AN ACT concerning State government.

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

Section 5. The Department of Human Services Act is amended by adding Section 10-85 as follows:

(20 ILCS 1305/10-85 new)

Sec. 10-85. Short-term Universal Newborn Home Visiting Services.

(a) The General Assembly finds all of the following:

(1) The weeks following birth are a critical period for the person who has given birth, the newborn infant, and the entire family, setting the stage for long-term health and well-being.

(2) Families may struggle to navigate and access early childhood, health and mental health, and other support service networks in the early postpartum period, and targeted services and supports may fail to identify families who do not present with risk factors.

(3) Research also indicates that postpartum education and care leads to lower rates of morbidity and mortality in persons who have given birth, as many of the risk factors for post-delivery complications, such as hemorrhaging or a pulmonary embolism, may not be

identifiable before a person who has given birth is discharged following the birth. Research also indicates that parenting education on health risks for newborns, including substance use, lactation, safe sleep, and other topics, leads to lower infant mortality and morbidity.

(4) Illinois communities have invested in and are already implementing short-term universal newborn home visiting services, including Stephenson, Peoria, Winnebago, and Macon counties, and the city of Chicago, and have demonstrated positive outcomes for the physical, mental, and social well-being of newborns and the parents or caregivers of newborns.

(5) The 2018 Illinois Maternal Morbidity and Mortality Report from the Department of Public Health recommended that the State expand efforts to provide short-term universal home visiting to all mothers within 3 weeks of giving birth.

(6) In October 2021, the Department of Human Services received an Early Childhood Comprehensive Services grant from the federal Health Resources and Services Administration to investigate ways to enhance the prenatal-to-age 3 statewide maternal and early childhood system of care by establishing a Universal Newborn Support System that better connects families to programs and services.

(7) Short-term universal newborn home visiting

services are a covered Medicaid benefit under the approved State Plan Amendment.

(8) While no unified State system exists, local communities are already implementing universal newborn home visiting services with some combination of local, State, federal, and philanthropic funding, and current programs, future programs, and the State would benefit from the cohesion and guidance generated by a statewide vision and supported by a permanent agency administrative home and related infrastructure.

(b) The purpose of this Section is to authorize the Department of Human Services to identify, develop, and manage the administrative infrastructure needed to support existing and future short-term universal newborn home visiting services. In carrying out this work, the Department may consider the recommendations contained in the Early Childhood Comprehensive Services grant report when adopting rules to support implementation.

(c) By January 1, 2028, the Department may do the following:

(1) Create and maintain a list of the voluntary universal newborn home visiting models that align with the State's priorities for approach and outcomes and that may inform future local implementation or support existing State grants. Any universal newborn home visiting model included on the list must:

(A) Be validated by evidence demonstrating effectiveness in promoting the physical, mental, and social well-being of newborn infants and the parents or caregivers of newborn infants.

(B) Include an evidence-based assessment of the physical, social, and emotional factors affecting the family and newborn infant, including a health and wellness check of the newborn infant, an assessment of the physical and mental health of a person who has given birth, lactation support as needed, and screening for social determinants or drivers of health and perinatal mood and anxiety disorders using validated tools.

(C) Provide information, referrals, and connections to community resources, early childhood services, family supports, community-based organizations, social service agencies, and medically necessary follow-up health care.

(D) Offer at least one visit within the first 3 weeks after the newborn's discharge from the birth hospital with up to 2 follow-up visits as determined by clinical judgment.

(E) Be voluntary and offered at no cost to each family with a newborn infant that resides in the participating community. For purposes of this Section, the family of a newborn infant includes biological

parents, foster and adoptive parents, kinship caregivers, and parents who have recently experienced a stillbirth.

(F) Impose no adverse consequences on families who decline to receive services or participate in the program.

(2) Coordinate with relevant State agencies to support implementation of State-administered funding for local programs; request, collect, and report available data from universal newborn home visiting implementers and develop recommendations for future data collection and data infrastructure; and develop criteria for prioritizing future State funding, including the identification of communities for potential implementation.

(3) Consult, coordinate, and collaborate with relevant stakeholders when designing the infrastructure to support universal newborn home visiting services, including early childhood home visiting programs, community-based organizations, social service providers, maternal and child health stakeholders, hospitals, birth centers, local public health authorities, insurance carriers, and other State agencies.

(d) Funds received under this Section shall supplement, and not supplant, existing or new federal, State, or local funding for these services.

(e) The Department may adopt any rules necessary to

implement this Section.

Section 99. Effective date. This Act takes effect July 1, 2027.