



Rep. Robyn Gabel

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10300HB5142ham001

LRB103 38742 RPS 70344 a

1 AMENDMENT TO HOUSE BILL 5142

2 AMENDMENT NO. _____. Amend House Bill 5142 by replacing
3 everything after the enacting clause with the following:

4 "Section 5. The Illinois Insurance Code is amended by
5 changing Section 356z.40 as follows:

6 (215 ILCS 5/356z.40)

7 Sec. 356z.40. Pregnancy and postpartum coverage.

8 (a) An individual or group policy of accident and health
9 insurance or managed care plan amended, delivered, issued, or
10 renewed on or after the effective date of this amendatory Act
11 of the 103rd General Assembly ~~this amendatory Act of the 102nd~~
12 ~~General Assembly~~ shall provide coverage for pregnancy,
13 postpartum, and newborn care in accordance with 42 U.S.C.
14 18022(b) regarding essential health benefits.

15 (b) Benefits under this Section shall be as follows:

16 (1) An individual who has been identified as

1 experiencing a high-risk pregnancy by the individual's
2 treating provider shall have access to clinically
3 appropriate case management programs. As used in this
4 subsection, "case management" means a mechanism to
5 coordinate and assure continuity of services, including,
6 but not limited to, health services, social services, and
7 educational services necessary for the individual. "Case
8 management" involves individualized assessment of needs,
9 planning of services, referral, monitoring, and advocacy
10 to assist an individual in gaining access to appropriate
11 services and closure when services are no longer required.
12 "Case management" is an active and collaborative process
13 involving a single qualified case manager, the individual,
14 the individual's family, the providers, and the community.
15 This includes close coordination and involvement with all
16 service providers in the management plan for that
17 individual or family, including assuring that the
18 individual receives the services. As used in this
19 subsection, "high-risk pregnancy" means a pregnancy in
20 which the pregnant or postpartum individual or baby is at
21 an increased risk for poor health or complications during
22 pregnancy or childbirth, including, but not limited to,
23 hypertension disorders, gestational diabetes, and
24 hemorrhage.

25 (2) An individual shall have access to medically
26 necessary treatment of a mental, emotional, nervous, or

1 substance use disorder or condition consistent with the
2 requirements set forth in this Section and in Sections
3 370c and 370c.1 of this Code.

4 (3) The benefits provided for inpatient and outpatient
5 services for the treatment of a mental, emotional,
6 nervous, or substance use disorder or condition related to
7 pregnancy or postpartum complications shall be provided if
8 determined to be medically necessary, consistent with the
9 requirements of Sections 370c and 370c.1 of this Code. The
10 facility or provider shall notify the insurer of both the
11 admission and the initial treatment plan within 48 hours
12 after admission or initiation of treatment. Nothing in
13 this paragraph shall prevent an insurer from applying
14 concurrent and post-service utilization review of health
15 care services, including review of medical necessity, case
16 management, experimental and investigational treatments,
17 managed care provisions, and other terms and conditions of
18 the insurance policy.

19 (4) The benefits for the first 48 hours of initiation
20 of services for an inpatient admission, detoxification or
21 withdrawal management program, or partial hospitalization
22 admission for the treatment of a mental, emotional,
23 nervous, or substance use disorder or condition related to
24 pregnancy or postpartum complications shall be provided
25 without post-service or concurrent review of medical
26 necessity, as the medical necessity for the first 48 hours

1 of such services shall be determined solely by the covered
2 pregnant or postpartum individual's provider. Nothing in
3 this paragraph shall prevent an insurer from applying
4 concurrent and post-service utilization review, including
5 the review of medical necessity, case management,
6 experimental and investigational treatments, managed care
7 provisions, and other terms and conditions of the
8 insurance policy, of any inpatient admission,
9 detoxification or withdrawal management program admission,
10 or partial hospitalization admission services for the
11 treatment of a mental, emotional, nervous, or substance
12 use disorder or condition related to pregnancy or
13 postpartum complications received 48 hours after the
14 initiation of such services. If an insurer determines that
15 the services are no longer medically necessary, then the
16 covered person shall have the right to external review
17 pursuant to the requirements of the Health Carrier
18 External Review Act.

19 (5) If an insurer determines that continued inpatient
20 care, detoxification or withdrawal management, partial
21 hospitalization, intensive outpatient treatment, or
22 outpatient treatment in a facility is no longer medically
23 necessary, the insurer shall, within 24 hours, provide
24 written notice to the covered pregnant or postpartum
25 individual and the covered pregnant or postpartum
26 individual's provider of its decision and the right to

1 file an expedited internal appeal of the determination.
2 The insurer shall review and make a determination with
3 respect to the internal appeal within 24 hours and
4 communicate such determination to the covered pregnant or
5 postpartum individual and the covered pregnant or
6 postpartum individual's provider. If the determination is
7 to uphold the denial, the covered pregnant or postpartum
8 individual and the covered pregnant or postpartum
9 individual's provider have the right to file an expedited
10 external appeal. An independent utilization review
11 organization shall make a determination within 72 hours.
12 If the insurer's determination is upheld and it is
13 determined that continued inpatient care, detoxification
14 or withdrawal management, partial hospitalization,
15 intensive outpatient treatment, or outpatient treatment is
16 not medically necessary, the insurer shall remain
17 responsible for providing benefits for the inpatient care,
18 detoxification or withdrawal management, partial
19 hospitalization, intensive outpatient treatment, or
20 outpatient treatment through the day following the date
21 the determination is made, and the covered pregnant or
22 postpartum individual shall only be responsible for any
23 applicable copayment, deductible, and coinsurance for the
24 stay through that date as applicable under the policy. The
25 covered pregnant or postpartum individual shall not be
26 discharged or released from the inpatient facility,

1 detoxification or withdrawal management, partial
2 hospitalization, intensive outpatient treatment, or
3 outpatient treatment until all internal appeals and
4 independent utilization review organization appeals are
5 exhausted. A decision to reverse an adverse determination
6 shall comply with the Health Carrier External Review Act.

7 (6) Except as otherwise stated in this subsection (b),
8 the benefits ~~and cost sharing~~ shall be provided to the
9 same extent as for any other medical condition covered
10 under the policy.

11 (7) The benefits required by paragraphs (2) and (6) of
12 this subsection (b) are to be provided to all covered
13 pregnant or postpartum individuals with a diagnosis of a
14 mental, emotional, nervous, or substance use disorder or
15 condition. The presence of additional related or unrelated
16 diagnoses shall not be a basis to reduce or deny the
17 benefits required by this subsection (b).

18 (8) Insurers shall cover all services for pregnancy,
19 postpartum, and newborn care that are rendered by
20 perinatal doulas or licensed certified professional
21 midwives, including home births, home visits, and support
22 during labor, abortion, or miscarriage. Coverage shall
23 include the necessary equipment and medical supplies for a
24 home birth.

25 (9) Coverage for pregnancy, postpartum, and newborn
26 care shall include home visits by lactation consultants

1 and the purchase of breast pumps and breast pump supplies,
2 including such breast pumps, breast pump supplies,
3 breastfeeding supplies, and feeding aides as recommended
4 by the lactation consultant.

5 (10) Coverage for postpartum services shall apply for
6 at least one year after the end of the pregnancy.

7 (c) All coverage required under this Section shall be
8 provided without cost sharing. This subsection does not apply
9 to the extent such coverage would disqualify a high-deductible
10 health plan from eligibility for a health savings account
11 pursuant to Section 223 of the Internal Revenue Code.

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

13 Section 10. The Illinois Public Aid Code is amended by
14 changing Sections 5-16.7 and 5-18.5 as follows:

15 (305 ILCS 5/5-16.7)

16 Sec. 5-16.7. Post-parturition care. The medical assistance
17 program shall provide the post-parturition care benefits
18 required to be covered by a policy of accident and health
19 insurance under Section 356s of the Illinois Insurance Code.

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

1 (Source: P.A. 97-689, eff. 6-14-12.)

2 (305 ILCS 5/5-18.5)

3 Sec. 5-18.5. Perinatal doula and evidence-based home
4 visiting services.

5 (a) As used in this Section:

6 "Home visiting" means a voluntary, evidence-based strategy
7 used to support pregnant people, infants, and young children
8 and their caregivers to promote infant, child, and maternal
9 health, to foster educational development and school
10 readiness, and to help prevent child abuse and neglect. Home
11 visitors are trained professionals whose visits and activities
12 focus on promoting strong parent-child attachment to foster
13 healthy child development.

14 "Perinatal doula" means a trained provider who provides
15 regular, voluntary physical, emotional, and educational
16 support, but not medical or midwife care, to pregnant and
17 birthing persons before, during, and after childbirth,
18 otherwise known as the perinatal period.

19 "Perinatal doula training" means any doula training that
20 focuses on providing support throughout the prenatal, labor
21 and delivery, or postpartum period, and reflects the type of
22 doula care that the doula seeks to provide.

23 (b) Notwithstanding any other provision of this Article,
24 perinatal doula services and evidence-based home visiting
25 services shall be covered under the medical assistance

1 program, subject to appropriation, for persons who are
2 otherwise eligible for medical assistance under this Article.
3 Perinatal doula services include regular visits beginning in
4 the prenatal period and continuing into the postnatal period,
5 inclusive of continuous support during labor and delivery,
6 that support healthy pregnancies and positive birth outcomes.
7 Perinatal doula services may be embedded in an existing
8 program, such as evidence-based home visiting. Perinatal doula
9 services provided during the prenatal period may be provided
10 weekly, services provided during the labor and delivery period
11 may be provided for the entire duration of labor and the time
12 immediately following birth, and services provided during the
13 postpartum period may be provided up to 12 months postpartum.

14 (b-5) Notwithstanding any other provision of this Article,
15 beginning January 1, 2025 ~~2023~~, ~~licensed~~ certified
16 professional midwife services shall be covered under the
17 medical assistance program, subject to appropriation, for
18 persons who are otherwise eligible for medical assistance
19 under this Article. The Department shall consult with midwives
20 on reimbursement rates for midwifery services.

21 (c) The Department of Healthcare and Family Services shall
22 adopt rules to administer this Section. In this rulemaking,
23 the Department shall consider the expertise of and consult
24 with doula program experts, doula training providers,
25 practicing doulas, and home visiting experts, along with State
26 agencies implementing perinatal doula services and relevant

1 bodies under the Illinois Early Learning Council. This body of
2 experts shall inform the Department on the credentials
3 necessary for perinatal doula and home visiting services to be
4 eligible for Medicaid reimbursement and the rate of
5 reimbursement for home visiting and perinatal doula services
6 in the prenatal, labor and delivery, and postpartum periods.
7 Every 2 years, the Department shall assess the rates of
8 reimbursement for perinatal doula and home visiting services
9 and adjust rates accordingly.

10 (d) The Department shall seek such State plan amendments
11 or waivers as may be necessary to implement this Section and
12 shall secure federal financial participation for expenditures
13 made by the Department in accordance with this Section.

14 (Source: P.A. 102-4, eff. 4-27-21; 102-1037, eff. 6-2-22.)

15 Section 99. Effective date. This Act takes effect January
16 1, 2026, except that this Section and the changes to Section
17 5-18.5 of the Illinois Public Aid Code take effect January 1,
18 2025."