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1 SENATE JOINT RESOLUTION

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2	WHEREAS, The Constitution of the State of Illinois provides
3	for "the health, safety and welfare of the people" and the
4	"opportunity for the fullest development of the individual";
5	and
6	WHEREAS, It has been demonstrated that due to deeply held
7	religious, philosophical, or personal reasons, some families
8	will always choose to give birth to their children at home; and
9	WHEREAS, There were 61,041 out-of-hospital births in the
10	United States in 2015 with a 52% increase in out-of-hospital
11	births and a 45% increase in home births since 2007; and
12	WHEREAS, 65% of U.S. home births in 2015 were attended by
13	non-nurse midwives; and
14	WHEREAS, In Illinois, home births increased by 50% between
15	2007 and 2014; and
16	WHEREAS, All well-designed studies show that for low-risk
17	women, planned home birth, attended by a trained maternity care
18	provider, is as safe as hospital birth; and

WHEREAS, Over 50 trained Illinois home birth providers,

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- including the last remaining Illinois home birth physician, 1
- 2 have ceased providing home birth services since 1996; and
- 3 WHEREAS, There now remain fewer than 10 legally recognized
- 4 home birth practices (nurse-midwives) in Illinois, and these
- are located in only six of 102 Illinois counties (Lake, Cook, 5
- DuPage, Will, Peoria, and McLean); and 6
- 7 WHEREAS, Due to the scarcity of legal home birth providers,
- 8 approximately 50% of the babies born at home in Illinois are
- 9 born either with no skilled assistance at all (unassisted home
- 10 birth), or they are born into the hands of underground
- community midwives; and 11
- 12 WHEREAS, Some of these underground midwives are nationally
- 13 certified and credentialed, while others are not; and
- 14 WHEREAS, Underground community midwives have no legal
- access to life saving oxygen and anti-hemorrhage medications; 15
- 16 and
- 17 WHEREAS, Underground community midwives have no means of
- 18 legally completing newborn congenital heart
- screenings, hearing screenings and metabolic screening tests, 19
- 20 and no means of legally filing accurate birth certificate
- 21 information; and

- 1 WHEREAS, An underground system of care may cause parents
- 2 and midwives to delay seeking hospital care in the event of an
- 3 emergency; parents are afraid of Child Protective Services
- 4 involvement; midwives are afraid of arrest; and
- 5 WHEREAS, Underground healthcare is never safe; and
- 6 WHEREAS, The above-mentioned increase in Illinois home
- 7 births, the shortage of licensed home birth providers, and the
- 8 dangers associated with families resorting to underground
- 9 healthcare, in effect, add up to a "Home Birth Maternity Care
- 10 Crisis" in Illinois; and
- 11 WHEREAS, Illinois is surrounded on three sides by states
- 12 (Wisconsin, Indiana, Missouri) that set educational standards
- for their community midwives, license and regulate them, allow
- 14 them to have access to life-saving oxygen and medications,
- 15 allow them to perform life-saving newborn screenings, and allow
- them to openly transport to a hospital in an emergency; and
- 17 WHEREAS, 33 of the 50 United States also protect their
- 18 citizens in this way through licensure and regulation of
- 19 community midwives; and
- 20 WHEREAS, Licensure in these states is based upon the

- 1 requirement that the community midwife earn a Certified
- 2 Professional Midwife (CPM) credential the only healthcare
- 3 credential requiring documented out-of-hospital training and
- 4 experience; and
- 5 WHEREAS, States that license Certified Professional
- 6 Midwives tend to have lower perinatal mortality rates; and
- 7 WHEREAS, More and more states are taking advantage of the
- 8 cost-savings associated with home birth midwifery care to
- 9 reduce state Medicaid expenditures; and
- 10 WHEREAS, The State of Illinois used to license community
- 11 midwives under the Medical Practice Act from 1877 to 1963 and
- ceased renewing licenses in 1972; and
- WHEREAS, Home birth mothers and families have been seeking
- 14 a legislative solution to the Home Birth Maternity Care Crisis
- for nearly 40 years (since 1979); and
- 16 WHEREAS, All Illinois mothers and their newborns deserve
- 17 access to safe maternity care regardless of place of birth;
- 18 therefore, be it
- 19 RESOLVED, BY THE SENATE OF THE ONE HUNDRED FIRST GENERAL
- 20 ASSEMBLY OF THE STATE OF ILLINOIS, THE HOUSE OF REPRESENTATIVES

- 1 CONCURRING HEREIN, that we find it unacceptable that home birth
- 2 mothers and babies in Illinois are without adequate maternity
- 3 care providers; and be it further
- 4 RESOLVED, That it is in the State's best interest to assure
- 5 its citizens access to all safe maternity care options; and be
- 6 it further
- 7 RESOLVED, That Illinois families, in order to best meet
- 8 personal needs and desires, are entitled freedom to choose
- 9 among all safe, nationally-recognized maternity care options,
- including home birth; and be it further
- 11 RESOLVED, That the Home Birth Maternity Care Crisis Study
- 12 Committee is hereby created; and be it further
- RESOLVED, That the Home Birth Maternity Care Crisis Study
- 14 Committee be bipartisan; and be it further
- 15 RESOLVED, That the Home Birth Maternity Care Crisis Study
- 16 Committee include 15 members as follows:
- 17 (1) One appointed by the Secretary of the Department of
- 18 Financial and Professional Regulation;
- 19 (2) One appointed by the President of the Senate;
- 20 (3) One appointed by the Minority Leader of the Senate;
- 21 (4) One appointed by the Speaker of the House of

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- 1 Representatives;
- 2 (5) One appointed by the Minority Leader of the Senate;
- 3 (6) A representative of a statewide association 4 representing professional midwives, appointed by the 5 President of the Senate:
 - (7) A representative of a national association representing professional midwives, appointed by the President of the Senate;
 - (8) A representative of a statewide association representing advanced practice nursing, appointed by the President of the Senate;
 - (9) A representative of a statewide association representing nurse-midwives, appointed by the Minority Leader of the Senate;
 - (10) A representative of a statewide association representing hospitals, appointed by the Minority Leader of the Senate;
 - (11) A representative of a statewide association representing lawyers, appointed by the Speaker of the House of Representatives;
 - (12) A representative of a statewide association representing pediatrics, appointed by the Speaker of the House of Representatives;
 - (13) A representative of a statewide association representing obstetricians and gynecologists, appointed by the Minority Leader of the House of Representatives;

- 1 (14) A representative of a statewide association 2 representing doctors, appointed by the Minority Leader of 3 the House of Representatives; and
- 4 (15) A representative of a statewide association 5 representing a consumer organization, appointed by the 6 Minority Leader of the House of Representatives; and be it 7 further
- RESOLVED That the Home Birth Maternity Care Crisis Study
 Committee shall meet monthly until such time that it is
 prepared to make a recommendation to the General Assembly, but
 that time shall be no later than October 8, 2019; and be it
 further
- 13 RESOLVED, That the Office of the Secretary of the
 14 Department of Financial and Professional Regulation shall
 15 provide the Task Force with administrative and other support;
 16 and be it further
- 17 RESOLVED, That the Home Birth Maternity Care Crisis Study
 18 Committee will hear testimony from all interested parties; and
 19 be it further
- 20 RESOLVED, That the Home Birth Maternity Care Crisis Study
 21 Committee will thoroughly consider the role that Certified
 22 Professional Midwives may have in helping to resolve the Home

1 Birth Maternity Care Crisis; and be it further

RESOLVED, That the Home Birth Maternity Care Crisis Study Committee will recommend to the General Assembly a consumer-focused, evidence-based solution to the Illinois Home Birth Maternity Care Crisis that protects families from the dangers of having inadequate numbers of licensed home birth providers to care for them during the prenatal, intrapartum, and postpartum portions of their pregnancies, especially in the underserved communities of Illinois.