

97TH GENERAL ASSEMBLY State of Illinois 2011 and 2012 HB1665

Introduced 2/15/2011, by Rep. Robyn Gabel

SYNOPSIS AS INTRODUCED:

New Act 225 ILCS 60/4 225 ILCS 65/50-15

from Ch. 111, par. 4400-4 was 225 ILCS 65/5-15

Creates the Home Birth Integration Act. Provides that beginning January 1 2013, Illinois hospitals shall implement emergency transfer protocols for home birth patients developed in collaboration with community midwives or their agent. Sets forth the requirements for the protocols. Provides that the Department of Public Health and the Illinois Council of Certified Professional Midwives or their agent shall jointly develop guidelines for the implementation of the Act. Provides that the guidelines shall be communicated to the trauma center medical directors committees and the medical directors committees of each EMS region in this State within 6 months after the effective date of the Act. Sets forth a provision concerning the powers and duties of the Department and rules and vicarious liability. Amends the Medical Practice Act of 1987 and the Nurse Practice Act to exempt community midwives engaged in the transport and transfer of care of home birth mothers or infants in a case of emergency. Makes other changes.

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FISCAL NOTE ACT MAY APPLY

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1 AN ACT concerning home birth integration.

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

Section 1. Short title. This Act may be cited as the Home

Birth Integration Act.

Section 5. Purpose. The General Assembly finds that due to an extreme shortage of licensed home birth providers, a significant percentage of Illinois home birth families engage the services of unregulated, underground, community midwives to attend their planned home births. It further finds that the #476 of recent. Publication the American College Obstetricians and Gynecologists emphasizes the importance of providing home birth families with an integrated and regulated health system that ensures a plan for safe and quick transportation to a nearby hospital in the event of an emergency. It is hereby declared that the lack of integration of community home birth midwives into the Illinois Emergency Medical System creates a serious gap in care that negatively affects the health, safety, and welfare of hundreds of Illinois mothers annually who choose to give birth at home as well as the health, safety, and welfare of their infants. The purpose of this Act is to require the Department of Public Health, Illinois community home birth midwives, and Illinois hospitals

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to work together to create protocols for receiving transports 1 2 of home birth mothers, infants, or both, which include methods of transferring medical charts and methods of communication 3 maintain the underground midwife's anonymity 5 therefore do not discourage midwives from transporting in a situation where the health and welfare of mother or baby 6 7 requires it. This Act shall be liberally construed to best 8 carry out these purposes.

- 9 Section 10. Definitions. As used in this Act:
- 10 "Department" means the Department of Public Health.
- 11 "Director" means the Director of Public Health.
- 12 "Emergency" means a medical condition of recent onset and 1.3 severity that would lead a prudent layperson, possessing an 14 average knowledge of medicine and health, to believe that 15 urgent or unscheduled medical care is required.
- 16 "Hospital" has the meaning ascribed to that term in the 17 Hospital Licensing Act.
- "Community midwife" means any midwife serving the home 18 birth community in this State who is not licensed under the 19 20 Nurse Practice Act.
- "Emergency medical services system" or "EMS system" means an organization of hospitals, vehicle service providers, and personnel approved by the Department in a specific geographic that coordinates and provides pre-hospital 25 inter-hospital emergency care and non-emergency medical

- transports at a BLS, ILS, or ALS level pursuant to a System 1
- 2 program plan submitted to and approved by the Department, and
- pursuant to the EMS Region Plan adopted for the EMS Region in 3
- which the System is located. 4
- 5 "Patient" means the mother or infant receiving or planning
- to receive home birth services from the community midwife. 6
- 7 "EMS medical directors committee" is a committee comprised
- 8 of EMS medical directors and fire personnel within the regional
- 9 emergency medical system.
- 10 "Trauma center medical directors committee" is a committee
- 11 comprised of the region's trauma center medical directors.
- 12 "Certified professional midwives" or "CPMs" are community
- midwives who have earned a national certification in midwifery. 13
- 14 Section 15. Home birth emergency transfer protocols.
- 15 (a) Beginning January 1 2013, Illinois hospitals shall
- 16 implement emergency transfer protocols for home birth patients
- developed in collaboration with community midwives or their 17
- 18 agent. These protocols must do all of the following:
- (1) Allow rapid transfer of patient and patient medical 19
- 20 records when an emergency arises during the course of,
- 21 immediately after, or in the 6 weeks following a planned
- 22 home birth.
- 23 (2)Allow professional communication between
- 24 and transport and hospital personnel before,
- 25 during, and after transport.

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- 1 (3) Prohibit the receiving hospital or personnel and 2 the EMS responders or other transport agency personnel from 3 filing a report with the Department of Children and Family 4 Services merely for the fact of a planned home birth.
 - (4) Prohibit the receiving hospital or personnel and the EMS responders or other transport agency personnel from filing a report with the Department of Financial and Professional Regulation or local authorities solely for the fact of attending a home birth.
- 10 (b) The protocols described in subsection (a) of this
 11 Section may not do any of the following:
- 12 (1) Require the midwife to reveal her identity or location.
- 14 (2) Require the family to reveal the midwife's identity 15 or location.
 - Section 20. Development. Upon the effective date of this Act, the Department and the Illinois Council of Certified Professional Midwives or their agent shall jointly develop guidelines for the implementation of this Act. These guidelines shall be communicated to the trauma center medical directors committees and the medical directors committees of each EMS region in this State within 6 months after the effective date of this Act.
 - Within 6 months after receipt of these guidelines, the trauma center medical directors committees and EMS medical

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directors committee of each EMS region in this State shall, in	1	directors	committee	of	each	EMS	region	in	this	State	shall,	in
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- 2 collaboration with local community midwives or their agents,
- 3 develop protocols to carry out the provisions of this Act and
- 4 the regional medical directors committee shall submit these
- 5 protocols to the Department for approval.
- If the Department suggest changes to the plan or protocols,
- 7 then the committee shall implement the changes or engage in
- 8 further dialogue with the Department.
- 9 Section 25. Powers and duties of the Department; rules. The 10 Department shall have the authority and responsibility to:
 - (1) Approve or deny plans submitted by regional medical directors committees within 3 months after their submission. For any plans not meeting approval, the Department shall suggest changes.
 - (2) Ensure that all negotiations shall be completed and plans and protocols shall be in place across all regions by January 1, 2013.
 - (3) Monitor the ongoing regional programs.
 - (4) Keep such records that the Department determines are necessary, however in no circumstances can such records be used to criminally implicate midwives or parents solely for the act of participating in a home birth, nor for parents exercising their legal right to informed consent or informed denial of treatment.

Section 30. Vicarious liability. No physician licensed to 1 2 practice medicine in all its branches or physician's assistant, 3 advanced practice nurse, medical assistant nurse, technician, or first responder shall be held liable for an 4 5 injury solely resulting from an act or omission by a midwife 6 occurring outside of a hospital, doctor's office, or health 7 care facility. Except as may otherwise be provided by law, 8 nothing in this Section shall exempt any physician licensed to 9 practice medicine in all its branches, physician's assistant, 10 nurse, advanced practice nurse, medical assistant 11 technician, or first responder from liability for his or her 12 own negligent, grossly negligent, or willful or wanton acts or omissions. 13

- Section 900. The Medical Practice Act of 1987 is amended by changing Section 4 as follows:
- 16 (225 ILCS 60/4) (from Ch. 111, par. 4400-4)
- 17 (Section scheduled to be repealed on November 30, 2011)
- 18 Sec. 4. Exemptions.
- 19 (a) This Act does not apply to the following:
- 20 (1) persons lawfully carrying on their particular 21 profession or business under any valid existing regulatory 22 Act of this State;
- 23 (2) persons rendering gratuitous services in cases of emergency;

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3	freedom;	or								

- (4) persons practicing the specified occupations set forth in in subsection (a) of, and pursuant to a licensing exemption granted in subsection (b) or (d) of, Section 2105-350 of the Department of Professional Regulation Law of the Civil Administrative Code of Illinois, but only for so long as the 2016 Olympic and Paralympic Games Professional Licensure Exemption Law is operable; or
- 11 (5) community midwives engaged in the transport and
 12 transfer of care of home birth mothers or infants in a case
 13 of emergency.
- 14 (b) (Blank).
- 15 (Source: P.A. 96-7, eff. 4-3-09.)
- Section 910. The Nurse Practice Act is amended by changing

 Section 50-15 as follows:
- 18 (225 ILCS 65/50-15) (was 225 ILCS 65/5-15)
- 19 (Section scheduled to be repealed on January 1, 2018)
- Sec. 50-15. Policy; application of Act.
- 21 (a) For the protection of life and the promotion of health, 22 and the prevention of illness and communicable diseases, any 23 person practicing or offering to practice advanced,
- 24 professional, or practical nursing in Illinois shall submit

evidence that he or she is qualified to practice, and shall be licensed as provided under this Act. No person shall practice or offer to practice advanced, professional, or practical nursing in Illinois or use any title, sign, card or device to indicate that such a person is practicing professional or practical nursing unless such person has been licensed under the provisions of this Act.

- (b) This Act does not prohibit the following:
- (1) The practice of nursing in Federal employment in the discharge of the employee's duties by a person who is employed by the United States government or any bureau, division or agency thereof and is a legally qualified and licensed nurse of another state or territory and not in conflict with Sections 50-50, 55-10, 60-10, and 70-5 of this Act.
- (2) Nursing that is included in the program of study by students enrolled in programs of nursing or in current nurse practice update courses approved by the Department.
- (3) The furnishing of nursing assistance in an emergency.
- (4) The practice of nursing by a nurse who holds an active license in another state when providing services to patients in Illinois during a bonafide emergency or in immediate preparation for or during interstate transit.
- (5) The incidental care of the sick by members of the family, domestic servants or housekeepers, or care of the

sick where treatment is by prayer or spiritual means.

- (6) Persons from being employed as unlicensed assistive personnel in private homes, long term care facilities, nurseries, hospitals or other institutions.
- (7) The practice of practical nursing by one who is a licensed practical nurse under the laws of another U.S. jurisdiction and has applied in writing to the Department, in form and substance satisfactory to the Department, for a license as a licensed practical nurse and who is qualified to receive such license under this Act, until (i) the expiration of 6 months after the filing of such written application, (ii) the withdrawal of such application, or (iii) the denial of such application by the Department.
- (8) The practice of advanced practice nursing by one who is an advanced practice nurse under the laws of another state, territory of the United States, or country and has applied in writing to the Department, in form and substance satisfactory to the Department, for a license as an advanced practice nurse and who is qualified to receive such license under this Act, until (i) the expiration of 6 months after the filing of such written application, (ii) the withdrawal of such application, or (iii) the denial of such application by the Department.
- (9) The practice of professional nursing by one who is a registered professional nurse under the laws of another state, territory of the United States or country and has

applied in writing to the Department, in form and substance satisfactory to the Department, for a license as a registered professional nurse and who is qualified to receive such license under Section 55-10, until (1) the expiration of 6 months after the filing of such written application, (2) the withdrawal of such application, or (3) the denial of such application by the Department.

- (10) The practice of professional nursing that is included in a program of study by one who is a registered professional nurse under the laws of another state or territory of the United States or foreign country, territory or province and who is enrolled in a graduate nursing education program or a program for the completion of a baccalaureate nursing degree in this State, which includes clinical supervision by faculty as determined by the educational institution offering the program and the health care organization where the practice of nursing occurs.
- (11) Any person licensed in this State under any other Act from engaging in the practice for which she or he is licensed.
- (12) Delegation to authorized direct care staff trained under Section 15.4 of the Mental Health and Developmental Disabilities Administrative Act consistent with the policies of the Department.
 - (13) The practice, services, or activities of persons

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subse	ction	(a) of	and	pursu	ant	to a	licen	sing	exempt	cion
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- (14) County correctional personnel from delivering prepackaged medication for self-administration to an individual detainee in a correctional facility.
- (15) Community midwives engaged in the transport and transfer of care of home birth mothers or infants in a case of emergency.

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

18 (Source: P.A. 95-639, eff. 10-5-07; 95-876, eff. 8-21-08; 96-7,

19 eff. 4-3-09; 96-516, eff. 8-14-09; 96-1000, eff. 7-2-10.)