



101ST GENERAL ASSEMBLY

State of Illinois

2019 and 2020

HB5629

by Rep. Robyn Gabel

SYNOPSIS AS INTRODUCED:

New Act

5 ILCS 80/4.41 new

215 ILCS 5/356z.43 new

225 ILCS 60/4

from Ch. 111, par. 4400-4

225 ILCS 65/50-15

was 225 ILCS 65/5-15

305 ILCS 5/5-5

from Ch. 23, par. 5-5

Creates the Certified Professional Midwives Practice Act. Provides for the licensure of midwives by the Department of Financial and Professional Regulation and for certain limitations on the activities of licensed midwives. Creates the Illinois Midwifery Board. Sets forth provisions concerning application, 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, 2031. Amends the Illinois Insurance Code, the Medical Practice Act of 1987, the Nurse Practice Act, and the Illinois Public Aid Code to make related changes.

LRB101 20495 SPS 70088 b

CORRECTIONAL
BUDGET AND
IMPACT NOTE ACT
MAY APPLY

FISCAL 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
5 Certified Professional Midwives Practice 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 this Act is
10 to 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 certified professional midwife, to promote high standards of
14 professional performance for those licensed to practice
15 midwifery in out-of-hospital settings in this State, to promote
16 a collaborative and integrated maternity care delivery system
17 in Illinois, and to protect the public from unprofessional
18 conduct by persons licensed to practice midwifery, as defined
19 in this Act. This Act shall be liberally construed to best
20 carry out these purposes.

21 Section 10. Exemptions.

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

1 other Act in this State from engaging in the practice for which
2 they are licensed or from delegating services as provided for
3 under that other Act.

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

6 (1) the gratuitous rendering of services;

7 (2) the rendering of services by a birth attendant, if
8 such attendance is in accordance with the birth attendant's
9 religious faith or cultural group and is rendered only to
10 women and families in a distinct cultural or religious
11 group as an exercise and enjoyment of their religious or
12 cultural freedom; and

13 (3) a student midwife or midwife's assistant working
14 under the supervision of a licensed midwife.

15 (c) Nothing in this Act abridges, limits, or changes in any
16 way the right of parents to deliver their baby where, when,
17 how, and with whom they choose, regardless of licensure under
18 this Act.

19 Section 15. Definitions. In this Act:

20 "Board" means the Illinois Midwifery Board.

21 "Certified professional midwife" means a person who has met
22 the standards for certification set by the North American
23 Registry of Midwives and has been awarded the Certified
24 Professional Midwife credential.

25 "Department" means the Department of Financial and

1 Professional Regulation.

2 "International Confederation of Midwives" means the
3 organization that sets global standards for the education and
4 autonomous practice of midwifery.

5 "Licensed certified professional midwife" means a person
6 who has been granted a license under this Act to engage in the
7 practice of midwifery.

8 "Midwifery Bridge Certificate" means the certificate
9 issued by NARM based upon completion of accredited continuing
10 education specific to content in emergency skills for
11 pregnancy, birth, and newborn care, along with other midwifery
12 topics addressing the core competencies of the International
13 Confederation of Midwives.

14 "Midwifery Education and Accreditation Council" or "MEAC"
15 means the nationally recognized accrediting agency, or its
16 successor, that establishes standards for the education of
17 direct-entry midwives in the United States.

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

22 "North American Registry of Midwives" or "NARM" means the
23 accredited international agency, or its successor, that has
24 established and has continued to administer certification for
25 the credentialing of certified professional midwives.

26 "Practice of midwifery" means providing the necessary

1 supervision, care, education, and advice to pregnant people
2 during the antepartum, intrapartum, and postpartum period,
3 conducting deliveries independently, and caring for the
4 newborn, with such care including, without limitation,
5 preventative measures, breastfeeding assistance, and
6 education, the detection of abnormal conditions in the
7 childbearing individual and the child, the procurement of
8 medical assistance, and the execution of emergency measures in
9 the absence of medical help. "Practice of midwifery" includes
10 nonprescriptive family planning and basic well-woman care
11 limited to Pap tests, sexually transmitted infection
12 screenings, and preconception screenings. "Practice of
13 midwifery" does not constitute the practice of medicine.

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

16 Section 20. Unlicensed practice. Beginning January 1,
17 2021, no person may practice, attempt to practice, or hold
18 themselves out to practice as a licensed certified professional
19 midwife unless they are licensed under this Act.

20 Section 25. Title. A licensed certified professional
21 midwife may identify themselves as a "licensed certified
22 professional midwife" and may use the abbreviation "LCPM".

23 Section 30. Informed Consent.

1 (a) A licensed certified professional midwife shall, at an
2 initial consultation with a prospective client, provide a copy
3 of the rules under this Act and an informational brochure
4 developed in cooperation by the Illinois chapters of the
5 National Association of Certified Professional Midwives and
6 the American College of Obstetricians and Gynecologists, or
7 their successors, detailing the benefits and risks of having an
8 out-of-hospital birth with a licensed certified professional
9 midwife, and disclose to the client orally and in writing
10 (informed consent documentation), all of the following:

11 (1) The licensed certified professional midwife's
12 experience, training, and current licensure status.

13 (2) Whether the licensed certified professional
14 midwife has malpractice liability insurance coverage and
15 the policy limits of any such coverage.

16 (3) A written protocol for the handling of medical
17 emergencies, including transportation to a hospital,
18 particular to each client.

19 (b) The informed consent documentation must be signed and
20 dated by the client and the licensed certified professional
21 midwife. A copy must be provided to the client and the original
22 must be kept in the client's chart.

23 Section 35. Vicarious liability. Nothing in this Act is
24 intended to expand the malpractice liability of physicians,
25 advanced practice registered nurses, certified professional

1 midwives, or other health care providers beyond the limits
2 existing in current Illinois statutory and common law.

3 Section 40. 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 certified professional midwife.

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

14 Section 45. 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 this Act and for the payment of fees connected to this Act
23 and may prescribe forms that shall be issued in connection with
24 this Act.

1 (c) Rules adopted by the Department must address the scope
2 of practice and services provided and the use of equipment,
3 procedures, medications, and other agents that are determined
4 by the Department to be necessarily available in order to
5 ensure the health and safety of the childbearing individual and
6 her newborn.

7 (d) The rules adopted by the Department under this Section
8 may not:

9 (1) require a licensed certified professional midwife
10 to practice midwifery under the supervision of another
11 health care provider;

12 (2) require a licensed certified professional midwife
13 to enter into a written agreement with another health care
14 provider;

15 (3) limit the location where a licensed certified
16 professional midwife may practice midwifery;

17 (4) permit a licensed certified professional midwife
18 to do any of the following:

19 (A) administer prescription pharmacological agents
20 intended to induce or augment labor;

21 (B) administer prescription pharmacological agents
22 to provide pain management;

23 (C) use vacuum extractors or forceps;

24 (D) prescribe medications;

25 (E) perform surgical procedures, including, but
26 not limited to, abortions, cesarean sections, and

1 circumcisions; or

2 (F) provide out-of-hospital care to a woman who has
3 had a vertical uterine incision cesarean section.

4 (5) Permit the licensed certified professional midwife
5 to knowingly accept responsibility for prenatal or
6 intrapartum care of a client with any of the following risk
7 factors:

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

10 (B) malignant disease in an active phase;

11 (C) significant hematological disorders or
12 coagulopathies or pulmonary embolism;

13 (D) insulin-requiring diabetes mellitus;

14 (E) confirmed isoimmunization, Rh disease, with
15 positive titer;

16 (F) active tuberculosis;

17 (G) active syphilis or gonorrhea;

18 (H) active genital herpes infection 2 weeks prior
19 to labor or in labor;

20 (I) pelvic or uterine abnormalities affecting
21 normal vaginal births, including tumors and
22 malformations;

23 (J) alcoholism or abuse;

24 (K) drug addiction or abuse;

25 (L) confirmed AIDS status;

26 (M) uncontrolled current serious psychiatric

1 illness;

2 (N) social or familial conditions unsatisfactory
3 for out-of-hospital maternity care services; or

4 (O) fetus with suspected or diagnosed congenital
5 abnormalities that may require immediate medical
6 intervention.

7 (e) With regards to Medicaid reimbursement, no rules
8 prescribed by the Department shall require the licensed midwife
9 to carry liability insurance in order to be reimbursed by the
10 State as a Medicaid provider.

11 (f) The Department shall consult with the Board in adopting
12 rules. Notice of proposed rulemaking shall be transmitted to
13 the Board and the Department shall review the Board's response
14 and any recommendations made. The Department shall notify the
15 Board in writing with proper explanation of deviations from the
16 Board's recommendations and responses.

17 (g) The Department may at any time seek the advice and the
18 expert knowledge of the Board on any matter relating to the
19 administration of this Act.

20 (h) The Department shall issue a quarterly report to the
21 Board of the status of all complaints related to the profession
22 filed with the Department.

23 (i) Rules adopted by the Department regarding the practice
24 of midwifery must be consistent with the standards regarding
25 the practice of midwifery established by the National
26 Association of Certified Professional Midwives, or a successor

1 organization whose essential documents include, without
2 limitation, subject matter concerning scope of practice,
3 standards of practice, informed consent, appropriate
4 consultation, collaboration or referral, and acknowledgment of
5 a woman's right to self-determination concerning her maternity
6 care.

7 Section 50. Drugs and screenings.

8 (a) A licensed certified professional midwife may not
9 prescribe medications, but may, in the course of providing care
10 within their scope of practice, as defined in the rules,
11 administer those medications and vaccines approved by the
12 Department and listed in the rules. The medication indications,
13 dose, route of administration, and duration of treatment
14 relating to the administration of drugs and procedures
15 identified under this Section shall be determined by rule as
16 the Department deems necessary to be in keeping with current
17 evidence-based practice standards. The Department may approve
18 additional medications, agents, or procedures based upon
19 limited availability of standard medications or agents.

20 (b) A licensed certified professional midwife may obtain
21 appropriate screenings and testing for clients, including, but
22 not limited to, ultrasounds and non-stress tests.

23 (c) In addition to the drugs, devices, and procedures
24 identified in rules, a licensed certified professional midwife
25 may administer any other prescription drug, use any other

1 device, or perform any other procedure as an authorized agent
2 of a licensed practitioner with prescriptive authority.

3 (d) Nothing in this Act is intended to restrict the
4 licensed certified professional midwife's ability to
5 administer herbal or homeopathic remedies in keeping with the
6 client's usual home practices or in keeping with the licensed
7 certified professional midwife's midwifery education or
8 continuing education programs.

9 Section 55. Consultation and referral.

10 (a) A licensed certified professional midwife shall
11 consult with a physician licensed to practice medicine in all
12 of its branches or a licensed certified nurse midwife providing
13 obstetrical care whenever there are significant deviations,
14 including abnormal laboratory results, relative to a client's
15 pregnancy or to a neonate. If a referral to health care
16 provider trained in high risk pregnancy is needed, the licensed
17 certified professional midwife shall refer the client to a
18 physician or certified nurse midwife and, if possible, remain
19 in consultation with the physician or certified nurse midwife
20 until resolution of the concern. Consultation does not preclude
21 the possibility of an out-of-hospital birth. It is appropriate
22 for the licensed certified professional midwife to maintain
23 care of the client to the greatest degree possible, in
24 accordance with the client's wishes, during the pregnancy and,
25 if possible, during labor, birth, and the postpartum period.

1 (b) Specific parameters for required consultation shall be
2 determined by the Department by rule.

3 Section 60. Transfer.

4 (a) The licensed certified professional midwife shall
5 provide all clients with information, in writing, regarding the
6 potential benefits of filing prenatal records prior to the
7 birth with the emergency transport hospital identified in the
8 informed consent documentation.

9 (b) The licensed certified professional midwife shall file
10 the client's prenatal records with the emergency hospital at 36
11 weeks of pregnancy or shall document the client's refusal using
12 standard forms provided by the Department.

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

23 (d) Specific parameters for required transfer shall be
24 determined by the Department by rule.

25 (e) A licensed certified professional midwife may deliver a

1 client's infant with any of the complications or conditions set
2 forth in by the Department by rule if no physician or other
3 equivalent medical services are available and the situation
4 presents immediate harm to the health and safety of the client,
5 if the complication or condition entails extraordinary and
6 unnecessary human suffering, or if delivery occurs during
7 transport.

8 Section 65. Reporting requirements. All licensed certified
9 professional midwives must file such reports as are required in
10 rules, at such times as are designated by the Department using
11 forms developed by the Department. These reports shall, at a
12 minimum, detail any serious adverse outcomes for or death of
13 the childbearing individual or the neonate.

14 Section 70. Illinois Midwifery Board.

15 (a) There is created under the authority of the Department
16 the Illinois Midwifery Board, which shall consist of 7 members
17 appointed by the Secretary, 4 of whom shall be licensed
18 certified professional midwives, except that initial
19 appointees must have at least 3 years of experience in the
20 practice of midwifery in an out-of-hospital setting, be
21 certified by the North American Registry of Midwives, and meet
22 the qualifications for licensure set forth in this Act; one of
23 whom shall be a licensed obstetrician or a family practice
24 physician who has a minimum of 2 years experience providing

1 home birth services; one of whom shall be a licensed certified
2 nurse midwife who has a minimum of 2 years experience providing
3 home birth services; and one of whom shall be a knowledgeable
4 public member who has given birth with the assistance of a
5 certified professional midwife in an out-of-hospital birth
6 setting. A physician or certified nurse midwife who has a
7 minimum or 2 years experience consulting or collaborating with
8 a home birth provider may stand in substitution if the criteria
9 for physician or certified nurse midwife board members cannot
10 be met. Board members shall serve 4-year terms, except that in
11 the case of initial appointments, terms shall be staggered as
12 follows: 3 members shall serve for 4 years, 2 members shall
13 serve for 3 years, and 2 members shall serve for 2 years. The
14 Board shall annually elect a chairperson 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 a reasonable representation
21 from different geographic areas of this State, if possible.

22 (d) The members of the Board may 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 of the Board for
26 misconduct, incapacity, or neglect of duty at any time prior to

1 the expiration of their term.

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

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

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

13 (2) Recommend changes to the medication formulary list
14 as standards and drug availability change.

15 (3) Conduct hearing and disciplinary conferences on
16 disciplinary charges of licensees.

17 (4) Report to the Department, upon completion of a
18 hearing, the disciplinary actions recommended to be taken
19 against a person found in violation of this Act.

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

23 (6) Assist the Department in drafting forms and
24 informational handouts relative to this Act.

25 (h) The Secretary shall give due consideration to all
26 recommendations of the Board. If the Secretary takes action

1 contrary to a recommendation of the Board, the Secretary must
2 promptly provide a written explanation of that action.

3 (i) The Board may recommend to the Secretary that one or
4 more licensed midwives be selected by the Secretary to assist
5 in any investigation under this Act. Compensation shall be
6 provided to any licensee who provides assistance under this
7 subsection in an amount determined by the Secretary.

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

12 (k) Members of the Board may participate in and act at any
13 meeting of the Illinois Midwifery Board through the use of any
14 real-time Internet or telephone communications media, by means
15 of which all persons participating in the meeting can
16 communicate with each other. Participation in such meeting
17 shall constitute attendance and presence in person at the
18 meetings of the person or persons so participating.

19 Section 75. Qualifications for licensed certified
20 professional midwives.

21 (a) Each applicant who successfully meets the requirements
22 of this Section shall be licensed as a licensed certified
23 professional midwife.

24 (b) An applicant for licensure as a licensed certified
25 professional midwife must:

1 (1) submit a completed written application, on forms
2 provided by the Department, and fees as established by the
3 Department;

4 (2) be at least 21 years old;

5 (3) be a high school graduate or have completed
6 equivalent education;

7 (4) successfully complete one of the following formal
8 midwifery education and training programs:

9 (A) Accredited Educational Pathway:

10 (i) applicants who are certified professional
11 midwives and who have successfully completed an
12 educational program or pathway accredited by the
13 MEAC;

14 (ii) after January 1, 2022, all new applicants
15 for licensure as a licensed certified professional
16 midwife must have graduated from an educational
17 program or pathway that is accredited by MEAC;

18 (B) Non-Accredited Educational Pathway:

19 (i) applicants who are certified professional
20 midwives before January 1, 2022, and who have
21 completed non-accredited educational pathways will
22 be required to obtain a Midwifery Bridge
23 Certificate in order to become a licensed
24 certified professional midwife;

25 (ii) applicants who have maintained licensure
26 in a state that does not require MEAC-accredited

1 education, regardless of the date of their
2 certification, shall obtain the Midwifery Bridge
3 Certificate to be eligible for licensure;

4 (5) hold a current valid Certified Professional
5 Midwife Credential granted by NARM or its successor
6 organization;

7 (6) hold current cardiopulmonary resuscitation or
8 basic life support certification for health care
9 professionals or providers issued by the American Red Cross
10 or the American Heart Association;

11 (7) within the last 2 years, have successfully
12 completed the American Academy of Pediatrics/American
13 Heart Association Neonatal Resuscitation Program;

14 (8) not have violated the provisions of this Act
15 concerning the grounds for disciplinary action; the
16 Department may take into consideration any felony
17 conviction of the applicant, but such a conviction may not
18 operate as an absolute bar to licensure as a licensed
19 certified professional midwife; and

20 (9) meet all other requirements established by the
21 Department by rule.

22 Section 80. Social Security Number on application. In
23 addition to any other information required to be contained in
24 the application, every application for an original, renewal,
25 reinstated, or restored license under this Act shall include

1 the applicant's Social Security Number.

2 Section 85. Renewal of licensure.

3 (a) Licensed certified professional midwives shall renew
4 their license every 2 years at the discretion of the
5 Department.

6 (b) Rules adopted under this Act shall require the licensed
7 certified professional midwife to maintain certified
8 professional midwife certification by meeting all continuing
9 education requirements and other requirements set forth by the
10 North American Registry of Midwives and current
11 cardiopulmonary resuscitation or basic life support
12 certification as required under Section 75.

13 Section 90. Inactive status.

14 (a) A licensed certified professional midwife who notifies
15 the Department in writing on forms prescribed by the Department
16 may elect to place his or her license on inactive status and
17 shall be excused from payment of renewal fees until he or she
18 notifies the Department in writing of his or her intent to
19 restore the license.

20 (b) A licensed certified professional midwife whose
21 license is on inactive status may not practice licensed
22 certified professional midwifery in the State of Illinois.

23 (c) A licensed certified professional midwife requesting
24 restoration from inactive status shall be required to pay the

1 current renewal fee, as provided by the Department, to restore
2 his or her license.

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

7 Section 95. Restoration of licensure; military service.

8 (a) Any licensed certified professional midwife who has
9 permitted his or her license to expire or who has had his or
10 her license on inactive status may have the license restored by
11 making application to the Department and filing proof
12 acceptable to the Department of fitness to have the license
13 restored and by paying the required fees. Proof of fitness may
14 include evidence attesting to active lawful practice in another
15 jurisdiction.

16 (b) The Department shall determine, by an evaluation
17 program, fitness for restoration of a license under this
18 Section and shall establish procedures and requirements for
19 restoration.

20 (c) A licensed certified professional midwife whose
21 license expired while they were:

22 (i) in federal service on active duty with the Armed
23 Forces of the United States or the State Militia and called
24 into service or training; or

25 (ii) received education under the supervision of the

1 United States preliminary to induction into the military
2 service;

3 may have the license restored without paying any lapsed
4 renewal fees if, within 2 years after honorable termination of
5 service, training, or education, they furnish the Department
6 with satisfactory evidence to the effect that they have been so
7 engaged.

8 Section 100. Roster. The Department shall maintain a roster
9 of the names and addresses of all licensees and of all persons
10 whose licenses have been suspended or revoked. This roster
11 shall be available upon written request and payment of the
12 required fee.

13 Section 105. Fees.

14 (a) The Department shall provide for a schedule of fees for
15 the administration and enforcement of this Act, including
16 without limitation original licensure, renewal, and
17 restoration, which fees shall be nonrefundable.

18 (b) All fees collected under this Act shall be deposited
19 into the General Professions Dedicated Fund and appropriated to
20 the Department for the ordinary and contingent expenses of the
21 Department in the administration of this Act.

22 Section 110. Returned checks; fines. Any person who
23 delivers a check or other payment to the Department that is

1 returned to the Department unpaid by the financial institution
2 upon which it is drawn shall pay to the Department, in addition
3 to the amount already owed to the Department, a fine of \$50.
4 The fines imposed by this Section are in addition to any other
5 discipline provided under this Act for unlicensed practice or
6 practice on a non-renewed license. The Department shall notify
7 the person that fees and fines shall be paid to the Department
8 by certified check or money order within 30 calendar days after
9 the notification. If, after the expiration of 30 days from the
10 date of the notification, the person has failed to submit the
11 necessary remittance, the Department shall automatically
12 terminate the license or deny the application, without hearing.
13 If, after termination or denial, the person seeks a license, he
14 or she shall apply to the Department for restoration or
15 issuance of the license and pay all fees and fines due to the
16 Department. The Department may establish a fee for the
17 processing of an application for restoration of a license to
18 defray all expenses of processing the application. The
19 Secretary may waive the fines due under this Section in
20 individual cases where the Secretary finds that the fines would
21 be unreasonable or unnecessarily burdensome.

22 Section 115. Unlicensed practice; civil penalty. Any
23 person who practices, offers to practice, attempts to practice,
24 or holds himself or herself out to practice certified
25 professional midwifery or as a midwife without being licensed

1 under this Act shall, in addition to any other penalty provided
2 by law, pay a civil penalty to the Department in an amount not
3 to exceed \$5,000 for each offense, as determined by the
4 Department. The civil penalty shall be assessed by the
5 Department after a hearing is held in accordance with the
6 provisions set forth in this Act regarding the provision of a
7 hearing for the discipline of a licensee. The civil penalty
8 shall be paid within 60 days after the effective date of the
9 order imposing the civil penalty. The order shall constitute a
10 judgment and may be filed and execution had thereon in the same
11 manner as any judgment from any court of record. The Department
12 may investigate any unlicensed activity.

13 Section 120. Grounds for disciplinary action.

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

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

21 (2) Material misstatement in furnishing information to
22 the Department.

23 (3) Conviction of any crime under the laws of any U.S.
24 jurisdiction that is (i) a felony, (ii) a misdemeanor, an
25 essential element of which is dishonesty, (iii) directly

1 related to the practice of the profession.

2 (4) Making any misrepresentation for the purpose of
3 obtaining a license.

4 (5) Professional incompetence or gross negligence.

5 (6) Gross malpractice.

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

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

10 (9) Engaging in dishonorable, unethical, or
11 unprofessional conduct of a character likely to deceive,
12 defraud, or harm the public.

13 (10) Habitual or excessive use or addiction to alcohol,
14 narcotics, stimulants, or any other chemical agent or drug
15 that results in the inability to practice with reasonable
16 judgment, skill, or safety.

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

21 (12) Directly or indirectly giving to or receiving from
22 any person, firm, corporation, partnership, or association
23 any fee, commission, rebate, or other form of compensation
24 for any professional services not actually or personally
25 rendered. This shall not be deemed to include rent or other
26 remunerations paid to an individual, partnership, or

1 corporation by a licensed certified professional midwife
2 for the lease, rental, or use of space, owned or controlled
3 by the individual, partnership, corporation, association.

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

7 (14) Abandonment of a patient.

8 (15) Willfully making or filing false records or
9 reports relating to a licensee's practice, including, but
10 not limited to, false records filed with State agencies or
11 departments.

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

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

19 (18) Conviction by any court of competent
20 jurisdiction, either within or without this State, of any
21 violation of any law governing the practice of licensed
22 certified professional midwifery or conviction in this or
23 another state of any crime that is a felony under the laws
24 of this State or conviction of a felony in a federal court,
25 if the Department determines, after investigation, that
26 the person has not been sufficiently rehabilitated to

1 warrant the public trust.

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

4 (20) Being named as a perpetrator in an indicated
5 report by the Department of Children and Family Services
6 under the Abused and Neglected Child Reporting Act and upon
7 proof by clear and convincing evidence that the licensee
8 has caused a child to be an abused child or a neglected
9 child, as defined in Section 3 of the Abused and Neglected
10 Child Reporting Act.

11 (21) Practicing or attempting to practice under a name
12 other than the full name shown on a license issued under
13 this Act.

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

17 (23) Maintaining a professional relationship with any
18 person, firm, or corporation when the licensed certified
19 professional midwife knows or should know that a person,
20 firm, or corporation is violating this Act.

21 (24) Failure to provide satisfactory proof of having
22 participated in approved continuing education programs as
23 determined by the Board and approved by the Secretary.
24 Exceptions for extreme hardships are to be defined by the
25 Department.

26 (b) The Department may refuse to issue or may suspend the

1 license of any person who fails to:

2 (i) file a tax return or to pay the tax, penalty, or
3 interest shown in a filed return; or

4 (ii) pay any final assessment of the tax, penalty, or
5 interest, as required by any tax Act administered by the
6 Illinois Department of Revenue, until the time that the
7 requirements of that tax Act are satisfied.

8 (c) The determination by a circuit court that a licensee is
9 subject to involuntary admission or judicial admission as
10 provided in the Mental Health and Developmental Disabilities
11 Code operates as an automatic suspension. The suspension shall
12 end only upon a finding by a court that the patient is no
13 longer subject to involuntary admission or judicial admission,
14 the issuance of an order so finding and discharging the
15 patient, and the recommendation of the Board to the Secretary
16 that the licensee be allowed to resume their practice.

17 (d) In enforcing this Section, the Department, upon a
18 showing of a possible violation, may compel any person licensed
19 to practice under this Act or who has applied for licensure or
20 certification pursuant to this Act to submit to a mental or
21 physical examination, or both, as required by and at the
22 expense of the Department. The examining physicians shall be
23 those specifically designated by the Department. The
24 Department may order an examining physician to present
25 testimony concerning the mental or physical examination of the
26 licensee or applicant. No information shall be excluded by

1 reason of any common law or statutory privilege relating to
2 communications between the licensee or applicant and the
3 examining physician. The person to be examined may have, at his
4 or her own expense, another physician of his or her choice
5 present during all aspects of the examination. Failure of any
6 person to submit to a mental or physical examination when
7 directed shall be grounds for suspension of a license until the
8 person submits to the examination if the Department finds,
9 after notice and hearing, that the refusal to submit to the
10 examination was without reasonable cause. If the Department
11 finds an individual unable to practice because of the reasons
12 set forth in this subsection (d), the Department may require
13 that individual to submit to care, counseling, or treatment by
14 physicians approved or designated by the Department, as a
15 condition, term, or restriction for continued, reinstated, or
16 renewed licensure to practice or, in lieu of care, counseling,
17 or treatment, the Department may file a complaint to
18 immediately suspend, revoke, or otherwise discipline the
19 license of the individual. Any person whose license was
20 granted, reinstated, renewed, disciplined, or supervised
21 subject to such terms, conditions, or restrictions and who
22 fails to comply with such terms, conditions, or restrictions
23 shall be referred to the Secretary for a determination as to
24 whether or not the person shall have his or her license
25 suspended immediately, pending a hearing by the Department. If
26 the Secretary immediately suspends a person's license under

1 this Section, a hearing on that person's license must be
2 convened by the Department within 15 days after the suspension
3 and completed without appreciable delay. The Department may
4 review the person's record of treatment and counseling
5 regarding the impairment to the extent permitted by applicable
6 federal statutes and regulations safeguarding the
7 confidentiality of medical records. A person licensed under
8 this Act and affected under this subsection (d) shall be
9 afforded an opportunity to demonstrate to the Department that
10 he or she can resume practice in compliance with acceptable and
11 prevailing standards under the provisions of his or her
12 license.

13 Section 125. Failure to pay restitution. The Department,
14 without further process or hearing, shall suspend the license
15 or other authorization to practice of any person issued under
16 this Act who has been certified by court order as not having
17 paid restitution to a person under Section 8A-3.5 of the
18 Illinois Public Aid Code, under Section 46-1 of the Criminal
19 Code of 1961, or under Sections 17-8.5 or 17-10.5 of the
20 Criminal Code of 2012. A person whose license or other
21 authorization to practice is suspended under this Section is
22 prohibited from practicing until restitution is paid in full.

23 Section 130. Injunction; cease and desist order.

24 (a) If a person violates any provision of this Act, the

1 Secretary may, in the name of the People of the State of
2 Illinois, through the Attorney General or the State's Attorney
3 of any county in which the action is brought, petition for an
4 order enjoining the violation or enforcing compliance with this
5 Act. Upon the filing of a verified petition in court, the court
6 may issue a temporary restraining order, without notice or
7 bond, and may preliminarily and permanently enjoin the
8 violation. If it is established that the person has violated or
9 is violating the injunction, the court may punish the offender
10 for contempt of court. Proceedings under this Section shall be
11 in addition to, and not in lieu of, all other remedies and
12 penalties provided by this Act.

13 (b) If any person practices as a licensed certified
14 professional midwife or holds himself or herself out as a
15 licensed certified professional midwife without being licensed
16 under the provisions of this Act, then any licensed certified
17 professional midwife, any interested party, or any person
18 injured thereby may, in addition to the Secretary, petition for
19 relief as provided in subsection (a) of this Section.

20 (c) Whenever, in the opinion of the Department, any person
21 violates any provision of this Act, the Department may issue a
22 rule to show cause why an order to cease and desist should not
23 be entered against that person. The rule shall clearly set
24 forth the grounds relied upon by the Department and shall
25 provide a period of 7 days after the date of the rule to file an
26 answer to the satisfaction of the Department. Failure to answer

1 to the satisfaction of the Department shall cause an order to
2 cease and desist to be issued immediately.

3 Section 135. Violation; criminal penalty.

4 (a) Whoever knowingly practices or offers to practice
5 midwifery in this State without being licensed for that purpose
6 or exempt under this Act shall be guilty of a Class A
7 misdemeanor; and shall be guilty of a Class 4 felony for a
8 second or subsequent violation.

9 (b) Notwithstanding any other provision of this Act, all
10 criminal fines, moneys, or other property collected or received
11 by the Department under this Section or any other State or
12 federal statute, including, but not limited to, property
13 forfeited to the Department under Section 505 of the Illinois
14 Controlled Substances Act or Section 85 of the Methamphetamine
15 Control and Community Protection Act, shall be deposited into
16 the Professional Regulation Evidence Fund.

17 Section 140. Investigation; notice; hearing. The
18 Department may investigate the actions of any applicant or of
19 any person or persons holding or claiming to hold a license
20 under this Act. Before refusing to issue or to renew or taking
21 any disciplinary action regarding a license, the Department
22 shall, at least 30 days prior to the date set for the hearing,
23 notify in writing the applicant or licensee of the nature of
24 any charges and that a hearing shall be held on a date

1 designated. The Department shall direct the applicant or
2 licensee to file a written answer with the Board under oath
3 within 20 days after the service of the notice and inform the
4 applicant or licensee that failure to file an answer shall
5 result in default being taken against the applicant or licensee
6 and that the license may be suspended, revoked, or placed on
7 probationary status or that other disciplinary action may be
8 taken, including limiting the scope, nature, or extent of
9 practice, as the Secretary may deem proper. Written notice may
10 be served by personal delivery or certified or registered mail
11 to the respondent at the address of his or her last
12 notification to the Department. If the person fails to file an
13 answer after receiving notice, his or her license may, in the
14 discretion of the Department, be suspended, revoked, or placed
15 on probationary status, or the Department may take any
16 disciplinary action deemed proper, including limiting the
17 scope, nature, or extent of the person's practice or the
18 imposition of a fine, without a hearing, if the act or acts
19 charged constitute sufficient grounds for such action under
20 this Act. At the time and place fixed in the notice, the Board
21 shall proceed to hear the charges and the parties or their
22 counsel shall be accorded ample opportunity to present such
23 statements, testimony, evidence, and argument as may be
24 pertinent to the charges or to their defense. The Board may
25 continue a hearing from time to time.

1 Section 145. Formal hearing; preservation of record. The
2 Department, at its expense, shall preserve a record of all
3 proceedings at the formal hearing of any case. The notice of
4 hearing, complaint, and all other documents in the nature of
5 pleadings and written motions filed in the proceedings, the
6 transcript of testimony, the report of the Board or hearing
7 officer, and order of the Department shall be the record of the
8 proceeding. The Department shall furnish a transcript of the
9 record to any person interested in the hearing upon payment of
10 the fee required under Section 2105-115 of the Department of
11 Professional Regulation Law.

12 Section 150. Witnesses; production of documents; contempt.
13 Any circuit court may upon application of the Department or its
14 designee or of the applicant or licensee against whom
15 proceedings under Section 95 of this Act are pending, enter an
16 order requiring the attendance of witnesses and their testimony
17 and the production of documents, papers, files, books, and
18 records in connection with any hearing or investigation. The
19 court may compel obedience to its order by proceedings for
20 contempt.

21 Section 155. Subpoena; oaths. The Department shall have the
22 power to subpoena and bring before it any person in this State
23 and to take testimony either orally or by deposition or both
24 with the same fees and mileage and in the same manner as

1 prescribed in civil cases in circuit courts of this State. The
2 Secretary, the designated hearing officer, and every member of
3 the Board has the power to administer oaths to witnesses at any
4 hearing that the Department is authorized to conduct and any
5 other oaths authorized in any Act administered by the
6 Department. Any circuit court may, upon application of the
7 Department or its designee or upon application of the person
8 against whom proceedings under this Act are pending, enter an
9 order requiring the attendance of witnesses and their
10 testimony, and the production of documents, papers, files,
11 books, and records in connection with any hearing or
12 investigation. The court may compel obedience to its order by
13 proceedings for contempt.

14 Section 160. Findings of fact, conclusions of law, and
15 recommendations. At the conclusion of the hearing, the Board
16 shall present to the Secretary a written report of its findings
17 of fact, conclusions of law, and recommendations. The report
18 shall contain a finding as to whether or not the accused person
19 violated this Act or failed to comply with the conditions
20 required under this Act. The Board shall specify the nature of
21 the violation or failure to comply and shall make its
22 recommendations to the Secretary. The findings of fact,
23 conclusions of law, and recommendations of the Board shall be
24 the basis for the Department's order. If the Secretary
25 disagrees in any regard with the report of the Board, the

1 Secretary may issue an order in contravention of the report.
2 The finding is not admissible in evidence against the person in
3 a criminal prosecution brought for the violation of this Act,
4 but the hearing and findings are not a bar to a criminal
5 prosecution brought for the violation of this Act.

6 Section 165. Hearing officer. The Secretary may appoint any
7 attorney duly licensed to practice law in the State of Illinois
8 to serve as the hearing officer in any action for departmental
9 refusal to issue, renew, or license an applicant or for
10 disciplinary action against a licensee. The hearing officer
11 shall have full authority to conduct the hearing. The hearing
12 officer shall report his or her findings of fact, conclusions
13 of law, and recommendations to the Board and the Secretary. The
14 Board shall have 60 calendar days after receipt of the report
15 to review the report of the hearing officer and present its
16 findings of fact, conclusions of law, and recommendations to
17 the Secretary. If the Board fails to present its report within
18 the 60-day period, the Secretary may issue an order based on
19 the report of the hearing officer. If the Secretary disagrees
20 with the recommendation of the Board or the hearing officer,
21 the Secretary may issue an order in contravention of that
22 recommendation.

23 Section 170. Service of report; motion for rehearing. In
24 any case involving the discipline of a license, a copy of the

1 Board's report shall be served upon the respondent by the
2 Department, either personally or as provided in this Act for
3 the service of the notice of hearing. Within 20 days after the
4 service, the respondent may present to the Department a motion
5 in writing for a rehearing that shall specify the particular
6 grounds for rehearing. If no motion for rehearing is filed,
7 then upon the expiration of the time specified for filing a
8 motion, or if a motion for rehearing is denied, then upon the
9 denial, the Secretary may enter an order in accordance with
10 this Act. If the respondent orders from the reporting service
11 and pays for a transcript of the record within the time for
12 filing a motion for rehearing, the 20-day period within which
13 the motion may be filed shall commence upon the delivery of the
14 transcript to the respondent.

15 Section 175. Rehearing. Whenever the Secretary is
16 satisfied that substantial justice has not been done in the
17 revocation, suspension, or refusal to issue or renew a license,
18 the Secretary may order a rehearing by the same or another
19 hearing officer or by the Board.

20 Section 180. Prima facie proof. An order or a certified
21 copy thereof, over the seal of the Department and purporting to
22 be signed by the Secretary, shall be prima facie proof of the
23 following:

24 (1) that the signature is the genuine signature of the

1 Secretary;

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

4 (3) that the Board and its members are qualified to
5 act; and

6 (4) that the findings and conclusions set forth therein
7 are prima facie true and correct.

8 Section 185. Restoration of license. At any time after the
9 suspension or revocation of any license, the Department may
10 restore the license to the accused person, unless after an
11 investigation and a hearing the Department determines that
12 restoration is not in the public interest.

13 Section 190. Surrender of license. Upon the revocation or
14 suspension of any license, the licensee shall immediately
15 surrender the license to the Department. If the licensee fails
16 to do so, the Department shall have the right to seize the
17 license.

18 Section 195. Summary suspension. The Secretary may
19 summarily suspend the license of a licensee under this Act
20 without a hearing, simultaneously with the institution of
21 proceedings for a hearing provided for in this Act if the
22 Secretary finds that evidence in his or her possession
23 indicates that continuation in practice would constitute an

1 imminent danger to the public. If the Secretary summarily
2 suspends a license without a hearing, a hearing by the
3 Department must be held within 30 days after the suspension has
4 occurred.

5 Section 200. Certificate of record. The Department shall
6 not be required to certify any record to the court or file any
7 answer in court or otherwise appear in any court in a judicial
8 review proceeding, unless there is filed in the court, with the
9 complaint, a receipt from the Department acknowledging payment
10 of the costs of furnishing and certifying the record. Failure
11 on the part of the plaintiff to file a receipt in court shall
12 be grounds for dismissal of the action.

13 Section 205. Administrative Review Law. All final
14 administrative decisions of the Department are subject to
15 judicial review under the Administrative Review Law and its
16 rules. The term "administrative decision" is defined as in
17 Section 3-101 of the Code of Civil Procedure.

18 Section 210. Illinois Administrative Procedure Act. The
19 Illinois Administrative Procedure Act is hereby expressly
20 adopted and incorporated in this Act as if all of the
21 provisions of such Act were included in this Act, except that
22 the provision of subsection (d) of Section 10-65 of the
23 Illinois Administrative Procedure Act that provides that at

1 hearings the licensee has the right to show compliance with all
2 lawful requirements for retention, continuation, or renewal of
3 the license is specifically excluded. For purposes of this Act,
4 the notice required under Section 10-25 of the Illinois
5 Administrative Procedure Act is deemed sufficient when mailed
6 to the last known address of a party.

7 Section 215. Home rule. The regulation and licensing of
8 midwives are exclusive powers and functions of the State. A
9 home rule unit may not regulate or license midwives. This
10 Section is a denial and limitation of home rule powers and
11 functions under subsection (h) of Section 6 of Article VII of
12 the Illinois Constitution.

13 Section 220. Severability. The provisions of this Act are
14 severable under Section 1.31 of the Statute on Statutes.

15 Section 225. The Regulatory Sunset Act is amended by adding
16 Section 4.41 as follows:

17 (5 ILCS 80/4.41 new)

18 Sec. 4.41. Act repealed on January 1, 2031. The following
19 Act is repealed on January 1, 2031:

20 The Certified Professional Midwives Practice Act.

21 Section 230. The Illinois Insurance Code is amended by

1 adding Section 356z.43 as follows:

2 (215 ILCS 5/356z.43 new)

3 Sec. 356z.43. Licensed certified professional midwife
4 care. Notwithstanding anything in this Section, An individual
5 or group policy of accident and health insurance that provides
6 maternity coverage and is amended, delivered, issued, or
7 renewed after the effective date of this amendatory Act of the
8 101st General Assembly, and which provides maternity benefits,
9 which are not limited to complications of pregnancy, or newborn
10 care benefits, shall provide coverage for maternity services
11 rendered by a licensed certified professional midwife licensed
12 pursuant to this Amendatory Act of the 101st General Assembly,
13 regardless of the site of services, in accordance with
14 guidelines adopted by rule by the commissioner.

15 Section 235. The Medical Practice Act of 1987 is amended by
16 changing Section 4 as follows:

17 (225 ILCS 60/4) (from Ch. 111, par. 4400-4)

18 (Section scheduled to be repealed on January 1, 2022)

19 Sec. 4. Exemptions. This Act does not apply to the
20 following:

21 (1) persons lawfully carrying on their particular
22 profession or business under any valid existing regulatory
23 Act of this State, including, without limitation, persons

1 engaged in the practice of midwifery who are licensed under
2 the Certified Professional Midwives Practice Act;

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

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

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

9 Section 240. The Nurse Practice Act is amended by changing
10 Section 50-15 as follows:

11 (225 ILCS 65/50-15) (was 225 ILCS 65/5-15)

12 (Section scheduled to be repealed on January 1, 2028)

13 Sec. 50-15. Policy; application of Act.

14 (a) For the protection of life and the promotion of health,
15 and the prevention of illness and communicable diseases, any
16 person practicing or offering to practice advanced,
17 professional, or practical nursing in Illinois shall submit
18 evidence that he or she is qualified to practice, and shall be
19 licensed as provided under this Act. No person shall practice
20 or offer to practice advanced, professional, or practical
21 nursing in Illinois or use any title, sign, card or device to
22 indicate that such a person is practicing professional or
23 practical nursing unless such person has been licensed under
24 the provisions of this Act.

1 (b) This Act does not prohibit the following:

2 (1) The practice of nursing in Federal employment in
3 the discharge of the employee's duties by a person who is
4 employed by the United States government or any bureau,
5 division or agency thereof and is a legally qualified and
6 licensed nurse of another state or territory and not in
7 conflict with Sections 50-50, 55-10, 60-10, and 70-5 of
8 this Act.

9 (2) Nursing that is included in the program of study by
10 students enrolled in programs of nursing or in current
11 nurse practice update courses approved by the Department.

12 (3) The furnishing of nursing assistance in an
13 emergency.

14 (4) The practice of nursing by a nurse who holds an
15 active license in another state when providing services to
16 patients in Illinois during a bonafide emergency or in
17 immediate preparation for or during interstate transit.

18 (5) The incidental care of the sick by members of the
19 family, domestic servants or housekeepers, or care of the
20 sick where treatment is by prayer or spiritual means.

21 (6) Persons from being employed as unlicensed
22 assistive personnel in private homes, long term care
23 facilities, nurseries, hospitals or other institutions.

24 (7) The practice of practical nursing by one who is a
25 licensed practical nurse under the laws of another U.S.
26 jurisdiction and has applied in writing to the Department,

1 in form and substance satisfactory to the Department, for a
2 license as a licensed practical nurse and who is qualified
3 to receive such license under this Act, until (i) the
4 expiration of 6 months after the filing of such written
5 application, (ii) the withdrawal of such application, or
6 (iii) the denial of such application by the Department.

7 (8) The practice of advanced practice registered
8 nursing by one who is an advanced practice registered nurse
9 under the laws of another United States jurisdiction or a
10 foreign jurisdiction and has applied in writing to the
11 Department, in form and substance satisfactory to the
12 Department, for a license as an advanced practice
13 registered nurse and who is qualified to receive such
14 license under this Act, until (i) the expiration of 6
15 months after the filing of such written application, (ii)
16 the withdrawal of such application, or (iii) the denial of
17 such application by the Department.

18 (9) The practice of professional nursing by one who is
19 a registered professional nurse under the laws of another
20 United States jurisdiction or a foreign jurisdiction and
21 has applied in writing to the Department, in form and
22 substance satisfactory to the Department, for a license as
23 a registered professional nurse and who is qualified to
24 receive such license under Section 55-10, until (1) the
25 expiration of 6 months after the filing of such written
26 application, (2) the withdrawal of such application, or (3)

1 the denial of such application by the Department.

2 (10) The practice of professional nursing that is
3 included in a program of study by one who is a registered
4 professional nurse under the laws of another United States
5 jurisdiction or a foreign jurisdiction and who is enrolled
6 in a graduate nursing education program or a program for
7 the completion of a baccalaureate nursing degree in this
8 State, which includes clinical supervision by faculty as
9 determined by the educational institution offering the
10 program and the health care organization where the practice
11 of nursing occurs.

12 (11) Any person licensed in this State under any other
13 Act from engaging in the practice for which she or he is
14 licensed, including, without limitation, any person
15 engaged in the practice of midwifery who is licensed under
16 the Certified Professional Midwives Practice Act.

17 (12) Delegation to authorized direct care staff
18 trained under Section 15.4 of the Mental Health and
19 Developmental Disabilities Administrative Act consistent
20 with the policies of the Department.

21 (13) (Blank).

22 (14) County correctional personnel from delivering
23 prepackaged medication for self-administration to an
24 individual detainee in a correctional facility.

25 Nothing in this Act shall be construed to limit the
26 delegation of tasks or duties by a physician, dentist, or

1 podiatric physician to a licensed practical nurse, a registered
2 professional nurse, or other persons.

3 (Source: P.A. 100-513, eff. 1-1-18.)

4 Section 245. The Illinois Public Aid Code is amended by
5 changing Section 5-5 as follows:

6 (305 ILCS 5/5-5) (from Ch. 23, par. 5-5)

7 Sec. 5-5. Medical services. The Illinois Department, by
8 rule, shall determine the quantity and quality of and the rate
9 of reimbursement for the medical assistance for which payment
10 will be authorized, and the medical services to be provided,
11 which may include all or part of the following: (1) inpatient
12 hospital services; (2) outpatient hospital services; (3) other
13 laboratory and X-ray services; (4) skilled nursing home
14 services; (5) physicians' services whether furnished in the
15 office, the patient's home, a hospital, a skilled nursing home,
16 or elsewhere; (6) medical care, or any other type of remedial
17 care furnished by licensed practitioners, including the
18 services of licensed certified professional midwives pursuant
19 to the Certified Professional Midwives Practice Act; (7) home
20 health care services; (8) private duty nursing service; (9)
21 clinic services; (10) dental services, including prevention
22 and treatment of periodontal disease and dental caries disease
23 for pregnant women, provided by an individual licensed to
24 practice dentistry or dental surgery; for purposes of this item

1 (10), "dental services" means diagnostic, preventive, or
2 corrective procedures provided by or under the supervision of a
3 dentist in the practice of his or her profession; (11) physical
4 therapy and related services; (12) prescribed drugs, dentures,
5 and prosthetic devices; and eyeglasses prescribed by a
6 physician skilled in the diseases of the eye, or by an
7 optometrist, whichever the person may select; (13) other
8 diagnostic, screening, preventive, and rehabilitative
9 services, including to ensure that the individual's need for
10 intervention or treatment of mental disorders or substance use
11 disorders or co-occurring mental health and substance use
12 disorders is determined using a uniform screening, assessment,
13 and evaluation process inclusive of criteria, for children and
14 adults; for purposes of this item (13), a uniform screening,
15 assessment, and evaluation process refers to a process that
16 includes an appropriate evaluation and, as warranted, a
17 referral; "uniform" does not mean the use of a singular
18 instrument, tool, or process that all must utilize; (14)
19 transportation and such other expenses as may be necessary;
20 (15) medical treatment of sexual assault survivors, as defined
21 in Section 1a of the Sexual Assault Survivors Emergency
22 Treatment Act, for injuries sustained as a result of the sexual
23 assault, including examinations and laboratory tests to
24 discover evidence which may be used in criminal proceedings
25 arising from the sexual assault; (16) the diagnosis and
26 treatment of sickle cell anemia; and (17) any other medical

1 care, and any other type of remedial care recognized under the
2 laws of this State. The term "any other type of remedial care"
3 shall include nursing care and nursing home service for persons
4 who rely on treatment by spiritual means alone through prayer
5 for healing.

6 Notwithstanding any other provision of this Section, a
7 comprehensive tobacco use cessation program that includes
8 purchasing prescription drugs or prescription medical devices
9 approved by the Food and Drug Administration shall be covered
10 under the medical assistance program under this Article for
11 persons who are otherwise eligible for assistance under this
12 Article.

13 Notwithstanding any other provision of this Code,
14 reproductive health care that is otherwise legal in Illinois
15 shall be covered under the medical assistance program for
16 persons who are otherwise eligible for medical assistance under
17 this Article.

18 Notwithstanding any other provision of this Code, the
19 Illinois Department may not require, as a condition of payment
20 for any laboratory test authorized under this Article, that a
21 physician's handwritten signature appear on the laboratory
22 test order form. The Illinois Department may, however, impose
23 other appropriate requirements regarding laboratory test order
24 documentation.

25 Upon receipt of federal approval of an amendment to the
26 Illinois Title XIX State Plan for this purpose, the Department

1 shall authorize the Chicago Public Schools (CPS) to procure a
2 vendor or vendors to manufacture eyeglasses for individuals
3 enrolled in a school within the CPS system. CPS shall ensure
4 that its vendor or vendors are enrolled as providers in the
5 medical assistance program and in any capitated Medicaid
6 managed care entity (MCE) serving individuals enrolled in a
7 school within the CPS system. Under any contract procured under
8 this provision, the vendor or vendors must serve only
9 individuals enrolled in a school within the CPS system. Claims
10 for services provided by CPS's vendor or vendors to recipients
11 of benefits in the medical assistance program under this Code,
12 the Children's Health Insurance Program, or the Covering ALL
13 KIDS Health Insurance Program shall be submitted to the
14 Department or the MCE in which the individual is enrolled for
15 payment and shall be reimbursed at the Department's or the
16 MCE's established rates or rate methodologies for eyeglasses.

17 On and after July 1, 2012, the Department of Healthcare and
18 Family Services may provide the following services to persons
19 eligible for assistance under this Article who are
20 participating in education, training or employment programs
21 operated by the Department of Human Services as successor to
22 the Department of Public Aid:

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

25 (2) eyeglasses prescribed by a physician skilled in the
26 diseases of the eye, or by an optometrist, whichever the

1 person may select.

2 On and after July 1, 2018, the Department of Healthcare and
3 Family Services shall provide dental services to any adult who
4 is otherwise eligible for assistance under the medical
5 assistance program. As used in this paragraph, "dental
6 services" means diagnostic, preventative, restorative, or
7 corrective procedures, including procedures and services for
8 the prevention and treatment of periodontal disease and dental
9 caries disease, provided by an individual who is licensed to
10 practice dentistry or dental surgery or who is under the
11 supervision of a dentist in the practice of his or her
12 profession.

13 On and after July 1, 2018, targeted dental services, as set
14 forth in Exhibit D of the Consent Decree entered by the United
15 States District Court for the Northern District of Illinois,
16 Eastern Division, in the matter of Memisovski v. Maram, Case
17 No. 92 C 1982, that are provided to adults under the medical
18 assistance program shall be established at no less than the
19 rates set forth in the "New Rate" column in Exhibit D of the
20 Consent Decree for targeted dental services that are provided
21 to persons under the age of 18 under the medical assistance
22 program.

23 Notwithstanding any other provision of this Code and
24 subject to federal approval, the Department may adopt rules to
25 allow a dentist who is volunteering his or her service at no
26 cost to render dental services through an enrolled

1 not-for-profit health clinic without the dentist personally
2 enrolling as a participating provider in the medical assistance
3 program. A not-for-profit health clinic shall include a public
4 health clinic or Federally Qualified Health Center or other
5 enrolled provider, as determined by the Department, through
6 which dental services covered under this Section are performed.
7 The Department shall establish a process for payment of claims
8 for reimbursement for covered dental services rendered under
9 this provision.

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

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

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

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

1 (B) An annual mammogram for women 40 years of age or
2 older.

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

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

13 (E) A screening MRI when medically necessary, as
14 determined by a physician licensed to practice medicine in
15 all of its branches.

16 (F) A diagnostic mammogram when medically necessary,
17 as determined by a physician licensed to practice medicine
18 in all its branches, advanced practice registered nurse, or
19 physician assistant.

20 The Department shall not impose a deductible, coinsurance,
21 copayment, or any other cost-sharing requirement on the
22 coverage provided under this paragraph; except that this
23 sentence does not apply to coverage of diagnostic mammograms to
24 the extent such coverage would disqualify a high-deductible
25 health plan from eligibility for a health savings account
26 pursuant to Section 223 of the Internal Revenue Code (26 U.S.C.

1 223).

2 All screenings shall include a physical breast exam,
3 instruction on self-examination and information regarding the
4 frequency of self-examination and its value as a preventative
5 tool.

6 For purposes of this Section:

7 "Diagnostic mammogram" means a mammogram obtained using
8 diagnostic mammography.

9 "Diagnostic mammography" means a method of screening that
10 is designed to evaluate an abnormality in a breast, including
11 an abnormality seen or suspected on a screening mammogram or a
12 subjective or objective abnormality otherwise detected in the
13 breast.

14 "Low-dose mammography" means the x-ray examination of the
15 breast using equipment dedicated specifically for mammography,
16 including the x-ray tube, filter, compression device, and image
17 receptor, with an average radiation exposure delivery of less
18 than one rad per breast for 2 views of an average size breast.
19 The term also includes digital mammography and includes breast
20 tomosynthesis.

21 "Breast tomosynthesis" means a radiologic procedure that
22 involves the acquisition of projection images over the
23 stationary breast to produce cross-sectional digital
24 three-dimensional images of the breast.

25 If, at any time, the Secretary of the United States
26 Department of Health and Human Services, or its successor

1 agency, promulgates rules or regulations to be published in the
2 Federal Register or publishes a comment in the Federal Register
3 or issues an opinion, guidance, or other action that would
4 require the State, pursuant to any provision of the Patient
5 Protection and Affordable Care Act (Public Law 111-148),
6 including, but not limited to, 42 U.S.C. 18031(d)(3)(B) or any
7 successor provision, to defray the cost of any coverage for
8 breast tomosynthesis outlined in this paragraph, then the
9 requirement that an insurer cover breast tomosynthesis is
10 inoperative other than any such coverage authorized under
11 Section 1902 of the Social Security Act, 42 U.S.C. 1396a, and
12 the State shall not assume any obligation for the cost of
13 coverage for breast tomosynthesis set forth in this paragraph.

14 On and after January 1, 2016, the Department shall ensure
15 that all networks of care for adult clients of the Department
16 include access to at least one breast imaging Center of Imaging
17 Excellence as certified by the American College of Radiology.

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

23 The Department shall convene an expert panel including
24 representatives of hospitals, free-standing mammography
25 facilities, and doctors, including radiologists, to establish
26 quality standards for mammography.

1 On and after January 1, 2017, providers participating in a
2 breast cancer treatment quality improvement program approved
3 by the Department shall be reimbursed for breast cancer
4 treatment at a rate that is no lower than 95% of the Medicare
5 program's rates for the data elements included in the breast
6 cancer treatment quality program.

7 The Department shall convene an expert panel, including
8 representatives of hospitals, free-standing breast cancer
9 treatment centers, breast cancer quality organizations, and
10 doctors, including breast surgeons, reconstructive breast
11 surgeons, oncologists, and primary care providers to establish
12 quality standards for breast cancer treatment.

13 Subject to federal approval, the Department shall
14 establish a rate methodology for mammography at federally
15 qualified health centers and other encounter-rate clinics.
16 These clinics or centers may also collaborate with other
17 hospital-based mammography facilities. By January 1, 2016, the
18 Department shall report to the General Assembly on the status
19 of the provision set forth in this paragraph.

20 The Department shall establish a methodology to remind
21 women who are age-appropriate for screening mammography, but
22 who have not received a mammogram within the previous 18
23 months, of the importance and benefit of screening mammography.
24 The Department shall work with experts in breast cancer
25 outreach and patient navigation to optimize these reminders and
26 shall establish a methodology for evaluating their

1 effectiveness and modifying the methodology based on the
2 evaluation.

3 The Department shall establish a performance goal for
4 primary care providers with respect to their female patients
5 over age 40 receiving an annual mammogram. This performance
6 goal shall be used to provide additional reimbursement in the
7 form of a quality performance bonus to primary care providers
8 who meet that goal.

9 The Department shall devise a means of case-managing or
10 patient navigation for beneficiaries diagnosed with breast
11 cancer. This program shall initially operate as a pilot program
12 in areas of the State with the highest incidence of mortality
13 related to breast cancer. At least one pilot program site shall
14 be in the metropolitan Chicago area and at least one site shall
15 be outside the metropolitan Chicago area. On or after July 1,
16 2016, the pilot program shall be expanded to include one site
17 in western Illinois, one site in southern Illinois, one site in
18 central Illinois, and 4 sites within metropolitan Chicago. An
19 evaluation of the pilot program shall be carried out measuring
20 health outcomes and cost of care for those served by the pilot
21 program compared to similarly situated patients who are not
22 served by the pilot program.

23 The Department shall require all networks of care to
24 develop a means either internally or by contract with experts
25 in navigation and community outreach to navigate cancer
26 patients to comprehensive care in a timely fashion. The

1 Department shall require all networks of care to include access
2 for patients diagnosed with cancer to at least one academic
3 commission on cancer-accredited cancer program as an
4 in-network covered benefit.

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 having a substance use disorder as
8 defined in the Substance Use Disorder Act, referral to a local
9 substance use disorder treatment program licensed by the
10 Department of Human Services or to a licensed hospital which
11 provides substance abuse treatment services. The Department of
12 Healthcare and Family Services shall assure coverage for the
13 cost of treatment of the drug abuse or addiction for pregnant
14 recipients in accordance with the Illinois Medicaid Program in
15 conjunction with the Department of Human Services.

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

23 The Illinois Department, in cooperation with the
24 Departments of Human Services (as successor to the Department
25 of Alcoholism and Substance Abuse) and Public Health, through a
26 public awareness campaign, may provide information concerning

1 treatment for alcoholism and drug abuse and addiction, prenatal
2 health care, and other pertinent programs directed at reducing
3 the number of drug-affected infants born to recipients of
4 medical assistance.

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

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

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

26 The sponsor must negotiate formal written contracts with

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

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

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

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

22 Medical providers shall be required to meet certain
23 qualifications to participate in Partnerships to ensure the
24 delivery of high quality medical services. These
25 qualifications shall be determined by rule of the Illinois
26 Department and may be higher than qualifications for

1 participation in the medical assistance program. Partnership
2 sponsors may prescribe reasonable additional qualifications
3 for participation by medical providers, only with the prior
4 written approval of the Illinois Department.

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

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

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

1 authorized by the patient, in writing, the medical records in a
2 timely fashion to other health care providers who are treating
3 or serving persons eligible for Medical Assistance under this
4 Article. All dispensers of medical services shall be required
5 to maintain and retain business and professional records
6 sufficient to fully and accurately document the nature, scope,
7 details and receipt of the health care provided to persons
8 eligible for medical assistance under this Code, in accordance
9 with regulations promulgated by the Illinois Department. The
10 rules and regulations shall require that proof of the receipt
11 of prescription drugs, dentures, prosthetic devices and
12 eyeglasses by eligible persons under this Section accompany
13 each claim for reimbursement submitted by the dispenser of such
14 medical services. No such claims for reimbursement shall be
15 approved for payment by the Illinois Department without such
16 proof of receipt, unless the Illinois Department shall have put
17 into effect and shall be operating a system of post-payment
18 audit and review which shall, on a sampling basis, be deemed
19 adequate by the Illinois Department to assure that such drugs,
20 dentures, prosthetic devices and eyeglasses for which payment
21 is being made are actually being received by eligible
22 recipients. Within 90 days after September 16, 1984 (the
23 effective date of Public Act 83-1439), the Illinois Department
24 shall establish a current list of acquisition costs for all
25 prosthetic devices and any other items recognized as medical
26 equipment and supplies reimbursable under this Article and

1 shall update such list on a quarterly basis, except that the
2 acquisition costs of all prescription drugs shall be updated no
3 less frequently than every 30 days as required by Section
4 5-5.12.

5 Notwithstanding any other law to the contrary, the Illinois
6 Department shall, within 365 days after July 22, 2013 (the
7 effective date of Public Act 98-104), establish procedures to
8 permit skilled care facilities licensed under the Nursing Home
9 Care Act to submit monthly billing claims for reimbursement
10 purposes. Following development of these procedures, the
11 Department shall, by July 1, 2016, test the viability of the
12 new system and implement any necessary operational or
13 structural changes to its information technology platforms in
14 order to allow for the direct acceptance and payment of nursing
15 home claims.

16 Notwithstanding any other law to the contrary, the Illinois
17 Department shall, within 365 days after August 15, 2014 (the
18 effective date of Public Act 98-963), establish procedures to
19 permit ID/DD facilities licensed under the ID/DD Community Care
20 Act and MC/DD facilities licensed under the MC/DD Act to submit
21 monthly billing claims for reimbursement purposes. Following
22 development of these procedures, the Department shall have an
23 additional 365 days to test the viability of the new system and
24 to ensure that any necessary operational or structural changes
25 to its information technology platforms are implemented.

26 The Illinois Department shall require all dispensers of

1 medical services, other than an individual practitioner or
2 group of practitioners, desiring to participate in the Medical
3 Assistance program established under this Article to disclose
4 all financial, beneficial, ownership, equity, surety or other
5 interests in any and all firms, corporations, partnerships,
6 associations, business enterprises, joint ventures, agencies,
7 institutions or other legal entities providing any form of
8 health care services in this State under this Article.

9 The Illinois Department may require that all dispensers of
10 medical services desiring to participate in the medical
11 assistance program established under this Article disclose,
12 under such terms and conditions as the Illinois Department may
13 by rule establish, all inquiries from clients and attorneys
14 regarding medical bills paid by the Illinois Department, which
15 inquiries could indicate potential existence of claims or liens
16 for the Illinois Department.

17 Enrollment of a vendor shall be subject to a provisional
18 period and shall be conditional for one year. During the period
19 of conditional enrollment, the Department may terminate the
20 vendor's eligibility to participate in, or may disenroll the
21 vendor from, the medical assistance program without cause.
22 Unless otherwise specified, such termination of eligibility or
23 disenrollment is not subject to the Department's hearing
24 process. However, a disenrolled vendor may reapply without
25 penalty.

26 The Department has the discretion to limit the conditional

1 enrollment period for vendors based upon category of risk of
2 the vendor.

3 Prior to enrollment and during the conditional enrollment
4 period in the medical assistance program, all vendors shall be
5 subject to enhanced oversight, screening, and review based on
6 the risk of fraud, waste, and abuse that is posed by the
7 category of risk of the vendor. The Illinois Department shall
8 establish the procedures for oversight, screening, and review,
9 which may include, but need not be limited to: criminal and
10 financial background checks; fingerprinting; license,
11 certification, and authorization verifications; unscheduled or
12 unannounced site visits; database checks; prepayment audit
13 reviews; audits; payment caps; payment suspensions; and other
14 screening as required by federal or State law.

15 The Department shall define or specify the following: (i)
16 by provider notice, the "category of risk of the vendor" for
17 each type of vendor, which shall take into account the level of
18 screening applicable to a particular category of vendor under
19 federal law and regulations; (ii) by rule or provider notice,
20 the maximum length of the conditional enrollment period for
21 each category of risk of the vendor; and (iii) by rule, the
22 hearing rights, if any, afforded to a vendor in each category
23 of risk of the vendor that is terminated or disenrolled during
24 the conditional enrollment period.

25 To be eligible for payment consideration, a vendor's
26 payment claim or bill, either as an initial claim or as a

1 resubmitted claim following prior rejection, must be received
2 by the Illinois Department, or its fiscal intermediary, no
3 later than 180 days after the latest date on the claim on which
4 medical goods or services were provided, with the following
5 exceptions:

6 (1) In the case of a provider whose enrollment is in
7 process by the Illinois Department, the 180-day period
8 shall not begin until the date on the written notice from
9 the Illinois Department that the provider enrollment is
10 complete.

11 (2) In the case of errors attributable to the Illinois
12 Department or any of its claims processing intermediaries
13 which result in an inability to receive, process, or
14 adjudicate a claim, the 180-day period shall not begin
15 until the provider has been notified of the error.

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

18 (4) In the case of a provider operated by a unit of
19 local government with a population exceeding 3,000,000
20 when local government funds finance federal participation
21 for claims payments.

22 For claims for services rendered during a period for which
23 a recipient received retroactive eligibility, claims must be
24 filed within 180 days after the Department determines the
25 applicant is eligible. For claims for which the Illinois
26 Department is not the primary payer, claims must be submitted

1 to the Illinois Department within 180 days after the final
2 adjudication by the primary payer.

3 In the case of long term care facilities, within 45
4 calendar days of receipt by the facility of required
5 prescreening information, new admissions with associated
6 admission documents shall be submitted through the Medical
7 Electronic Data Interchange (MEDI) or the Recipient
8 Eligibility Verification (REV) System or shall be submitted
9 directly to the Department of Human Services using required
10 admission forms. Effective September 1, 2014, admission
11 documents, including all prescreening information, must be
12 submitted through MEDI or REV. Confirmation numbers assigned to
13 an accepted transaction shall be retained by a facility to
14 verify timely submittal. Once an admission transaction has been
15 completed, all resubmitted claims following prior rejection
16 are subject to receipt no later than 180 days after the
17 admission transaction has been completed.

18 Claims that are not submitted and received in compliance
19 with the foregoing requirements shall not be eligible for
20 payment under the medical assistance program, and the State
21 shall have no liability for payment of those claims.

22 To the extent consistent with applicable information and
23 privacy, security, and disclosure laws, State and federal
24 agencies and departments shall provide the Illinois Department
25 access to confidential and other information and data necessary
26 to perform eligibility and payment verifications and other

1 Illinois Department functions. This includes, but is not
2 limited to: information pertaining to licensure;
3 certification; earnings; immigration status; citizenship; wage
4 reporting; unearned and earned income; pension income;
5 employment; supplemental security income; social security
6 numbers; National Provider Identifier (NPI) numbers; the
7 National Practitioner Data Bank (NPDB); program and agency
8 exclusions; taxpayer identification numbers; tax delinquency;
9 corporate information; and death records.

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

26 Beginning in fiscal year 2013, the Illinois Department

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

14 The Illinois Department shall establish policies,
15 procedures, standards and criteria by rule for the acquisition,
16 repair and replacement of orthotic and prosthetic devices and
17 durable medical equipment. Such rules shall provide, but not be
18 limited to, the following services: (1) immediate repair or
19 replacement of such devices by recipients; and (2) rental,
20 lease, purchase or lease-purchase of durable medical equipment
21 in a cost-effective manner, taking into consideration the
22 recipient's medical prognosis, the extent of the recipient's
23 needs, and the requirements and costs for maintaining such
24 equipment. Subject to prior approval, such rules shall enable a
25 recipient to temporarily acquire and use alternative or
26 substitute devices or equipment pending repairs or

1 replacements of any device or equipment previously authorized
2 for such recipient by the Department. Notwithstanding any
3 provision of Section 5-5f to the contrary, the Department may,
4 by rule, exempt certain replacement wheelchair parts from prior
5 approval and, for wheelchairs, wheelchair parts, wheelchair
6 accessories, and related seating and positioning items,
7 determine the wholesale price by methods other than actual
8 acquisition costs.

9 The Department shall require, by rule, all providers of
10 durable medical equipment to be accredited by an accreditation
11 organization approved by the federal Centers for Medicare and
12 Medicaid Services and recognized by the Department in order to
13 bill the Department for providing durable medical equipment to
14 recipients. No later than 15 months after the effective date of
15 the rule adopted pursuant to this paragraph, all providers must
16 meet the accreditation requirement.

17 In order to promote environmental responsibility, meet the
18 needs of recipients and enrollees, and achieve significant cost
19 savings, the Department, or a managed care organization under
20 contract with the Department, may provide recipients or managed
21 care enrollees who have a prescription or Certificate of
22 Medical Necessity access to refurbished durable medical
23 equipment under this Section (excluding prosthetic and
24 orthotic devices as defined in the Orthotics, Prosthetics, and
25 Pedorthics Practice Act and complex rehabilitation technology
26 products and associated services) through the State's

1 assistive technology program's reutilization program, using
2 staff with the Assistive Technology Professional (ATP)
3 Certification if the refurbished durable medical equipment:
4 (i) is available; (ii) is less expensive, including shipping
5 costs, than new durable medical equipment of the same type;
6 (iii) is able to withstand at least 3 years of use; (iv) is
7 cleaned, disinfected, sterilized, and safe in accordance with
8 federal Food and Drug Administration regulations and guidance
9 governing the reprocessing of medical devices in health care
10 settings; and (v) equally meets the needs of the recipient or
11 enrollee. The reutilization program shall confirm that the
12 recipient or enrollee is not already in receipt of same or
13 similar equipment from another service provider, and that the
14 refurbished durable medical equipment equally meets the needs
15 of the recipient or enrollee. Nothing in this paragraph shall
16 be construed to limit recipient or enrollee choice to obtain
17 new durable medical equipment or place any additional prior
18 authorization conditions on enrollees of managed care
19 organizations.

20 The Department shall execute, relative to the nursing home
21 prescreening project, written inter-agency agreements with the
22 Department of Human Services and the Department on Aging, to
23 effect the following: (i) intake procedures and common
24 eligibility criteria for those persons who are receiving
25 non-institutional services; and (ii) the establishment and
26 development of non-institutional services in areas of the State

1 where they are not currently available or are undeveloped; and
2 (iii) notwithstanding any other provision of law, subject to
3 federal approval, on and after July 1, 2012, an increase in the
4 determination of need (DON) scores from 29 to 37 for applicants
5 for institutional and home and community-based long term care;
6 if and only if federal approval is not granted, the Department
7 may, in conjunction with other affected agencies, implement
8 utilization controls or changes in benefit packages to
9 effectuate a similar savings amount for this population; and
10 (iv) no later than July 1, 2013, minimum level of care
11 eligibility criteria for institutional and home and
12 community-based long term care; and (v) no later than October
13 1, 2013, establish procedures to permit long term care
14 providers access to eligibility scores for individuals with an
15 admission date who are seeking or receiving services from the
16 long term care provider. In order to select the minimum level
17 of care eligibility criteria, the Governor shall establish a
18 workgroup that includes affected agency representatives and
19 stakeholders representing the institutional and home and
20 community-based long term care interests. This Section shall
21 not restrict the Department from implementing lower level of
22 care eligibility criteria for community-based services in
23 circumstances where federal approval has been granted.

24 The Illinois Department shall develop and operate, in
25 cooperation with other State Departments and agencies and in
26 compliance with applicable federal laws and regulations,

1 appropriate and effective systems of health care evaluation and
2 programs for monitoring of utilization of health care services
3 and facilities, as it affects persons eligible for medical
4 assistance under this Code.

5 The Illinois Department shall report annually to the
6 General Assembly, no later than the second Friday in April of
7 1979 and each year thereafter, in regard to:

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

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

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

14 (d) efforts at utilization review and control by the
15 Illinois Department.

16 The period covered by each report shall be the 3 years
17 ending on the June 30 prior to the report. The report shall
18 include suggested legislation for consideration by the General
19 Assembly. The requirement for reporting to the General Assembly
20 shall be satisfied by filing copies of the report as required
21 by Section 3.1 of the General Assembly Organization Act, and
22 filing such additional copies with the State Government Report
23 Distribution Center for the General Assembly as is required
24 under paragraph (t) of Section 7 of the State Library Act.

25 Rulemaking authority to implement Public Act 95-1045, if
26 any, is conditioned on the rules being adopted in accordance

1 with all provisions of the Illinois Administrative Procedure
2 Act and all rules and procedures of the Joint Committee on
3 Administrative Rules; any purported rule not so adopted, for
4 whatever reason, is unauthorized.

5 On and after July 1, 2012, the Department shall reduce any
6 rate of reimbursement for services or other payments or alter
7 any methodologies authorized by this Code to reduce any rate of
8 reimbursement for services or other payments in accordance with
9 Section 5-5e.

10 Because kidney transplantation can be an appropriate,
11 cost-effective alternative to renal dialysis when medically
12 necessary and notwithstanding the provisions of Section 1-11 of
13 this Code, beginning October 1, 2014, the Department shall
14 cover kidney transplantation for noncitizens with end-stage
15 renal disease who are not eligible for comprehensive medical
16 benefits, who meet the residency requirements of Section 5-3 of
17 this Code, and who would otherwise meet the financial
18 requirements of the appropriate class of eligible persons under
19 Section 5-2 of this Code. To qualify for coverage of kidney
20 transplantation, such person must be receiving emergency renal
21 dialysis services covered by the Department. Providers under
22 this Section shall be prior approved and certified by the
23 Department to perform kidney transplantation and the services
24 under this Section shall be limited to services associated with
25 kidney transplantation.

26 Notwithstanding any other provision of this Code to the

1 contrary, on or after July 1, 2015, all FDA approved forms of
2 medication assisted treatment prescribed for the treatment of
3 alcohol dependence or treatment of opioid dependence shall be
4 covered under both fee for service and managed care medical
5 assistance programs for persons who are otherwise eligible for
6 medical assistance under this Article and shall not be subject
7 to any (1) utilization control, other than those established
8 under the American Society of Addiction Medicine patient
9 placement criteria, (2) prior authorization mandate, or (3)
10 lifetime restriction limit mandate.

11 On or after July 1, 2015, opioid antagonists prescribed for
12 the treatment of an opioid overdose, including the medication
13 product, administration devices, and any pharmacy fees related
14 to the dispensing and administration of the opioid antagonist,
15 shall be covered under the medical assistance program for
16 persons who are otherwise eligible for medical assistance under
17 this Article. As used in this Section, "opioid antagonist"
18 means a drug that binds to opioid receptors and blocks or
19 inhibits the effect of opioids acting on those receptors,
20 including, but not limited to, naloxone hydrochloride or any
21 other similarly acting drug approved by the U.S. Food and Drug
22 Administration.

23 Upon federal approval, the Department shall provide
24 coverage and reimbursement for all drugs that are approved for
25 marketing by the federal Food and Drug Administration and that
26 are recommended by the federal Public Health Service or the

1 United States Centers for Disease Control and Prevention for
2 pre-exposure prophylaxis and related pre-exposure prophylaxis
3 services, including, but not limited to, HIV and sexually
4 transmitted infection screening, treatment for sexually
5 transmitted infections, medical monitoring, assorted labs, and
6 counseling to reduce the likelihood of HIV infection among
7 individuals who are not infected with HIV but who are at high
8 risk of HIV infection.

9 A federally qualified health center, as defined in Section
10 1905(1)(2)(B) of the federal Social Security Act, shall be
11 reimbursed by the Department in accordance with the federally
12 qualified health center's encounter rate for services provided
13 to medical assistance recipients that are performed by a dental
14 hygienist, as defined under the Illinois Dental Practice Act,
15 working under the general supervision of a dentist and employed
16 by a federally qualified health center.

17 (Source: P.A. 100-201, eff. 8-18-17; 100-395, eff. 1-1-18;
18 100-449, eff. 1-1-18; 100-538, eff. 1-1-18; 100-587, eff.
19 6-4-18; 100-759, eff. 1-1-19; 100-863, eff. 8-14-18; 100-974,
20 eff. 8-19-18; 100-1009, eff. 1-1-19; 100-1018, eff. 1-1-19;
21 100-1148, eff. 12-10-18; 101-209, eff. 8-5-19; 101-580, eff.
22 1-1-20; revised 9-18-19.)