

AN ACT concerning regulation.

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

Section 1. Short title. This Act may be cited as the Licensed Certified Professional Midwife Practice Act.

Section 5. Purpose. The practice of midwifery in out-of-hospital settings is hereby declared to affect the public health, safety, and welfare and to be subject to regulation in the public interest. The purpose of the Act is to protect and benefit the public by setting standards for the qualifications, education, training, and experience of those who seek to obtain licensure as a licensed certified professional midwife, including requirements to work in consultation with hospital based and privileged health care professionals to promote high standards of professional performance for those licensed to practice midwifery in out-of-hospital settings in this State, to promote a consultative and integrated maternity care delivery system in Illinois with agreed-upon consulting, transfer, and transport protocols in use by all health care professionals and licensed certified professional midwives across all health care settings to maximize client safety and positive outcomes, to support accredited education and training as a prerequisite to

licensure, and to protect the public.

Section 10. Definitions. As used in this Act:

"Address of record" means the designated address recorded by the Department in the applicant's application file or the licensee's licensure file as maintained by the Department.

"Antepartum" means before labor or childbirth.

"Board" means the Illinois Midwifery Board.

"Certified nurse midwife" means an individual licensed under the Nurse Practice Act as an advanced practice registered nurse and is certified as a nurse midwife.

"Client" means a childbearing individual or newborn for whom a licensed certified professional midwife provides services.

"Consultation" means the process by which a licensed certified professional midwife seeks the advice or opinion of another health care professional.

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

"Email address of record" means the designated email address of record by the Department in the applicant's application file or the licensee's licensure file as maintained by the Department.

"Health care professional" means an advanced practice registered nurse or a physician licensed to practice medicine in all of its branches.

"Intrapartum" means during labor and delivery or childbirth.

"Licensed certified professional midwife" means a person who has successfully met the requirements under Section 45 of this Act.

"Low-risk" means a low-risk pregnancy where there is an absence of any preexisting maternal disease, significant disease arising from the pregnancy, or any condition likely to affect the pregnancy, including, but not limited to, those listed in Section 85.

"Midwife assistant" means a person, at least 18 years of age, who performs basic administrative, clerical, and supportive services under the supervision of a certified professional midwife, is educated to provide both basic and emergency care to newborns and mothers during labor, delivery, and immediately postpartum, and who maintains Neonatal Resuscitation Program provider status and cardiopulmonary resuscitation certification.

"Midwifery bridge certificate" means a certificate issued by the North American Registry of midwives that documents completion of accredited continuing education for certified professional midwives based upon identified areas to address education in emergency skills and other competencies set by the international confederation of midwives.

"Midwifery Education and Accreditation Council" or "MEAC" means the nationally recognized accrediting agency, or its

successor, that establishes standards for the education of direct-entry midwives in the United States.

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

"North American Registry of Midwives" or "NARM" means the accredited international agency, or its successor organization, that has established and has continued to administer certification for the credentialing of certified professional midwives, including the administration of a national competency examination.

"Onset of care" means the initial prenatal visit upon an agreement between a licensed certified professional midwife and client to establish a midwife-client relationship, during which the licensed certified professional midwife may take a client's medical history, complete an exam, establish a client's record, or perform other services related to establishing care. "Onset of care" does not include an initial interview where information about the licensed certified professional midwife's practice is shared but no midwife-client relationship is established.

"Pediatric health care professional" means a licensed physician specializing in the care of children, a family practice physician, or an advanced practice registered nurse licensed under the Nurse Practice Act and certified as a

Pediatric Nurse Practitioner or Family Nurse Practitioner.

"Physician" means a physician licensed under the Medical Practice Act of 1987 to practice medicine in all of its branches.

"Postpartum period" means the first 6 weeks after delivery.

"Practice of midwifery" means providing the necessary supervision, care, and advice to a client during a low-risk pregnancy, labor, and the postpartum period, including the intended low-risk delivery of a child, and providing normal newborn care. "Practice of midwifery" does not include the practice of medicine or nursing.

"Qualified midwife preceptor" means a licensed and experienced midwife or other health professional licensed in the State who participated in the clinical education of individuals enrolled in a midwifery education institution, program, or pathway accredited by the midwifery education accreditation council who meet the criteria for midwife preceptors by NARM or its successor organization.

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

"Supportive services" means simple routine medical tasks and procedures for which the midwife assistant or student midwife is appropriately trained.

Section 15. Address of record; email address of record.

All applicants and licensees shall:

(1) provide a valid address and email address to the Department, which shall serve as the address of record and email address of record, respectively, at the time of application for licensure or renewal of licensure; and

(2) inform the Department of any change of address of record or email address of record within 14 days after such change either through the Department's website or by contacting the Department.

Section 20. Social security number on license application. In addition to any other information required to be contained in an application for licensure under this Act, every application for an original license under this Act shall include the applicant's social security number, which shall be retained in the agency's records pertaining to the license. For applicants without a social security number, an individual taxpayer identification number shall be provided instead of a social security number. As soon as practical, the Department shall assign a customer's identification number to each applicant for a license. Every application for a renewal or restored license shall require the applicant's customer identification number.

Section 25. Exemptions.

(a) This Act does not prohibit a person licensed under any

other Act in this State from engaging in the practice for which he or she is licensed or from delegating services as provided for under the Act.

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

(1) a traditional birth attendant practicing midwifery without a license if the traditional birth attendant has cultural, indigenous, or religious traditions that have historically included the attendance of traditional birth attendants at births and that birth attendant serves only the women and families in that distinct cultural, indigenous, or religious group;

(2) a student midwife practicing midwifery as part of his or her course of study in an accredited midwife institution, program, or pathway under the direction and supervision of a qualified midwife preceptor; and

(3) a midwife assistant performing within the scope of his or her responsibilities and duties as defined by rule under the supervision of a licensed certified professional midwife.

(c) Nothing in this Act prevents a licensed certified professional midwife from assisting a health care professional, practicing within his or her scope of practice while providing antepartum, intrapartum, or postpartum care.

(d) Nothing in this Act abridges, limits, or changes in any way the rights of parents to deliver their baby where,

when, how, and with whom they choose, regardless of licensure under this Act.

Section 30. Illinois Midwifery Board.

(a) There is created under the authority of the Department the Illinois Midwifery Board, which shall consist of 9 members appointed by the Secretary: 5 of whom shall be licensed certified professional midwives, with initial appointees having at least 3 years of experience in the practice of midwifery in an out-of-hospital setting, be certified by the North American Registry of Midwives, and meet the qualifications for licensure set forth in this Act; one of whom shall be an Illinois licensed physician who specializes in obstetrics; one of whom shall be a certified nurse midwife who provides home birth services; one of whom shall be a pediatric health care professional; and one of whom shall be a public member. Board members shall serve 4-year terms, except that in the case of initial appointments, terms shall be staggered as follows: 4 members shall serve for 4 years, 3 members shall serve for 3 years, and 2 members shall serve for 2 years. The Board shall annually elect a chairperson and vice chairperson. All board members must be residents of this State. All board members, except for the public member, must be licensed in good standing and, at the time of appointment, actively engaged in their respective professions.

(b) Any appointment made to fill a vacancy shall be for the

unexpired portion of the term. Appointments to fill vacancies shall be made in the same manner as original appointments. No Board member may be reappointed for a term that would cause his or her continuous service on the Board to exceed 10 years.

(c) Board membership must have a reasonable representation from different geographic areas of this State, if possible.

(d) The Secretary may solicit board recommendations from midwifery organizations.

(e) The members of the Board may be reimbursed for all legitimate, necessary, and authorized expenses incurred in attending the meetings of the Board.

(f) The Secretary may remove any member of the Board for misconduct, incapacity, or neglect of duty at any time prior to the expiration of his or her term.

(g) Five Board members shall constitute a quorum. A vacancy in the membership of the Board shall not impair the right of a quorum to perform all of the duties of the Board.

(h) The Board may provide the Department with recommendations concerning the administration of this Act and may perform each of the following duties:

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

(2) Recommend changes to the medication formulary list

as standards and drug availability change.

(3) Participate in disciplinary conferences and hearings.

(4) Make recommendations to the Department regarding disciplinary action taken against a licensee as provided under this Act.

(5) Recommend the approval, denial of approval, and withdrawal of approval of required education and continuing educational programs.

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

Section 35. Powers and duties of the Department; rules.

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

(b) The Secretary shall adopt rules consistent with the provisions of this Act for the administration and enforcement of this Act and for the payment of fees connected to this Act and may prescribe forms that shall be issued in connection with this Act.

Section 40. Use of title. No person may use the title "licensed midwife", describe or imply that he or she is a licensed midwife, or represent himself or herself as a licensed midwife unless the person is granted a license under this Act or is licensed as an advanced practice registered nurse with certification as a nurse midwife.

Section 45. Licensure.

(a) Each applicant who successfully meets the requirements of this Section is eligible for licensure as a certified professional midwife if the applicant:

(1) submits forms prescribed by the Department and accompanied by the required nonrefundable fee;

(2) is at least 21 years of age;

(3) has successfully completed a licensure examination approved by the Department;

(4) holds valid certified professional midwife certification granted by NARM or its successor organization;

(5) holds an active cardiopulmonary resuscitation certification;

(6) holds an active neonatal resuscitation provider status; and

(7) successfully completed a postsecondary midwifery education program through an institution, program, or pathway accredited by the Midwife Education and

Accreditation Council, that has both academic and clinical practice incorporated throughout the curriculum.

(b) A midwife who is certified by NARM, but who has not completed a MEAC program, may apply for licensure if he or she:

(1) holds a valid certified professional midwife certification granted by NARM or its successor organization for at least 3 years;

(2) provides proof of completion of the midwifery bridge certificate granted by NARM and applies within one year of adoption of rules; and

(3) provides proof of paragraphs (1) through (6) required under subsection (a).

(c) Applicants have 3 years from the date of application to complete the application process. If the process has not been completed in 3 years, the application shall be denied, the fee shall be forfeited, and the applicant must reapply and meet the requirements in effect at the time of reapplication.

Section 50. Endorsement. Upon payment of the required nonrefundable fee and submission of required documentation, the Department may, in its discretion, license as a certified professional midwife, an applicant who is a certified professional midwife licensed in another jurisdiction, if the requirements for licensure in that jurisdiction were, at the time of licensure, substantially equivalent to the requirements in force in this State on that date or equivalent

to the requirements of this Act. Applicants have 3 years from the date of application to complete the application process. If the process has not been completed in 3 years, the application shall be denied, the fee shall be forfeited, and the applicant must reapply and meet the requirements in effect at the time of reapplication.

Section 55. Expiration; renewal of licensure. The expiration date and renewal period for each license issued under this Act shall be set by rule. The holder of a license may renew the license during the month preceding the expiration date of the license by paying the required fee. It is the responsibility of the licensee to notify the Department in writing of a change of address required for the renewal of a license under this Act. Applicants have 3 years from the date of application to complete the application process. If the process has not been completed in 3 years, the application shall be denied, the fee shall be forfeited, and the applicant must reapply and meet the requirements in effect at the time of reapplication.

The Department may adopt rules for continuing education for licensed certified professional midwives licensed under this Act that require 20 hours of continuing education per 2-year license renewal cycle. The rules shall address variances in part or in whole for good cause, including without limitation, illness or hardship. The rules must ensure

that licensees are given the opportunity to participate in programs sponsored by or through their State or national professional associations, hospitals, or other providers of continuing education. Each licensee is responsible for maintaining records of completion of continuing education and shall be prepared to produce the records when requested by the Department.

Any licensed certified professional midwife who has permitted his or her license to expire or who has had his or her license on inactive status may have the license restored by applying to the Department and filing proof acceptable to the Department of his or her fitness to have the license restored, and by paying the required fees. Proof of fitness may include sworn evidence certifying to active lawful practice in another jurisdiction.

If the licensed certified professional midwife has not maintained an active practice in another jurisdiction satisfactory to the Department, the Department shall determine, by an evaluation program established by rule, his or her fitness for restoration of the license and shall establish procedures and requirements for such restoration.

However, any licensed certified professional midwife whose license expired while he or she was (1) in federal or State service on active duty, or (2) in training or education under the supervision of the United States preliminary to induction into the military service, may have the license restored

without paying any lapsed renewal fees if, within 2 years after termination of such service, training, or education, he or she furnishes the Department with satisfactory evidence to the effect that he or she has been so engaged and that his or her service, training, or education has been terminated.

Section 60. Inactive status. Any licensed certified professional midwife who notified the Department in writing on forms prescribed by the Department, may elect to place his or her license on an inactive status and shall, subject to rules of the Department, be excused from payment of renewal fees until he or she notifies the Department in writing of his or her intention to restore the license.

Any licensed certified professional midwife requesting restoration from inactive status shall be required to pay the current renewal fee and shall be required to restore his or her license, as provided in Section 55.

Any licensed certified professional midwife whose license is in an inactive status shall not practice in the State.

Any licensee who engages in practice while his or her license is lapsed or on inactive status shall be considered to be practicing without a license, which shall be grounds for discipline under Section 140.

Section 65. Informed consent.

(a) A licensed certified professional midwife shall, at an

initial prenatal visit with a client, provide and disclose to the client orally and in writing all of the following information:

(1) the licensed certified professional midwife's experience and training;

(2) the licensed certified professional midwife holds an active CPR certification and an active neonatal resuscitation provider status;

(3) whether the licensed certified professional midwife has malpractice liability insurance coverage and the coverage limits of the policy;

(4) a protocol for the handling of both the patient's and the newborn's medical emergencies; this shall include, but not be limited to, obtaining transportation to a hospital particular to each client with identification of the appropriate hospital, providing a verbal report of the care provided to emergency services providers, and sending a copy of the client records with the client at the time of any transfer to a hospital, including obtaining a signed authorization to release the client's medical records to a health care professional or hospital in the event of such emergency transport;

(5) a statement informing the client that, in the event of an emergency or voluntary transfer or if subsequent care is required resulting from the acts or omissions of the licensed certified professional midwife,

no liability for the acts or omissions of the licensed certified professional midwife are assignable to the receiving hospital, health care facility, physician, nurse, emergency personnel, or other medical professional rendering such care; the receiving hospital, health care facility, physician, nurse, emergency medical personnel, hospital, or other medical professional rendering care are responsible for their own acts and omissions;

(6) a statement outlining the emergency equipment, drugs, and personnel available to provide appropriate care in the home;

(7) the intent to provide at least one midwife assistant or student midwife during intrapartum and immediate postpartum care; and

(8) a recommendation that the client preregister with the nearest hospital and explain the benefits of preregistration.

(b) A licensed certified professional midwife shall, at an initial prenatal visit with a client, provide a copy of the written disclosures required under this Section to the client and obtain the client's signature and date of signature acknowledging that the client has been informed, orally and in writing, of the disclosures required.

Section 70. Scope of practice.

(a) A licensed certified professional midwife shall:

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

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

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

(4) supervise delivery of infant and placenta, assess newborn and maternal well-being in immediate postpartum, and perform an Apgar score assessment;

(5) perform routine cord management and inspect for an appropriate number of vessels;

(6) inspect the placenta and membranes for completeness;

(7) inspect the perineum and vagina postpartum for lacerations and stabilize if necessary;

(8) observe the childbearing individual and newborn postpartum until stable condition is achieved, but in no event for less than 2 hours;

(9) instruct the childbearing individual, spouse, and other support persons, both verbally and in writing, of the special care and precautions for both the childbearing individual and newborn in the immediate postpartum period;

(10) reevaluate maternal and newborn well-being within 36 hours of delivery;

(11) notify a pediatric health care professional within 72 hours after delivery;

(12) use universal precautions with all biohazard materials;

(13) ensure that a birth certificate is accurately completed and filed in accordance with the Department of Public Health;

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

(15) offer an injection of vitamin K for the newborn in accordance with the indication, dose, and administration route as authorized in subsection (b);

(16) within one week of delivery, offer a newborn hearing screening to every newborn or refer the parents to a facility with a newborn hearing screening program;

(17) within 2 hours of the birth, offer the administration of antibiotic ointment into the eyes of the newborn, in accordance with the Infant Eye Disease Act; and

(18) maintain adequate antenatal and perinatal records of each client and provide records to consulting licensed physicians and licensed certified nurse midwives, in accordance with regulations promulgated under the Health

Insurance Portability and Accountability Act of 1996.

(b) A licensed certified professional midwife may obtain and administer the following during the practice of midwifery:

- (1) oxygen for the treatment of fetal distress;
- (2) eye prophylactics, either 0.5% erythromycin ophthalmic ointment or 1% tetracycline ophthalmic ointment for the prevention of neonatal ophthalmia;
- (3) oxytocin, pitocin, or misoprostol as a postpartum antihemorrhagic agent;
- (4) methylergonovine or methergine for the treatment of postpartum hemorrhage;
- (5) vitamin K for the prophylaxis of hemorrhagic disease of the newborn;
- (6) Rho (D) immune globulin for the prevention of Rho (D) sensitization in Rho (D) negative individuals;
- (7) intravenous fluids for maternal stabilization, including lactated Ringer's solution, or with 5% dextrose unless unavailable or impractical, in which case 0.09% sodium chloride may be administered;
- (8) administer antibiotics as prophylactic for GBS in accordance with current ACOG protocols as provided by Department rule;
- (9) ibuprofen for postpartum pain relief;
- (10) lidocaine injection as a local anesthetic for perineal repair; and
- (11) sterile water subcutaneous injections as a

non-pharmaceutical form of pain relief during the first and second stages of labor.

The Department may approve by rule additional medications, agents, or procedures based upon updated evidence-based obstetrical guidelines or based upon limited availability of standard medications or agents.

(c) A licensed certified professional midwife shall plan for at least 2 licensed certified professional midwives or a licensed certified professional midwife and a midwife assistant or student midwife to be present at all out-of-hospital births.

Section 75. Consultation and referral.

(a) A licensed certified professional midwife shall consult with a licensed physician or a certified nurse midwife providing obstetrical care whenever there are significant deviations, including abnormal laboratory results, relative to a client's pregnancy or to a neonate. If a referral to a physician or certified nurse midwife is needed, the licensed certified professional midwife shall refer the client to a physician or certified nurse midwife and, if possible, remain in consultation with the physician until resolution of the concern. Consultation does not preclude the possibility of an out-of-hospital birth. It is appropriate for the licensed certified professional midwife to maintain care of the client to the greatest degree possible, in accordance with the

client's wishes, during the pregnancy and, if possible, during labor, birth, and the postpartum period.

(b) A licensed certified professional midwife shall consult with a licensed physician or a certified nurse midwife with regard to any childbearing individual who presents with or develops the following risk factors or presents with or develops other risk factors that, in the judgment of the licensed certified professional midwife, warrant consultation:

(1) Antepartum:

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

(B) persistent, severe headaches, epigastric pain, or visual disturbances;

(C) persistent symptoms of urinary tract infection;

(D) significant vaginal bleeding before the onset of labor not associated with uncomplicated spontaneous abortion;

(E) rupture of membranes prior to the 37th week gestation;

(F) noted abnormal decrease in or cessation of fetal movement;

(G) anemia resistant to supplemental therapy;

(H) fever of 102 degrees Fahrenheit or 39 degrees Celsius or greater for more than 24 hours;

(I) non-vertex presentation after 38 weeks gestation;

(J) hyperemesis or significant dehydration;

(K) isoimmunization, Rh-negative sensitized, positive titers, or any other positive antibody titer, which may have a detrimental effect on the childbearing individual or fetus;

(L) elevated blood glucose levels unresponsive to dietary management;

(M) positive HIV antibody test;

(N) primary genital herpes infection in pregnancy;

(O) symptoms of malnutrition or anorexia or protracted weight loss or failure to gain weight;

(P) suspected deep vein thrombosis;

(Q) documented placental anomaly or previa;

(R) documented low-lying placenta in a childbearing individual with history of previous cesarean delivery;

(S) labor prior to the 37th week of gestation;

(T) history of prior uterine incision;

(U) lie other than vertex at term;

(V) multiple gestation;

(W) known fetal anomalies that may be affected by the site of birth;

(X) marked abnormal fetal heart tones;

(Y) abnormal non-stress test or abnormal

biophysical profile;

(Z) marked or severe polyhydramnios or oligohydramnios;

(AA) evidence of intrauterine growth restriction;

(BB) significant abnormal ultrasound findings; or

(CC) gestation beyond 42 weeks by reliable confirmed dates;

(2) Intrapartum:

(A) rise in blood pressure above baseline, more than 30/15 points or greater than 140/90;

(B) persistent, severe headaches, epigastric pain or visual disturbances;

(C) significant proteinuria or ketonuria;

(D) fever over 100.6 degrees Fahrenheit or 38 degrees Celsius in absence of environmental factors;

(E) ruptured membranes without onset of established labor after 18 hours;

(F) significant bleeding prior to delivery or any abnormal bleeding, with or without abdominal pain or evidence of placental abruption;

(G) lie not compatible with spontaneous vaginal delivery or unstable fetal lie;

(H) failure to progress after 5 hours of active labor or following 2 hours of active second stage labor;

(I) signs or symptoms of maternal infection;

(J) active genital herpes at onset of labor;

(K) fetal heart tones with non-reassuring patterns;

(L) signs or symptoms of fetal distress;

(M) thick meconium or frank bleeding with birth not imminent; or

(N) client or licensed certified professional midwife desires physician consultation or transfer;

(3) Postpartum:

(A) failure to void within 6 hours of birth;

(B) signs or symptoms of maternal shock;

(C) fever of 102 degrees Fahrenheit or 39 degrees Celsius and unresponsive to therapy for 12 hours;

(D) abnormal lochia or signs or symptoms of uterine sepsis;

(E) suspected deep vein thrombosis; or

(F) signs of clinically significant depression.

(c) A licensed certified professional midwife shall consult with a licensed physician or certified nurse midwife with regard to any neonate who is born with or develops the following risk factors:

(1) Apgar score of 6 or less at 5 minutes without significant improvement by 10 minutes;

(2) persistent grunting respirations or retractions;

(3) persistent cardiac irregularities;

(4) persistent central cyanosis or pallor;

- (5) persistent lethargy or poor muscle tone;
- (6) abnormal cry;
- (7) birth weight less than 2,300 grams;
- (8) jitteriness or seizures;
- (9) jaundice occurring before 24 hours or outside of normal range;
- (10) failure to urinate within 24 hours of birth;
- (11) failure to pass meconium within 48 hours of birth;
- (12) edema;
- (13) prolonged temperature instability;
- (14) significant signs or symptoms of infection;
- (15) significant clinical evidence of glycemic instability;
- (16) abnormal, bulging, or depressed fontanel;
- (17) significant clinical evidence of prematurity;
- (18) medically significant congenital anomalies;
- (19) significant or suspected birth injury;
- (20) persistent inability to suck;
- (21) diminished consciousness;
- (22) clinically significant abnormalities in vital signs, muscle tone, or behavior;
- (23) clinically significant color abnormality, cyanotic, or pale or abnormal perfusion;
- (24) abdominal distension or projectile vomiting; or
- (25) signs of clinically significant dehydration or

failure to thrive.

(d) Consultation with a health care professional does not establish a formal relationship with the client. Consultation does not establish a formal relationship between a licensed certified professional midwife and another health care professional.

Section 80. Transfer.

(a) Transport via private vehicle is an acceptable method of transport if it is the most expedient and safest method for accessing medical services. The licensed certified professional midwife shall initiate immediate transport according to the licensed certified professional midwife's emergency plan, provide emergency stabilization until emergency medical services arrive or transfer is completed, accompany the client or follow the client to a hospital in a timely fashion, and provide pertinent information to the receiving facility and complete an emergency transport record.

(b) A licensed certified professional midwife must establish a written protocol for the handling of both the patient's and newborn's medical emergencies, including transportation to a hospital, particular to each client, with identification of the appropriate hospital. A verbal report of the care provided must be provided to emergency services providers and a copy of the client records shall be sent with the client at the time of any transfer to a hospital, including

obtaining a signed authorization to release the client's medical records to a health care professional or hospital in the event of such emergency.

Section 85. Prohibited practices.

(a) A licensed certified professional midwife may not do any of the following:

(1) administer prescription pharmacological agents intended to induce or augment labor;

(2) administer prescription pharmacological agents to provide pain management;

(3) use vacuum extractors or forceps;

(4) prescribe medications;

(5) provide out-of-hospital care to a childbearing individual who has had a previous cesarean section;

(6) perform abortions or surgical procedures, including, but not limited to, cesarean sections and circumcisions, except for an emergency episiotomy;

(7) knowingly accept responsibility for prenatal or intrapartum care of a client with any of the following risk factors:

(A) chronic significant maternal cardiac, pulmonary, renal, or hepatic disease;

(B) malignant disease in an active phase;

(C) significant hematological disorders, coagulopathies, or pulmonary embolism;

(D) insulin requiring diabetes mellitus;

(E) known maternal congenital abnormalities affecting childbirth;

(F) confirmed isoimmunization, Rh disease with positive titer;

(G) active tuberculosis;

(H) active syphilis or gonorrhea;

(I) active genital herpes infection 2 weeks prior to labor or in labor;

(J) pelvic or uterine abnormalities affecting normal vaginal births, including tumors and malformations;

(K) alcoholism or alcohol abuse;

(L) drug addiction or abuse; or

(M) confirmed AIDS status.

(b) A licensed certified professional midwife shall not administer Schedule II through IV controlled substances. Subject to a prescription by a health care professional, Schedule V controlled substances may be administered by licensed certified professional midwives.

Section 90. Annual Reports.

(a) A licensed certified professional midwife shall annually report to the Department of Public Health, by no later than March 31 of each year, in a manner specified by the Department of Public Health, the following information

regarding cases in which the licensed certified professional midwife assisted during the previous calendar year when the intended place of birth at the onset of care was an out-of-hospital setting:

(1) the total number of patients served at the onset of care;

(2) the number, by county, of live births attended;

(3) the number, by county, of cases of fetal demise, infant deaths, and maternal deaths attended at the discovery of the demise or death;

(4) the number of women whose care was transferred to another health care professional during the antepartum period and the reason for transfer;

(5) the number, reason for, and outcome of each nonemergency hospital transfer during the intrapartum or postpartum period;

(6) the number, reason for, and outcome of each urgent or emergency transport of an expectant childbearing individual in the antepartum period;

(7) the number, reason for, and outcome of each urgent or emergency transport of an infant or childbearing individual during the intrapartum or immediate postpartum period;

(8) the number of planned out-of-hospital births at the onset of labor and the number of births completed in an out-of-hospital setting;

(9) a brief description of any complications resulting in the morbidity or mortality of a childbearing individual or a neonate; and

(10) any other information required by rule by the Department of Public Health.

(b) The Board shall maintain the confidentiality of any report under subsection (d).

(c) Notwithstanding any other provision of law, a licensed certified professional midwife shall be subject to the same reporting requirements as other health care professionals who provide care to individuals.

(d) Reports are confidential under Section 180 of this Act.

Section 95. Vicarious liability.

(a) Consultation with a physician or advanced practice registered nurse does not alone create a physician-patient or advanced practice registered nurse-patient relationship or any other relationship with the physician or advanced practice registered nurse. The informed consent shall specifically state that the licensed certified professional midwife and any consulting physician or advanced practice registered nurse are not employees, partners, associates, agents, or principals of one another. The licensed certified professional midwife shall inform the patient that he or she is independently licensed and practicing midwifery and in that regard is solely

responsible for the services he or she provides.

(b) Nothing in this Act is intended to expand or limit the malpractice liability of physicians, advanced practice registered nurses, licensed certified professional midwives, or other health care professionals, hospitals, or other health care institutions beyond the limits existing in current Illinois statutory and common law; however, no physician, nurse, emergency medical personnel, hospital, or other health care institution shall be liable for any act or omission resulting from the provision of services by any licensed certified professional midwife solely on the basis that the physician, nurse, emergency medical personnel, hospital, or other health care institution has consulted with or accepted a referral from the licensed certified professional midwife. The physician, nurse, licensed certified professional midwife, emergency medical personnel, hospital, or other health care institution providing care are responsible for their own acts and omissions.

Section 100. Grounds for disciplinary action.

(a) The Department may refuse to issue or to renew, or may revoke, suspend, place on probation, reprimand, or take other disciplinary or non-disciplinary action with regard to any license issued under this Act as the Department may deem proper, including the issuance of fines not to exceed \$10,000 for each violation, for any one or combination of the

following causes:

(1) Material misstatement in furnishing information to the Department.

(2) Violations of this Act, or the rules adopted under this Act.

(3) Conviction by plea of guilty or nolo contendere, finding of guilt, jury verdict, or entry of judgment or sentencing, including, but not limited to, convictions, preceding sentences of supervision, conditional discharge, or first offender probation, under the laws of any jurisdiction of the United States that is: (i) a felony; or (ii) a misdemeanor, an essential element of which is dishonesty, or that is directly related to the practice of the profession.

(4) Making any misrepresentation for the purpose of obtaining licenses.

(5) Professional incompetence.

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

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

(8) Engaging in dishonorable, unethical, or unprofessional conduct, as defined by rule, of a character likely to deceive, defraud, or harm the public.

(9) Habitual or excessive use or addiction to alcohol, narcotics, stimulants, or any other chemical agent or drug

that results in a midwife's inability to practice with reasonable judgment, skill, or safety.

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

(11) Directly or indirectly giving to or receiving from any person, firm, corporation, partnership, or association any fee, commission, rebate or other form of compensation for any professional services not actually or personally rendered. Nothing in this paragraph affects any bona fide independent contractor or employment arrangements, including provisions for compensation, health insurance, pension, or other employment benefits, with persons or entities authorized under this Act for the provision of services within the scope of the licensee's practice under this Act.

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

(13) Abandonment of a patient.

(14) Willfully making or filing false records or reports in his or her practice, including, but not limited to, false records filed with state agencies or departments.

(15) Willfully failing to report an instance of

suspected child abuse or neglect as required by the Abused and Neglected Child Reporting Act.

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

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

(18) Gross negligence resulting in permanent injury or death of a patient.

(19) Employment of fraud, deception, or any unlawful means in applying for or securing a license as a licensed certified profession midwife.

(21) Immoral conduct in the commission of any act, including sexual abuse, sexual misconduct, or sexual exploitation related to the licensee's practice.

(22) Violation of the Health Care Worker Self-Referral Act.

(23) Practicing under a false or assumed name, except as provided by law.

(24) Making a false or misleading statement regarding his or her skill or the efficacy or value of the medicine, treatment, or remedy prescribed by him or her in the course of treatment.

(25) Allowing another person to use his or her license to practice.

(26) Prescribing, selling, administering, distributing, giving, or self-administering a drug classified as a controlled substance for purposes other than medically-accepted therapeutic purposes.

(27) Promotion of the sale of drugs, devices, appliances, or goods provided for a patient in a manner to exploit the patient for financial gain.

(28) A pattern of practice or other behavior that demonstrates incapacity or incompetence to practice under this Act.

(29) Violating State or federal laws, rules, or regulations relating to controlled substances or other legend drugs or ephedra as defined in the Ephedra Prohibition Act.

(30) Failure to establish and maintain records of patient care and treatment as required by law.

(31) Attempting to subvert or cheat on the examination of the North American Registry of Midwives or its successor agency.

(32) Willfully or negligently violating the

confidentiality between licensed certified profession midwives and patient, except as required by law.

(33) Willfully failing to report an instance of suspected abuse, neglect, financial exploitation, or self-neglect of an eligible adult as defined in and required by the Adult Protective Services Act.

(34) Being named as an abuser in a verified report by the Department on Aging under the Adult Protective Services Act and upon proof by clear and convincing evidence that the licensee abused, neglected, or financially exploited an eligible adult as defined in the Adult Protective Services Act.

(35) Failure to report to the Department an adverse final action taken against him or her by another licensing jurisdiction of the United States or a foreign state or country, a peer review body, a health care institution, a professional society or association, a governmental agency, a law enforcement agency, or a court.

(36) Failure to provide copies of records of patient care or treatment, except as required by law.

(37) Failure of a licensee to report to the Department surrender by the licensee of a license or authorization to practice in another state or jurisdiction or current surrender by the licensee of membership professional association or society while under disciplinary investigation by any of those authorities or bodies for

acts or conduct similar to acts or conduct that would constitute grounds for action under this Section.

(38) Failing, within 90 days, to provide a response to a request for information in response to a written request made by the Department by certified or registered mail or by email to the email address of record.

(39) Failure to supervise a midwife assistant or student midwife including, but not limited to, allowing a midwife assistant or student midwife to exceed their scope.

(40) Failure to adequately inform a patient about their malpractice liability insurance coverage and the policy limits of the coverage.

(41) Failure to submit an annual report to Department of Public Health.

(42) Failure to disclose active cardiopulmonary resuscitation certification or neonatal resuscitation provider status to clients.

(43) Engaging in one of the prohibited practices provided for in Section 85 of this Act.

(b) The Department may, without a hearing, refuse to issue or renew or may suspend the license of any person who fails to file a return, or to pay the tax, penalty, or interest shown in a filed return, or to pay any final assessment of the tax, penalty, or interest as required by any tax Act administered by the Department of Revenue, until the requirements of any

such tax Act are satisfied.

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

(d) In enforcing this Section, the Department, upon a showing of a possible violation, may compel an individual licensed to practice under this Act, or who has applied for licensure under this Act, to submit to a mental or physical examination, or both, including a substance abuse or sexual offender evaluation, as required by and at the expense of the Department.

The Department shall specifically designate the examining physician licensed to practice medicine in all of its branches or, if applicable, the multidisciplinary team involved in providing the mental or physical examination or both. The multidisciplinary team shall be led by a physician licensed to practice medicine in all of its branches and may consist of one or more or a combination of physicians licensed to practice medicine in all of its branches, licensed clinical psychologists, licensed clinical social workers, licensed

clinical professional counselors, and other professional and administrative staff. Any examining physician or member of the multidisciplinary team may require any person ordered to submit to an examination pursuant to this Section to submit to any additional supplemental testing deemed necessary to complete any examination or evaluation process, including, but not limited to, blood testing, urinalysis, psychological testing, or neuropsychological testing.

The Department may order the examining physician or any member of the multidisciplinary team to provide to the Department any and all records, including business records, that relate to the examination and evaluation, including any supplemental testing performed.

The Department may order the examining physician or any member of the multidisciplinary team to present testimony concerning the mental or physical examination of the licensee or applicant. No information, report, record, or other documents in any way related to the examination shall be excluded by reason of any common law or statutory privilege relating to communications between the licensee or applicant and the examining physician or any member of the multidisciplinary team. No authorization is necessary from the licensee or applicant ordered to undergo an examination for the examining physician or any member of the multidisciplinary team to provide information, reports, records, or other documents or to provide any testimony regarding the

examination and evaluation.

The individual to be examined may have, at his or her own expense, another physician of his or her choice present during all aspects of this examination. However, that physician shall be present only to observe and may not interfere in any way with the examination.

Failure of an individual to submit to a mental or physical examination, when ordered, shall result in an automatic suspension of his or her license until the individual submits to the examination.

If the Department finds an individual unable to practice because of the reasons set forth in this Section, the Department may require that individual to submit to care, counseling, or treatment by physicians approved or designated by the Department, as a condition, term, or restriction for continued, reinstated, or renewed licensure to practice; or, in lieu of care, counseling, or treatment, the Department may file a complaint to immediately suspend, revoke, or otherwise discipline the license of the individual. An individual whose license was granted, continued, reinstated, renewed, disciplined, or supervised subject to such terms, conditions, or restrictions, and who fails to comply with such terms, conditions, or restrictions, shall be referred to the Secretary for a determination as to whether the individual shall have his or her license suspended immediately, pending a hearing by the Department.

In instances in which the Secretary immediately suspends a person's license under this Section, a hearing on that person's license must be convened by the Department within 30 days after the suspension and completed without appreciable delay. The Department shall have the authority to review the subject individual's record of treatment and counseling regarding the impairment to the extent permitted by applicable federal statutes and regulations safeguarding the confidentiality of medical records.

An individual licensed under this Act and affected under this Section shall be afforded an opportunity to demonstrate to the Department that he or she can resume practice in compliance with acceptable and prevailing standards under the provisions of his or her license.

Section 105. Suspension of license for failure to pay restitution. The Department, without further process or hearing, shall suspend the license or other authorization to practice of any person issued under this Act who has been certified by court order as not having paid restitution to a person under Section 8A-3.5 of the Illinois Public Aid Code or under Section 17-10.5 or 46-1 of the Criminal Code of 1961 or the Criminal Code of 2012. A person whose license or other authorization to practice is suspended under this Section is prohibited from practicing until the restitution is made in full.

Section 110. Restoration of license. At any time after the successful completion of a term of probation, suspension, or revocation of any license, the Department may restore it to the licensee, unless after an investigation and a hearing, the Department determines that restoration is not in the public interest. Where circumstances of suspension or revocation so indicate, the Department may require an examination of the licensee prior to restoring his or her license. No person whose license has been revoked as authorized in this Act may apply for restoration of that license until provided for in the Civil Administrative Code of Illinois.

A license that has been suspended or revoked shall be considered nonrenewed for purposes of restoration and a person restoring his or her license from suspension or revocation must comply with the requirements for restoration of a nonrenewed license as set forth in Section 20 and any related rules adopted.

Section 115. Surrender of license. Upon the revocation or suspension of any license, the licensee shall immediately surrender the license to the Department. If the licensee fails to do so, the Department shall have the right to seize the license.

Section 120. Temporary suspension of license. The

Secretary may temporarily suspend the license of a certified professional midwife without a hearing, simultaneously with the institution of proceedings for a hearing provided for in Section 125, if the Secretary finds that evidence in his or her possession indicates that continuation in practice would constitute an imminent danger to the public. If the Secretary suspends, temporarily, the license without a hearing, a hearing by the Department must be held within 30 days after such suspension has occurred, and concluded without appreciable delay.

Section 125. Rehearing. If the Secretary is satisfied that substantial justice has not been done in the revocation, suspension, or refusal to issue or renew a license, the Secretary may order a rehearing by the same or another hearing officer or Board.

Section 130. Administrative review; certification of record.

(a) All final administrative decisions of the Department are subject to judicial review pursuant to the provisions of the Administrative Review Law, and all rules adopted pursuant thereto. "Administrative decision" has the same meaning as used in Section 3-101 of the Code of Civil Procedure.

(b) Proceedings for judicial review shall be commenced in the circuit court of the county in which the party applying for

review resides, but if the party is not a resident of this State, venue shall be in Sangamon County.

(c) The Department shall not be required to certify any record to the court, to file an answer in court, or to otherwise appear in any court in a judicial review proceeding unless and until the Department has received from the plaintiff payment of the costs of furnishing and certifying the record, which costs shall be determined by the Department. Exhibits shall be certified without cost. Failure on the part of the plaintiff to file a receipt in court is grounds for dismissal of the action. During the pendency and hearing of any and all judicial proceedings incident to the disciplinary action, the sanctions imposed upon the accused by the Department because of acts or omissions related to the delivery of direct patient care as specified in the Department's final administrative decision, shall, as a matter of public policy, remain in full force and effect in order to protect the public pending final resolution of any of the proceedings.

Section 135. Injunction.

(a) If any person violates any provision of this Act, the Secretary may, in the name of the People of the State of Illinois, through the Attorney General, or the State's Attorney of any county in which the action is brought, petition for an order enjoining the violation or for an order

enforcing compliance with this Act. Upon the filing of a verified petition in court, the court may issue a temporary restraining order, without notice or bond, and may preliminarily and permanently enjoin such violation, and if it is established that such person has violated or is violating the injunction, the Court may punish the offender for contempt of court. Proceedings under this Section shall be in addition to, and not in lieu of, all other remedies and penalties provided by this Act.

(b) If any person shall practice as a certified professional midwife or hold himself or herself out as a licensed certified professional midwife without being licensed under the provisions of this Act, then any licensed certified professional midwife, any interested party, or any person injured thereby may, in addition to the Secretary, petition for relief as provided in subsection (a).

(c) If, in the opinion of the Department, any person violates any provision of this Act, the Department may issue a rule to show cause why an order to cease and desist should not be entered against him or her. The rule shall clearly set forth the grounds relied upon by the Department and shall provide a period of 7 days from the date of the rule to file an answer to the satisfaction of the Department. Failure to answer to the satisfaction of the Department shall cause an order to cease and desist to be issued forthwith.

Section 140. Investigation; notice; hearing. The Department may investigate the actions of any applicant or of any person or persons holding or claiming to hold a license under this Act. The Department shall, before suspending, revoking, placing on probationary status, or taking any other disciplinary action as the Department may deem proper with regard to any license, at least 30 days prior to the date set for the hearing, notify the applicant or licensee in writing of any charges made and the time and place for a hearing of the charges, direct him or her to file his or her written answer under oath within 20 days after the service and inform the applicant or licensee that failure to answer will result in a default being entered against the applicant or licensee. As a result of the default, such may be suspended, revoked, placed on probationary status, or have other disciplinary action, including limiting the scope, nature or extent of his or her practice, as the Department may deem proper taken with regard thereto. Written or electronic notice may be served by personal delivery, email, or mail to the applicant or licensee at his or her address of record or email address of record. At the time and place fixed in the notice, the Department shall proceed to hear the charges and the parties or their counsel shall be accorded ample opportunity to present such statements, testimony, evidence, and argument as may be pertinent to the charges or to the defense thereto. The Department may continue such hearing from time to time. In

case the applicant or licensee, after receiving notice, fails to file an answer, his or her license may in the discretion of the Secretary, having received first the recommendation of the Board, be suspended, revoked, placed on probationary status, or the Secretary may take whatever disciplinary action as he or she may deem proper, including limiting the scope, nature, or extent of such person's practice, without a hearing, if the act or acts charged constitute sufficient grounds for such action under this Act.

Section 145. Hearing report. At the conclusion of the hearing, the Board shall present to the Secretary a written report of its findings of fact, conclusions of law, and recommendations. The report shall contain a finding of whether the accused person violated this Act or failed to comply with the conditions required in this Act. The Board shall specify the nature of the violation or failure to comply, and shall make its recommendations to the Secretary.

The report of findings of fact, conclusions of law, and recommendation of the Board shall be the basis for the Department's order or refusal or for the granting of a license or permit. The finding is not admissible in evidence against the person in a criminal prosecution brought for the violation of this Act, but the hearing and finding are not a bar to a criminal prosecution brought for the violation of this Act.

Section 150. Hearing officer. Notwithstanding the provisions of Section 140, the Secretary shall have the authority to appoint any attorney duly licensed to practice law in this State to serve as the hearing officer in any action for refusal to issue or renew, or for discipline of, a license. The hearing officer shall have full authority to conduct the hearing. The hearing officer shall report his or her findings of fact, conclusions of law, and recommendations to the Board and the Secretary. The Board shall have 60 days after receipt of the report to review the report of the hearing officer and present their findings of fact, conclusions of law, and recommendations to the Secretary. If the Secretary disagrees in any regard with the report of the Board or hearing officer, he or she may issue an order in contravention thereof.

Section 155. Motion for rehearing. In any case involving the refusal to issue, renew, or discipline of a license, a copy of the Board's report shall be served upon the respondent by the Department, either personally or as provided in this Act for the service of the notice of hearing. Within 20 days after such service, the respondent may present to the Department a motion in writing for a rehearing, which motion shall specify the particular grounds therefor. If no motion for rehearing is filed, then upon the expiration of the time specified for filing such a motion, or if a motion for rehearing is denied, then upon such denial the Secretary may

enter an order in accordance with recommendations of the Board except as provided in Section 145 or 150. If the respondent shall order from the reporting service, and pay for a transcript of the record within the time for filing a motion for rehearing, the 20-day period within which such a motion may be filed shall commence upon the delivery of the transcript to the respondent.

Section 160. Certification of records by Department. The Department shall not be required to certify any record to the court or file any answer in court or otherwise appear in any court in a judicial review proceeding, unless there is filed in the court, with the complaint, a receipt from the Department acknowledging payment of the costs of furnishing and certifying the record. Failure on the part of the plaintiff to file a receipt in court shall be grounds for dismissal of the action.

Section 165. Violation. Any person who is found to have knowingly violated any provision of this Act is guilty of a Class A misdemeanor. On conviction of a second or subsequent offense the violator shall be guilty of a Class 4 felony.

Section 170. Fees.

(a) Fees collected for the administration of this Act shall be set by the Department by rule. All fees are

nonrefundable.

(b) All moneys collected under this Act by the Department shall be deposited in the General Professions Dedicated Fund.

Section 175. Returned checks; fines. Any person who delivers a check or other payment to the Department that is returned to the Department unpaid by the financial institution upon which it is drawn shall pay to the Department, in addition to the amount already owed to the Department, a fine of \$50. The fines imposed by this Section are in addition to any other discipline provided under this Act for unlicensed practice or practice on a nonrenewed license. The Department shall notify the person that payment of fees and fines shall be paid to the Department by certified check or money order within 30 calendar days of the notification. If, after the expiration of 30 days from the date of the notification, the person has failed to submit the necessary remittance, the Department shall automatically terminate the license or certificate or deny the application, without hearing. If, after termination or denial, the person seeks a license or certificate, he or she shall apply to the Department for restoration or issuance of the license or certificate and pay all fees and fines due to the Department. The Department may establish a fee for the processing of an application for restoration of a license or certificate to pay all expenses of processing this application. The Secretary may waive the fines due under this

Section in individual cases where the Secretary finds that the fines would be unreasonable or unnecessarily burdensome.

Section 180. Confidentiality. All information collected by the Department in the course of an examination or investigation of a licensee or applicant, including, but not limited to, any complaint against a licensee filed with the Department and information collected to investigate any such complaint, shall be maintained for the confidential use of the Department and shall not be disclosed. The Department shall not disclose the information to anyone other than law enforcement officials, regulatory agencies that have an appropriate regulatory interest as determined by the Secretary, or a party presenting a lawful subpoena to the Department. Information and documents disclosed to a federal, State, county, or local law enforcement agency shall not be disclosed by the agency for any purpose to any other agency or person. A formal complaint filed against a licensee by the Department or any order issued by the Department against a licensee or applicant shall be a public record, except as otherwise prohibited by law.

Section 185. The Regulatory Sunset Act is amended by changing Section 4.37 as follows:

(5 ILCS 80/4.37)

Sec. 4.37. Acts and Articles repealed on January 1, 2027.
The following are repealed on January 1, 2027:

The Clinical Psychologist Licensing Act.

The Illinois Optometric Practice Act of 1987.

Articles II, III, IV, V, VI, VIIA, VIIB, VIIC, XVII, XXXI, XXXI 1/4, and XXXI 3/4 of the Illinois Insurance Code.

The Boiler and Pressure Vessel Repairer Regulation Act.

The Marriage and Family Therapy Licensing Act.

The Licensed Certified Professional Midwife Practice Act.

(Source: P.A. 99-572, eff. 7-15-16; 99-909, eff. 12-16-16; 99-910, eff. 12-16-16; 99-911, eff. 12-16-16; 100-201, eff. 8-18-17; 100-372, eff. 8-25-17.)

Section 999. Effective date. This Act takes effect on October 1, 2022.