



Rep. Laura Faver Dias

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10400HB4606ham002

LRB104 17639 KTG 35367 a

1 AMENDMENT TO HOUSE BILL 4606

2 AMENDMENT NO. \_\_\_\_\_. Amend House Bill 4606 by replacing  
3 everything after the enacting clause with the following:

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

6 (20 ILCS 1305/10-85 new)

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

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

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

14 (2) Families may struggle to navigate and access early  
15 childhood, health and mental health, and other support  
16 service networks in the early postpartum period, and

1 targeted services and supports may fail to identify  
2 families who do not present with risk factors.

3 (3) Research also indicates that postpartum education  
4 and care leads to lower rates of morbidity and mortality  
5 in persons who have given birth, as many of the risk  
6 factors for post-delivery complications, such as  
7 hemorrhaging or a pulmonary embolism, may not be  
8 identifiable before a person who has given birth is  
9 discharged following the birth. Research also indicates  
10 that parenting education on health risks for newborns,  
11 including substance use, lactation, safe sleep, and other  
12 topics, leads to lower infant mortality and morbidity.

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

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

25 (6) In October 2021, the Department of Human Services  
26 received an Early Childhood Comprehensive Services grant

1 from the federal Health Resources and Services  
2 Administration to investigate ways to enhance the  
3 prenatal-to-age 3 statewide maternal and early childhood  
4 system of care by establishing a Universal Newborn Support  
5 System that better connects families to programs and  
6 services.

7 (7) Short-term universal newborn home visiting  
8 services are a covered Medicaid benefit under the approved  
9 State Plan Amendment.

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

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

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

1 following:

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

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

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

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

26 (D) Offer at least one visit within the first 3

1           weeks after the newborn's discharge from the birth  
2           hospital with up to 2 follow-up visits as determined  
3           by clinical judgment.

4           (E) Be voluntary and offered at no cost to each  
5           family with a newborn infant that resides in the  
6           participating community. For purposes of this Section,  
7           the family of a newborn infant includes biological  
8           parents, foster and adoptive parents, kinship  
9           caregivers, and parents who have recently experienced  
10           a stillbirth.

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

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

22           (3) Consult, coordinate, and collaborate with relevant  
23           stakeholders when designing the infrastructure to support  
24           universal newborn home visiting services, including early  
25           childhood home visiting programs, community-based  
26           organizations, social service providers, maternal and

1       child health stakeholders, hospitals, birth centers, local  
2       public health authorities, insurance carriers, and other  
3       State agencies.

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

7       (e) The Department may adopt any rules necessary to  
8       implement this Section.

9       Section 99. Effective date. This Act takes effect July 1,  
10      2027.".