medicine in all its branches or advanced practice nurse from
5 liability for his or her own negligent, grossly negligent, or
6 willful or wanton acts or omissions.

7 Section 35. Advertising.

8 (a) Any person licensed under this Act may advertise the
9 availability of professional midwifery services in the public
10 media or on premises where professional services are rendered,
11 if the advertising is truthful and not misleading and is in
12 conformity with any rules regarding the practice of a licensed
13 midwife.

14 (b) A licensee must include in every advertisement for
15 midwifery services regulated under this Act his or her title as
16 it appears on the license or the initials authorized under this
17 Act.

18 Section 40. Powers and duties of the Department; rules.

19 (a) Administration by the Department of this Act must be
20 consistent with standards regarding the practice of midwifery
21 established by the National Association of Certified
22 Professional Midwives or a successor organization whose
23 essential documents include without limitation subject matter
24 concerning scope of practice, standards of practice, informed

1 consent, appropriate consultation, collaboration or referral,
2 and acknowledgement of a woman's right to self determination
3 concerning her maternity care.

4 (b) Rules prescribed by the Department under this Act must
5 provide for the scope of practice, including all of the
6 following:

7 (1) With regard to testing, care, and screening, a
8 licensed midwife shall:

9 (A) offer each client routine prenatal care and
10 testing in accordance with current American College of
11 Obstetricians and Gynecologists guidelines;

12 (B) provide all clients with a plan for 24-hour
13 on-call availability by a licensed midwife, certified
14 nurse-midwife, or licensed physician throughout
15 pregnancy, intrapartum, and 6 weeks postpartum;

16 (C) provide clients with labor support, fetal
17 monitoring, and routine assessment of vital signs once
18 active labor is established;

19 (D) supervise delivery of infant and placenta,
20 assess newborn and maternal well-being in immediate
21 postpartum, and perform Apgar scores;

22 (E) perform routine cord management and inspect
23 for the appropriate number of vessels;

24 (F) inspect the placenta and membranes for
25 completeness;

26 (G) inspect the perineum and vagina postpartum for

1 lacerations and stabilize;

2 (H) observe mother and newborn postpartum until
3 stable condition is achieved, but in no event for less
4 than 2 hours;

5 (I) instruct the mother, father, and other support
6 persons, both verbally and in writing, of the special
7 care and precautions for both mother and newborn in the
8 immediate postpartum period;

9 (J) reevaluate maternal and newborn well-being
10 within 36 hours after delivery.

11 (K) use universal precautions with all biohazard
12 materials;

13 (L) ensure that a birth certificate is accurately
14 completed and filed in accordance with State law;

15 (M) offer to obtain and submit a blood sample, in
16 accordance with the recommendations for metabolic
17 screening of the newborn;

18 (N) offer an injection of vitamin K for the
19 newborn, in accordance with the indication, dose, and
20 administration route set forth in this Section.

21 (O) within one week after delivery, offer a newborn
22 hearing screening to every newborn or refer the parents
23 to a facility with a newborn hearing screening program;

24 (P) within 2 hours after the birth, offer the
25 administration of anti-biotic ointment into the eyes
26 of the newborn, in accordance with State law on the

1 prevention of infant blindness; and

2 (Q) maintain adequate antenatal and perinatal
3 records of each client and provide records to
4 consulting licensed physicians and licensed certified
5 nurse-midwives, in accordance with the federal Health
6 Insurance Portability and Accountability Act.

7 (2) With regard to prescription drugs, devices, and
8 procedures, licensed midwives may administer the following
9 medications during the practice of midwifery:

10 (A) oxygen for the treatment of fetal distress;

11 (B) the following eye prophylactics: 0.5%
12 Erythromycin ophthalmic ointment or 1% Tetracycline
13 ophthalmic ointment for the prevention of neonatal
14 ophthalmia;

15 (C) Oxytocin or Pitocin as a postpartum
16 antihemorrhagic agent or as a prophylaxis for
17 hemorrhage;

18 (D) Methylergonovine or Methergine for the
19 treatment of postpartum hemorrhage;

20 (E) Misoprostol (Cytotec), 100-200 mcg for the
21 treatment of postpartum hemorrhage;

22 (F) Vitamin K for the prophylaxis of hemorrhagic
23 disease of the newborn;

24 (G) Rho(D) immune globulin (Rhogam) for the
25 prevention of Rho(D) sensitization in Rho(D) negative
26 women;

1 (H) Lactated Ringers IV solution may be used for
2 maternal stabilization;

3 (I) Lidocaine injection as a numbing agent for
4 repair of postpartum tears; and

5 (J) sterile water subcutaneous injections as a
6 non-pharmacological form of pain relief during the
7 first and second stages of labor.

8 The medication indications, dose, route of
9 administration, and duration of treatment relating to the
10 administration of drugs and procedures identified under
11 this item (2) are as follows:

12 Medication: Oxygen

13 Indication: Fetal distress

14 Maternal dose: 6-8 L/minute

15 Route of Administration: Mask

16 Duration of Treatment: Until delivery or transfer to a
17 hospital is complete

18 Infant dose: 4-6 L/minute

19 Route of Administration: Bag and mask

20 Infant dose: 4-6 L/minute

21 Route of Administration: Mask

22 Duration of Treatment: 20 minutes or until transfer to a
23 hospital is complete

24 Medication: 0.5% Erythromycin ophthalmic ointment or 1%

1 Tetracycline ophthalmic ointment

2 Indication: Prophylaxis of Neonatal Ophthalmia

3 Dose: 1 cm ribbon in each eye from unit dose package

4 Route of Administration: Topical

5 Duration of Treatment: 1 dose

6 Medication: Oxytocin (Pitocin), 10 units/ml

7 Indication: Postpartum hemorrhage only: prevention or
8 treatment of postpartum hemorrhage only

9 Dose: 1-2 ml, 10-20 units

10 Route of Administration: Intramuscularly only

11 Duration of Treatment: 1-2 doses

12 Medication: Methylergonovine (Methergine), 0.2 mg/ml or
13 0.2 mg tabs

14 Indication: Postpartum hemorrhage only

15 Dose: 0.2 mg

16 Route of administration: Intramuscularly or orally single
17 dose

18 Duration of treatment: Every 4 hours, may repeat. Maximum 5
19 doses

20 Contraindicated in hypertension and Raynaud's Disease

21 Medication: Misoprostol (Cytotec), 100-200 mcg

22 Indication: Treatment of postpartum hemorrhage only

23 Dose: 100-200 mcg tablet

1 Route of administration: orally or rectally

2 Duration of treatment: 400-1,000 mcg, in one dose

3 Caution with Inflammatory Bowel Disease

4 Medication: Vitamin K, 1.0 mg/0.5 ml

5 Indication: Prophylaxis of hemorrhagic disease of the
6 newborn

7 Dose: 1.0 mg injection

8 Route of administration: Intramuscularly

9 Duration of treatment: Single dose

10 Medication: Rho(D) Immune Globulin (Rhogam)

11 Indication: Prevention of Rho(D) sensitization in Rho(D)
12 negative women

13 Dose: Unit dose

14 Route of administration: Intramuscularly only

15 Duration of treatment: (i) Single dose at any gestation for
16 Rho(D) negative, antibody negative women within 72 hours
17 after spontaneous bleeding, (ii) single dose at 26-28 weeks
18 gestation for Rho(D) negative, antibody negative women,
19 and (iii) single dose for Rho(D) negative, antibody
20 negative women within 72 hours after delivery of Rho(D)
21 positive infant or infant with an unknown blood type

22 Medication: Lactated Ringer's solution (LR), unless
23 unavailable or impractical in which case 0.9% sodium

1 chloride may be administered

2 Indication: To achieve maternal stabilization during
3 uncontrolled postpartum hemorrhage or any time blood loss
4 is accompanied by tachycardia, hypotension, decreased
5 level of consciousness, pallor, or diaphoresis

6 Dose: First liter run in at a wide-open rate, the second
7 liter titrated to client's condition

8 Route of administration: IV catheter 18 gauge or larger
9 bore

10 Duration of treatment: 2L if hemorrhage is severe

11 Medication: Lidocaine 1% injection

12 Indication: numbing agent for repair of postpartum tears

13 Dose: 1-40 ml infiltration as needed

14 Route of Administration: Topical or injected subcutaneous

15 Duration of treatment: Maximum 40 ml, one time

16 Medication/Procedure: Sterile water papules

17 Indication: For labor pain in the first and second stages
18 of labor

19 Dose: one injection of 0.25-0.5 ml at each of 4 injection
20 sights

21 Route of administration: 4 subcutaneous injections in the
22 small of the back

23 Duration of treatment: Every 2 hours until no longer
24 necessary or delivery. No maximum dosage

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

17 A licensed midwife shall consult with a physician
18 licensed to practice medicine in all of its branches, a
19 physician assistant licensed under the Physician Assistant
20 Act of 1987, or an advanced practice nurse licensed under
21 the Nurse Practice Act with regard to any mother who,
22 during antepartum, presents with or develops any of the
23 following risk factors or presents with or develops other
24 risk factors that, in the judgment of the licensed midwife,
25 warrant consultation:

1 (A) Pregnancy induced hypertension, as evidenced
2 by a blood pressure of 140/90 on 2 occasions greater
3 than 6 hours apart.

4 (B) Persistent, severe headaches, epigastric pain,
5 or visual disturbances.

6 (C) Persistent symptoms of urinary tract
7 infection.

8 (D) Significant vaginal bleeding before the onset
9 of labor not associated with uncomplicated spontaneous
10 abortion.

11 (E) Rupture of membranes prior to the 37th week
12 gestation.

13 (F) Noted abnormal decrease in or cessation of
14 fetal movement.

15 (G) Anemia resistant to supplemental therapy.

16 (H) Fever of 102 degrees F or 39 degrees C or
17 greater for more than 24 hours.

18 (I) Non-vertex presentation after 38 weeks
19 gestation.

20 (J) Hyperemesis or significant dehydration.

21 (K) ISO immunization, Rh negative sensitized,
22 positive titers, or any other positive antibody titer,
23 which may have a detrimental effect on the mother or
24 fetus.

25 (L) Elevated blood glucose levels unresponsive to
26 dietary management.

1 (M) Positive HIV antibody test.

2 (N) Primary genital herpes infection in pregnancy.

3 (O) Symptoms of malnutrition or anorexia or
4 protracted weight loss or failure to gain weight.

5 (P) Suspected deep vein thrombosis.

6 (Q) Documented placental anomaly or previa.

7 (R) Documented low lying placenta after 28 weeks
8 gestation.

9 (S) Labor prior to the 37th week of gestation.

10 (T) History of any prior uterine incision. A woman
11 who has had a previous low transverse cesarean section
12 (LTCS) with a subsequent vaginal birth may be
13 considered for home birth. A woman with a prior LTCS
14 and no subsequent vaginal birth after cesarean or other
15 uterine surgeries, may be managed antepartally with
16 consultation, but will be transferred to the
17 consultant's care for delivery.

18 (U) Lie other than vertex at term.

19 (V) Multiple gestation.

20 (W) Known fetal anomalies that may be affected by
21 the site of birth.

22 (X) Marked abnormal fetal heart tones.

23 (Y) Abnormal non-stress test or abnormal
24 biophysical profile.

25 (Z) Marked or severe poly or oligo hydramnios.

26 (AA) Evidence of intrauterine growth

1 restriction.

2 (BB) Significant abnormal ultrasound findings.

3 (CC) Gestation beyond 42 weeks by reliable
4 confirmed dates.

5 A licensed midwife shall consult with a licensed physician
6 or certified nurse-midwife with regard to any mother who,
7 during intrapartum, presents with or develops any of the
8 following risk factors or presents with or develops other
9 risk factors that, in the judgment of the licensed midwife,
10 warrant consultation:

11 (A) Rise in blood pressure above baseline, more
12 than 30/15 points or greater than 140/90.

13 (B) Persistent, severe headaches, epigastric pain,
14 or visual disturbances.

15 (C) Significant proteinuria or ketonuria.

16 (D) Fever over 100.6 degrees F or 38 degrees C in
17 absence of environmental factors.

18 (E) Ruptured membranes without onset of
19 established labor after 18 hours.

20 (F) Significant bleeding prior to delivery or any
21 abnormal bleeding, with or without abdominal pain; or
22 evidence of placental abruption.

23 (G) Lie not compatible with spontaneous vaginal
24 delivery or unstable fetal lie.

25 (H) Failure to progress after 5 hours of active
26 labor or following 2 hours of active second stage

1 labor.

2 (I) Signs or symptoms of maternal infection.

3 (J) Active genital herpes at onset of labor.

4 (K) Fetal heart tones with non-reassuring
5 patterns.

6 (L) Signs or symptoms of fetal distress.

7 (M) Thick meconium or frank bleeding with birth not
8 imminent.

9 (N) Client or licensed midwife desires physician
10 consultation or transfer.

11 A licensed midwife shall consult with a licensed
12 physician or certified nurse-midwife with regard to any
13 mother who, during postpartum, presents with or develops
14 any of the following risk factors or presents with or
15 develops other risk factors that, in the judgment of the
16 licensed midwife, warrant consultation:

17 (A) Failure to void within 6 hours of birth.

18 (B) Signs or symptoms of maternal shock.

19 (C) Febrile: 102 degrees F or 39 degrees C and
20 unresponsive to therapy for 12 hours.

21 (D) Abnormal lochia or signs or symptoms of uterine
22 sepsis.

23 (E) Suspected deep vein thrombosis.

24 (F) Signs of clinically significant depression.

25 A licensed midwife shall consult with a licensed
26 physician or licensed certified nurse-midwife with regard

1 to any neonate who is born with or develops any of the
2 following risk factors:

3 (A) Apgar score of 6 or less at 5 minutes without
4 significant improvement by 10 minutes.

5 (B) Persistent grunting respirations or retractions.

6 (C) Persistent cardiac irregularities.

7 (D) Persistent central cyanosis or pallor.

8 (E) Persistent lethargy or poor muscle tone.

9 (F) Abnormal cry.

10 (G) Birth weight less than 2300 grams.

11 (H) Jitteriness or seizures.

12 (I) Jaundice occurring before 24 hours or outside of
13 normal range.

14 (J) Failure to urinate within 24 hours of birth.

15 (K) Failure to pass meconium within 48 hours of birth.

16 (L) Edema.

17 (M) Prolonged temperature instability.

18 (N) Significant signs or symptoms of infection.

19 (O) Significant clinical evidence of glycemic
20 instability.

21 (P) Abnormal, bulging, or depressed fontanel.

22 (Q) Significant clinical evidence of prematurity.

23 (R) Medically significant congenital anomalies.

24 (S) Significant or suspected birth injury.

25 (T) Persistent inability to suck.

26 (U) Diminished consciousness.

1 (V) Clinically significant abnormalities in vital
2 signs, muscle tone or behavior.

3 (W) Clinically significant color abnormality,
4 cyanotic, or pale or abnormal perfusion.

5 (X) Abdominal distention or projectile vomiting.

6 (Y) Signs of clinically significant dehydration or
7 failure to thrive.

8 (4) The licensed midwife shall initiate immediate
9 transport according to the licensed midwife's emergency
10 plan, provide emergency stabilization until emergency
11 medical services arrive or transfer is completed,
12 accompany the client or follow the client to a hospital in
13 a timely fashion, provide pertinent information to the
14 receiving facility and complete an emergency transport
15 record. Any of the following conditions shall require
16 immediate notification to the licensed midwife's
17 collaborating health care professional and emergency
18 transfer to a hospital:

19 (A) Seizures or unconsciousness.

20 (B) Respiratory distress or arrest.

21 (C) Evidence of shock.

22 (D) Psychosis.

23 (E) Symptomatic chest pain or cardiac arrhythmias.

24 (F) Prolapsed umbilical cord.

25 (G) Shoulder dystocia not resolved by Advanced
26 Life Support in Obstetrics (ALSO) protocol.

- 1 (H) Symptoms of uterine rupture.
- 2 (I) Preeclampsia or eclampsia.
- 3 (J) Severe abdominal pain inconsistent with normal
4 labor.
- 5 (K) Chorioamnionitis.
- 6 (L) Clinically significant fetal heart rate
7 patterns or other manifestation of fetal distress.
- 8 (M) Presentation not compatible with spontaneous
9 vaginal delivery.
- 10 (N) Laceration greater than second degree perineal
11 or any cervical.
- 12 (O) Hemorrhage non-responsive to therapy.
- 13 (P) Uterine prolapse or inversion.
- 14 (Q) Persistent uterine atony.
- 15 (R) Anaphylaxis.
- 16 (S) Failure to deliver placenta after one hour if
17 there is no bleeding and fundus is firm.
- 18 (T) Sustained instability or persistent abnormal
19 vital signs.
- 20 (U) Other conditions or symptoms that could
21 threaten the life of the mother, fetus or neonate.

22 A licensed midwife may deliver a client with any of the
23 complications or conditions set forth in this item (4), if
24 no physician or other equivalent medical services are
25 available and the situation presents immediate harm to the
26 health and safety of the client, if the complication or

1 condition entails extraordinary and unnecessary human
2 suffering, or if delivery occurs during transport.

3 (5) With regard to collaboration, a licensed midwife
4 must form a formal collaborative relationship with a
5 medical doctor or doctor of osteopathy licensed under the
6 Illinois Medical Practice Act or a certified nurse midwife
7 licensed as an advanced practice nurse under the Illinois
8 Nurse Practice Act. This relationship must (i) include
9 documented quarterly review of all clients under the care
10 of the licensed midwife, (ii) include written protocols and
11 procedures for assessing risk and appropriateness for home
12 birth, (iii) provide supportive care when care is
13 transferred to another provider, if possible, and (iv)
14 consider the standards regarding practice of midwifery
15 established by the National Association of Certified
16 Professional Midwives, including referral of mother or
17 baby to appropriate professionals when either needs care
18 outside the midwife's scope of practice or expertise.

19 This relationship must not be construed to necessarily
20 require the personal presence of the collaborating care
21 provider at all times at the place where services are
22 rendered, as long as there is communication available for
23 consultation by radio, telephone, Internet, or
24 telecommunications.

25 (6) With regard to prohibited practices, a licensed
26 midwife may not do any of the following:

1 (A) Administer prescription pharmacological agents
2 intended to induce or augment labor.

3 (B) Administer prescription pharmacological agents
4 to provide pain management.

5 (C) Use vacuum extractors or forceps.

6 (D) Prescribe medications.

7 (E) Provide care to a woman who has had a cesarean
8 section or other uterine surgery, unless that woman has
9 had a successful subsequent vaginal birth after
10 cesarean section.

11 (F) Perform major surgical procedures including,
12 but not limited to, abortions, cesarean sections, and
13 circumcisions.

14 (G) Knowingly accept responsibility for prenatal
15 or intrapartum care of a client with any of the
16 following risk factors:

17 (i) Chronic significant maternal cardiac,
18 pulmonary, renal or hepatic disease.

19 (ii) Malignant disease in an active phase.

20 (iii) Significant hematological disorders or
21 coagulopathies, or pulmonary embolism.

22 (iv) Insulin requiring diabetes mellitus.

23 (v) Known maternal congenital abnormalities
24 affecting childbirth.

25 (vi) Confirmed isoimmunization, Rh disease
26 with positive titer.

1 (vii) Active tuberculosis.

2 (viii) Active syphilis or gonorrhea.

3 (ix) Active genital herpes infection 2 weeks
4 prior to labor or in labor.

5 (x) Pelvic or uterine abnormalities affecting
6 normal vaginal births, including tumors and
7 malformations.

8 (xi) Alcoholism or abuse.

9 (xii) Drug addiction or abuse.

10 (xiii) Confirmed AIDS status.

11 (xiv) Uncontrolled current serious psychiatric
12 illness.

13 (xv) Social or familial conditions
14 unsatisfactory for out-of-hospital maternity care
15 services.

16 (xvi) Fetus with suspected or diagnosed
17 congenital abnormalities that may require
18 immediate medical intervention.

19 (c) The Department must, on a quarterly basis, issue a
20 status report to the Board of all complaints submitted to
21 the Department related to the midwifery profession.

22 Section 45. Illinois Midwifery Board.

23 (a) There is created under the authority of the Department
24 the Illinois Midwifery Board, which shall consist of 7 members
25 appointed by the Secretary, 4 of whom shall be licensed

1 midwives who carry the CPM credential, except that initial
2 appointees must have at least 3 years of experience in the
3 practice of midwifery in an out-of-hospital setting, be
4 certified by the North American Registry of Midwives, and meet
5 the qualifications for licensure set forth in this Act; one of
6 whom shall be an obstetrician licensed under the Medical
7 Practice Act of 1987 who has a minimum of 2 years of experience
8 working or consulting with home birth providers or,
9 alternately, a family practice physician licensed under the
10 Medical Practice Act of 1987 who has a minimum of 2 years of
11 experience providing home birth services; one of whom shall be
12 a certified nurse midwife who has at least 2 years of
13 experience in providing home birth services; and one of whom
14 shall be a knowledgeable public member who has given birth with
15 the assistance of a certified professional midwife in an
16 out-of-hospital birth setting. Board members shall serve
17 4-year terms, except that in the case of initial appointments,
18 terms shall be staggered as follows: 3 members shall serve for
19 4 years, 2 members shall serve for 3 years, and 2 members shall
20 serve for 2 years. The Board shall annually elect a chairperson
21 and vice chairperson.

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

1 (c) Board membership must have reasonable representation
2 from different geographic areas of this State.

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

6 (e) The Secretary may remove any member for cause at any
7 time prior to the expiration of his or her term.

8 (f) A majority of the Board members currently appointed
9 shall constitute a quorum. A vacancy in the membership of the
10 Board shall not impair the right of a quorum to perform all of
11 the duties of the Board.

12 (g) The Board shall provide the Department with
13 recommendations concerning the administration of this Act and
14 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) Conduct hearings and disciplinary conferences on
21 disciplinary charges of licensees.

22 (3) Report to the Department, upon completion of a
23 hearing, the disciplinary actions recommended to be taken
24 against a person found in violation of this Act.

25 (4) Recommend the approval, denial of approval, and
26 withdrawal of approval of required education and

1 continuing educational programs.

2 (h) The Secretary shall give due consideration to all
3 recommendations of the Board. If the Secretary takes action
4 contrary to a recommendation of the Board, the Secretary must
5 promptly provide a written explanation of that action.

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

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

15 Section 50. Qualifications.

16 (a) A person is qualified for licensure as a midwife if
17 that person meets each of the following qualifications:

18 (1) He or she has earned an associate's degree or
19 higher, or the equivalent of an associate's degree or
20 higher, in either nursing or midwifery from an accredited
21 post-secondary institution or has earned a general
22 associates degree or its equivalent, including completion
23 of all of the following coursework from an accredited
24 post-secondary institution in the following denominations:

25 (A) Laboratory Science (must include coursework in

1 Anatomy and Physiology and Microbiology): 12 credit hours.

2 (B) English or Communications: 6 credit hours.

3 (C) Social and Behavioral Science (Sociology and
4 Psychology): 6 credit hours.

5 (D) Math: 3 credit hours.

6 (E) Nutrition: 3 credit hours.

7 (F) Pharmacology: 3 credit hours.

8 (2) He or she has successfully completed a program of
9 midwifery education approved by the North American
10 Registry of Midwives that includes both didactic and
11 clinical internship experience, the sum of which, on
12 average, takes 3 to 5 years to complete.

13 (3) He or she has passed a written and practical skills
14 examination for the practice of midwifery that has been
15 developed following the standards set by the National
16 Commission for Certifying Agencies or a successor
17 organization and is administered by the North American
18 Registry of Midwives.

19 (4) He or she holds a valid CPM credential granted by
20 the North American Registry of Midwives.

21 (b) Before August 31, 2010, a person seeking licensure as a
22 licensed midwife who has not met the educational requirements
23 set forth in this Section shall be qualified for licensure if
24 that person does all of the following:

25 (1) Submits evidence of having successfully passed the
26 national certification exam described in subsection (a) of

1 this Section prior to January 1, 2004.

2 (2) Submits evidence of current certification in adult
3 CPR and infant CPR or neonatal resuscitation.

4 (3) Has continually maintained active, up-to-date
5 recertification status as a certified professional midwife
6 with the North American Registry of Midwives.

7 (4) Submits evidence of practice for at least 5 years
8 as a midwife delivering in an out-of-hospital setting.

9 (c) Nothing used in submitting evidence of practice of
10 midwifery when applying for licensure under this Act shall be
11 used as evidence or to take legal action against the applicant
12 regarding the practice of midwifery, nursing, or medicine prior
13 to the passage of this Act.

14 Section 55. Social Security Number on application. In
15 addition to any other information required to be contained in
16 the application, every application for an original, renewal,
17 reinstated, or restored license under this Act shall include
18 the applicant's Social Security Number.

19 Section 60. Continuing education.

20 (a) The Department shall require all licensed midwives to
21 submit proof of the completion of at least 25 hours of
22 continuing education in classes approved by the North American
23 Registry of Midwives and 5 hours of peer review per 3-year
24 license renewal cycle.

1 (b) Rules adopted under this Act shall require the licensed
2 midwife to maintain CPM certification by meeting all the
3 requirements set forth by the North American Registry of
4 Midwives or to maintain CNM or CM certification by meeting all
5 the requirements set forth by the American Midwifery
6 Certification Board.

7 (c) Each licensee is responsible for maintaining records of
8 completion of continuing education and shall be prepared to
9 produce the records when requested by the Department.

10 Section 65. Inactive status.

11 (a) A licensed midwife who notifies the Department in
12 writing on forms prescribed by the Department may elect to
13 place his or her license on an inactive status and shall be
14 excused from payment of renewal fees until he or she notifies
15 the Department in writing of his or her intent to restore the
16 license.

17 (b) A licensed midwife whose license is on inactive status
18 may not practice licensed midwifery in the State of Illinois.

19 (c) A licensed midwife requesting restoration from
20 inactive status shall be required to pay the current renewal
21 fee and to restore his or her license, as provided by the
22 Department.

23 (d) Any licensee who engages in the practice of midwifery
24 while his or her license is lapsed or on inactive status shall
25 be considered to be practicing without a license, which shall

1 be grounds for discipline.

2 Section 70. Renewal, reinstatement, or restoration of
3 licensure; military service.

4 (a) The expiration date and renewal period for each license
5 issued under this Act shall be set by the Department.

6 (b) All renewal applicants shall provide proof of having
7 met the requirements of continuing education set forth by the
8 North American Registry of Midwives. The Department shall
9 provide for an orderly process for the reinstatement of
10 licenses that have not been renewed due to failure to meet
11 continuing education requirements.

12 (c) Any licensed midwife who has permitted his or her
13 license to expire or who has had his or her license on inactive
14 status may have his or her license restored by making
15 application to the Department and filing proof acceptable to
16 the Department of fitness to have the license restored and by
17 paying the required fees. Proof of fitness may include evidence
18 attesting to active lawful practice in another jurisdiction.

19 (d) The Department shall determine, by an evaluation
20 program, fitness for restoration of a license under this
21 Section and shall establish procedures and requirements for
22 restoration.

23 (e) Any licensed midwife whose license expired while he or
24 she was (i) in federal service on active duty with the Armed
25 Forces of the United States or the State Militia and called

1 into service or training or (ii) in training or education under
2 the supervision of the United States preliminary to induction
3 into the military service may have his or her license restored
4 without paying any lapsed renewal fees, if, within 2 years
5 after honorable termination of service, training, or
6 education, he or she furnishes the Department with satisfactory
7 evidence to the effect that he or she has been so engaged.

8 Section 75. Roster. The Department shall maintain a roster
9 of the names and addresses of all licensees and of all persons
10 whose licenses have been suspended or revoked. This roster
11 shall be available upon written request and payment of the
12 required fee.

13 Section 80. Fees.

14 (a) The Department shall provide for a schedule of fees for
15 the administration and enforcement of this Act, including
16 without limitation original licensure, renewal, and
17 restoration, which fees shall be nonrefundable.

18 (b) All fees collected under this Act shall be deposited
19 into the General Professions Dedicated Fund and appropriated to
20 the Department for the ordinary and contingent expenses of the
21 Department in the administration of this Act.

22 Section 85. Returned checks; fines. Any person who delivers
23 a check or other payment to the Department that is returned to

1 the Department unpaid by the financial institution upon which
2 it is drawn shall pay to the Department, in addition to the
3 amount already owed to the Department, a fine of \$50. The fines
4 imposed by this Section are in addition to any other discipline
5 provided under this Act for unlicensed practice or practice on
6 a non-renewed license. The Department shall notify the person
7 that fees and fines shall be paid to the Department by
8 certified check or money order within 30 calendar days after
9 the notification. If, after the expiration of 30 days from the
10 date of the notification, the person has failed to submit the
11 necessary remittance, the Department shall automatically
12 terminate the license or deny the application, without hearing.
13 If, after termination or denial, the person seeks a license, he
14 or she shall apply to the Department for restoration or
15 issuance of the license and pay all fees and fines due to the
16 Department. The Department may establish a fee for the
17 processing of an application for restoration of a license to
18 defray all expenses of processing the application. The
19 Secretary may waive the fines due under this Section in
20 individual cases where the Secretary finds that the fines would
21 be unreasonable or unnecessarily burdensome.

22 Section 90. Unlicensed practice; civil penalty. Any person
23 who practices, offers to practice, attempts to practice, or
24 holds himself or herself out to practice midwifery or as a
25 midwife without being licensed under this Act shall, in

1 addition to any other penalty provided by law, pay a civil
2 penalty to the Department in an amount not to exceed \$5,000 for
3 each offense, as determined by the Department. The civil
4 penalty shall be assessed by the Department after a hearing is
5 held in accordance with the provisions set forth in this Act
6 regarding the provision of a hearing for the discipline of a
7 licensee. The civil penalty shall be paid within 60 days after
8 the effective date of the order imposing the civil penalty. The
9 order shall constitute a judgment and may be filed and
10 execution had thereon in the same manner as any judgment from
11 any court of record. The Department may investigate any
12 unlicensed activity.

13 Section 95. Grounds for disciplinary action. The
14 Department may refuse to issue or to renew or may revoke,
15 suspend, place on probation, reprimand or take other
16 disciplinary action as the Department may deem proper,
17 including fines not to exceed \$5,000 for each violation, with
18 regard to any licensee or license for any one or combination of
19 the following causes:

20 (1) Violations of this Act or its rules.

21 (2) Material misstatement in furnishing information to
22 the Department.

23 (3) Conviction of any crime under the laws of any U.S.
24 jurisdiction that is (i) a felony, (ii) a misdemeanor, an
25 essential element of which is dishonesty, or (iii) directly

1 related to the practice of the profession.

2 (4) Making any misrepresentation for the purpose of
3 obtaining a license.

4 (5) Professional incompetence or gross negligence.

5 (6) Gross malpractice.

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

8 (8) Failing to provide information within 60 days in
9 response to a written request made by the Department.

10 (9) Engaging in dishonorable, unethical, or
11 unprofessional conduct of a character likely to deceive,
12 defraud, or harm the public.

13 (10) Habitual or excessive use or addiction to alcohol,
14 narcotics, stimulants, or any other chemical agent or drug
15 that results in the inability to practice with reasonable
16 judgment, skill, or safety.

17 (11) Discipline by another U.S. jurisdiction or
18 foreign nation if at least one of the grounds for the
19 discipline is the same or substantially equivalent to those
20 set forth in this Act.

21 (12) Directly or indirectly giving to or receiving from
22 any person, firm, corporation, partnership, or association
23 any fee, commission, rebate, or other form of compensation
24 for any professional services not actually or personally
25 rendered. This shall not be deemed to include rent or other
26 remunerations paid to an individual, partnership, or

1 corporation by a licensed midwife for the lease, rental, or
2 use of space, owned or controlled by the individual,
3 partnership, corporation, or association.

4 (13) A finding by the Department that the licensee,
5 after having his or her license placed on probationary
6 status, has violated the terms of probation.

7 (14) Abandonment of a patient without cause.

8 (15) Willfully making or filing false records or
9 reports relating to a licensee's practice, including, but
10 not limited to, false records filed with State agencies or
11 departments.

12 (16) Physical illness or mental illness, including,
13 but not limited to, deterioration through the aging process
14 or loss of motor skill that results in the inability to
15 practice the profession with reasonable judgment, skill,
16 or safety.

17 (17) Failure to provide a patient with a copy of his or
18 her record upon the written request of the patient.

19 (18) Conviction by any court of competent
20 jurisdiction, either within or without this State, of any
21 violation of any law governing the practice of licensed
22 midwifery or conviction in this or another state of any
23 crime that is a felony under the laws of this State or
24 conviction of a felony in a federal court, if the
25 Department determines, after investigation, that the
26 person has not been sufficiently rehabilitated to warrant

1 the public trust.

2 (19) A finding that licensure has been applied for or
3 obtained by fraudulent means.

4 (20) Being named as a perpetrator in an indicated
5 report by the Department of Healthcare and Family Services
6 under the Abused and Neglected Child Reporting Act and upon
7 proof by clear and convincing evidence that the licensee
8 has caused a child to be an abused child or a neglected
9 child, as defined in the Abused and Neglected Child
10 Reporting Act.

11 (21) Practicing or attempting to practice under a name
12 other than the full name shown on a license issued under
13 this Act.

14 (22) Immoral conduct in the commission of any act, such
15 as sexual abuse, sexual misconduct, or sexual
16 exploitation, related to the licensee's practice.

17 (23) Maintaining a professional relationship with any
18 person, firm, or corporation when the licensed midwife
19 knows or should know that a person, firm, or corporation is
20 violating this Act.

21 (24) Failure to provide satisfactory proof of having
22 participated in approved continuing education programs as
23 determined by the Board and approved by the Secretary.
24 Exceptions for extreme hardships are to be defined by the
25 Department.

26 (b) The Department may refuse to issue or may suspend the

1 license of any person who fails to (i) file a tax return or to
2 pay the tax, penalty, or interest shown in a filed return or
3 (ii) pay any final assessment of the tax, penalty, or interest,
4 as required by any tax Act administered by the Illinois
5 Department of Revenue, until the time that the requirements of
6 that tax Act are satisfied.

7 (c) The determination by a circuit court that a licensee is
8 subject to involuntary admission or judicial admission as
9 provided in the Mental Health and Developmental Disabilities
10 Code operates as an automatic suspension. The suspension shall
11 end only upon a finding by a court that the patient is no
12 longer subject to involuntary admission or judicial admission,
13 the issuance of an order so finding and discharging the
14 patient, and the recommendation of the Board to the Secretary
15 that the licensee be allowed to resume his or her practice.

16 (d) In enforcing this Section, the Department, upon a
17 showing of a possible violation, may compel any person licensed
18 to practice under this Act or who has applied for licensure or
19 certification pursuant to this Act to submit to a mental or
20 physical examination, or both, as required by and at the
21 expense of the Department. The examining physicians shall be
22 those specifically designated by the Department. The
23 Department may order an examining physician to present
24 testimony concerning the mental or physical examination of the
25 licensee or applicant. No information shall be excluded by
26 reason of any common law or statutory privilege relating to

1 communications between the licensee or applicant and the
2 examining physician. The person to be examined may have, at his
3 or her own expense, another physician of his or her choice
4 present during all aspects of the examination. Failure of any
5 person to submit to a mental or physical examination when
6 directed shall be grounds for suspension of a license until the
7 person submits to the examination if the Department finds,
8 after notice and hearing, that the refusal to submit to the
9 examination was without reasonable cause.

10 If the Department finds an individual unable to practice
11 because of the reasons set forth in this subsection (d), the
12 Department may require that individual to submit to care,
13 counseling, or treatment by physicians approved or designated
14 by the Department, as a condition, term, or restriction for
15 continued, reinstated, or renewed licensure to practice or, in
16 lieu of care, counseling, or treatment, the Department may file
17 a complaint to immediately suspend, revoke, or otherwise
18 discipline the license of the individual. Any person whose
19 license was granted, reinstated, renewed, disciplined, or
20 supervised subject to such terms, conditions, or restrictions
21 and who fails to comply with such terms, conditions, or
22 restrictions shall be referred to the Secretary for a
23 determination as to whether or not the person shall have his or
24 her license suspended immediately, pending a hearing by the
25 Department.

26 In instances in which the Secretary immediately suspends a

1 person's license under this Section, a hearing on that person's
2 license must be convened by the Department within 15 days after
3 the suspension and completed without appreciable delay. The
4 Department may review the person's record of treatment and
5 counseling regarding the impairment, to the extent permitted by
6 applicable federal statutes and regulations safeguarding the
7 confidentiality of medical records.

8 A person licensed under this Act and affected under this
9 subsection (d) shall be afforded an opportunity to demonstrate
10 to the Department that he or she can resume practice in
11 compliance with acceptable and prevailing standards under the
12 provisions of his or her license.

13 Section 100. Failure to pay restitution. The Department,
14 without further process or hearing, shall suspend the license
15 or other authorization to practice of any person issued under
16 this Act who has been certified by court order as not having
17 paid restitution to a person under Section 8A-3.5 of the
18 Illinois Public Aid Code or under Section 46-1 of the Criminal
19 Code of 1961. A person whose license or other authorization to
20 practice is suspended under this Section is prohibited from
21 practicing until restitution is made in full.

22 Section 105. Injunction; cease and desist order.

23 (a) If a person violates any provision of this Act, the
24 Secretary may, in the name of the People of the State of

1 Illinois, through the Attorney General or the State's Attorney
2 of any county in which the action is brought, petition for an
3 order enjoining the violation or enforcing compliance with this
4 Act. Upon the filing of a verified petition in court, the court
5 may issue a temporary restraining order, without notice or
6 bond, and may preliminarily and permanently enjoin the
7 violation. If it is established that the person has violated or
8 is violating the injunction, the court may punish the offender
9 for contempt of court. Proceedings under this Section shall be
10 in addition to, and not in lieu of, all other remedies and
11 penalties provided by this Act.

12 (b) If any person practices as a licensed midwife or holds
13 himself or herself out as a licensed midwife without being
14 licensed under the provisions of this Act, then any licensed
15 midwife, any interested party, or any person injured thereby
16 may, in addition to the Secretary, petition for relief as
17 provided in subsection (a) of this Section.

18 (c) Whenever, in the opinion of the Department, any person
19 violates any provision of this Act, the Department may issue a
20 rule to show cause why an order to cease and desist should not
21 be entered against that person. The rule shall clearly set
22 forth the grounds relied upon by the Department and shall
23 provide a period of 7 days after the date of the rule to file an
24 answer to the satisfaction of the Department. Failure to answer
25 to the satisfaction of the Department shall cause an order to
26 cease and desist to be issued immediately.

1 Section 110. Violation; criminal penalty.

2 (a) Whoever knowingly practices or offers to practice
3 midwifery in this State without being licensed for that purpose
4 or exempt under this Act shall be guilty of a Class A
5 misdemeanor and, for each subsequent conviction, shall be
6 guilty of a Class 4 felony.

7 (b) Any person who is found to have violated any other
8 provision of this Act is guilty of a Class A misdemeanor.

9 (c) Notwithstanding any other provision of this Act, all
10 criminal fines, moneys, or other property collected or received
11 by the Department under this Section or any other State or
12 federal statute, including, but not limited to, property
13 forfeited to the Department under Section 505 of the Illinois
14 Controlled Substances Act or Section 85 of the Methamphetamine
15 Control and Community Protection Act, shall be deposited into
16 the Professional Regulation Evidence Fund.

17 Section 115. 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 under this Act. Before refusing to issue or to renew or taking
21 any disciplinary action regarding a license, the Department
22 shall, at least 30 days prior to the date set for the hearing,
23 notify in writing the applicant or licensee of the nature of
24 any charges and that a hearing shall be held on a date

1 designated. The Department shall direct the applicant or
2 licensee to file a written answer with the Board under oath
3 within 20 days after the service of the notice and inform the
4 applicant or licensee that failure to file an answer shall
5 result in default being taken against the applicant or licensee
6 and that the license may be suspended, revoked, or placed on
7 probationary status or that other disciplinary action may be
8 taken, including limiting the scope, nature, or extent of
9 practice, as the Secretary may deem proper. Written notice may
10 be served by personal delivery or certified or registered mail
11 to the respondent at the address of his or her last
12 notification to the Department. If the person fails to file an
13 answer after receiving notice, his or her license may, in the
14 discretion of the Department, be suspended, revoked, or placed
15 on probationary status, or the Department may take any
16 disciplinary action deemed proper, including limiting the
17 scope, nature, or extent of the person's practice or the
18 imposition of a fine, without a hearing, if the act or acts
19 charged constitute sufficient grounds for such action under
20 this Act. At the time and place fixed in the notice, the Board
21 shall proceed to hear the charges and the parties or their
22 counsel shall be accorded ample opportunity to present such
23 statements, testimony, evidence, and argument as may be
24 pertinent to the charges or to their defense. The Board may
25 continue a hearing from time to time.

1 Section 120. Formal hearing; preservation of record. The
2 Department, at its expense, shall preserve a record of all
3 proceedings at the formal hearing of any case. The notice of
4 hearing, complaint, and all other documents in the nature of
5 pleadings and written motions filed in the proceedings, the
6 transcript of testimony, the report of the Board or hearing
7 officer, and order of the Department shall be the record of the
8 proceeding. The Department shall furnish a transcript of the
9 record to any person interested in the hearing upon payment of
10 the fee required under Section 2105-115 of the Department of
11 Professional Regulation Law.

12 Section 125. Witnesses; production of documents; contempt.
13 Any circuit court may upon application of the Department or its
14 designee or of the applicant or licensee against whom
15 proceedings under Section 95 of this Act are pending, enter an
16 order requiring the attendance of witnesses and their testimony
17 and the production of documents, papers, files, books, and
18 records in connection with any hearing or investigation. The
19 court may compel obedience to its order by proceedings for
20 contempt.

21 Section 130. Subpoena; oaths. The Department shall have the
22 power to subpoena and bring before it any person in this State
23 and to take testimony either orally or by deposition or both
24 with the same fees and mileage and in the same manner as

1 prescribed in civil cases in circuit courts of this State. The
2 Secretary, the designated hearing officer, and every member of
3 the Board has the power to administer oaths to witnesses at any
4 hearing that the Department is authorized to conduct and any
5 other oaths authorized in any Act administered by the
6 Department. Any circuit court may, upon application of the
7 Department or its designee or upon application of the person
8 against whom proceedings under this Act are pending, enter an
9 order requiring the attendance of witnesses and their
10 testimony, and the production of documents, papers, files,
11 books, and records in connection with any hearing or
12 investigation. The court may compel obedience to its order by
13 proceedings for contempt.

14 Section 135. Findings of fact, conclusions of law, and
15 recommendations. At the conclusion of the hearing the Board
16 shall present to the Secretary a written report of its findings
17 of fact, conclusions of law, and recommendations. The report
18 shall contain a finding as to whether or not the accused person
19 violated this Act or failed to comply with the conditions
20 required under this Act. The Board shall specify the nature of
21 the violation or failure to comply and shall make its
22 recommendations to the Secretary.

23 The report of findings of fact, conclusions of law, and
24 recommendations of the Board shall be the basis for the
25 Department's order. If the Secretary disagrees in any regard

1 with the report of the Board, the Secretary may issue an order
2 in contravention of the report. The finding is not admissible
3 in evidence against the person in a criminal prosecution
4 brought for the violation of this Act, but the hearing and
5 findings are not a bar to a criminal prosecution brought for
6 the violation of this Act.

7 Section 140. Hearing officer. The Secretary may appoint any
8 attorney duly licensed to practice law in the State of Illinois
9 to serve as the hearing officer in any action for departmental
10 refusal to issue, renew, or license an applicant or for
11 disciplinary action against a licensee. The hearing officer
12 shall have full authority to conduct the hearing. The hearing
13 officer shall report his or her findings of fact, conclusions
14 of law, and recommendations to the Board and the Secretary. The
15 Board shall have 60 calendar days after receipt of the report
16 to review the report of the hearing officer and present its
17 findings of fact, conclusions of law, and recommendations to
18 the Secretary. If the Board fails to present its report within
19 the 60-day period, the Secretary may issue an order based on
20 the report of the hearing officer. If the Secretary disagrees
21 with the recommendation of the Board or the hearing officer, he
22 or she may issue an order in contravention of that
23 recommendation.

24 Section 145. Service of report; motion for rehearing. In

1 any case involving the discipline of a license, a copy of the
2 Board's report shall be served upon the respondent by the
3 Department, either personally or as provided in this Act for
4 the service of the notice of hearing. Within 20 days after the
5 service, the respondent may present to the Department a motion
6 in writing for a rehearing that shall specify the particular
7 grounds for rehearing. If no motion for rehearing is filed,
8 then upon the expiration of the time specified for filing a
9 motion, or if a motion for rehearing is denied, then upon the
10 denial, the Secretary may enter an order in accordance with
11 this Act. If the respondent orders from the reporting service
12 and pays for a transcript of the record within the time for
13 filing a motion for rehearing, the 20-day period within which
14 the motion may be filed shall commence upon the delivery of the
15 transcript to the respondent.

16 Section 150. Rehearing. Whenever the Secretary is
17 satisfied that substantial justice has not been done in the
18 revocation, suspension, or refusal to issue or renew a license,
19 the Secretary may order a rehearing by the same or another
20 hearing officer or by the Board.

21 Section 155. Prima facie proof. An order or a certified
22 copy thereof, over the seal of the Department and purporting to
23 be signed by the Secretary, shall be prima facie proof of the
24 following:

1 (1) that the signature is the genuine signature of the
2 Secretary;

3 (2) that such Secretary is duly appointed and
4 qualified; and

5 (3) that the Board and its members are qualified to
6 act.

7 Section 160. Restoration of license. At any time after the
8 suspension or revocation of any license, the Department may
9 restore the license to the accused person, unless after an
10 investigation and a hearing the Department determines that
11 restoration is not in the public interest.

12 Section 165. Surrender of license. Upon the revocation or
13 suspension of any license, the licensee shall immediately
14 surrender the license to the Department. If the licensee fails
15 to do so, the Department shall have the right to seize the
16 license.

17 Section 170. Summary suspension. The Secretary may
18 summarily suspend the license of a licensee under this Act
19 without a hearing, simultaneously with the institution of
20 proceedings for a hearing provided for in this Act, if the
21 Secretary finds that evidence in his or her possession
22 indicates that continuation in practice would constitute an
23 imminent danger to the public. In the event that the Secretary

1 summarily suspends a license without a hearing, a hearing by
2 the Department must be held within 30 days after the suspension
3 has occurred.

4 Section 175. Certificate of record. The Department shall
5 not be required to certify any record to the court or file any
6 answer in court or otherwise appear in any court in a judicial
7 review proceeding, unless there is filed in the court, with the
8 complaint, a receipt from the Department acknowledging payment
9 of the costs of furnishing and certifying the record. Failure
10 on the part of the plaintiff to file a receipt in court shall
11 be grounds for dismissal of the action.

12 Section 180. Administrative Review Law. All final
13 administrative decisions of the Department are subject to
14 judicial review under the Administrative Review Law and its
15 rules. The term "administrative decision" is defined as in
16 Section 3-101 of the Code of Civil Procedure.

17 Section 185. Illinois Administrative Procedure Act. The
18 Illinois Administrative Procedure Act is hereby expressly
19 adopted and incorporated in this Act as if all of the
20 provisions of such Act were included in this Act, except that
21 the provision of subsection (d) of Section 10-65 of the
22 Illinois Administrative Procedure Act that provides that at
23 hearings the licensee has the right to show compliance with all

1 lawful requirements for retention, continuation, or renewal of
2 the license is specifically excluded. For purposes of this Act,
3 the notice required under Section 10-25 of the Illinois
4 Administrative Procedure Act is deemed sufficient when mailed
5 to the last known address of a party.

6 Section 190. Home rule. Pursuant to paragraph (h) of
7 Section 6 of Article VII of the Illinois Constitution of 1970,
8 the power to regulate and issue licenses for the practice of
9 midwifery shall, except as may otherwise be provided within and
10 pursuant to the provisions of this Act, be exercised by the
11 State and may not be exercised by any unit of local government,
12 including home rule units.

13 Section 193. Rulemaking conditions. Rulemaking authority
14 to implement this Act, if any, is conditioned on the rules
15 being adopted in accordance with all provisions of the Illinois
16 Administrative Procedure Act and all rules and procedures of
17 the Joint Committee on Administrative Rules; any purported rule
18 not so adopted, for whatever reason, is unauthorized.

19 Section 195. Severability. The provisions of this Act are
20 severable under Section 1.31 of the Statute on Statutes.

21 Section 900. The Regulatory Sunset Act is amended by adding
22 Section 4.30 as follows:

1 (5 ILCS 80/4.30 new)

2 Sec. 4.30. Act repealed on January 1, 2020. The following
3 Act is repealed on January 1, 2020:

4 The Home Birth Safety Act.

5 Section 905. The Medical Practice Act of 1987 is amended by
6 changing Section 4 as follows:

7 (225 ILCS 60/4) (from Ch. 111, par. 4400-4)

8 (Section scheduled to be repealed on December 31, 2010)

9 Sec. 4. Exemptions.

10 (a) This Act does not apply to the following:

11 (1) persons lawfully carrying on their particular
12 profession or business under any valid existing regulatory
13 Act of this State, including without limitation persons
14 engaged in the practice of midwifery who are licensed under
15 the Home Birth Safety Act;

16 (2) persons rendering gratuitous services in cases of
17 emergency;

18 (3) persons treating human ailments by prayer or
19 spiritual means as an exercise or enjoyment of religious
20 freedom; or

21 (4) persons practicing the specified occupations set
22 forth in in subsection (a) of, and pursuant to a licensing
23 exemption granted in subsection (b) or (d) of, Section

1 2105-350 of the Department of Professional Regulation Law
2 of the Civil Administrative Code of Illinois, but only for
3 so long as the 2016 Olympic and Paralympic Games
4 Professional Licensure Exemption Law is operable.

5 (b) (Blank).

6 (Source: P.A. 96-7, eff. 4-3-09.)

7 Section 910. The Nurse Practice Act is amended by changing
8 Section 50-15 as follows:

9 (225 ILCS 65/50-15) (was 225 ILCS 65/5-15)

10 (Section scheduled to be repealed on January 1, 2018)

11 Sec. 50-15. Policy; application of Act.

12 (a) For the protection of life and the promotion of health,
13 and the prevention of illness and communicable diseases, any
14 person practicing or offering to practice advanced,
15 professional, or practical nursing in Illinois shall submit
16 evidence that he or she is qualified to practice, and shall be
17 licensed as provided under this Act. No person shall practice
18 or offer to practice advanced, professional, or practical
19 nursing in Illinois or use any title, sign, card or device to
20 indicate that such a person is practicing professional or
21 practical nursing unless such person has been licensed under
22 the provisions of this Act.

23 (b) This Act does not prohibit the following:

24 (1) The practice of nursing in Federal employment in

1 the discharge of the employee's duties by a person who is
2 employed by the United States government or any bureau,
3 division or agency thereof and is a legally qualified and
4 licensed nurse of another state or territory and not in
5 conflict with Sections 50-50, 55-10, 60-10, and 70-5 of
6 this Act.

7 (2) Nursing that is included in the program of study by
8 students enrolled in programs of nursing or in current
9 nurse practice update courses approved by the Department.

10 (3) The furnishing of nursing assistance in an
11 emergency.

12 (4) The practice of nursing by a nurse who holds an
13 active license in another state when providing services to
14 patients in Illinois during a bonafide emergency or in
15 immediate preparation for or during interstate transit.

16 (5) The incidental care of the sick by members of the
17 family, domestic servants or housekeepers, or care of the
18 sick where treatment is by prayer or spiritual means.

19 (6) Persons from being employed as unlicensed
20 assistive personnel in private homes, long term care
21 facilities, nurseries, hospitals or other institutions.

22 (7) The practice of practical nursing by one who is a
23 licensed practical nurse under the laws of another U.S.
24 jurisdiction and has applied in writing to the Department,
25 in form and substance satisfactory to the Department, for a
26 license as a licensed practical nurse and who is qualified

1 to receive such license under this Act, until (i) the
2 expiration of 6 months after the filing of such written
3 application, (ii) the withdrawal of such application, or
4 (iii) the denial of such application by the Department.

5 (8) The practice of advanced practice nursing by one
6 who is an advanced practice nurse under the laws of another
7 state, territory of the United States, or country and has
8 applied in writing to the Department, in form and substance
9 satisfactory to the Department, for a license as an
10 advanced practice nurse and who is qualified to receive
11 such license under this Act, until (i) the expiration of 6
12 months after the filing of such written application, (ii)
13 the withdrawal of such application, or (iii) the denial of
14 such application by the Department.

15 (9) The practice of professional nursing by one who is
16 a registered professional nurse under the laws of another
17 state, territory of the United States or country and has
18 applied in writing to the Department, in form and substance
19 satisfactory to the Department, for a license as a
20 registered professional nurse and who is qualified to
21 receive such license under Section 55-10, until (1) the
22 expiration of 6 months after the filing of such written
23 application, (2) the withdrawal of such application, or (3)
24 the denial of such application by the Department.

25 (10) The practice of professional nursing that is
26 included in a program of study by one who is a registered

1 professional nurse under the laws of another state or
2 territory of the United States or foreign country,
3 territory or province and who is enrolled in a graduate
4 nursing education program or a program for the completion
5 of a baccalaureate nursing degree in this State, which
6 includes clinical supervision by faculty as determined by
7 the educational institution offering the program and the
8 health care organization where the practice of nursing
9 occurs.

10 (11) Any person licensed in this State under any other
11 Act from engaging in the practice for which she or he is
12 licensed, including without limitation any person engaged
13 in the practice of midwifery who is licensed under the Home
14 Birth Safety Act.

15 (12) Delegation to authorized direct care staff
16 trained under Section 15.4 of the Mental Health and
17 Developmental Disabilities Administrative Act consistent
18 with the policies of the Department.

19 (13) The practice, services, or activities of persons
20 practicing the specified occupations set forth in
21 subsection (a) of, and pursuant to a licensing exemption
22 granted in subsection (b) or (d) of, Section 2105-350 of
23 the Department of Professional Regulation Law of the Civil
24 Administrative Code of Illinois, but only for so long as
25 the 2016 Olympic and Paralympic Games Professional
26 Licensure Exemption Law is operable.

1 (14) ~~(13)~~ County correctional personnel from
2 delivering prepackaged medication for self-administration
3 to an individual detainee in a correctional facility.

4 Nothing in this Act shall be construed to limit the
5 delegation of tasks or duties by a physician, dentist, or
6 podiatrist to a licensed practical nurse, a registered
7 professional nurse, or other persons.

8 (Source: P.A. 95-639, eff. 10-5-07; 95-876, eff. 8-21-08; 96-7,
9 eff. 4-3-09; 96-516, eff. 8-14-09; revised 9-15-09.)".