



Sen. Patricia Van Pelt

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10200HB5013sam001

LRB102 25451 KTG 38454 a

1 AMENDMENT TO HOUSE BILL 5013

2 AMENDMENT NO. _____. Amend House Bill 5013 by replacing
3 everything after the enacting clause with the following:

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;

1 (4) that offers prenatal care and community education
2 services and coordinates these services with other health
3 care services available in the community; and

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

6 "Certified nurse midwife" means an advanced practice
7 registered nurse licensed in Illinois under the Nurse Practice
8 Act with full practice authority or who is delegated such
9 authority as part of a written collaborative agreement with a
10 physician who is associated with the birthing center or who
11 has privileges at a nearby birthing hospital.

12 "Department" means the Illinois Department of Public
13 Health.

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

18 "Licensed certified professional midwife" means a person
19 who has successfully met the requirements under Section 45 of
20 the Licensed Certified Professional Midwife Practice Act and
21 holds an active license to practice as a licensed certified
22 professional midwife in Illinois.

23 "Physician" means a physician licensed to practice
24 medicine in all its branches in Illinois.

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

1 (210 ILCS 170/25)

2 Sec. 25. Staffing.

3 (a) A birth center shall have a clinical director, who may
4 be:

5 (1) a physician who is either certified or eligible
6 for certification by the American College of Obstetricians
7 and Gynecologists or the American Board of Osteopathic
8 Obstetricians and Gynecologists or has hospital
9 obstetrical privileges; or

10 (2) a certified nurse midwife.

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

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

14 (2) coordinating the clinical staff and overall
15 provision of patient care;

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

19 (4) developing and approving policing regarding the
20 anesthesia services available at the center.

21 (c) An obstetrician, family practitioner, ~~or~~ certified
22 nurse midwife, or licensed certified professional midwife
23 shall attend each person in labor from the time of admission
24 through birth and throughout the immediate postpartum period.
25 Attendance may be delegated only to another physician, ~~or~~ a
26 certified nurse midwife, or a licensed certified professional

1 midwife.

2 (d) A second staff person shall be present at each birth
3 who:

4 (1) is licensed or certified in Illinois in a
5 health-related field and under the supervision of a
6 physician, ~~or~~ a certified nurse midwife, or a licensed
7 certified professional midwife who is in attendance;

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

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

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

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

15 (305 ILCS 5/5-5.24)

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

17 (a) The Department of Healthcare and Family Services may
18 provide reimbursement under this Article for all prenatal and
19 perinatal health care services that are provided for the
20 purpose of preventing low-birthweight infants, reducing the
21 need for neonatal intensive care hospital services, and
22 promoting perinatal and maternal health. These services may
23 include comprehensive risk assessments for pregnant
24 individuals, individuals with infants, and infants, lactation

1 counseling, nutrition counseling, childbirth support,
2 psychosocial counseling, treatment and prevention of
3 periodontal disease, language translation, nurse home
4 visitation, and other support services that have been proven
5 to improve birth and maternal health outcomes. The Department
6 shall maximize the use of preventive prenatal and perinatal
7 health care services consistent with federal statutes, rules,
8 and regulations. The Department of Public Aid (now Department
9 of Healthcare and Family Services) shall develop a plan for
10 prenatal and perinatal preventive health care and shall
11 present the plan to the General Assembly by January 1, 2004. On
12 or before January 1, 2006 and every 2 years thereafter, the
13 Department shall report to the General Assembly concerning the
14 effectiveness of prenatal and perinatal health care services
15 reimbursed under this Section in preventing low-birthweight
16 infants and reducing the need for neonatal intensive care
17 hospital services. Each such report shall include an
18 evaluation of how the ratio of expenditures for treating
19 low-birthweight infants compared with the investment in
20 promoting healthy births and infants in local community areas
21 throughout Illinois relates to healthy infant development in
22 those areas.

23 On and after July 1, 2012, the Department shall reduce any
24 rate of reimbursement for services or other payments or alter
25 any methodologies authorized by this Code to reduce any rate
26 of reimbursement for services or other payments in accordance

1 with Section 5-5e.

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

3 "Affiliated provider" means a provider who is enrolled in
4 the medical assistance program and has an active contract with
5 a managed care organization.

6 "Non-affiliated provider" means a provider who is enrolled
7 in the medical assistance program but does not have a contract
8 with an MCO.

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

12 (i) Diagnostic labs and imaging, including level II
13 ultrasounds.

14 (ii) RhoGAM injections.

15 (iii) Injectable 17-alpha-hydroxyprogesterone
16 caproate (commonly called 17P).

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

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

21 (2) In order to maximize the accessibility of preventive
22 prenatal and perinatal health care services, the Department of
23 Healthcare and Family Services shall amend its managed care
24 contracts such that an MCO must pay for preventive prenatal
25 services, perinatal healthcare services, and postpartum
26 services rendered by a non-affiliated provider, for which the

1 health plan would pay if rendered by an affiliated provider,
2 at the rate paid under the Illinois Medicaid fee-for-service
3 program methodology for such services, including all policy
4 adjusters, including, but not limited to, Medicaid High Volume
5 Adjustments, Medicaid Percentage Adjustments, Outpatient High
6 Volume Adjustments, and all outlier add-on adjustments to the
7 extent such adjustments are incorporated in the development of
8 the applicable MCO capitated rates, unless a different rate
9 was agreed upon by the health plan and the non-affiliated
10 provider.

11 (3) In cases where a managed care organization must pay
12 for preventive prenatal services, perinatal healthcare
13 services, and postpartum services rendered by a non-affiliated
14 provider, the requirements under paragraph (2) shall not apply
15 if the services were not emergency services, as defined in
16 Section 5-30.1, and:

17 (A) the non-affiliated provider is a perinatal
18 hospital and has, within the 12 months preceding the date
19 of service, rejected a contract that was offered in good
20 faith by the health plan as determined by the Department;
21 or

22 (B) the health plan has terminated a contract with the
23 non-affiliated provider for cause, and the Department has
24 not deemed the termination to have been without merit. The
25 Department may deem that a determination for cause has
26 merit if:

1 (i) an institutional provider has repeatedly
2 failed to conduct discharge planning; or

3 (ii) the provider's conduct adversely and
4 substantially impacts the health of Medicaid patients;

5 or

6 (iii) the provider's conduct constitutes fraud,
7 waste, or abuse; or

8 (iv) the provider's conduct violates the code of
9 ethics governing his or her profession.

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

11 Section 99. Effective date. This Act takes effect January
12 1, 2023."