



103RD GENERAL ASSEMBLY

State of Illinois

2023 and 2024

SB3665

Introduced 2/9/2024, by Sen. Lakesia Collins

SYNOPSIS AS INTRODUCED:

215 ILCS 5/356z.40
305 ILCS 5/5-16.7
305 ILCS 5/5-18.5
305 ILCS 5/5-18.10

Amends the Illinois Insurance Code. Provides that insurers shall cover all services for pregnancy, postpartum, and newborn care that are rendered by perinatal doulas or licensed certified professional midwives, including home births, home visits, and support during labor, abortion, or miscarriage. Provides that the required coverage includes the necessary equipment and medical supplies for a home birth. Provides that coverage for pregnancy, postpartum, and newborn care shall include home visits by lactation consultants and the purchase of breast pumps and breast pump supplies, including such breast pumps, breast pump supplies, breastfeeding supplies, and feeding aides as recommended by the lactation consultant. Provides that coverage for postpartum services shall apply for at least one year after birth. Provides that certain pregnancy and postpartum coverage shall be provided without cost-sharing requirements. Amends the Medical Assistance Article of the Illinois Public Aid Code. Provides that post-parturition care benefits shall not be subject to any cost-sharing requirement. Provides that the medical assistance program shall cover home visits for lactation counseling and support services. Provides that the medical assistance program shall cover counselor-recommended or provider-recommended breast pumps as well as breast pump supplies, breastfeeding supplies, and feeding aides. Provides that nothing in the provisions shall limit the number of lactation encounters, visits, or services; breast pumps; breast pump supplies; breastfeeding supplies; or feeding aides a beneficiary is entitled to receive under the program. Makes other changes. Effective January 1, 2026.

LRB103 39479 RPS 69674 b

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 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
17 experiencing a high-risk pregnancy by the individual's
18 treating provider shall have access to clinically
19 appropriate case management programs. As used in this
20 subsection, "case management" means a mechanism to
21 coordinate and assure continuity of services, including,
22 but not limited to, health services, social services, and
23 educational services necessary for the individual. "Case

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

18 (2) An individual shall have access to medically
19 necessary treatment of a mental, emotional, nervous, or
20 substance use disorder or condition consistent with the
21 requirements set forth in this Section and in Sections
22 370c and 370c.1 of this Code.

23 (3) The benefits provided for inpatient and outpatient
24 services for the treatment of a mental, emotional,
25 nervous, or substance use disorder or condition related to
26 pregnancy or postpartum complications shall be provided if

1 determined to be medically necessary, consistent with the
2 requirements of Sections 370c and 370c.1 of this Code. The
3 facility or provider shall notify the insurer of both the
4 admission and the initial treatment plan within 48 hours
5 after admission or initiation of treatment. Nothing in
6 this paragraph shall prevent an insurer from applying
7 concurrent and post-service utilization review of health
8 care services, including review of medical necessity, case
9 management, experimental and investigational treatments,
10 managed care provisions, and other terms and conditions of
11 the insurance policy.

12 (4) The benefits for the first 48 hours of initiation
13 of services for an inpatient admission, detoxification or
14 withdrawal management program, or partial hospitalization
15 admission for the treatment of a mental, emotional,
16 nervous, or substance use disorder or condition related to
17 pregnancy or postpartum complications shall be provided
18 without post-service or concurrent review of medical
19 necessity, as the medical necessity for the first 48 hours
20 of such services shall be determined solely by the covered
21 pregnant or postpartum individual's provider. Nothing in
22 this paragraph shall prevent an insurer from applying
23 concurrent and post-service utilization review, including
24 the review of medical necessity, case management,
25 experimental and investigational treatments, managed care
26 provisions, and other terms and conditions of the

1 insurance policy, of any inpatient admission,
2 detoxification or withdrawal management program admission,
3 or partial hospitalization admission services for the
4 treatment of a mental, emotional, nervous, or substance
5 use disorder or condition related to pregnancy or
6 postpartum complications received 48 hours after the
7 initiation of such services. If an insurer determines that
8 the services are no longer medically necessary, then the
9 covered person shall have the right to external review
10 pursuant to the requirements of the Health Carrier
11 External Review Act.

12 (5) If an insurer determines that continued inpatient
13 care, detoxification or withdrawal management, partial
14 hospitalization, intensive outpatient treatment, or
15 outpatient treatment in a facility is no longer medically
16 necessary, the insurer shall, within 24 hours, provide
17 written notice to the covered pregnant or postpartum
18 individual and the covered pregnant or postpartum
19 individual's provider of its decision and the right to
20 file an expedited internal appeal of the determination.
21 The insurer shall review and make a determination with
22 respect to the internal appeal within 24 hours and
23 communicate such determination to the covered pregnant or
24 postpartum individual and the covered pregnant or
25 postpartum individual's provider. If the determination is
26 to uphold the denial, the covered pregnant or postpartum

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

26 (6) Except as otherwise stated in this subsection (b),

1 the benefits ~~and cost-sharing~~ shall be provided to the
2 same extent as for any other medical condition covered
3 under the policy.

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

11 (8) Insurers shall cover all services for pregnancy,
12 postpartum, and newborn care that are rendered by
13 perinatal doulas or licensed certified professional
14 midwives, including home births, home visits, and support
15 during labor, abortion, or miscarriage. Coverage shall
16 include the necessary equipment and medical supplies for a
17 home birth.

18 (9) Coverage for pregnancy, postpartum, and newborn
19 care shall include home visits by lactation consultants
20 and the purchase of breast pumps and breast pump supplies,
21 including such breast pumps, breast pump supplies,
22 breastfeeding supplies, and feeding aides as recommended
23 by the lactation consultant.

24 (10) Coverage for postpartum services shall apply for
25 at least one year after birth.

26 (c) All coverage required under this Section shall be

1 provided without cost sharing. This subsection does not apply
2 to the extent such coverage would disqualify a high-deductible
3 health plan from eligibility for a health savings account
4 pursuant to Section 223 of the Internal Revenue Code.

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

6 Section 10. The Illinois Public Aid Code is amended by
7 changing Sections 5-16.7, 5-18.5, and 5-18.10 as follows:

8 (305 ILCS 5/5-16.7)

9 Sec. 5-16.7. Post-parturition care. The medical assistance
10 program shall provide the post-parturition care benefits
11 required to be covered by a policy of accident and health
12 insurance under Section 356s of the Illinois Insurance Code.
13 Benefits provided under this Section shall not be subject to
14 any cost-sharing requirement.

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

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

21 (305 ILCS 5/5-18.5)

22 Sec. 5-18.5. Perinatal doula and evidence-based home
23 visiting services.

1 (a) As used in this Section:

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

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

15 "Perinatal doula training" means any doula training that
16 focuses on providing support throughout the prenatal, labor
17 and delivery, or postpartum period, and reflects the type of
18 doula care that the doula seeks to provide.

19 (b) Notwithstanding any other provision of this Article,
20 perinatal doula services and evidence-based home visiting
21 services shall be covered under the medical assistance
22 program, subject to appropriation, for persons who are
23 otherwise eligible for medical assistance under this Article.
24 Perinatal doula services include regular visits beginning in
25 the prenatal period and continuing into the postnatal period,
26 inclusive of continuous support during labor and delivery,

1 that support healthy pregnancies and positive birth outcomes.
2 Perinatal doula services may be embedded in an existing
3 program, such as evidence-based home visiting. Perinatal doula
4 services provided during the prenatal period may be provided
5 weekly, services provided during the labor and delivery period
6 may be provided for the entire duration of labor and the time
7 immediately following birth, and services provided during the
8 postpartum period may be provided up to 12 months postpartum.

9 (b-5) Notwithstanding any other provision of this Article,
10 beginning January 1, 2023, licensed certified professional
11 midwife services shall be covered under the medical assistance
12 program, subject to appropriation, for persons who are
13 otherwise eligible for medical assistance under this Article.
14 The Department shall consult with midwives on reimbursement
15 rates for midwifery services. Midwifery services covered under
16 this subsection shall include home births and home prenatal,
17 labor and delivery, and postnatal care.

18 (c) The Department of Healthcare and Family Services shall
19 adopt rules to administer this Section. In this rulemaking,
20 the Department shall consider the expertise of and consult
21 with doula program experts, doula training providers,
22 practicing doulas, and home visiting experts, along with State
23 agencies implementing perinatal doula services and relevant
24 bodies under the Illinois Early Learning Council. This body of
25 experts shall inform the Department on the credentials
26 necessary for perinatal doula and home visiting services to be

1 eligible for Medicaid reimbursement and the rate of
2 reimbursement for home visiting and perinatal doula services
3 in the prenatal, labor and delivery, and postpartum periods.
4 Every 2 years, the Department shall assess the rates of
5 reimbursement for perinatal doula and home visiting services
6 and adjust rates accordingly.

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

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

12 (305 ILCS 5/5-18.10)

13 Sec. 5-18.10. Reimbursement for postpartum visits.

14 (a) In this Section:

15 "Certified lactation counselor" means a health care
16 professional in lactation counseling who has demonstrated the
17 necessary skills, knowledge, and attitudes to provide clinical
18 breastfeeding counseling and management support to families
19 who are thinking about breastfeeding or who have questions or
20 problems during the course of breastfeeding.

21 "Certified nurse midwife" means a person who exceeds the
22 competencies for a midwife contained in the Essential
23 Competencies for Midwifery Practice, published by the
24 International Confederation of Midwives, and who qualifies as
25 an advanced practice registered nurse.

1 "Community health worker" means a frontline public health
2 worker who is a trusted member or has an unusually close
3 understanding of the community served. This trusting
4 relationship enables the community health worker to serve as a
5 liaison, link, and intermediary between health and social
6 services and the community to facilitate access to services
7 and improve the quality and cultural competence of service
8 delivery.

9 "International board-certified lactation consultant"
10 means a health care professional who is certified by the
11 International Board of Lactation Consultant Examiners and
12 specializes in the clinical management of breastfeeding.

13 "Medical caseworker" means a health care professional who
14 assists in the planning, coordination, monitoring, and
15 evaluation of medical services for a patient with emphasis on
16 quality of care, continuity of services, and affordability.

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

22 "Public health nurse" means a registered nurse who
23 promotes and protects the health of populations using
24 knowledge from nursing, social, and public health sciences.

25 (b) The Illinois Department shall establish a medical
26 assistance program to cover a universal postpartum visit

1 within the first 3 weeks after childbirth and a comprehensive
2 visit within 4 to 12 weeks postpartum for persons who are
3 otherwise eligible for medical assistance under this Article.
4 In addition, postpartum care services rendered by perinatal
5 doulas, certified lactation counselors, international
6 board-certified lactation consultants, public health nurses,
7 certified nurse midwives, community health workers, and
8 medical caseworkers shall be covered under the medical
9 assistance program.

10 (c) The medical assistance program shall cover home visits
11 for lactation counseling and support services. Visits may
12 occur before birth and at any time within 12 months
13 postpartum.

14 (d) The medical assistance program shall cover
15 counselor-recommended or provider-recommended breast pumps as
16 well as breast pump supplies, breastfeeding supplies, and
17 feeding aides.

18 (e) Nothing in this Section shall limit the number of
19 lactation encounters, visits, or services; breast pumps;
20 breast pump supplies; breastfeeding supplies; or feeding aides
21 a beneficiary is entitled to receive under the medical
22 assistance program.

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

24 Section 99. Effective date. This Act takes effect January
25 1, 2026.