



## 98TH GENERAL ASSEMBLY

### State of Illinois

### 2013 and 2014

### HB2685

Introduced 2/21/2013, by Rep. Thomas Morrison

#### SYNOPSIS AS INTRODUCED:

New Act

5 ILCS 80/4.34 new

225 ILCS 60/4

225 ILCS 65/50-15

305 ILCS 5/5-5

from Ch. 111, par. 4400-4

was 225 ILCS 65/5-15

from Ch. 23, par. 5-5

Creates the Home Birth Safety Act. Provides for the licensure of midwives by the Department of Financial and Professional Regulation. Creates the Illinois Midwifery Board. Sets forth provisions concerning qualifications, grounds for disciplinary action, and administrative procedures. Amends the Regulatory Sunset Act to set a repeal date for the new Act of January 1, 2024. Also amends the Medical Practice Act of 1987, the Nurse Practice Act, and the Illinois Public Aid Code to make related changes. Effective immediately.

LRB098 08662 MGM 38782 b

CORRECTIONAL  
BUDGET AND  
IMPACT NOTE ACT  
MAY APPLY

FISCAL NOTE ACT  
MAY APPLY

HOME RULE NOTE  
ACT MAY APPLY

1 AN ACT concerning regulation.

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

4 Section 1. Short title. This Act may be cited as the 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  
17 midwifery, as defined in this Act. This Act shall be liberally  
18 construed to best carry out these purposes.

19 Section 10. Exemptions.

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

1 for under that other Act.

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

4 (1) the gratuitous rendering of services;

5 (2) the rendering of services by a person, if such  
6 attendance is in accordance with the person's religious  
7 faith and is rendered to persons with a similar religious  
8 faith as an exercise and enjoyment of their religious  
9 freedom; and

10 (3) a student midwife working under the direction of a  
11 licensed midwife.

12 Section 15. Definitions. In this Act:

13 "Board" means the Illinois Midwifery Board.

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

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

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

22 "National Association of Certified Professional Midwives"  
23 or "NACPM" means the professional organization, or its  
24 successor, that promotes the growth and development of the  
25 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 January 1,  
17 2014, no person may practice, attempt to practice, or hold  
18 himself or herself out to practice as a licensed midwife unless  
19 he or she is licensed as a midwife under this Act.

20 Section 25. Title. A licensed midwife may identify himself  
21 or herself as a "licensed midwife" or a "licensed home birth  
22 midwife" and may use the abbreviation L.M.

23 Section 30. Informed consent.

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

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

6 (2) Whether the licensed midwife has malpractice  
7 liability insurance coverage and the policy limits of any  
8 such coverage.

9 (3) A written protocol for the handling of medical  
10 emergencies, including transportation to a hospital,  
11 particular to each client.

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

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

18 Section 33. Vicarious liability. No physician licensed to  
19 practice medicine in all its branches or advanced practice  
20 nurse shall be held liable for an injury solely resulting from  
21 an act or omission by a licensed midwife occurring outside of a  
22 hospital, doctor's office or health care facility.

23 Except as may otherwise be provided by law, nothing in this  
24 Section shall exempt any physician licensed to practice  
25 medicine in all its branches or advanced practice nurse from

1 liability for his or her own negligent, grossly negligent, or  
2 willful or wanton acts or omissions.

3 Section 35. Advertising.

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

10 (b) A licensee must include in every advertisement for  
11 midwifery services regulated under this Act his or her title as  
12 it appears on the license or the initials authorized under this  
13 Act.

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

15 (a) The Department shall exercise the powers and duties  
16 prescribed by the Civil Administrative Code of Illinois for the  
17 administration of licensing Acts and shall exercise such other  
18 powers and duties necessary for effectuating the purposes of  
19 this Act.

20 (b) The Secretary shall adopt rules consistent with the  
21 provisions of this Act for the administration and enforcement  
22 of the Act and for the payment of fees connected to the Act and  
23 may prescribe forms that shall be issued in connection with the  
24 Act. The rules shall include, but not be limited to, the

1 following:

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

4 (A) offer each client routine prenatal care and  
5 testing in accordance with current American College of  
6 Obstetricians and Gynecologists guidelines;

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

11 (C) provide clients with labor support, fetal  
12 monitoring, and routine assessment of vital signs once  
13 active labor is established;

14 (D) supervise delivery of infant and placenta,  
15 assess newborn and maternal well-being in immediate  
16 postpartum, and perform Apgar scores;

17 (E) administer, if necessary, oxytocin (Pitocin)  
18 solely as an anti-hemorrhagic agent, oxygen and  
19 intravenous fluids for stabilization, and other drugs  
20 or procedures as determined by the Department;

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

23 (G) inspect the placenta and membranes for  
24 completeness;

25 (H) inspect the perineum and vagina postpartum for  
26 lacerations and stabilize;

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

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

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

10 (L) use universal precautions with all biohazard  
11 materials;

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

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

17 (O) offer an injection of vitamin K for the  
18 newborn, in accordance with the indication, dose, and  
19 administration route set by the Department in rules.

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

23 (Q) within 2 hours after the birth, offer the  
24 administration of anti-biotic ointment into the eyes  
25 of the newborn, in accordance with State law on the  
26 prevention of infant blindness; and



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

6           (2) With regard to collaboration, a licensed midwife  
7 must form a collaborative relationship with a medical  
8 doctor or doctor of osteopathy licensed under the Illinois  
9 Medical Practice Act of 1987 or a certified nurse-midwife  
10 licensed as an advanced practice nurse under the Nurse  
11 Practice Act. This relationship must:

12           (A) include documented quarterly review of all  
13 clients under the care of the licensed midwife;

14           (B) include written protocols and procedures for  
15 assessing risk and appropriateness for home birth;

16           (C) provide supportive care when care is  
17 transferred to another provider, if possible; and

18           (D) consider the standards regarding practice of  
19 midwifery established by the National Association of  
20 Certified Professional Midwives, including referral of  
21 mother or baby to appropriate professionals when  
22 either needs care outside the midwife's scope of  
23 practice or expertise.

24           This relationship shall require the personal presence  
25 of the collaborating care provider at all times at the  
26 place where services are rendered, as long as there is

1 communication available for consultation by radio,  
2 telephone, Internet, or other telecommunications.

3 (3) If a licensed midwife makes 10 failed attempts,  
4 documented by certified mail, to arrange a collaborative  
5 relationship, then he or she may practice  
6 unencumbered.

7 (4) With regard to prohibited practices, a licensed  
8 midwife may not do any of the following:

9 (A) Administer prescription pharmacological agents  
10 intended to induce or augment labor.

11 (B) Administer prescription pharmacological agents  
12 to provide pain management.

13 (C) Use vacuum extractors or forceps.

14 (D) Prescribe medications.

15 (E) Perform major surgical procedures including,  
16 but not limited to, abortions, cesarean sections, and  
17 circumcisions.

18 (5) With regards to Medicaid Reimbursement, no  
19 licensed midwife is required to carry liability insurance  
20 in order to be reimbursed by the State as a Medicaid  
21 provider.

22 (c) The Department shall consult with the Board in adopting  
23 rules. Notice of proposed rulemaking shall be transmitted to  
24 the Board and the Department shall review the Board's response  
25 and any recommendations made. The Department shall notify the  
26 Board in writing with proper explanation of deviations from the

1 Board's recommendations and responses.

2 (d) The Department may at any time seek the advice and the  
3 expert knowledge of the Board on any matter relating to the  
4 administration of this Act.

5 (e) The Department shall issue quarterly a report to the  
6 Board of the status of all complaints related to the profession  
7 filed with the Department.

8 (f) Administration by the Department of this Act must be  
9 consistent with standards regarding the practice of midwifery  
10 established by the National Association of Certified  
11 Professional Midwives or a successor organization whose  
12 essential documents include without limitation subject matter  
13 concerning scope of practice, standards of practice, informed  
14 consent, appropriate consultation, collaboration or referral,  
15 and acknowledgement of a woman's right to self determination  
16 concerning her maternity care.

17 Section 45. Illinois Midwifery Board.

18 (a) There is created under the authority of the Department  
19 the Illinois Midwifery Board, which shall consist of 7 members  
20 appointed by the Secretary, 4 of whom shall be licensed  
21 midwives who carry the CPM credential, except that initial  
22 appointees must have at least 3 years of experience in the  
23 practice of midwifery in an out-of-hospital setting, be  
24 certified by the North American Registry of Midwives, and meet  
25 the qualifications for licensure set forth in this Act; one of

1 whom shall be an obstetrician or a family practice physician  
2 licensed under the Medical Practice Act of 1987 who has a  
3 minimum of 2 years of experience providing home birth services  
4 or consulting with home birth providers; one of whom shall be a  
5 certified nurse midwife who has at least 2 years of experience  
6 in providing home birth services; and one of whom shall be a  
7 knowledgeable public member who has given birth with the  
8 assistance of a certified professional midwife in an  
9 out-of-hospital birth setting. Board members shall serve  
10 4-year terms, except that in the case of initial appointments,  
11 terms shall be staggered as follows: 3 members shall serve for  
12 4 years, 2 members shall serve for 3 years, and 2 members shall  
13 serve for 2 years. The Board shall annually elect a chairperson  
14 and vice chairperson.

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

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

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

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

1           (f) Four Board members shall constitute a quorum. A vacancy  
2 in the membership of the Board shall not impair the right of a  
3 quorum to perform all of the duties of the Board.

4           (g) The Board shall provide the Department with  
5 recommendations concerning the administration of this Act and  
6 may perform each of the following duties:

7                 (1) Recommend to the Department the prescription and,  
8 from time to time, the revision of any rules that may be  
9 necessary to carry out the provisions of this Act,  
10 including those that are designed to protect the health,  
11 safety, and welfare of the public.

12                 (2) Conduct hearings and disciplinary conferences on  
13 disciplinary charges of licensees.

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

17                 (4) Recommend the approval, denial of approval, and  
18 withdrawal of approval of required education and  
19 continuing educational programs.

20           (h) The Secretary shall give due consideration to all  
21 recommendations of the Board. If the Secretary takes action  
22 contrary to a recommendation of the Board, the Secretary must  
23 promptly provide a written explanation of that action.

24           (i) The Board may recommend to the Secretary that one or  
25 more licensed midwives be selected by the Secretary to assist  
26 in any investigation under this Act. Compensation shall be

1 provided to any licensee who provides assistance under this  
2 subsection (i), in an amount determined by the Secretary.

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

7 Section 50. Qualifications.

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

10 (1) He or she has earned an associate's degree or  
11 higher, or the equivalent of an associate's degree or  
12 higher, in either nursing or midwifery from an accredited  
13 post-secondary institution or has earned a general  
14 associates degree or its equivalent, including completion  
15 of all of the following coursework from an accredited  
16 post-secondary institution in the following denominations:

17 (A) Laboratory Science (must include coursework in  
18 Anatomy and Physiology and Microbiology): 12 credit hours.

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

20 (C) Social and Behavioral Science (Sociology and  
21 Psychology): 6 credit hours.

22 (D) Math: 3 credit hours.

23 (E) Nutrition: 3 credit hours.

24 (F) Pharmacology: 3 credit hours.

25 (2) He or she has successfully completed a program of

1 midwifery education approved by the North American  
2 Registry of Midwives that includes both didactic and  
3 clinical internship experience, the sum of which, on  
4 average, takes 3 to 5 years to complete.

5 (3) He or she has passed a written and practical skills  
6 examination for the practice of midwifery that has been  
7 developed following the standards set by the National  
8 Commission for Certifying Agencies or a successor  
9 organization and is administered by the North American  
10 Registry of Midwives.

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

13 (b) Before January 1, 2015, a person seeking licensure as a  
14 licensed midwife who has not met the educational requirements  
15 set forth in this Section shall be qualified for licensure if  
16 that person does all of the following:

17 (1) Submits evidence of having successfully passed the  
18 national certification exam described in subsection (a) of  
19 this Section prior to January 1, 2009.

20 (2) Submits evidence of current certification in adult  
21 CPR and in neonatal resuscitation.

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

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

1           (c) Nothing used in submitting evidence of practice of  
2 midwifery when applying for licensure under this Act shall be  
3 used as evidence or to take legal action against the applicant  
4 regarding the practice of midwifery, nursing, or medicine prior  
5 to the passage of this Act.

6           Section 55. Social Security Number on application. In  
7 addition to any other information required to be contained in  
8 the application, every application for an original, renewal,  
9 reinstated, or restored license under this Act shall include  
10 the applicant's Social Security Number.

11           Section 60. Continuing education.

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

17           (b) Rules adopted under this Act shall require the licensed  
18 midwife to maintain CPM certification by meeting all the  
19 requirements set forth by the North American Registry of  
20 Midwives or its successor.

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



1 Section 65. Inactive status.

2 (a) A licensed midwife who notifies the Department in  
3 writing on forms prescribed by the Department may elect to  
4 place his or her license on an inactive status and shall be  
5 excused from payment of renewal fees until he or she notifies  
6 the Department in writing of his or her intent to restore the  
7 license.

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

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

14 (d) Any licensee who engages in the practice of midwifery  
15 while his or her license is lapsed or on inactive status shall  
16 be considered to be practicing without a license, which shall  
17 be grounds for discipline.

18 Section 70. Renewal, reinstatement, or restoration of  
19 licensure; military service.

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

22 (b) All renewal applicants shall provide proof of having  
23 met the requirements of continuing education set forth by the  
24 North American Registry of Midwives or its successor. The  
25 Department shall provide for an orderly process for the

1 reinstatement of licenses that have not been renewed due to  
2 failure to meet continuing education requirements.

3 (c) Any licensed midwife who has permitted his or her  
4 license to expire or who has had his or her license on inactive  
5 status may have his or her license restored by making  
6 application to the Department and filing proof acceptable to  
7 the Department of fitness to have the license restored and by  
8 paying the required fees. Proof of fitness may include evidence  
9 attesting to active lawful practice in another jurisdiction.

10 (d) The Department shall determine, by an evaluation  
11 program, fitness for restoration of a license under this  
12 Section and shall establish procedures and requirements for  
13 restoration.

14 (e) Any licensed midwife whose license expired while he or  
15 she was (i) in federal service on active duty with the Armed  
16 Forces of the United States or the State Militia and called  
17 into service or training or (ii) or received education under  
18 the supervision of the United States preliminary to induction  
19 into the military service may have his or her license restored  
20 without paying any lapsed renewal fees, if, within 2 years  
21 after honorable termination of service, training, or  
22 education, he or she furnishes the Department with satisfactory  
23 evidence to the effect that he or she has been so engaged.

24 Section 75. Roster. The Department shall maintain a roster  
25 of the names and addresses of all licensees and of all persons

1 whose licenses have been suspended or revoked. This roster  
2 shall be available upon written request and payment of the  
3 required fee.

4 Section 80. Fees.

5 (a) The Department shall provide for a schedule of fees for  
6 the administration and enforcement of this Act, including  
7 without limitation original licensure, renewal, and  
8 restoration, which fees shall be nonrefundable.

9 (b) All fees collected under this Act shall be deposited  
10 into the General Professions Dedicated Fund and appropriated to  
11 the Department for the ordinary and contingent expenses of the  
12 Department in the administration of this Act.

13 Section 85. Returned checks; fines. Any person who delivers  
14 a check or other payment to the Department that is returned to  
15 the Department unpaid by the financial institution upon which  
16 it is drawn shall pay to the Department, in addition to the  
17 amount already owed to the Department, a fine of \$50. The fines  
18 imposed by this Section are in addition to any other discipline  
19 provided under this Act for unlicensed practice or practice on  
20 a non-renewed license. The Department shall notify the person  
21 that fees and fines shall be paid to the Department by  
22 certified check or money order within 30 calendar days after  
23 the notification. If, after the expiration of 30 days from the  
24 date of the notification, the person has failed to submit the

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

12 Section 90. Unlicensed practice; civil penalty. Any person  
13 who practices, offers to practice, attempts to practice, or  
14 holds himself or herself out to practice midwifery or as a  
15 midwife without being licensed under this Act shall, in  
16 addition to any other penalty provided by law, pay a civil  
17 penalty to the Department in an amount not to exceed \$5,000 for  
18 each offense, as determined by the Department. The civil  
19 penalty shall be assessed by the Department after a hearing is  
20 held in accordance with the provisions set forth in this Act  
21 regarding the provision of a hearing for the discipline of a  
22 licensee. The civil penalty shall be paid within 60 days after  
23 the effective date of the order imposing the civil penalty. The  
24 order shall constitute a judgment and may be filed and  
25 execution had thereon in the same manner as any judgment from

1 any court of record. The Department may investigate any  
2 unlicensed activity.

3 Section 95. Grounds for disciplinary action.

4 (a) The Department may refuse to issue or to renew or may  
5 revoke, suspend, place on probation, reprimand or take other  
6 disciplinary action as the Department may deem proper,  
7 including fines not to exceed \$5,000 for each violation, with  
8 regard to any licensee or license for any one or combination of  
9 the following causes:

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

11 (2) Material misstatement in furnishing information to  
12 the Department.

13 (3) Conviction of any crime under the laws of any U.S.  
14 jurisdiction that is (i) a felony, (ii) a misdemeanor, an  
15 essential element of which is dishonesty, or (iii) directly  
16 related to the practice of the profession.

17 (4) Making any misrepresentation for the purpose of  
18 obtaining a license.

19 (5) Professional incompetence or gross negligence.

20 (6) Gross malpractice.

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

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

25 (9) Engaging in dishonorable, unethical, or

1 unprofessional conduct of a character likely to deceive,  
2 defraud, or harm the public.

3 (10) Habitual or excessive use or addiction to alcohol,  
4 narcotics, stimulants, or any other chemical agent or drug  
5 that results in the inability to practice with reasonable  
6 judgment, skill, or safety.

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

11 (12) Directly or indirectly giving to or receiving from  
12 any person, firm, corporation, partnership, or association  
13 any fee, commission, rebate, or other form of compensation  
14 for any professional services not actually or personally  
15 rendered. This shall not be deemed to include rent or other  
16 remunerations paid to an individual, partnership, or  
17 corporation by a licensed midwife for the lease, rental, or  
18 use of space, owned or controlled by the individual,  
19 partnership, corporation, or association.

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

23 (14) Abandonment of a patient without cause.

24 (15) Willfully making or filing false records or  
25 reports relating to a licensee's practice, including, but  
26 not limited to, false records filed with State agencies or

1 departments.

2 (16) Physical illness or mental illness, including,  
3 but not limited to, deterioration through the aging process  
4 or loss of motor skill that results in the inability to  
5 practice the profession with reasonable judgment, skill,  
6 or safety.

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

9 (18) Conviction by any court of competent  
10 jurisdiction, either within or without this State, of any  
11 violation of any law governing the practice of licensed  
12 midwifery or conviction in this or another state of any  
13 crime that is a felony under the laws of this State or  
14 conviction of a felony in a federal court, if the  
15 Department determines, after investigation, that the  
16 person has not been sufficiently rehabilitated to warrant  
17 the public trust.

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

20 (20) Being named as a perpetrator in an indicated  
21 report by the Department of Healthcare and Family Services  
22 under the Abused and Neglected Child Reporting Act and upon  
23 proof by clear and convincing evidence that the licensee  
24 has caused a child to be an abused child or a neglected  
25 child, as defined in the Abused and Neglected Child  
26 Reporting Act.

1           (21) Practicing or attempting to practice under a name  
2 other than the full name shown on a license issued under  
3 this Act.

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

7           (23) Maintaining a professional relationship with any  
8 person, firm, or corporation when the licensed midwife  
9 knows or should know that a person, firm, or corporation is  
10 violating this Act.

11           (24) Failure to provide satisfactory proof of having  
12 participated in approved continuing education programs as  
13 determined by the Board and approved by the Secretary.  
14 Exceptions for extreme hardships are to be defined by the  
15 Department.

16           (b) The Department may refuse to issue or may suspend the  
17 license of any person who fails to (i) file a tax return or to  
18 pay the tax, penalty, or interest shown in a filed return or  
19 (ii) pay any final assessment of the tax, penalty, or interest,  
20 as required by any tax Act administered by the Illinois  
21 Department of Revenue, until the time that the requirements of  
22 that tax Act are satisfied.

23           (c) The determination by a circuit court that a licensee is  
24 subject to involuntary admission or judicial admission as  
25 provided in the Mental Health and Developmental Disabilities  
26 Code operates as an automatic suspension. The suspension shall



1 end only upon a finding by a court that the patient is no  
2 longer subject to involuntary admission or judicial admission,  
3 the issuance of an order so finding and discharging the  
4 patient, and the recommendation of the Board to the Secretary  
5 that the licensee be allowed to resume his or her practice.

6 (d) In enforcing this Section, the Department, upon a  
7 showing of a possible violation, may compel any person licensed  
8 to practice under this Act or who has applied for licensure or  
9 certification pursuant to this Act to submit to a mental or  
10 physical examination, or both, as required by and at the  
11 expense of the Department. The examining physicians shall be  
12 those specifically designated by the Department. The  
13 Department may order an examining physician to present  
14 testimony concerning the mental or physical examination of the  
15 licensee or applicant. No information shall be excluded by  
16 reason of any common law or statutory privilege relating to  
17 communications between the licensee or applicant and the  
18 examining physician. The person to be examined may have, at his  
19 or her own expense, another physician of his or her choice  
20 present during all aspects of the examination. Failure of any  
21 person to submit to a mental or physical examination when  
22 directed shall be grounds for suspension of a license until the  
23 person submits to the examination if the Department finds,  
24 after notice and hearing, that the refusal to submit to the  
25 examination was without reasonable cause.

26 If the Department finds an individual unable to practice

1 because of the reasons set forth in this subsection (d), the  
2 Department may require that individual to submit to care,  
3 counseling, or treatment by physicians approved or designated  
4 by the Department, as a condition, term, or restriction for  
5 continued, reinstated, or renewed licensure to practice or, in  
6 lieu of care, counseling, or treatment, the Department may file  
7 a complaint to immediately suspend, revoke, or otherwise  
8 discipline the license of the individual. Any person whose  
9 license was granted, reinstated, renewed, disciplined, or  
10 supervised subject to such terms, conditions, or restrictions  
11 and who fails to comply with such terms, conditions, or  
12 restrictions shall be referred to the Secretary for a  
13 determination as to whether or not the person shall have his or  
14 her license suspended immediately, pending a hearing by the  
15 Department.

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

24 A person licensed under this Act and affected under this  
25 subsection (d) shall be afforded an opportunity to demonstrate  
26 to the Department that he or she can resume practice in

1 compliance with acceptable and prevailing standards under the  
2 provisions of his or her license.

3 Section 100. Failure to pay restitution. The Department,  
4 without further process or hearing, shall suspend the license  
5 or other authorization to practice of any person issued under  
6 this Act who has been certified by court order as not having  
7 paid restitution to a person under Section 8A-3.5 of the  
8 Illinois Public Aid Code, under Section 46-1 of the Criminal  
9 Code of 1961, or under Sections 17-8.5 or 17-10.5 of the  
10 Criminal Code of 2012. A person whose license or other  
11 authorization to practice is suspended under this Section is  
12 prohibited from practicing until restitution is made in full.

13 Section 105. Injunction; cease and desist order.

14 (a) If a person violates any provision of this Act, the  
15 Secretary may, in the name of the People of the State of  
16 Illinois, through the Attorney General or the State's Attorney  
17 of any county in which the action is brought, petition for an  
18 order enjoining the violation or enforcing compliance with this  
19 Act. Upon the filing of a verified petition in court, the court  
20 may issue a temporary restraining order, without notice or  
21 bond, and may preliminarily and permanently enjoin the  
22 violation. If it is established that the person has violated or  
23 is violating the injunction, the court may punish the offender  
24 for contempt of court. Proceedings under this Section shall be

1 in addition to, and not in lieu of, all other remedies and  
2 penalties provided by this Act.

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

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

18 Section 110. Violation; criminal penalty.

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

24 (b) Notwithstanding any other provision of this Act, all  
25 criminal fines, moneys, or other property collected or received

1 by the Department under this Section or any other State or  
2 federal statute, including, but not limited to, property  
3 forfeited to the Department under Section 505 of the Illinois  
4 Controlled Substances Act or Section 85 of the Methamphetamine  
5 Control and Community Protection Act, shall be deposited into  
6 the Professional Regulation Evidence Fund.

7 Section 115. Investigation; notice; hearing. The  
8 Department may investigate the actions of any applicant or of  
9 any person or persons holding or claiming to hold a license  
10 under this Act. Before refusing to issue or to renew or taking  
11 any disciplinary action regarding a license, the Department  
12 shall, at least 30 days prior to the date set for the hearing,  
13 notify in writing the applicant or licensee of the nature of  
14 any charges and that a hearing shall be held on a date  
15 designated. The Department shall direct the applicant or  
16 licensee to file a written answer with the Board under oath  
17 within 20 days after the service of the notice and inform the  
18 applicant or licensee that failure to file an answer shall  
19 result in default being taken against the applicant or licensee  
20 and that the license may be suspended, revoked, or placed on  
21 probationary status or that other disciplinary action may be  
22 taken, including limiting the scope, nature, or extent of  
23 practice, as the Secretary may deem proper. Written notice may  
24 be served by personal delivery or certified or registered mail  
25 to the respondent at the address of his or her last

1 notification to the Department. If the person fails to file an  
2 answer after receiving notice, his or her license may, in the  
3 discretion of the Department, be suspended, revoked, or placed  
4 on probationary status, or the Department may take any  
5 disciplinary action deemed proper, including limiting the  
6 scope, nature, or extent of the person's practice or the  
7 imposition of a fine, without a hearing, if the act or acts  
8 charged constitute sufficient grounds for such action under  
9 this Act. At the time and place fixed in the notice, the Board  
10 shall proceed to hear the charges and the parties or their  
11 counsel shall be accorded ample opportunity to present such  
12 statements, testimony, evidence, and argument as may be  
13 pertinent to the charges or to their defense. The Board may  
14 continue a hearing from time to time.

15 Section 120. Formal hearing; preservation of record. The  
16 Department, at its expense, shall preserve a record of all  
17 proceedings at the formal hearing of any case. The notice of  
18 hearing, complaint, and all other documents in the nature of  
19 pleadings and written motions filed in the proceedings, the  
20 transcript of testimony, the report of the Board or hearing  
21 officer, and order of the Department shall be the record of the  
22 proceeding. The Department shall furnish a transcript of the  
23 record to any person interested in the hearing upon payment of  
24 the fee required under Section 2105-115 of the Department of  
25 Professional Regulation Law.

1           Section 125. Witnesses; production of documents; contempt.  
2           Any circuit court may upon application of the Department or its  
3           designee or of the applicant or licensee against whom  
4           proceedings under Section 95 of this Act are pending, enter an  
5           order requiring the attendance of witnesses and their testimony  
6           and the production of documents, papers, files, books, and  
7           records in connection with any hearing or investigation. The  
8           court may compel obedience to its order by proceedings for  
9           contempt.

10           Section 130. Subpoena; oaths. The Department shall have the  
11           power to subpoena and bring before it any person in this State  
12           and to take testimony either orally or by deposition or both  
13           with the same fees and mileage and in the same manner as  
14           prescribed in civil cases in circuit courts of this State. The  
15           Secretary, the designated hearing officer, and every member of  
16           the Board has the power to administer oaths to witnesses at any  
17           hearing that the Department is authorized to conduct and any  
18           other oaths authorized in any Act administered by the  
19           Department. Any circuit court may, upon application of the  
20           Department or its designee or upon application of the person  
21           against whom proceedings under this Act are pending, enter an  
22           order requiring the attendance of witnesses and their  
23           testimony, and the production of documents, papers, files,  
24           books, and records in connection with any hearing or

1 investigation. The court may compel obedience to its order by  
2 proceedings for contempt.

3 Section 135. Findings of fact, conclusions of law, and  
4 recommendations. At the conclusion of the hearing the Board  
5 shall present to the Secretary a written report of its findings  
6 of fact, conclusions of law, and recommendations. The report  
7 shall contain a finding as to whether or not the accused person  
8 violated this Act or failed to comply with the conditions  
9 required under this Act. The Board shall specify the nature of  
10 the violation or failure to comply and shall make its  
11 recommendations to the Secretary.

12 The report of findings of fact, conclusions of law, and  
13 recommendations of the Board shall be the basis for the  
14 Department's order. If the Secretary disagrees in any regard  
15 with the report of the Board, the Secretary may issue an order  
16 in contravention of the report. The finding is not admissible  
17 in evidence against the person in a criminal prosecution  
18 brought for the violation of this Act, but the hearing and  
19 findings are not a bar to a criminal prosecution brought for  
20 the violation of this Act.

21 Section 140. Hearing officer. The Secretary may appoint any  
22 attorney duly licensed to practice law in the State of Illinois  
23 to serve as the hearing officer in any action for departmental  
24 refusal to issue, renew, or license an applicant or for



1 disciplinary action against a licensee. The hearing officer  
2 shall have full authority to conduct the hearing. The hearing  
3 officer shall report his or her findings of fact, conclusions  
4 of law, and recommendations to the Board and the Secretary. The  
5 Board shall have 60 calendar days after receipt of the report  
6 to review the report of the hearing officer and present its  
7 findings of fact, conclusions of law, and recommendations to  
8 the Secretary. If the Board fails to present its report within  
9 the 60-day period, the Secretary may issue an order based on  
10 the report of the hearing officer. If the Secretary disagrees  
11 with the recommendation of the Board or the hearing officer, he  
12 or she may issue an order in contravention of that  
13 recommendation.

14 Section 145. Service of report; motion for rehearing. In  
15 any case involving the discipline of a license, a copy of the  
16 Board's report shall be served upon the respondent by the  
17 Department, either personally or as provided in this Act for  
18 the service of the notice of hearing. Within 20 days after the  
19 service, the respondent may present to the Department a motion  
20 in writing for a rehearing that shall specify the particular  
21 grounds for rehearing. If no motion for rehearing is filed,  
22 then upon the expiration of the time specified for filing a  
23 motion, or if a motion for rehearing is denied, then upon the  
24 denial, the Secretary may enter an order in accordance with  
25 this Act. If the respondent orders from the reporting service

1 and pays for a transcript of the record within the time for  
2 filing a motion for rehearing, the 20-day period within which  
3 the motion may be filed shall commence upon the delivery of the  
4 transcript to the respondent.

5 Section 150. Rehearing. Whenever the Secretary is  
6 satisfied that substantial justice has not been done in the  
7 revocation, suspension, or refusal to issue or renew a license,  
8 the Secretary may order a rehearing by the same or another  
9 hearing officer or by the Board.

10 Section 155. Prima facie proof. An order or a certified  
11 copy thereof, over the seal of the Department and purporting to  
12 be signed by the Secretary, shall be prima facie proof of the  
13 following:

14 (1) that the signature is the genuine signature of the  
15 Secretary;

16 (2) that such Secretary is duly appointed and  
17 qualified; and

18 (3) that the Board and its members are qualified to  
19 act.

20 Section 160. Restoration of license. At any time after the  
21 suspension or revocation of any license, the Department may  
22 restore the license to the accused person, unless after an  
23 investigation and a hearing the Department determines that

1 restoration is not in the public interest.

2 Section 165. Surrender of license. Upon the revocation or  
3 suspension of any license, the licensee shall immediately  
4 surrender the license to the Department. If the licensee fails  
5 to do so, the Department shall have the right to seize the  
6 license.

7 Section 170. Summary suspension. The Secretary may  
8 summarily suspend the license of a licensee under this Act  
9 without a hearing, simultaneously with the institution of  
10 proceedings for a hearing provided for in this Act, if the  
11 Secretary finds that evidence in his or her possession  
12 indicates that continuation in practice would constitute an  
13 imminent danger to the public. In the event that the Secretary  
14 summarily suspends a license without a hearing, a hearing by  
15 the Department must be held within 30 days after the suspension  
16 has occurred.

17 Section 175. Certificate of record. The Department shall  
18 not be required to certify any record to the court or file any  
19 answer in court or otherwise appear in any court in a judicial  
20 review proceeding, unless there is filed in the court, with the  
21 complaint, a receipt from the Department acknowledging payment  
22 of the costs of furnishing and certifying the record. Failure  
23 on the part of the plaintiff to file a receipt in court shall

1 be grounds for dismissal of the action.

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

7 Section 185. Illinois Administrative Procedure Act. The  
8 Illinois Administrative Procedure Act is hereby expressly  
9 adopted and incorporated in this Act as if all of the  
10 provisions of such Act were included in this Act, except that  
11 the provision of subsection (d) of Section 10-65 of the  
12 Illinois Administrative Procedure Act that provides that at  
13 hearings the licensee has the right to show compliance with all  
14 lawful requirements for retention, continuation, or renewal of  
15 the license is specifically excluded. For purposes of this Act,  
16 the notice required under Section 10-25 of the Illinois  
17 Administrative Procedure Act is deemed sufficient when mailed  
18 to the last known address of a party.

19 Section 190. Home rule. Pursuant to paragraph (h) of  
20 Section 6 of Article VII of the Illinois Constitution of 1970,  
21 the power to regulate and issue licenses for the practice of  
22 midwifery shall, except as may otherwise be provided within and  
23 pursuant to the provisions of this Act, be exercised by the

1 State and may not be exercised by any unit of local government,  
2 including home rule units.

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

5 Section 900. The Regulatory Sunset Act is amended by adding  
6 Section 4.34 as follows:

7 (5 ILCS 80/4.34 new)

8 Sec. 4.34. Act repealed on January 1, 2024. The following  
9 Act is repealed on January 1, 2024:

10 The Home Birth Safety Act.

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

13 (225 ILCS 60/4) (from Ch. 111, par. 4400-4)

14 (Section scheduled to be repealed on December 31, 2013)

15 Sec. 4. Exemptions. This Act does not apply to the  
16 following:

17 (1) persons lawfully carrying on their particular  
18 profession or business under any valid existing regulatory  
19 Act of this State, including without limitation persons  
20 engaged in the practice of midwifery who are licensed under  
21 the Home Birth Safety Act;

1           (2) persons rendering gratuitous services in cases of  
2           emergency; or

3           (3) persons treating human ailments by prayer or  
4           spiritual means as an exercise or enjoyment of religious  
5           freedom.

6           (Source: P.A. 96-7, eff. 4-3-09; 97-622, eff. 11-23-11.)

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) County correctional personnel from delivering  
2           prepackaged medication for self-administration to an  
3           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; 96-1000, eff. 7-2-10.)

10           Section 990. The Illinois Public Aid Code is amended by  
11           changing Section 5-5 as follows:

12           (305 ILCS 5/5-5) (from Ch. 23, par. 5-5)

13           Sec. 5-5. Medical services. The Illinois Department, by  
14           rule, shall determine the quantity and quality of and the rate  
15           of reimbursement for the medical assistance for which payment  
16           will be authorized, and the medical services to be provided,  
17           which may include all or part of the following: (1) inpatient  
18           hospital services; (2) outpatient hospital services; (3) other  
19           laboratory and X-ray services; (4) skilled nursing home  
20           services; (5) physicians' services whether furnished in the  
21           office, the patient's home, a hospital, a skilled nursing home,  
22           or elsewhere; (6) medical care, or any other type of remedial  
23           care furnished by licensed practitioners, including the  
24           services of certified professional midwives licensed pursuant

1 to the Home Birth Safety Act; (7) home health care services;  
2 (8) private duty nursing service; (9) clinic services; (10)  
3 dental services, including prevention and treatment of  
4 periodontal disease and dental caries disease for pregnant  
5 women, provided by an individual licensed to practice dentistry  
6 or dental surgery; for purposes of this item (10), "dental  
7 services" means diagnostic, preventive, or corrective  
8 procedures provided by or under the supervision of a dentist in  
9 the practice of his or her profession; (11) physical therapy  
10 and related services; (12) prescribed drugs, dentures, and  
11 prosthetic devices; and eyeglasses prescribed by a physician  
12 skilled in the diseases of the eye, or by an optometrist,  
13 whichever the person may select; (13) other diagnostic,  
14 screening, preventive, and rehabilitative services, including  
15 to ensure that the individual's need for intervention or  
16 treatment of mental disorders or substance use disorders or  
17 co-occurring mental health and substance use disorders is  
18 determined using a uniform screening, assessment, and  
19 evaluation process inclusive of criteria, for children and  
20 adults; for purposes of this item (13), a uniform screening,  
21 assessment, and evaluation process refers to a process that  
22 includes an appropriate evaluation and, as warranted, a  
23 referral; "uniform" does not mean the use of a singular  
24 instrument, tool, or process that all must utilize; (14)  
25 transportation and such other expenses as may be necessary;  
26 (15) medical treatment of sexual assault survivors, as defined

1 in Section 1a of the Sexual Assault Survivors Emergency  
2 Treatment Act, for injuries sustained as a result of the sexual  
3 assault, including examinations and laboratory tests to  
4 discover evidence which may be used in criminal proceedings  
5 arising from the sexual assault; (16) the diagnosis and  
6 treatment of sickle cell anemia; and (17) any other medical  
7 care, and any other type of remedial care recognized under the  
8 laws of this State, but not including abortions, or induced  
9 miscarriages or premature births, unless, in the opinion of a  
10 physician, such procedures are necessary for the preservation  
11 of the life of the woman seeking such treatment, or except an  
12 induced premature birth intended to produce a live viable child  
13 and such procedure is necessary for the health of the mother or  
14 her unborn child. The Illinois Department, by rule, shall  
15 prohibit any physician from providing medical assistance to  
16 anyone eligible therefor under this Code where such physician  
17 has been found guilty of performing an abortion procedure in a  
18 wilful and wanton manner upon a woman who was not pregnant at  
19 the time such abortion procedure was performed. The term "any  
20 other type of remedial care" shall include nursing care and  
21 nursing home service for persons who rely on treatment by  
22 spiritual means alone through prayer for healing.

23 Notwithstanding any other provision of this Section, a  
24 comprehensive tobacco use cessation program that includes  
25 purchasing prescription drugs or prescription medical devices  
26 approved by the Food and Drug Administration shall be covered

1 under the medical assistance program under this Article for  
2 persons who are otherwise eligible for assistance under this  
3 Article.

4 Notwithstanding any other provision of this Code, the  
5 Illinois Department may not require, as a condition of payment  
6 for any laboratory test authorized under this Article, that a  
7 physician's handwritten signature appear on the laboratory  
8 test order form. The Illinois Department may, however, impose  
9 other appropriate requirements regarding laboratory test order  
10 documentation.

11 On and after July 1, 2012, the Department of Healthcare and  
12 Family Services may provide the following services to persons  
13 eligible for assistance under this Article who are  
14 participating in education, training or employment programs  
15 operated by the Department of Human Services as successor to  
16 the Department of Public Aid:

17 (1) dental services provided by or under the  
18 supervision of a dentist; and

19 (2) eyeglasses prescribed by a physician skilled in the  
20 diseases of the eye, or by an optometrist, whichever the  
21 person may select.

22 Notwithstanding any other provision of this Code and  
23 subject to federal approval, the Department may adopt rules to  
24 allow a dentist who is volunteering his or her service at no  
25 cost to render dental services through an enrolled  
26 not-for-profit health clinic without the dentist personally

1 enrolling as a participating provider in the medical assistance  
2 program. A not-for-profit health clinic shall include a public  
3 health clinic or Federally Qualified Health Center or other  
4 enrolled provider, as determined by the Department, through  
5 which dental services covered under this Section are performed.  
6 The Department shall establish a process for payment of claims  
7 for reimbursement for covered dental services rendered under  
8 this provision.

9 The Illinois Department, by rule, may distinguish and  
10 classify the medical services to be provided only in accordance  
11 with the classes of persons designated in Section 5-2.

12 The Department of Healthcare and Family Services must  
13 provide coverage and reimbursement for amino acid-based  
14 elemental formulas, regardless of delivery method, for the  
15 diagnosis and treatment of (i) eosinophilic disorders and (ii)  
16 short bowel syndrome when the prescribing physician has issued  
17 a written order stating that the amino acid-based elemental  
18 formula is medically necessary.

19 The Illinois Department shall authorize the provision of,  
20 and shall authorize payment for, screening by low-dose  
21 mammography for the presence of occult breast cancer for women  
22 35 years of age or older who are eligible for medical  
23 assistance under this Article, as follows:

24 (A) A baseline mammogram for women 35 to 39 years of  
25 age.

26 (B) An annual mammogram for women 40 years of age or

1           older.

2           (C) A mammogram at the age and intervals considered  
3 medically necessary by the woman's health care provider for  
4 women under 40 years of age and having a family history of  
5 breast cancer, prior personal history of breast cancer,  
6 positive genetic testing, or other risk factors.

7           (D) A comprehensive ultrasound screening of an entire  
8 breast or breasts if a mammogram demonstrates  
9 heterogeneous or dense breast tissue, when medically  
10 necessary as determined by a physician licensed to practice  
11 medicine in all of its branches.

12           All screenings shall include a physical breast exam,  
13 instruction on self-examination and information regarding the  
14 frequency of self-examination and its value as a preventative  
15 tool. For purposes of this Section, "low-dose mammography"  
16 means the x-ray examination of the breast using equipment  
17 dedicated specifically for mammography, including the x-ray  
18 tube, filter, compression device, and image receptor, with an  
19 average radiation exposure delivery of less than one rad per  
20 breast for 2 views of an average size breast. The term also  
21 includes digital mammography.

22           On and after January 1, 2012, providers participating in a  
23 quality improvement program approved by the Department shall be  
24 reimbursed for screening and diagnostic mammography at the same  
25 rate as the Medicare program's rates, including the increased  
26 reimbursement for digital mammography.

1           The Department shall convene an expert panel including  
2           representatives of hospitals, free-standing mammography  
3           facilities, and doctors, including radiologists, to establish  
4           quality standards.

5           Subject to federal approval, the Department shall  
6           establish a rate methodology for mammography at federally  
7           qualified health centers and other encounter-rate clinics.  
8           These clinics or centers may also collaborate with other  
9           hospital-based mammography facilities.

10          The Department shall establish a methodology to remind  
11          women who are age-appropriate for screening mammography, but  
12          who have not received a mammogram within the previous 18  
13          months, of the importance and benefit of screening mammography.

14          The Department shall establish a performance goal for  
15          primary care providers with respect to their female patients  
16          over age 40 receiving an annual mammogram. This performance  
17          goal shall be used to provide additional reimbursement in the  
18          form of a quality performance bonus to primary care providers  
19          who meet that goal.

20          The Department shall devise a means of case-managing or  
21          patient navigation for beneficiaries diagnosed with breast  
22          cancer. This program shall initially operate as a pilot program  
23          in areas of the State with the highest incidence of mortality  
24          related to breast cancer. At least one pilot program site shall  
25          be in the metropolitan Chicago area and at least one site shall  
26          be outside the metropolitan Chicago area. An evaluation of the



1 pilot program shall be carried out measuring health outcomes  
2 and cost of care for those served by the pilot program compared  
3 to similarly situated patients who are not served by the pilot  
4 program.

5 Any medical or health care provider shall immediately  
6 recommend, to any pregnant woman who is being provided prenatal  
7 services and is suspected of drug abuse or is addicted as  
8 defined in the Alcoholism and Other Drug Abuse and Dependency  
9 Act, referral to a local substance abuse treatment provider  
10 licensed by the Department of Human Services or to a licensed  
11 hospital which provides substance abuse treatment services.  
12 The Department of Healthcare and Family Services shall assure  
13 coverage for the cost of treatment of the drug abuse or  
14 addiction for pregnant recipients in accordance with the  
15 Illinois Medicaid Program in conjunction with the Department of  
16 Human Services.

17 All medical providers providing medical assistance to  
18 pregnant women under this Code shall receive information from  
19 the Department on the availability of services under the Drug  
20 Free Families with a Future or any comparable program providing  
21 case management services for addicted women, including  
22 information on appropriate referrals for other social services  
23 that may be needed by addicted women in addition to treatment  
24 for addiction.

25 The Illinois Department, in cooperation with the  
26 Departments of Human Services (as successor to the Department

1 of Alcoholism and Substance Abuse) and Public Health, through a  
2 public awareness campaign, may provide information concerning  
3 treatment for alcoholism and drug abuse and addiction, prenatal  
4 health care, and other pertinent programs directed at reducing  
5 the number of drug-affected infants born to recipients of  
6 medical assistance.

7 Neither the Department of Healthcare and Family Services  
8 nor the Department of Human Services shall sanction the  
9 recipient solely on the basis of her substance abuse.

10 The Illinois Department shall establish such regulations  
11 governing the dispensing of health services under this Article  
12 as it shall deem appropriate. The Department should seek the  
13 advice of formal professional advisory committees appointed by  
14 the Director of the Illinois Department for the purpose of  
15 providing regular advice on policy and administrative matters,  
16 information dissemination and educational activities for  
17 medical and health care providers, and consistency in  
18 procedures to the Illinois Department.

19 The Illinois Department may develop and contract with  
20 Partnerships of medical providers to arrange medical services  
21 for persons eligible under Section 5-2 of this Code.  
22 Implementation of this Section may be by demonstration projects  
23 in certain geographic areas. The Partnership shall be  
24 represented by a sponsor organization. The Department, by rule,  
25 shall develop qualifications for sponsors of Partnerships.  
26 Nothing in this Section shall be construed to require that the

1 sponsor organization be a medical organization.

2 The sponsor must negotiate formal written contracts with  
3 medical providers for physician services, inpatient and  
4 outpatient hospital care, home health services, treatment for  
5 alcoholism and substance abuse, and other services determined  
6 necessary by the Illinois Department by rule for delivery by  
7 Partnerships. Physician services must include prenatal and  
8 obstetrical care. The Illinois Department shall reimburse  
9 medical services delivered by Partnership providers to clients  
10 in target areas according to provisions of this Article and the  
11 Illinois Health Finance Reform Act, except that:

12 (1) Physicians participating in a Partnership and  
13 providing certain services, which shall be determined by  
14 the Illinois Department, to persons in areas covered by the  
15 Partnership may receive an additional surcharge for such  
16 services.

17 (2) The Department may elect to consider and negotiate  
18 financial incentives to encourage the development of  
19 Partnerships and the efficient delivery of medical care.

20 (3) Persons receiving medical services through  
21 Partnerships may receive medical and case management  
22 services above the level usually offered through the  
23 medical assistance program.

24 Medical providers shall be required to meet certain  
25 qualifications to participate in Partnerships to ensure the  
26 delivery of high quality medical services. These

1 qualifications shall be determined by rule of the Illinois  
2 Department and may be higher than qualifications for  
3 participation in the medical assistance program. Partnership  
4 sponsors may prescribe reasonable additional qualifications  
5 for participation by medical providers, only with the prior  
6 written approval of the Illinois Department.

7 Nothing in this Section shall limit the free choice of  
8 practitioners, hospitals, and other providers of medical  
9 services by clients. In order to ensure patient freedom of  
10 choice, the Illinois Department shall immediately promulgate  
11 all rules and take all other necessary actions so that provided  
12 services may be accessed from therapeutically certified  
13 optometrists to the full extent of the Illinois Optometric  
14 Practice Act of 1987 without discriminating between service  
15 providers.

16 The Department shall apply for a waiver from the United  
17 States Health Care Financing Administration to allow for the  
18 implementation of Partnerships under this Section.

19 The Illinois Department shall require health care  
20 providers to maintain records that document the medical care  
21 and services provided to recipients of Medical Assistance under  
22 this Article. Such records must be retained for a period of not  
23 less than 6 years from the date of service or as provided by  
24 applicable State law, whichever period is longer, except that  
25 if an audit is initiated within the required retention period  
26 then the records must be retained until the audit is completed

1 and every exception is resolved. The Illinois Department shall  
2 require health care providers to make available, when  
3 authorized by the patient, in writing, the medical records in a  
4 timely fashion to other health care providers who are treating  
5 or serving persons eligible for Medical Assistance under this  
6 Article. All dispensers of medical services shall be required  
7 to maintain and retain business and professional records  
8 sufficient to fully and accurately document the nature, scope,  
9 details and receipt of the health care provided to persons  
10 eligible for medical assistance under this Code, in accordance  
11 with regulations promulgated by the Illinois Department. The  
12 rules and regulations shall require that proof of the receipt  
13 of prescription drugs, dentures, prosthetic devices and  
14 eyeglasses by eligible persons under this Section accompany  
15 each claim for reimbursement submitted by the dispenser of such  
16 medical services. No such claims for reimbursement shall be  
17 approved for payment by the Illinois Department without such  
18 proof of receipt, unless the Illinois Department shall have put  
19 into effect and shall be operating a system of post-payment  
20 audit and review which shall, on a sampling basis, be deemed  
21 adequate by the Illinois Department to assure that such drugs,  
22 dentures, prosthetic devices and eyeglasses for which payment  
23 is being made are actually being received by eligible  
24 recipients. Within 90 days after the effective date of this  
25 amendatory Act of 1984, the Illinois Department shall establish  
26 a current list of acquisition costs for all prosthetic devices

1 and any other items recognized as medical equipment and  
2 supplies reimbursable under this Article and shall update such  
3 list on a quarterly basis, except that the acquisition costs of  
4 all prescription drugs shall be updated no less frequently than  
5 every 30 days as required by Section 5-5.12.

6 The rules and regulations of the Illinois Department shall  
7 require that a written statement including the required opinion  
8 of a physician shall accompany any claim for reimbursement for  
9 abortions, or induced miscarriages or premature births. This  
10 statement shall indicate what procedures were used in providing  
11 such medical services.

12 The Illinois Department shall require all dispensers of  
13 medical services, other than an individual practitioner or  
14 group of practitioners, desiring to participate in the Medical  
15 Assistance program established under this Article to disclose  
16 all financial, beneficial, ownership, equity, surety or other  
17 interests in any and all firms, corporations, partnerships,  
18 associations, business enterprises, joint ventures, agencies,  
19 institutions or other legal entities providing any form of  
20 health care services in this State under this Article.

21 The Illinois Department may require that all dispensers of  
22 medical services desiring to participate in the medical  
23 assistance program established under this Article disclose,  
24 under such terms and conditions as the Illinois Department may  
25 by rule establish, all inquiries from clients and attorneys  
26 regarding medical bills paid by the Illinois Department, which

1 inquiries could indicate potential existence of claims or liens  
2 for the Illinois Department.

3 Enrollment of a vendor shall be subject to a provisional  
4 period and shall be conditional for one year. During the period  
5 of conditional enrollment, the Department may terminate the  
6 vendor's eligibility to participate in, or may disenroll the  
7 vendor from, the medical assistance program without cause.  
8 Unless otherwise specified, such termination of eligibility or  
9 disenrollment is not subject to the Department's hearing  
10 process. However, a disenrolled vendor may reapply without  
11 penalty.

12 The Department has the discretion to limit the conditional  
13 enrollment period for vendors based upon category of risk of  
14 the vendor.

15 Prior to enrollment and during the conditional enrollment  
16 period in the medical assistance program, all vendors shall be  
17 subject to enhanced oversight, screening, and review based on  
18 the risk of fraud, waste, and abuse that is posed by the  
19 category of risk of the vendor. The Illinois Department shall  
20 establish the procedures for oversight, screening, and review,  
21 which may include, but need not be limited to: criminal and  
22 financial background checks; fingerprinting; license,  
23 certification, and authorization verifications; unscheduled or  
24 unannounced site visits; database checks; prepayment audit  
25 reviews; audits; payment caps; payment suspensions; and other  
26 screening as required by federal or State law.

1           The Department shall define or specify the following: (i)  
2 by provider notice, the "category of risk of the vendor" for  
3 each type of vendor, which shall take into account the level of  
4 screening applicable to a particular category of vendor under  
5 federal law and regulations; (ii) by rule or provider notice,  
6 the maximum length of the conditional enrollment period for  
7 each category of risk of the vendor; and (iii) by rule, the  
8 hearing rights, if any, afforded to a vendor in each category  
9 of risk of the vendor that is terminated or disenrolled during  
10 the conditional enrollment period.

11           To be eligible for payment consideration, a vendor's  
12 payment claim or bill, either as an initial claim or as a  
13 resubmitted claim following prior rejection, must be received  
14 by the Illinois Department, or its fiscal intermediary, no  
15 later than 180 days after the latest date on the claim on which  
16 medical goods or services were provided, with the following  
17 exceptions:

18           (1) In the case of a provider whose enrollment is in  
19 process by the Illinois Department, the 180-day period  
20 shall not begin until the date on the written notice from  
21 the Illinois Department that the provider enrollment is  
22 complete.

23           (2) In the case of errors attributable to the Illinois  
24 Department or any of its claims processing intermediaries  
25 which result in an inability to receive, process, or  
26 adjudicate a claim, the 180-day period shall not begin



1           until the provider has been notified of the error.

2           (3) In the case of a provider for whom the Illinois  
3           Department initiates the monthly billing process.

4           For claims for services rendered during a period for which  
5           a recipient received retroactive eligibility, claims must be  
6           filed within 180 days after the Department determines the  
7           applicant is eligible. For claims for which the Illinois  
8           Department is not the primary payer, claims must be submitted  
9           to the Illinois Department within 180 days after the final  
10          adjudication by the primary payer.

11          In the case of long term care facilities, admission  
12          documents shall be submitted within 30 days of an admission to  
13          the facility through the Medical Electronic Data Interchange  
14          (MEDI) or the Recipient Eligibility Verification (REV) System,  
15          or shall be submitted directly to the Department of Human  
16          Services using required admission forms. Confirmation numbers  
17          assigned to an accepted transaction shall be retained by a  
18          facility to verify timely submittal. Once an admission  
19          transaction has been completed, all resubmitted claims  
20          following prior rejection are subject to receipt no later than  
21          180 days after the admission transaction has been completed.

22          Claims that are not submitted and received in compliance  
23          with the foregoing requirements shall not be eligible for  
24          payment under the medical assistance program, and the State  
25          shall have no liability for payment of those claims.

26          To the extent consistent with applicable information and

1 privacy, security, and disclosure laws, State and federal  
2 agencies and departments shall provide the Illinois Department  
3 access to confidential and other information and data necessary  
4 to perform eligibility and payment verifications and other  
5 Illinois Department functions. This includes, but is not  
6 limited to: information pertaining to licensure;  
7 certification; earnings; immigration status; citizenship; wage  
8 reporting; unearned and earned income; pension income;  
9 employment; supplemental security income; social security  
10 numbers; National Provider Identifier (NPI) numbers; the  
11 National Practitioner Data Bank (NPDB); program and agency  
12 exclusions; taxpayer identification numbers; tax delinquency;  
13 corporate information; and death records.

14 The Illinois Department shall enter into agreements with  
15 State agencies and departments, and is authorized to enter into  
16 agreements with federal agencies and departments, under which  
17 such agencies and departments shall share data necessary for  
18 medical assistance program integrity functions and oversight.  
19 The Illinois Department shall develop, in cooperation with  
20 other State departments and agencies, and in compliance with  
21 applicable federal laws and regulations, appropriate and  
22 effective methods to share such data. At a minimum, and to the  
23 extent necessary to provide data sharing, the Illinois  
24 Department shall enter into agreements with State agencies and  
25 departments, and is authorized to enter into agreements with  
26 federal agencies and departments, including but not limited to:

1 the Secretary of State; the Department of Revenue; the  
2 Department of Public Health; the Department of Human Services;  
3 and the Department of Financial and Professional Regulation.

4 Beginning in fiscal year 2013, the Illinois Department  
5 shall set forth a request for information to identify the  
6 benefits of a pre-payment, post-adjudication, and post-edit  
7 claims system with the goals of streamlining claims processing  
8 and provider reimbursement, reducing the number of pending or  
9 rejected claims, and helping to ensure a more transparent  
10 adjudication process through the utilization of: (i) provider  
11 data verification and provider screening technology; and (ii)  
12 clinical code editing; and (iii) pre-pay, pre- or  
13 post-adjudicated predictive modeling with an integrated case  
14 management system with link analysis. Such a request for  
15 information shall not be considered as a request for proposal  
16 or as an obligation on the part of the Illinois Department to  
17 take any action or acquire any products or services.

18 The Illinois Department shall establish policies,  
19 procedures, standards and criteria by rule for the acquisition,  
20 repair and replacement of orthotic and prosthetic devices and  
21 durable medical equipment. Such rules shall provide, but not be  
22 limited to, the following services: (1) immediate repair or  
23 replacement of such devices by recipients; and (2) rental,  
24 lease, purchase or lease-purchase of durable medical equipment  
25 in a cost-effective manner, taking into consideration the  
26 recipient's medical prognosis, the extent of the recipient's

1 needs, and the requirements and costs for maintaining such  
2 equipment. Subject to prior approval, such rules shall enable a  
3 recipient to temporarily acquire and use alternative or  
4 substitute devices or equipment pending repairs or  
5 replacements of any device or equipment previously authorized  
6 for such recipient by the Department.

7 The Department shall execute, relative to the nursing home  
8 prescreening project, written inter-agency agreements with the  
9 Department of Human Services and the Department on Aging, to  
10 effect the following: (i) intake procedures and common  
11 eligibility criteria for those persons who are receiving  
12 non-institutional services; and (ii) the establishment and  
13 development of non-institutional services in areas of the State  
14 where they are not currently available or are undeveloped; and  
15 (iii) notwithstanding any other provision of law, subject to  
16 federal approval, on and after July 1, 2012, an increase in the  
17 determination of need (DON) scores from 29 to 37 for applicants  
18 for institutional and home and community-based long term care;  
19 if and only if federal approval is not granted, the Department  
20 may, in conjunction with other affected agencies, implement  
21 utilization controls or changes in benefit packages to  
22 effectuate a similar savings amount for this population; and  
23 (iv) no later than July 1, 2013, minimum level of care  
24 eligibility criteria for institutional and home and  
25 community-based long term care. In order to select the minimum  
26 level of care eligibility criteria, the Governor shall

1 establish a workgroup that includes affected agency  
2 representatives and stakeholders representing the  
3 institutional and home and community-based long term care  
4 interests. This Section shall not restrict the Department from  
5 implementing lower level of care eligibility criteria for  
6 community-based services in circumstances where federal  
7 approval has been granted.

8 The Illinois Department shall develop and operate, in  
9 cooperation with other State Departments and agencies and in  
10 compliance with applicable federal laws and regulations,  
11 appropriate and effective systems of health care evaluation and  
12 programs for monitoring of utilization of health care services  
13 and facilities, as it affects persons eligible for medical  
14 assistance under this Code.

15 The Illinois Department shall report annually to the  
16 General Assembly, no later than the second Friday in April of  
17 1979 and each year thereafter, in regard to:

18 (a) actual statistics and trends in utilization of  
19 medical services by public aid recipients;

20 (b) actual statistics and trends in the provision of  
21 the various medical services by medical vendors;

22 (c) current rate structures and proposed changes in  
23 those rate structures for the various medical vendors; and

24 (d) efforts at utilization review and control by the  
25 Illinois Department.

26 The period covered by each report shall be the 3 years

1 ending on the June 30 prior to the report. The report shall  
2 include suggested legislation for consideration by the General  
3 Assembly. The filing of one copy of the report with the  
4 Speaker, one copy with the Minority Leader and one copy with  
5 the Clerk of the House of Representatives, one copy with the  
6 President, one copy with the Minority Leader and one copy with  
7 the Secretary of the Senate, one copy with the Legislative  
8 Research Unit, and such additional copies with the State  
9 Government Report Distribution Center for the General Assembly  
10 as is required under paragraph (t) of Section 7 of the State  
11 Library Act shall be deemed sufficient to comply with this  
12 Section.

13 Rulemaking authority to implement Public Act 95-1045, if  
14 any, is conditioned on the rules being adopted in accordance  
15 with all provisions of the Illinois Administrative Procedure  
16 Act and all rules and procedures of the Joint Committee on  
17 Administrative Rules; any purported rule not so adopted, for  
18 whatever reason, is unauthorized.

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

24 (Source: P.A. 96-156, eff. 1-1-10; 96-806, eff. 7-1-10; 96-926,  
25 eff. 1-1-11; 96-1000, eff. 7-2-10; 97-48, eff. 6-28-11; 97-638,  
26 eff. 1-1-12; 97-689, eff. 6-14-12; 97-1061, eff. 8-24-12;

1 revised 9-20-12.)

2 Section 999. Effective date. This Act takes effect upon  
3 becoming law.