

1 AN ACT concerning public aid.

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

4 Section 5. The Birth Center Licensing Act is amended by  
5 changing Sections 5 and 25 as follows:

6 (210 ILCS 170/5)

7 Sec. 5. Definitions. In this Act:

8 "Birth center" means a designated site, other than a  
9 hospital:

10 (1) in which births are planned to occur following a  
11 normal, uncomplicated, and low-risk pregnancy;

12 (2) that is not the pregnant person's usual place of  
13 residence;

14 (3) that is exclusively dedicated to serving the  
15 childbirth-related needs of pregnant persons and their  
16 newborns, and has no more than 10 beds;

17 (4) that offers prenatal care and community education  
18 services and coordinates these services with other health  
19 care services available in the community; and

20 (5) that does not provide general anesthesia or  
21 surgery.

22 "Certified nurse midwife" means an advanced practice  
23 registered nurse licensed in Illinois under the Nurse Practice

1 Act with full practice authority or who is delegated such  
2 authority as part of a written collaborative agreement with a  
3 physician who is associated with the birthing center or who  
4 has privileges at a nearby birthing hospital.

5 "Department" means the Illinois Department of Public  
6 Health.

7 "Hospital" does not include places where pregnant females  
8 are received, cared for, or treated during delivery if it is in  
9 a licensed birth center, nor include any facility required to  
10 be licensed as a birth center.

11 "Licensed certified professional midwife" means a person  
12 who has successfully met the requirements under Section 45 of  
13 the Licensed Certified Professional Midwife Practice Act and  
14 holds an active license to practice as a licensed certified  
15 professional midwife in Illinois.

16 "Physician" means a physician licensed to practice  
17 medicine in all its branches in Illinois.

18 (Source: P.A. 102-518, eff. 8-20-21.)

19 (210 ILCS 170/25)

20 Sec. 25. Staffing.

21 (a) A birth center shall have a clinical director, who may  
22 be:

23 (1) a physician who is either certified or eligible  
24 for certification by the American College of Obstetricians  
25 and Gynecologists or the American Board of Osteopathic

1           Obstetricians and Gynecologists or has hospital  
2           obstetrical privileges; or

3           (2) a certified nurse midwife.

4           (b) The clinical director shall be responsible for:

5           (1) the development of policies and procedures for  
6           services as provided by Department rules;

7           (2) coordinating the clinical staff and overall  
8           provision of patient care;

9           (3) developing and approving policies defining the  
10          criteria to determine which pregnancies are accepted as  
11          normal, uncomplicated, and low-risk; and

12          (4) developing and approving policing regarding the  
13          anesthesia services available at the center.

14          (c) An obstetrician, family practitioner, ~~or~~ certified  
15          nurse midwife, or licensed certified professional midwife  
16          shall attend each person in labor from the time of admission  
17          through birth and throughout the immediate postpartum period.  
18          Attendance may be delegated only to another physician, ~~or~~ a  
19          certified nurse midwife, or a licensed certified professional  
20          midwife.

21          (d) A second staff person shall be present at each birth  
22          who:

23          (1) is licensed or certified in Illinois in a  
24          health-related field and under the supervision of a  
25          physician, ~~or~~ a certified nurse midwife, or a licensed  
26          certified professional midwife who is in attendance;

1           (2) has specialized training in labor and delivery  
2           techniques and care of newborns; and

3           (3) receives planned and ongoing training as needed to  
4           perform assigned duties effectively.

5           (Source: P.A. 102-518, eff. 8-20-21.)

6           Section 10. The Illinois Public Aid Code is amended by  
7           changing Section 5-5.24 as follows:

8           (305 ILCS 5/5-5.24)

9           Sec. 5-5.24. Prenatal and perinatal care.

10          (a) The Department of Healthcare and Family Services may  
11          provide reimbursement under this Article for all prenatal and  
12          perinatal health care services that are provided for the  
13          purpose of preventing low-birthweight infants, reducing the  
14          need for neonatal intensive care hospital services, and  
15          promoting perinatal and maternal health. These services may  
16          include comprehensive risk assessments for pregnant  
17          individuals, individuals with infants, and infants, lactation  
18          counseling, nutrition counseling, childbirth support,  
19          psychosocial counseling, treatment and prevention of  
20          periodontal disease, language translation, nurse home  
21          visitation, and other support services that have been proven  
22          to improve birth and maternal health outcomes. The Department  
23          shall maximize the use of preventive prenatal and perinatal  
24          health care services consistent with federal statutes, rules,

1 and regulations. The Department of Public Aid (now Department  
2 of Healthcare and Family Services) shall develop a plan for  
3 prenatal and perinatal preventive health care and shall  
4 present the plan to the General Assembly by January 1, 2004. On  
5 or before January 1, 2006 and every 2 years thereafter, the  
6 Department shall report to the General Assembly concerning the  
7 effectiveness of prenatal and perinatal health care services  
8 reimbursed under this Section in preventing low-birthweight  
9 infants and reducing the need for neonatal intensive care  
10 hospital services. Each such report shall include an  
11 evaluation of how the ratio of expenditures for treating  
12 low-birthweight infants compared with the investment in  
13 promoting healthy births and infants in local community areas  
14 throughout Illinois relates to healthy infant development in  
15 those areas.

16 On and after July 1, 2012, the Department shall reduce any  
17 rate of reimbursement for services or other payments or alter  
18 any methodologies authorized by this Code to reduce any rate  
19 of reimbursement for services or other payments in accordance  
20 with Section 5-5e.

21 (b) (1) As used in this subsection:

22 "Affiliated provider" means a provider who is enrolled in  
23 the medical assistance program and has an active contract with  
24 a managed care organization.

25 "Non-affiliated provider" means a provider who is enrolled  
26 in the medical assistance program but does not have a contract

1 with a MCO.

2 "Preventive prenatal and perinatal health care services"  
3 means services described in subsection (a) including the  
4 following non-emergent diagnostic and ancillary services:

5 (i) Diagnostic labs and imaging, including level II  
6 ultrasounds.

7 (ii) RhoGAM injections.

8 (iii) Injectable 17-alpha-hydroxyprogesterone  
9 caproate (commonly called 17P).

10 (iv) Intrapartum (labor and delivery) services.

11 (v) Any other outpatient or inpatient service relating  
12 to pregnancy or the 12 months following childbirth or  
13 fetal loss.

14 (2) In order to maximize the accessibility of preventive  
15 prenatal and perinatal health care services, the Department of  
16 Healthcare and Family Services shall amend its managed care  
17 contracts such that an MCO must pay for preventive prenatal  
18 services, perinatal healthcare services, and postpartum  
19 services rendered by a non-affiliated provider, for which the  
20 health plan would pay if rendered by an affiliated provider,  
21 at no less than the rate paid under the Illinois Medicaid  
22 fee-for-service program methodology for such services,  
23 including all policy adjusters, including, but not limited to,  
24 Medicaid High Volume Adjustments, Medicaid Percentage  
25 Adjustments, Outpatient High Volume Adjustments, and all  
26 outlier add-on adjustments to the extent such adjustments are

1 incorporated in the development of the applicable MCO  
2 capitated rates, unless a different rate was agreed upon by  
3 the health plan and the non-affiliated provider.

4 (Source: P.A. 102-665, eff. 10-8-21.)

5 Section 99. Effective date. This Act takes effect January  
6 1, 2023.