



99TH GENERAL ASSEMBLY

State of Illinois

2015 and 2016

HB4364

by Rep. Robyn Gabel

SYNOPSIS AS INTRODUCED:

New Act

5 ILCS 80/4.37 new

225 ILCS 60/4

225 ILCS 65/50-15

305 ILCS 5/5-5

from Ch. 111, par. 4400-4

was 225 ILCS 65/5-15

from Ch. 23, par. 5-5

Creates the Home Birth Safety Act. Provides for the licensure of midwives by the Department of Financial and Professional Regulation and for certain limitations on the activities of licensed midwives. Creates the Illinois Midwifery Board. Sets forth provisions concerning qualifications, grounds for disciplinary action, and administrative procedures. Amends the Regulatory Sunset Act to set a repeal date for the new Act of January 1, 2027. Amends the Medical Practice Act of 1987, the Nurse Practice Act, and the Illinois Public Aid Code to make related changes. Effective July 1, 2016.

LRB099 15854 MLM 40164 b

CORRECTIONAL
BUDGET AND
IMPACT NOTE ACT
MAY APPLY

FISCAL NOTE ACT
MAY APPLY

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 1. Short title. This Act may be cited as the Home
5 Birth Safety Act.

6 Section 5. Purpose. The practice of midwifery in
7 out-of-hospital settings is hereby declared to affect the
8 public health, safety, and welfare and to be subject to
9 regulation in the public interest. The purpose of this Act is
10 to protect and benefit the public by setting standards for the
11 qualifications, education, training, and experience of those
12 who seek to obtain licensure and hold the title of licensed
13 midwife, to promote high standards of professional performance
14 for those licensed to practice midwifery in out-of-hospital
15 settings in this State, and to protect the public from
16 unprofessional conduct by persons licensed to practice
17 midwifery, as defined in this Act. This Act shall be liberally
18 construed to best carry out these purposes.

19 Section 10. Exemptions.

20 (a) This Act does not prohibit a person licensed under any
21 other Act in this State from engaging in the practice for which
22 he or she is licensed or from delegating services as provided

1 for under that other Act.

2 (b) Nothing in this Act shall be construed to prohibit or
3 require licensing under this Act, with regard to:

4 (1) the gratuitous rendering of services;

5 (2) the rendering of services by a person, if such
6 attendance is in accordance with the person's religious
7 faith and is rendered to persons with a similar religious
8 faith as an exercise and enjoyment of their religious
9 freedom; and

10 (3) a student midwife working under the direction of a
11 licensed midwife.

12 (c) Nothing in this Act abridges, limits, or changes in any
13 way the right of parents to deliver their baby where, when,
14 how, and with whom they choose, regardless of licensure under
15 this Act.

16 Section 15. Definitions. In this Act:

17 "Board" means the Illinois Midwifery Board.

18 "Certified professional midwife" or "CPM" means a person
19 who has met the standards for certification set by the North
20 American Registry of Midwives and has been awarded the
21 Certified Professional Midwife credential.

22 "Department" means the Department of Financial and
23 Professional Regulation.

24 "International Confederation of Midwives" means the
25 organization that sets global standards for the education and

1 autonomous practice of midwifery.

2 "Licensed midwife" means a person who has been granted a
3 license under this Act to engage in the practice of midwifery.

4 "Midwifery Bridge Certificate" means the certificate
5 issued by NARM based upon completion of accredited continuing
6 education specific to content in emergency skills for
7 pregnancy, birth, and newborn care, along with other midwifery
8 topics addressing the core competencies of the International
9 Confederation of Midwives.

10 "Midwifery Education and Accreditation Council" or "MEAC"
11 means the nationally-recognized accrediting agency that
12 establishes standards for the education of direct-entry
13 midwifery in the United States.

14 "National Association of Certified Professional Midwives"
15 means the professional organization, or its successor, that
16 promotes the growth and development of the profession of
17 certified professional midwives.

18 "North American Registry of Midwives" or "NARM" means the
19 accredited international agency, or its successor, that has
20 established and has continued to administer certification for
21 the credentialing of certified professional midwives.

22 "Practice of midwifery" means providing the necessary
23 supervision, care, education, and advice to pregnant people
24 during the antepartum, intrapartum, and postpartum period,
25 conducting deliveries independently, and caring for the
26 newborn, with such care including without limitation

1 preventative measures, the detection of abnormal conditions in
2 the mother and the child, the procurement of medical
3 assistance, and the execution of emergency measures in the
4 absence of medical help. "Practice of midwifery" includes
5 non-prescriptive family planning and basic well-woman care
6 limited to Pap tests, sexually transmitted infection
7 screenings, and preconception screenings. Preconception
8 screenings shall be limited to complete blood count, thyroid,
9 Rubella titer, urine culture, blood-typing, and antibody
10 screenings and vitamin D level screenings.

11 "Secretary" means the Secretary of Financial and
12 Professional Regulation.

13 Section 20. Unlicensed practice. Beginning January 1,
14 2017, no person may practice, attempt to practice, or hold
15 himself or herself out to practice as a licensed midwife unless
16 he or she is licensed as a midwife under this Act.

17 Section 25. Title. A licensed midwife may identify himself
18 or herself as a "licensed midwife" and may use the abbreviation
19 L.M.

20 Section 30. Informed consent.

21 (a) A licensed midwife shall, at an initial consultation
22 with a client, provide a copy of the rules under this Act and
23 disclose to the client orally and in writing all of the

1 following:

2 (1) The licensed midwife's experience and training.

3 (2) Whether the licensed midwife has malpractice
4 liability insurance coverage and the policy limits of any
5 such coverage.

6 (3) A written protocol for the handling of medical
7 emergencies, including transportation to a hospital,
8 particular to each client.

9 (b) A copy of the informed consent document, signed and
10 dated by the client, must be kept in each client's chart.

11 Section 33. Vicarious liability. No physician licensed to
12 practice medicine in all its branches or advanced practice
13 nurse shall be held liable for an injury solely resulting from
14 an act or omission by a licensed midwife.

15 Except as may otherwise be provided by law, nothing in this
16 Section shall exempt any physician licensed to practice
17 medicine in all its branches or advanced practice nurse from
18 liability for his or her own negligent, grossly negligent, or
19 willful or wanton acts or omissions.

20 Section 35. Advertising.

21 (a) Any person licensed under this Act may advertise the
22 availability of professional midwifery services in the public
23 media or on premises where professional services are rendered,
24 if the advertising is truthful and not misleading and is in

1 conformity with any rules regarding the practice of a licensed
2 midwife.

3 (b) A licensee must include in every advertisement for
4 midwifery services regulated under this Act his or her title as
5 it appears on the license or the initials authorized under this
6 Act.

7 Section 40. Powers and duties of the Department; rules.

8 (a) The Department shall exercise the powers and duties
9 prescribed by the Civil Administrative Code of Illinois for the
10 administration of licensing Acts and shall exercise such other
11 powers and duties necessary for effectuating the purposes of
12 this Act.

13 (b) The Secretary shall adopt rules consistent with the
14 provisions of this Act for the administration and enforcement
15 of the Act and for the payment of fees connected to the Act and
16 may prescribe forms that shall be issued in connection with the
17 Act.

18 (c) Rules adopted by the Department must address the scope
19 of practice and services provided and the use of equipment,
20 procedures, medications, and other agents which are determined
21 by the Department to be necessarily available in order to
22 ensure the health and safety of the mother and newborn.

23 (d) The rules adopted by the Department under this Section
24 may not:

25 (1) require a licensed midwife to practice midwifery

- 1 under the supervision of another health care provider;
- 2 (2) require a licensed midwife to enter into a written
3 agreement with another health care provider;
- 4 (3) limit the location where a licensed midwife may
5 practice midwifery;
- 6 (4) permit a licensed midwife to do any of the
7 following:
- 8 (A) administer prescription pharmacological agents
9 intended to induce or augment labor;
- 10 (B) administer prescription pharmacological agents
11 to provide pain management;
- 12 (C) use vacuum extractors or forceps;
- 13 (D) prescribe medications; or
- 14 (E) perform major surgical procedures, including,
15 but not limited to, abortions, caesarean sections, and
16 circumcisions;
- 17 (5) administer prescription pharmacological agents
18 intended to induce or augment labor;
- 19 (6) administer prescription pharmacological agents to
20 provide pain management;
- 21 (7) use vacuum extractors or forceps;
- 22 (8) prescribe medications;
- 23 (9) provide out-of-hospital care to a woman who has had
24 a vertical incision cesarean section;
- 25 (10) perform surgical procedures, including, but not
26 limited to, cesarean sections and circumcisions; or

1 (11) knowingly accept responsibility for prenatal or
2 intrapartum care of a client with any of the following risk
3 factors:

4 (A) chronic significant maternal cardiac,
5 pulmonary, renal, or hepatic disease;

6 (B) malignant disease in an active phase;

7 (C) significant hematological disorders or
8 coagulopathies or pulmonary embolism;

9 (D) insulin requiring diabetes mellitus;

10 (E) known maternal congenital abnormalities
11 affecting childbirth;

12 (F) confirmed isoimmunization, Rh disease with
13 positive titer;

14 (G) active tuberculosis;

15 (H) active syphilis or gonorrhea;

16 (I) active genital herpes infection 2 weeks prior
17 to labor or in labor;

18 (J) pelvic or uterine abnormalities affecting
19 normal vaginal births, including tumors and
20 malformations;

21 (K) alcoholism or abuse;

22 (L) drug addiction or abuse;

23 (M) confirmed AIDS status;

24 (N) uncontrolled current serious psychiatric
25 illness;

26 (O) social or familial conditions unsatisfactory

1 for out-of-hospital maternity care services; or

2 (P) fetus with suspected or diagnosed congenital
3 abnormalities that may require immediate medical
4 intervention.

5 (e) With regards to Medicaid reimbursement, no rules
6 prescribed by the Department shall require the licensed midwife
7 to carry liability insurance in order to be reimbursed by the
8 State as a Medicaid provider.

9 (f) The Department shall consult with the Board in adopting
10 rules. Notice of proposed rulemaking shall be transmitted to
11 the Board and the Department shall review the Board's response
12 and any recommendations made. The Department shall notify the
13 Board in writing with proper explanation of deviations from the
14 Board's recommendations and responses.

15 (g) The Department may at any time seek the advice and the
16 expert knowledge of the Board on any matter relating to the
17 administration of this Act.

18 (h) The Department shall issue quarterly a report to the
19 Board of the status of all complaints related to the profession
20 filed with the Department.

21 (i) Administration by the Department of this Act must be
22 consistent with standards regarding the practice of midwifery
23 established by the National Association of Certified
24 Professional Midwives or a successor organization whose
25 essential documents include without limitation subject matter
26 concerning scope of practice, standards of practice, informed

1 consent, appropriate consultation, collaboration or referral,
2 and acknowledgement of a woman's right to self-determination
3 concerning her maternity care.

4 Section 41. Midwife requirements. A licensed midwife
5 shall:

6 (1) offer each client routine prenatal care and testing
7 in accordance with current American College of
8 Obstetricians and Gynecologists guidelines;

9 (2) provide all clients with a plan for 24-hour,
10 on-call availability by a licensed midwife, certified
11 nurse-midwife, or licensed physician throughout pregnancy,
12 intrapartum, and 6 weeks postpartum;

13 (3) provide clients with labor support, fetal
14 monitoring, and routine assessment of vital signs once
15 active labor is established;

16 (4) supervise delivery of infant and placenta, assess
17 newborn and maternal well-being in immediate postpartum,
18 and perform Apgar scores;

19 (5) perform routine cord management and inspect for
20 appropriate number of vessels;

21 (6) inspect the placenta and membranes for
22 completeness;

23 (7) inspect the perineum and vagina postpartum for
24 lacerations and stabilize;

25 (8) observe mother and newborn postpartum until stable

1 condition is achieved, but in no event for less than 2
2 hours;

3 (9) instruct the mother, father, and other support
4 persons, both verbally and in writing, of the special care
5 and precautions for both mother and newborn in the
6 immediate postpartum period;

7 (10) reevaluate maternal and newborn well-being within
8 36 hours of delivery;

9 (11) use universal precautions with all biohazard
10 materials;

11 (12) ensure that a birth certificate is accurately
12 completed and filed in accordance with State law;

13 (13) offer to obtain and submit a blood sample in
14 accordance with the recommendations for metabolic
15 screening of the newborn;

16 (14) offer an injection of vitamin K for the newborn;

17 (15) within one week after delivery, offer a newborn
18 hearing screening to every newborn or refer the parents to
19 a facility with a newborn hearing screening program;

20 (16) within 2 hours after the birth, offer the
21 administration of antibiotic ointment into the eyes of the
22 newborn in accordance with State law on the prevention of
23 infant blindness; and

24 (17) maintain adequate antenatal and perinatal records
25 of each client and provide records to consulting licensed
26 physicians and licensed certified nurse-midwives in

1 accordance with federal Health Insurance Portability and
2 Accountability Act regulations.

3 Section 42. Administration of drugs. A licensed midwife may
4 administer the following agents during the practice of
5 midwifery:

6 (1) oxygen for the treatment of fetal distress;

7 (2) eye prophylactics-0.5% Erythromycin ophthalmic
8 ointment or 1% Tetracycline ophthalmic ointment for the
9 prevention of neonatal ophthalmia;

10 (3) Oxytocin or Pitocin as a postpartum
11 antihemorrhagic agent or as prophylaxis for hemorrhage;

12 (4) Methylergonovine or Methergine for the treatment
13 of postpartum hemorrhage;

14 (5) Misoprostol (Cytotec) for the treatment of
15 postpartum hemorrhage;

16 (6) Vitamin K for the prophylaxis of hemorrhagic
17 disease of the newborn;

18 (7) RHo(D) immune globulin for the prevention of RHo(D)
19 sensitization in RHo(D) negative women;

20 (8) intravenous fluids for maternal stabilization,
21 including lactated Ringer's solution, or with 5% dextrose
22 (D5LR), unless unavailable or impractical, in which case
23 0.9% sodium chloride may be administered;

24 (9) Lidocaine injection as a local anesthesia for
25 perineal repair; and

1 (10) sterile water subcutaneous injections as a
2 non-pharmacological form of pain relief during the first
3 and second stages of labor.

4 In addition to the drugs, devices, and procedures that are
5 identified in this Section, a licensed midwife may administer
6 any other prescription drug, use any other device, or perform
7 any other procedure as an authorized agent of a licensed
8 practitioner with prescriptive authority.

9 The medication indications, dose, route of administration,
10 and duration of treatment relating to the administration of
11 drugs and procedures identified under this Section shall be
12 determined by rule as the Department deems necessary to be in
13 keeping with current evidence-based practice standards. The
14 Department may approve additional medications, agents, or
15 procedures based upon updated evidence-based obstetrical
16 guidelines or based upon limited availability of standard
17 medications or agents.

18 Section 43. Consultation and referral.

19 (a) A licensed midwife shall consult with a physician
20 licensed to practice medicine in all of its branches or a
21 licensed certified nurse-midwife providing obstetrical care
22 whenever there are significant deviations, including abnormal
23 laboratory results, relative to a client's pregnancy or to a
24 neonate. If a referral to a physician is needed, the licensed
25 midwife shall refer the client to a physician and, if possible,

1 remain in consultation with the physician until resolution of
2 the concern. Consultation does not preclude the possibility of
3 an out-of-hospital birth. It is appropriate for the licensed
4 midwife to maintain care of the client to the greatest degree
5 possible, in accordance with the client's wishes, during the
6 pregnancy and, if possible, during labor, birth, and the
7 postpartum period.

8 (b) A licensed midwife shall consult with a licensed
9 physician or certified nurse-midwife with regard to any client
10 who presents with or develops the following risk factors or
11 presents with or develops other risk factors that, in the
12 judgment of the licensed midwife, warrant consultation:

13 (1) Antepartum.

14 (A) Pregnancy-induced hypertension, as evidenced
15 by a blood pressure of 140/90 on 2 occasions greater
16 than 6 hours apart.

17 (B) Persistent, severe headaches, epigastric pain,
18 or visual disturbances.

19 (C) Persistent symptoms of urinary tract
20 infection.

21 (D) Significant vaginal bleeding before the onset
22 of labor not associated with uncomplicated spontaneous
23 abortion.

24 (E) Rupture of membranes prior to the 37th week of
25 gestation.

26 (F) Noted abnormal decrease in or cessation of

1 fetal movement.

2 (G) Anemia resistant to supplemental therapy.

3 (H) Fever of 102 degrees Fahrenheit or 39 degrees
4 Celsius or greater for more than 24 hours.

5 (I) Non-vertex presentation after 38 weeks
6 gestation.

7 (J) Hyperemesis or significant dehydration.

8 (K) Isoimmunization, Rh-negative sensitized,
9 positive titers, or any other positive antibody titer,
10 which may have a detrimental effect on mother or fetus.

11 (L) Elevated blood glucose levels unresponsive to
12 dietary management.

13 (M) Positive HIV antibody test.

14 (N) Primary genital herpes infection in pregnancy.

15 (O) Symptoms of malnutrition or anorexia or
16 protracted weight loss or failure to gain weight.

17 (P) Suspected deep vein thrombosis.

18 (Q) Documented placental anomaly or previa.

19 (R) Documented low-lying placenta in woman with
20 history of previous cesarean delivery.

21 (S) Labor prior to the 37th week of gestation.

22 (T) History of prior uterine incision.

23 (U) Lie other than vertex at term.

24 (V) Multiple gestation.

25 (W) Known fetal anomalies that may be affected by
26 the site of birth.

- 1 (X) Marked abnormal fetal heart tones.
- 2 (Y) Abnormal non-stress test or abnormal
3 biophysical profile.
- 4 (Z) Marked or severe polyhydramnios or
5 oligohydramnios.
- 6 (AA) Evidence of intrauterine growth restriction.
- 7 (BB) Significant abnormal ultrasound findings.
- 8 (CC) Gestation beyond 42 weeks by reliable
9 confirmed dates.
- 10 (2) Intrapartum.
- 11 (A) Rise in blood pressure above baseline, more
12 than 30/15 points or greater than 140/90.
- 13 (B) Persistent, severe headaches, epigastric pain,
14 or visual disturbances.
- 15 (C) Significant proteinuria or ketonuria.
- 16 (D) Fever over 100.6 degrees Fahrenheit or 38
17 degrees Celsius in absence of environmental factors.
- 18 (E) Ruptured membranes without onset of
19 established labor after 18 hours.
- 20 (F) Significant bleeding prior to delivery or any
21 abnormal bleeding, with or without abdominal pain, or
22 evidence of placental abruption.
- 23 (G) Lie not compatible with spontaneous vaginal
24 delivery or unstable fetal lie.
- 25 (H) Failure to progress after 5 hours of active
26 labor or following 2 hours of active second stage

1 labor.

2 (I) Signs or symptoms of maternal infection.

3 (J) Active genital herpes at onset of labor.

4 (K) Fetal heart tones with non-reassuring
5 patterns.

6 (L) Signs or symptoms of fetal distress.

7 (M) Thick meconium or frank bleeding with birth not
8 imminent.

9 (N) Client or licensed midwife desires physician
10 consultation or transfer.

11 (3) Postpartum.

12 (A) Failure to void within 6 hours of birth.

13 (B) Signs or symptoms of maternal shock.

14 (C) Febrile: 102 degrees Fahrenheit or 39 degrees
15 Celsius and unresponsive to therapy for 12 hours.

16 (D) Abnormal lochia or signs or symptoms of uterine
17 sepsis.

18 (E) Suspected deep vein thrombosis.

19 (F) Signs of clinically significant depression.

20 (c) A licensed midwife shall consult with a licensed
21 physician or licensed certified nurse-midwife with regard to
22 any neonate who is born with or develops the following risk
23 factors:

24 (1) Apgar score of 6 or less at 5 minutes without
25 significant improvement by 10 minutes.

26 (2) Persistent grunting respirations or retractions.

- 1 (3) Persistent cardiac irregularities.
- 2 (4) Persistent central cyanosis or pallor.
- 3 (5) Persistent lethargy or poor muscle tone.
- 4 (6) Abnormal cry.
- 5 (7) Birth weight less than 2,300 grams.
- 6 (8) Jitteriness or seizures.
- 7 (9) Jaundice occurring before 24 hours or outside of
- 8 normal range.
- 9 (10) Failure to urinate within 24 hours of birth.
- 10 (11) Failure to pass meconium within 48 hours of birth.
- 11 (12) Edema.
- 12 (13) Prolonged temperature instability.
- 13 (14) Significant signs or symptoms of infection.
- 14 (15) Significant clinical evidence of glycemic
- 15 instability.
- 16 (16) Abnormal, bulging, or depressed fontanel.
- 17 (17) Significant clinical evidence of prematurity.
- 18 (18) Medically significant congenital anomalies.
- 19 (19) Significant or suspected birth injury.
- 20 (20) Persistent inability to suck.
- 21 (21) Diminished consciousness.
- 22 (22) Clinically significant abnormalities in vital
- 23 signs, muscle tone, or behavior.
- 24 (23) Clinically significant color abnormality,
- 25 cyanotic, or pale or abnormal perfusion.
- 26 (24) Abdominal distension or projectile vomiting.

1 (25) Signs of clinically significant dehydration or
2 failure to thrive.

3 Section 44. Transfer.

4 (a) Transport via private vehicle is an acceptable method
5 of transport if it is the most expedient and safest method for
6 accessing medical services. The licensed midwife shall
7 initiate immediate transport according to the licensed
8 midwife's emergency plan, provide emergency stabilization
9 until emergency medical services arrive or transfer is
10 completed, accompany the client or follow the client to a
11 hospital in a timely fashion, provide pertinent information to
12 the receiving facility, and complete an emergency transport
13 record. The following conditions shall require immediate
14 physician notification and emergency transfer to a hospital:

- 15 (1) Seizures or unconsciousness.
16 (2) Respiratory distress or arrest.
17 (3) Evidence of shock.
18 (4) Psychosis.
19 (5) Symptomatic chest pain or cardiac arrhythmias.
20 (6) Prolapsed umbilical cord.
21 (7) Shoulder dystocia not resolved by Advanced Life
22 Support in Obstetrics (ALSO) protocol.
23 (8) Symptoms of uterine rupture.
24 (9) Preeclampsia or eclampsia.
25 (10) Severe abdominal pain inconsistent with normal

1 labor.

2 (11) Chorioamnionitis.

3 (12) Clinically significant fetal heart rate patterns
4 or other manifestation of fetal distress.

5 (13) Presentation not compatible with spontaneous
6 vaginal delivery.

7 (14) Laceration greater than second degree perineal or
8 any cervical.

9 (15) Hemorrhage non-responsive to therapy.

10 (16) Uterine prolapse or inversion.

11 (17) Persistent uterine atony.

12 (18) Anaphylaxis.

13 (19) Failure to deliver placenta after one hour if
14 there is no bleeding and fundus is firm.

15 (20) Sustained instability or persistent abnormal
16 vital signs.

17 (21) Other conditions or symptoms that could threaten
18 the life of the mother, fetus, or neonate.

19 (b) A licensed midwife may deliver a client's infant with
20 any of the complications or conditions set forth in subsection
21 (a) of this Section if no physician or other equivalent medical
22 services are available and the situation presents immediate
23 harm to the health and safety of the client, if the
24 complication or condition entails extraordinary and
25 unnecessary human suffering, or if delivery occurs during
26 transport.

1 Section 45. Illinois Midwifery Board.

2 (a) There is created under the authority of the Department
3 the Illinois Midwifery Board, which shall consist of 5 members
4 appointed by the Secretary, 3 of whom shall be licensed
5 midwives who carry the CPM credential, except that initial
6 appointees must have at least 3 years of experience in the
7 practice of midwifery in an out-of-hospital setting, be
8 certified by the North American Registry of Midwives, and meet
9 the qualifications for licensure set forth in this Act; one of
10 whom shall be a licensed obstetrician or a family practice
11 physician or certified nurse midwife who has a minimum of 2
12 years of experience providing home birth services; and one of
13 whom shall be a knowledgeable public member who has given birth
14 with the assistance of a certified professional midwife in an
15 out-of-hospital birth setting. A physician or certified nurse
16 midwife who has a minimum of 2 years' experience consulting or
17 collaborating with a home birth provider may stand in
18 substitution if the criteria for physician or certified nurse
19 midwife Board members cannot be met. Board members shall serve
20 4-year terms, except that in the case of initial appointments,
21 terms shall be staggered as follows: 3 members shall serve for
22 4 years, and 2 members shall serve for 2 years. The Board shall
23 annually elect a chairperson and vice chairperson.

24 (b) Any appointment made to fill a vacancy shall be for the
25 unexpired portion of the term. Appointments to fill vacancies

1 shall be made in the same manner as original appointments. No
2 Board member may be reappointed for a term that would cause his
3 or her continuous service on the Board to exceed 9 years.

4 (c) Board membership must have reasonable representation
5 from different geographic areas of this State.

6 (d) The members of the Board may be reimbursed for all
7 legitimate, necessary, and authorized expenses incurred in
8 attending the meetings of the Board.

9 (e) The Secretary may remove any member of the Board for
10 misconduct, incapacity, or neglect of duty at any time prior to
11 the expiration of his or her term.

12 (f) Three Board members shall constitute a quorum. A
13 vacancy in the membership of the Board shall not impair the
14 right of a quorum to perform all of the duties of the Board.

15 (g) The Board shall provide the Department with
16 recommendations concerning the administration of this Act and
17 may perform each of the following duties:

18 (1) Recommend to the Department the prescription and,
19 from time to time, the revision of any rules that may be
20 necessary to carry out the provisions of this Act,
21 including those that are designed to protect the health,
22 safety, and welfare of the public.

23 (2) Conduct hearings and disciplinary conferences on
24 disciplinary charges of licensees.

25 (3) Report to the Department, upon completion of a
26 hearing, the disciplinary actions recommended to be taken

1 against a person found in violation of this Act.

2 (4) Recommend the approval, denial of approval, and
3 withdrawal of approval of required education and
4 continuing educational programs.

5 (h) The Secretary shall give due consideration to all
6 recommendations of the Board. If the Secretary takes action
7 contrary to a recommendation of the Board, the Secretary must
8 promptly provide a written explanation of that action.

9 (i) The Board may recommend to the Secretary that one or
10 more licensed midwives be selected by the Secretary to assist
11 in any investigation under this Act. Compensation shall be
12 provided to any licensee who provides assistance under this
13 subsection (i), in an amount determined by the Secretary.

14 (j) Members of the Board shall be immune from suit in an
15 action based upon a disciplinary proceeding or other activity
16 performed in good faith as a member of the Board, except for
17 willful or wanton misconduct.

18 (k) Members of the Board may participate in and act at any
19 meeting of the Illinois Midwifery Board through the use of any
20 real-time internet or telephone communication media, by means
21 of which all persons participating in the meeting can
22 communicate with each other. Participation in such meeting
23 shall constitute attendance and presence in person at the
24 meeting of the person or persons so participating.

25 Section 50. Qualifications.

1 (a) A person is qualified for licensure as a midwife if he
2 or she has received certification and holds a valid CPM
3 credential granted by NARM. In addition to earning his or her
4 CPM credential: (1) a CPM certified before January 1, 2020 who
5 has obtained certification through an educational pathway not
6 accredited by MEAC must earn and submit a Midwifery Bridge
7 Certificate issued by NARM or (2) a CPM certified after January
8 1, 2020 must have completed an educational program or pathway
9 accredited by MEAC.

10 (b) A CPM who has maintained licensure in a state that does
11 not require an accredited education shall submit a Midwifery
12 Bridge Certificate regardless of the date of their
13 certification.

14 Section 55. Social Security Number on application. In
15 addition to any other information required to be contained in
16 the application, every application for an original, renewal,
17 reinstated, or restored license under this Act shall include
18 the applicant's Social Security Number.

19 Section 60. Renewal of licensure.

20 (a) Licensed midwives shall renew their license biannually
21 at the discretion of the Department.

22 (b) Rules adopted under this Act shall require the licensed
23 midwife to maintain CPM certification by meeting all the
24 continuing education requirements and other requirements set

1 forth by the North American Registry of Midwives.

2 Section 65. Inactive status.

3 (a) A licensed midwife who notifies the Department in
4 writing on forms prescribed by the Department may elect to
5 place his or her license on an inactive status and shall be
6 excused from payment of renewal fees until he or she notifies
7 the Department in writing of his or her intent to restore the
8 license.

9 (b) A licensed midwife whose license is on inactive status
10 may not practice licensed midwifery in the State of Illinois.

11 (c) A licensed midwife requesting restoration from
12 inactive status shall be required to pay the current renewal
13 fee and to restore his or her license, as provided by the
14 Department.

15 (d) Any licensee who engages in the practice of midwifery
16 while his or her license is lapsed or on inactive status shall
17 be considered to be practicing without a license, which shall
18 be grounds for discipline.

19 Section 70. Renewal, reinstatement, or restoration of
20 licensure; military service.

21 (a) The expiration date and renewal period for each license
22 issued under this Act shall be set by the Department.

23 (b) All renewal applicants shall provide proof of having
24 maintained CPM certification by meeting continuing education

1 requirements and other requirements set forth by the North
2 American Registry of Midwives.

3 (c) Any licensed midwife who has permitted his or her
4 license to expire or who has had his or her license on inactive
5 status may have his or her license restored by making
6 application to the Department and filing proof acceptable to
7 the Department of fitness to have the license restored and by
8 paying the required fees. Proof of fitness may include evidence
9 attesting to active lawful practice in another jurisdiction.

10 (d) The Department shall determine, by an evaluation
11 program, fitness for restoration of a license under this
12 Section and shall establish procedures and requirements for
13 restoration.

14 (e) Any licensed midwife whose license expired while he or
15 she was (i) in federal service on active duty with the Armed
16 Forces of the United States or the State Militia and called
17 into service or training or (ii) received education under the
18 supervision of the United States preliminary to induction into
19 the military service may have his or her license restored
20 without paying any lapsed renewal fees, if, within 2 years
21 after honorable termination of service, training, or
22 education, he or she furnishes the Department with satisfactory
23 evidence to the effect that he or she has been so engaged.

24 Section 75. Roster. The Department shall maintain a roster
25 of the names and addresses of all licensees and of all persons

1 whose licenses have been suspended or revoked. This roster
2 shall be available upon written request and payment of the
3 required fee.

4 Section 80. Fees.

5 (a) The Department shall provide for a schedule of fees for
6 the administration and enforcement of this Act, including
7 without limitation original licensure, renewal, and
8 restoration, which fees shall be nonrefundable.

9 (b) All fees collected under this Act shall be deposited
10 into the General Professions Dedicated Fund and appropriated to
11 the Department for the ordinary and contingent expenses of the
12 Department in the administration of this Act.

13 Section 85. Returned checks; fines. Any person who delivers
14 a check or other payment to the Department that is returned to
15 the Department unpaid by the financial institution upon which
16 it is drawn shall pay to the Department, in addition to the
17 amount already owed to the Department, a fine of \$50. The fines
18 imposed by this Section are in addition to any other discipline
19 provided under this Act for unlicensed practice or practice on
20 a non-renewed license. The Department shall notify the person
21 that fees and fines shall be paid to the Department by
22 certified check or money order within 30 calendar days after
23 the notification. If, after the expiration of 30 days from the
24 date of the notification, the person has failed to submit the

1 necessary remittance, the Department shall automatically
2 terminate the license or deny the application, without hearing.
3 If, after termination or denial, the person seeks a license, he
4 or she shall apply to the Department for restoration or
5 issuance of the license and pay all fees and fines due to the
6 Department. The Department may establish a fee for the
7 processing of an application for restoration of a license to
8 defray all expenses of processing the application. The
9 Secretary may waive the fines due under this Section in
10 individual cases where the Secretary finds that the fines would
11 be unreasonable or unnecessarily burdensome.

12 Section 90. Unlicensed practice; civil penalty. Any person
13 who practices, offers to practice, attempts to practice, or
14 holds himself or herself out to practice midwifery or as a
15 midwife without being licensed under this Act shall, in
16 addition to any other penalty provided by law, pay a civil
17 penalty to the Department in an amount not to exceed \$5,000 for
18 each offense, as determined by the Department. The civil
19 penalty shall be assessed by the Department after a hearing is
20 held in accordance with the provisions set forth in this Act
21 regarding the provision of a hearing for the discipline of a
22 licensee. The civil penalty shall be paid within 60 days after
23 the effective date of the order imposing the civil penalty. The
24 order shall constitute a judgment and may be filed and
25 execution had thereon in the same manner as any judgment from

1 any court of record. The Department may investigate any
2 unlicensed activity.

3 Section 95. Grounds for disciplinary action.

4 (a) The Department may refuse to issue or to renew or may
5 revoke, suspend, place on probation, reprimand or take other
6 disciplinary action as the Department may deem proper,
7 including fines not to exceed \$5,000 for each violation, with
8 regard to any licensee or license for any one or combination of
9 the following causes:

10 (1) Violations of this Act or its rules.

11 (2) Material misstatement in furnishing information to
12 the Department.

13 (3) Conviction of any crime under the laws of any U.S.
14 jurisdiction that is (i) a felony, (ii) a misdemeanor, an
15 essential element of which is dishonesty, or (iii) directly
16 related to the practice of the profession.

17 (4) Making any misrepresentation for the purpose of
18 obtaining a license.

19 (5) Professional incompetence or gross negligence.

20 (6) Gross malpractice.

21 (7) Aiding or assisting another person in violating any
22 provision of this Act or its rules.

23 (8) Failing to provide information within 60 days in
24 response to a written request made by the Department.

25 (9) Engaging in dishonorable, unethical, or

1 unprofessional conduct of a character likely to deceive,
2 defraud, or harm the public.

3 (10) Habitual or excessive use or addiction to alcohol,
4 narcotics, stimulants, or any other chemical agent or drug
5 that results in the inability to practice with reasonable
6 judgment, skill, or safety.

7 (11) Discipline by another U.S. jurisdiction or
8 foreign nation if at least one of the grounds for the
9 discipline is the same or substantially equivalent to those
10 set forth in this Act.

11 (12) Directly or indirectly giving to or receiving from
12 any person, firm, corporation, partnership, or association
13 any fee, commission, rebate, or other form of compensation
14 for any professional services not actually or personally
15 rendered. This shall not be deemed to include rent or other
16 remunerations paid to an individual, partnership, or
17 corporation by a licensed midwife for the lease, rental, or
18 use of space, owned or controlled by the individual,
19 partnership, corporation, or association.

20 (13) A finding by the Department that the licensee,
21 after having his or her license placed on probationary
22 status, has violated the terms of probation.

23 (14) Abandonment of a patient without cause.

24 (15) Willfully making or filing false records or
25 reports relating to a licensee's practice, including, but
26 not limited to, false records filed with State agencies or

1 departments.

2 (16) Physical illness or mental illness, including,
3 but not limited to, deterioration through the aging process
4 or loss of motor skill that results in the inability to
5 practice the profession with reasonable judgment, skill,
6 or safety.

7 (17) Failure to provide a patient with a copy of his or
8 her record upon the written request of the patient.

9 (18) Conviction by any court of competent
10 jurisdiction, either within or without this State, of any
11 violation of any law governing the practice of licensed
12 midwifery or conviction in this or another state of any
13 crime that is a felony under the laws of this State or
14 conviction of a felony in a federal court, if the
15 Department determines, after investigation, that the
16 person has not been sufficiently rehabilitated to warrant
17 the public trust.

18 (19) A finding that licensure has been applied for or
19 obtained by fraudulent means.

20 (20) Being named as a perpetrator in an indicated
21 report by the Department of Healthcare and Family Services
22 under the Abused and Neglected Child Reporting Act and upon
23 proof by clear and convincing evidence that the licensee
24 has caused a child to be an abused child or a neglected
25 child, as defined in the Abused and Neglected Child
26 Reporting Act.

1 (21) Practicing or attempting to practice under a name
2 other than the full name shown on a license issued under
3 this Act.

4 (22) Immoral conduct in the commission of any act, such
5 as sexual abuse, sexual misconduct, or sexual
6 exploitation, related to the licensee's practice.

7 (23) Maintaining a professional relationship with any
8 person, firm, or corporation when the licensed midwife
9 knows or should know that a person, firm, or corporation is
10 violating this Act.

11 (24) Failure to provide satisfactory proof of having
12 participated in approved continuing education programs as
13 determined by the Board and approved by the Secretary.
14 Exceptions for extreme hardships are to be defined by the
15 Department.

16 (b) The Department may refuse to issue or may suspend the
17 license of any person who fails to (i) file a tax return or to
18 pay the tax, penalty, or interest shown in a filed return or
19 (ii) pay any final assessment of the tax, penalty, or interest,
20 as required by any tax Act administered by the Illinois
21 Department of Revenue, until the time that the requirements of
22 that tax Act are satisfied.

23 (c) The determination by a circuit court that a licensee is
24 subject to involuntary admission or judicial admission as
25 provided in the Mental Health and Developmental Disabilities
26 Code operates as an automatic suspension. The suspension shall

1 end only upon a finding by a court that the patient is no
2 longer subject to involuntary admission or judicial admission,
3 the issuance of an order so finding and discharging the
4 patient, and the recommendation of the Board to the Secretary
5 that the licensee be allowed to resume his or her practice.

6 (d) In enforcing this Section, the Department, upon a
7 showing of a possible violation, may compel any person licensed
8 to practice under this Act or who has applied for licensure or
9 certification pursuant to this Act to submit to a mental or
10 physical examination, or both, as required by and at the
11 expense of the Department. The examining physicians shall be
12 those specifically designated by the Department. The
13 Department may order an examining physician to present
14 testimony concerning the mental or physical examination of the
15 licensee or applicant. No information shall be excluded by
16 reason of any common law or statutory privilege relating to
17 communications between the licensee or applicant and the
18 examining physician. The person to be examined may have, at his
19 or her own expense, another physician of his or her choice
20 present during all aspects of the examination. Failure of any
21 person to submit to a mental or physical examination when
22 directed shall be grounds for suspension of a license until the
23 person submits to the examination if the Department finds,
24 after notice and hearing, that the refusal to submit to the
25 examination was without reasonable cause.

26 If the Department finds an individual unable to practice

1 because of the reasons set forth in this subsection (d), the
2 Department may require that individual to submit to care,
3 counseling, or treatment by physicians approved or designated
4 by the Department, as a condition, term, or restriction for
5 continued, reinstated, or renewed licensure to practice or, in
6 lieu of care, counseling, or treatment, the Department may file
7 a complaint to immediately suspend, revoke, or otherwise
8 discipline the license of the individual. Any person whose
9 license was granted, reinstated, renewed, disciplined, or
10 supervised subject to such terms, conditions, or restrictions
11 and who fails to comply with such terms, conditions, or
12 restrictions shall be referred to the Secretary for a
13 determination as to whether or not the person shall have his or
14 her license suspended immediately, pending a hearing by the
15 Department.

16 In instances in which the Secretary immediately suspends a
17 person's license under this Section, a hearing on that person's
18 license must be convened by the Department within 15 days after
19 the suspension and completed without appreciable delay. The
20 Department may review the person's record of treatment and
21 counseling regarding the impairment, to the extent permitted by
22 applicable federal statutes and regulations safeguarding the
23 confidentiality of medical records.

24 A person licensed under this Act and affected under this
25 subsection (d) shall be afforded an opportunity to demonstrate
26 to the Department that he or she can resume practice in

1 compliance with acceptable and prevailing standards under the
2 provisions of his or her license.

3 Section 100. Failure to pay restitution. The Department,
4 without further process or hearing, shall suspend the license
5 or other authorization to practice of any person issued under
6 this Act who has been certified by court order as not having
7 paid restitution to a person under Section 8A-3.5 of the
8 Illinois Public Aid Code, under Section 46-1 of the Criminal
9 Code of 1961, or under Sections 17-8.5 or 17-10.5 of the
10 Criminal Code of 2012. A person whose license or other
11 authorization to practice is suspended under this Section is
12 prohibited from practicing until restitution is made in full.

13 Section 105. Injunction; cease and desist order.

14 (a) If a person violates any provision of this Act, the
15 Secretary may, in the name of the People of the State of
16 Illinois, through the Attorney General or the State's Attorney
17 of any county in which the action is brought, petition for an
18 order enjoining the violation or enforcing compliance with this
19 Act. Upon the filing of a verified petition in court, the court
20 may issue a temporary restraining order, without notice or
21 bond, and may preliminarily and permanently enjoin the
22 violation. If it is established that the person has violated or
23 is violating the injunction, the court may punish the offender
24 for contempt of court. Proceedings under this Section shall be

1 in addition to, and not in lieu of, all other remedies and
2 penalties provided by this Act.

3 (b) If any person practices as a licensed midwife or holds
4 himself or herself out as a licensed midwife without being
5 licensed under the provisions of this Act, then any licensed
6 midwife, any interested party, or any person injured thereby
7 may, in addition to the Secretary, petition for relief as
8 provided in subsection (a) of this Section.

9 (c) Whenever, in the opinion of the Department, any person
10 violates any provision of this Act, the Department may issue a
11 rule to show cause why an order to cease and desist should not
12 be entered against that person. The rule shall clearly set
13 forth the grounds relied upon by the Department and shall
14 provide a period of 7 days after the date of the rule to file an
15 answer to the satisfaction of the Department. Failure to answer
16 to the satisfaction of the Department shall cause an order to
17 cease and desist to be issued immediately.

18 Section 110. Violation; criminal penalty.

19 (a) Whoever knowingly practices or offers to practice
20 midwifery in this State without being licensed for that purpose
21 or exempt under this Act shall be guilty of a Class A
22 misdemeanor and, for each subsequent conviction, shall be
23 guilty of a Class 4 felony.

24 (b) Notwithstanding any other provision of this Act, all
25 criminal fines, moneys, or other property collected or received

1 by the Department under this Section or any other State or
2 federal statute, including, but not limited to, property
3 forfeited to the Department under Section 505 of the Illinois
4 Controlled Substances Act or Section 85 of the Methamphetamine
5 Control and Community Protection Act, shall be deposited into
6 the Professional Regulation Evidence Fund.

7 Section 115. Investigation; notice; hearing. The
8 Department may investigate the actions of any applicant or of
9 any person or persons holding or claiming to hold a license
10 under this Act. Before refusing to issue or to renew or taking
11 any disciplinary action regarding a license, the Department
12 shall, at least 30 days prior to the date set for the hearing,
13 notify in writing the applicant or licensee of the nature of
14 any charges and that a hearing shall be held on a date
15 designated. The Department shall direct the applicant or
16 licensee to file a written answer with the Board under oath
17 within 20 days after the service of the notice and inform the
18 applicant or licensee that failure to file an answer shall
19 result in default being taken against the applicant or licensee
20 and that the license may be suspended, revoked, or placed on
21 probationary status or that other disciplinary action may be
22 taken, including limiting the scope, nature, or extent of
23 practice, as the Secretary may deem proper. Written notice may
24 be served by personal delivery or certified or registered mail
25 to the respondent at the address of his or her last

1 notification to the Department. If the person fails to file an
2 answer after receiving notice, his or her license may, in the
3 discretion of the Department, be suspended, revoked, or placed
4 on probationary status, or the Department may take any
5 disciplinary action deemed proper, including limiting the
6 scope, nature, or extent of the person's practice or the
7 imposition of a fine, without a hearing, if the act or acts
8 charged constitute sufficient grounds for such action under
9 this Act. At the time and place fixed in the notice, the Board
10 shall proceed to hear the charges and the parties or their
11 counsel shall be accorded ample opportunity to present such
12 statements, testimony, evidence, and argument as may be
13 pertinent to the charges or to their defense. The Board may
14 continue a hearing from time to time.

15 Section 120. Formal hearing; preservation of record. The
16 Department, at its expense, shall preserve a record of all
17 proceedings at the formal hearing of any case. The notice of
18 hearing, complaint, and all other documents in the nature of
19 pleadings and written motions filed in the proceedings, the
20 transcript of testimony, the report of the Board or hearing
21 officer, and order of the Department shall be the record of the
22 proceeding. The Department shall furnish a transcript of the
23 record to any person interested in the hearing upon payment of
24 the fee required under Section 2105-115 of the Department of
25 Professional Regulation Law.

1 Section 125. Witnesses; production of documents; contempt.
2 Any circuit court may upon application of the Department or its
3 designee or of the applicant or licensee against whom
4 proceedings under Section 95 of this Act are pending, enter an
5 order requiring the attendance of witnesses and their testimony
6 and the production of documents, papers, files, books, and
7 records in connection with any hearing or investigation. The
8 court may compel obedience to its order by proceedings for
9 contempt.

10 Section 130. Subpoena; oaths. The Department shall have the
11 power to subpoena and bring before it any person in this State
12 and to take testimony either orally or by deposition or both
13 with the same fees and mileage and in the same manner as
14 prescribed in civil cases in circuit courts of this State. The
15 Secretary, the designated hearing officer, and every member of
16 the Board has the power to administer oaths to witnesses at any
17 hearing that the Department is authorized to conduct and any
18 other oaths authorized in any Act administered by the
19 Department. Any circuit court may, upon application of the
20 Department or its designee or upon application of the person
21 against whom proceedings under this Act are pending, enter an
22 order requiring the attendance of witnesses and their
23 testimony, and the production of documents, papers, files,
24 books, and records in connection with any hearing or

1 investigation. The court may compel obedience to its order by
2 proceedings for contempt.

3 Section 135. Findings of fact, conclusions of law, and
4 recommendations. At the conclusion of the hearing the Board
5 shall present to the Secretary a written report of its findings
6 of fact, conclusions of law, and recommendations. The report
7 shall contain a finding as to whether or not the accused person
8 violated this Act or failed to comply with the conditions
9 required under this Act. The Board shall specify the nature of
10 the violation or failure to comply and shall make its
11 recommendations to the Secretary.

12 The report of findings of fact, conclusions of law, and
13 recommendations of the Board shall be the basis for the
14 Department's order. If the Secretary disagrees in any regard
15 with the report of the Board, the Secretary may issue an order
16 in contravention of the report. The finding is not admissible
17 in evidence against the person in a criminal prosecution
18 brought for the violation of this Act, but the hearing and
19 findings are not a bar to a criminal prosecution brought for
20 the violation of this Act.

21 Section 140. Hearing officer. The Secretary may appoint any
22 attorney duly licensed to practice law in the State of Illinois
23 to serve as the hearing officer in any action for departmental
24 refusal to issue, renew, or license an applicant or for

1 disciplinary action against a licensee. The hearing officer
2 shall have full authority to conduct the hearing. The hearing
3 officer shall report his or her findings of fact, conclusions
4 of law, and recommendations to the Board and the Secretary. The
5 Board shall have 60 calendar days after receipt of the report
6 to review the report of the hearing officer and present its
7 findings of fact, conclusions of law, and recommendations to
8 the Secretary. If the Board fails to present its report within
9 the 60-day period, the Secretary may issue an order based on
10 the report of the hearing officer. If the Secretary disagrees
11 with the recommendation of the Board or the hearing officer, he
12 or she may issue an order in contravention of that
13 recommendation.

14 Section 145. Service of report; motion for rehearing. In
15 any case involving the discipline of a license, a copy of the
16 Board's report shall be served upon the respondent by the
17 Department, either personally or as provided in this Act for
18 the service of the notice of hearing. Within 20 days after the
19 service, the respondent may present to the Department a motion
20 in writing for a rehearing that shall specify the particular
21 grounds for rehearing. If no motion for rehearing is filed,
22 then upon the expiration of the time specified for filing a
23 motion, or if a motion for rehearing is denied, then upon the
24 denial, the Secretary may enter an order in accordance with
25 this Act. If the respondent orders from the reporting service

1 and pays for a transcript of the record within the time for
2 filing a motion for rehearing, the 20-day period within which
3 the motion may be filed shall commence upon the delivery of the
4 transcript to the respondent.

5 Section 150. Rehearing. Whenever the Secretary is
6 satisfied that substantial justice has not been done in the
7 revocation, suspension, or refusal to issue or renew a license,
8 the Secretary may order a rehearing by the same or another
9 hearing officer or by the Board.

10 Section 155. Prima facie proof. An order or a certified
11 copy thereof, over the seal of the Department and purporting to
12 be signed by the Secretary, shall be prima facie proof of the
13 following:

14 (1) that the signature is the genuine signature of the
15 Secretary;

16 (2) that such Secretary is duly appointed and
17 qualified; and

18 (3) that the Board and its members are qualified to
19 act.

20 Section 160. Restoration of license. At any time after the
21 suspension or revocation of any license, the Department may
22 restore the license to the accused person, unless after an
23 investigation and a hearing the Department determines that

1 restoration is not in the public interest.

2 Section 165. Surrender of license. Upon the revocation or
3 suspension of any license, the licensee shall immediately
4 surrender the license to the Department. If the licensee fails
5 to do so, the Department shall have the right to seize the
6 license.

7 Section 170. Summary suspension. The Secretary may
8 summarily suspend the license of a licensee under this Act
9 without a hearing, simultaneously with the institution of
10 proceedings for a hearing provided for in this Act, if the
11 Secretary finds that evidence in his or her possession
12 indicates that continuation in practice would constitute an
13 imminent danger to the public. In the event that the Secretary
14 summarily suspends a license without a hearing, a hearing by
15 the Department must be held within 30 days after the suspension
16 has occurred.

17 Section 175. Certificate of record. The Department shall
18 not be required to certify any record to the court or file any
19 answer in court or otherwise appear in any court in a judicial
20 review proceeding, unless there is filed in the court, with the
21 complaint, a receipt from the Department acknowledging payment
22 of the costs of furnishing and certifying the record. Failure
23 on the part of the plaintiff to file a receipt in court shall

1 be grounds for dismissal of the action.

2 Section 180. Administrative Review Law. All final
3 administrative decisions of the Department are subject to
4 judicial review under the Administrative Review Law and its
5 rules. The term "administrative decision" is defined as in
6 Section 3-101 of the Code of Civil Procedure.

7 Section 185. Illinois Administrative Procedure Act. The
8 Illinois Administrative Procedure Act is hereby expressly
9 adopted and incorporated in this Act as if all of the
10 provisions of such Act were included in this Act, except that
11 the provision of subsection (d) of Section 10-65 of the
12 Illinois Administrative Procedure Act that provides that at
13 hearings the licensee has the right to show compliance with all
14 lawful requirements for retention, continuation, or renewal of
15 the license is specifically excluded. For purposes of this Act,
16 the notice required under Section 10-25 of the Illinois
17 Administrative Procedure Act is deemed sufficient when mailed
18 to the last known address of a party.

19 Section 190. Home rule. Pursuant to paragraph (h) of
20 Section 6 of Article VII of the Illinois Constitution of 1970,
21 the power to regulate and issue licenses for the practice of
22 midwifery shall, except as may otherwise be provided within and
23 pursuant to the provisions of this Act, be exercised by the

1 State and may not be exercised by any unit of local government,
2 including home rule units.

3 Section 195. Severability. The provisions of this Act are
4 severable under Section 1.31 of the Statute on Statutes.

5 Section 900. The Regulatory Sunset Act is amended by adding
6 Section 4.37 as follows:

7 (5 ILCS 80/4.37 new)

8 Sec. 4.37. Act repealed on January 1, 2027. The following
9 Act is repealed on January 1, 2027:

10 The Home Birth Safety Act.

11 Section 905. The Medical Practice Act of 1987 is amended by
12 changing Section 4 as follows:

13 (225 ILCS 60/4) (from Ch. 111, par. 4400-4)

14 (Section scheduled to be repealed on December 31, 2016)

15 Sec. 4. Exemptions. This Act does not apply to the
16 following:

17 (1) persons lawfully carrying on their particular
18 profession or business under any valid existing regulatory
19 Act of this State, including without limitation persons
20 engaged in the practice of midwifery who are licensed under
21 the Home Birth Safety Act;

1 (2) persons rendering gratuitous services in cases of
2 emergency; or

3 (3) persons treating human ailments by prayer or
4 spiritual means as an exercise or enjoyment of religious
5 freedom.

6 (Source: P.A. 96-7, eff. 4-3-09; 97-622, eff. 11-23-11.)

7 Section 910. The Nurse Practice Act is amended by changing
8 Section 50-15 as follows:

9 (225 ILCS 65/50-15) (was 225 ILCS 65/5-15)

10 (Section scheduled to be repealed on January 1, 2018)

11 Sec. 50-15. Policy; application of Act.

12 (a) For the protection of life and the promotion of health,
13 and the prevention of illness and communicable diseases, any
14 person practicing or offering to practice advanced,
15 professional, or practical nursing in Illinois shall submit
16 evidence that he or she is qualified to practice, and shall be
17 licensed as provided under this Act. No person shall practice
18 or offer to practice advanced, professional, or practical
19 nursing in Illinois or use any title, sign, card or device to
20 indicate that such a person is practicing professional or
21 practical nursing unless such person has been licensed under
22 the provisions of this Act.

23 (b) This Act does not prohibit the following:

24 (1) The practice of nursing in Federal employment in

1 the discharge of the employee's duties by a person who is
2 employed by the United States government or any bureau,
3 division or agency thereof and is a legally qualified and
4 licensed nurse of another state or territory and not in
5 conflict with Sections 50-50, 55-10, 60-10, and 70-5 of
6 this Act.

7 (2) Nursing that is included in the program of study by
8 students enrolled in programs of nursing or in current
9 nurse practice update courses approved by the Department.

10 (3) The furnishing of nursing assistance in an
11 emergency.

12 (4) The practice of nursing by a nurse who holds an
13 active license in another state when providing services to
14 patients in Illinois during a bonafide emergency or in
15 immediate preparation for or during interstate transit.

16 (5) The incidental care of the sick by members of the
17 family, domestic servants or housekeepers, or care of the
18 sick where treatment is by prayer or spiritual means.

19 (6) Persons from being employed as unlicensed
20 assistive personnel in private homes, long term care
21 facilities, nurseries, hospitals or other institutions.

22 (7) The practice of practical nursing by one who is a
23 licensed practical nurse under the laws of another U.S.
24 jurisdiction and has applied in writing to the Department,
25 in form and substance satisfactory to the Department, for a
26 license as a licensed practical nurse and who is qualified

1 to receive such license under this Act, until (i) the
2 expiration of 6 months after the filing of such written
3 application, (ii) the withdrawal of such application, or
4 (iii) the denial of such application by the Department.

5 (8) The practice of advanced practice nursing by one
6 who is an advanced practice nurse under the laws of another
7 state, territory of the United States, or country and has
8 applied in writing to the Department, in form and substance
9 satisfactory to the Department, for a license as an
10 advanced practice nurse and who is qualified to receive
11 such license under this Act, until (i) the expiration of 6
12 months after the filing of such written application, (ii)
13 the withdrawal of such application, or (iii) the denial of
14 such application by the Department.

15 (9) The practice of professional nursing by one who is
16 a registered professional nurse under the laws of another
17 state, territory of the United States or country and has
18 applied in writing to the Department, in form and substance
19 satisfactory to the Department, for a license as a
20 registered professional nurse and who is qualified to
21 receive such license under Section 55-10, until (1) the
22 expiration of 6 months after the filing of such written
23 application, (2) the withdrawal of such application, or (3)
24 the denial of such application by the Department.

25 (10) The practice of professional nursing that is
26 included in a program of study by one who is a registered

1 professional nurse under the laws of another state or
2 territory of the United States or foreign country,
3 territory or province and who is enrolled in a graduate
4 nursing education program or a program for the completion
5 of a baccalaureate nursing degree in this State, which
6 includes clinical supervision by faculty as determined by
7 the educational institution offering the program and the
8 health care organization where the practice of nursing
9 occurs.

10 (11) Any person licensed in this State under any other
11 Act from engaging in the practice for which she or he is
12 licensed, including without limitation any person engaged
13 in the practice of midwifery who is licensed under the Home
14 Birth Safety Act.

15 (12) Delegation to authorized direct care staff
16 trained under Section 15.4 of the Mental Health and
17 Developmental Disabilities Administrative Act consistent
18 with the policies of the Department.

19 (13) The practice, services, or activities of persons
20 practicing the specified occupations set forth in
21 subsection (a) of, and pursuant to a licensing exemption
22 granted in subsection (b) or (d) of, Section 2105-350 of
23 the Department of Professional Regulation Law of the Civil
24 Administrative Code of Illinois, but only for so long as
25 the 2016 Olympic and Paralympic Games Professional
26 Licensure Exemption Law is operable.

1 (14) County correctional personnel from delivering
2 prepackaged medication for self-administration to an
3 individual detainee in a correctional facility.

4 Nothing in this Act shall be construed to limit the
5 delegation of tasks or duties by a physician, dentist, or
6 podiatric physician to a licensed practical nurse, a registered
7 professional nurse, or other persons.

8 (Source: P.A. 98-214, eff. 8-9-13.)

9 Section 990. The Illinois Public Aid Code is amended by
10 changing Section 5-5 as follows:

11 (305 ILCS 5/5-5) (from Ch. 23, par. 5-5)

12 (Text of Section before amendment by P.A. 99-407)

13 Sec. 5-5. Medical services. The Illinois Department, by
14 rule, shall determine the quantity and quality of and the rate
15 of reimbursement for the medical assistance for which payment
16 will be authorized, and the medical services to be provided,
17 which may include all or part of the following: (1) inpatient
18 hospital services; (2) outpatient hospital services; (3) other
19 laboratory and X-ray services; (4) skilled nursing home
20 services; (5) physicians' services whether furnished in the
21 office, the patient's home, a hospital, a skilled nursing home,
22 or elsewhere; (6) medical care, or any other type of remedial
23 care furnished by licensed practitioners, including the
24 services of certified professional midwives licensed pursuant

1 to the Home Birth Safety Act; (7) home health care services;
2 (8) private duty nursing service; (9) clinic services; (10)
3 dental services, including prevention and treatment of
4 periodontal disease and dental caries disease for pregnant
5 women, provided by an individual licensed to practice dentistry
6 or dental surgery; for purposes of this item (10), "dental
7 services" means diagnostic, preventive, or corrective
8 procedures provided by or under the supervision of a dentist in
9 the practice of his or her profession; (11) physical therapy
10 and related services; (12) prescribed drugs, dentures, and
11 prosthetic devices; and eyeglasses prescribed by a physician
12 skilled in the diseases of the eye, or by an optometrist,
13 whichever the person may select; (13) other diagnostic,
14 screening, preventive, and rehabilitative services, including
15 to ensure that the individual's need for intervention or
16 treatment of mental disorders or substance use disorders or
17 co-occurring mental health and substance use disorders is
18 determined using a uniform screening, assessment, and
19 evaluation process inclusive of criteria, for children and
20 adults; for purposes of this item (13), a uniform screening,
21 assessment, and evaluation process refers to a process that
22 includes an appropriate evaluation and, as warranted, a
23 referral; "uniform" does not mean the use of a singular
24 instrument, tool, or process that all must utilize; (14)
25 transportation and such other expenses as may be necessary;
26 (15) medical treatment of sexual assault survivors, as defined

1 in Section 1a of the Sexual Assault Survivors Emergency
2 Treatment Act, for injuries sustained as a result of the sexual
3 assault, including examinations and laboratory tests to
4 discover evidence which may be used in criminal proceedings
5 arising from the sexual assault; (16) the diagnosis and
6 treatment of sickle cell anemia; and (17) any other medical
7 care, and any other type of remedial care recognized under the
8 laws of this State, but not including abortions, or induced
9 miscarriages or premature births, unless, in the opinion of a
10 physician, such procedures are necessary for the preservation
11 of the life of the woman seeking such treatment, or except an
12 induced premature birth intended to produce a live viable child
13 and such procedure is necessary for the health of the mother or
14 her unborn child. The Illinois Department, by rule, shall
15 prohibit any physician from providing medical assistance to
16 anyone eligible therefor under this Code where such physician
17 has been found guilty of performing an abortion procedure in a
18 wilful and wanton manner upon a woman who was not pregnant at
19 the time such abortion procedure was performed. The term "any
20 other type of remedial care" shall include nursing care and
21 nursing home service for persons who rely on treatment by
22 spiritual means alone through prayer for healing.

23 Notwithstanding any other provision of this Section, a
24 comprehensive tobacco use cessation program that includes
25 purchasing prescription drugs or prescription medical devices
26 approved by the Food and Drug Administration shall be covered

1 under the medical assistance program under this Article for
2 persons who are otherwise eligible for assistance under this
3 Article.

4 Notwithstanding any other provision of this Code, the
5 Illinois Department may not require, as a condition of payment
6 for any laboratory test authorized under this Article, that a
7 physician's handwritten signature appear on the laboratory
8 test order form. The Illinois Department may, however, impose
9 other appropriate requirements regarding laboratory test order
10 documentation.

11 Upon receipt of federal approval of an amendment to the
12 Illinois Title XIX State Plan for this purpose, the Department
13 shall authorize the Chicago Public Schools (CPS) to procure a
14 vendor or vendors to manufacture eyeglasses for individuals
15 enrolled in a school within the CPS system. CPS shall ensure
16 that its vendor or vendors are enrolled as providers in the
17 medical assistance program and in any capitated Medicaid
18 managed care entity (MCE) serving individuals enrolled in a
19 school within the CPS system. Under any contract procured under
20 this provision, the vendor or vendors must serve only
21 individuals enrolled in a school within the CPS system. Claims
22 for services provided by CPS's vendor or vendors to recipients
23 of benefits in the medical assistance program under this Code,
24 the Children's Health Insurance Program, or the Covering ALL
25 KIDS Health Insurance Program shall be submitted to the
26 Department or the MCE in which the individual is enrolled for

1 payment and shall be reimbursed at the Department's or the
2 MCE's established rates or rate methodologies for eyeglasses.

3 On and after July 1, 2012, the Department of Healthcare and
4 Family Services may provide the following services to persons
5 eligible for assistance under this Article who are
6 participating in education, training or employment programs
7 operated by the Department of Human Services as successor to
8 the Department of Public Aid:

9 (1) dental services provided by or under the
10 supervision of a dentist; and

11 (2) eyeglasses prescribed by a physician skilled in the
12 diseases of the eye, or by an optometrist, whichever the
13 person may select.

14 Notwithstanding any other provision of this Code and
15 subject to federal approval, the Department may adopt rules to
16 allow a dentist who is volunteering his or her service at no
17 cost to render dental services through an enrolled
18 not-for-profit health clinic without the dentist personally
19 enrolling as a participating provider in the medical assistance
20 program. A not-for-profit health clinic shall include a public
21 health clinic or Federally Qualified Health Center or other
22 enrolled provider, as determined by the Department, through
23 which dental services covered under this Section are performed.
24 The Department shall establish a process for payment of claims
25 for reimbursement for covered dental services rendered under
26 this provision.

1 The Illinois Department, by rule, may distinguish and
2 classify the medical services to be provided only in accordance
3 with the classes of persons designated in Section 5-2.

4 The Department of Healthcare and Family Services must
5 provide coverage and reimbursement for amino acid-based
6 elemental formulas, regardless of delivery method, for the
7 diagnosis and treatment of (i) eosinophilic disorders and (ii)
8 short bowel syndrome when the prescribing physician has issued
9 a written order stating that the amino acid-based elemental
10 formula is medically necessary.

11 The Illinois Department shall authorize the provision of,
12 and shall authorize payment for, screening by low-dose
13 mammography for the presence of occult breast cancer for women
14 35 years of age or older who are eligible for medical
15 assistance under this Article, as follows:

16 (A) A baseline mammogram for women 35 to 39 years of
17 age.

18 (B) An annual mammogram for women 40 years of age or
19 older.

20 (C) A mammogram at the age and intervals considered
21 medically necessary by the woman's health care provider for
22 women under 40 years of age and having a family history of
23 breast cancer, prior personal history of breast cancer,
24 positive genetic testing, or other risk factors.

25 (D) A comprehensive ultrasound screening of an entire
26 breast or breasts if a mammogram demonstrates

1 heterogeneous or dense breast tissue, when medically
2 necessary as determined by a physician licensed to practice
3 medicine in all of its branches.

4 (E) A screening MRI when medically necessary, as
5 determined by a physician licensed to practice medicine in
6 all of its branches.

7 All screenings shall include a physical breast exam,
8 instruction on self-examination and information regarding the
9 frequency of self-examination and its value as a preventative
10 tool. For purposes of this Section, "low-dose mammography"
11 means the x-ray examination of the breast using equipment
12 dedicated specifically for mammography, including the x-ray
13 tube, filter, compression device, and image receptor, with an
14 average radiation exposure delivery of less than one rad per
15 breast for 2 views of an average size breast. The term also
16 includes digital mammography.

17 On and after January 1, 2016, the Department shall ensure
18 that all networks of care for adult clients of the Department
19 include access to at least one breast imaging Center of Imaging
20 Excellence as certified by the American College of Radiology.

21 On and after January 1, 2012, providers participating in a
22 quality improvement program approved by the Department shall be
23 reimbursed for screening and diagnostic mammography at the same
24 rate as the Medicare program's rates, including the increased
25 reimbursement for digital mammography.

26 The Department shall convene an expert panel including

1 representatives of hospitals, free-standing mammography
2 facilities, and doctors, including radiologists, to establish
3 quality standards for mammography.

4 On and after January 1, 2017, providers participating in a
5 breast cancer treatment quality improvement program approved
6 by the Department shall be reimbursed for breast cancer
7 treatment at a rate that is no lower than 95% of the Medicare
8 program's rates for the data elements included in the breast
9 cancer treatment quality program.

10 The Department shall convene an expert panel, including
11 representatives of hospitals, free standing breast cancer
12 treatment centers, breast cancer quality organizations, and
13 doctors, including breast surgeons, reconstructive breast
14 surgeons, oncologists, and primary care providers to establish
15 quality standards for breast cancer treatment.

16 Subject to federal approval, the Department shall
17 establish a rate methodology for mammography at federally
18 qualified health centers and other encounter-rate clinics.
19 These clinics or centers may also collaborate with other
20 hospital-based mammography facilities. By January 1, 2016, the
21 Department shall report to the General Assembly on the status
22 of the provision set forth in this paragraph.

23 The Department shall establish a methodology to remind
24 women who are age-appropriate for screening mammography, but
25 who have not received a mammogram within the previous 18
26 months, of the importance and benefit of screening mammography.

1 The Department shall work with experts in breast cancer
2 outreach and patient navigation to optimize these reminders and
3 shall establish a methodology for evaluating their
4 effectiveness and modifying the methodology based on the
5 evaluation.

6 The Department shall establish a performance goal for
7 primary care providers with respect to their female patients
8 over age 40 receiving an annual mammogram. This performance
9 goal shall be used to provide additional reimbursement in the
10 form of a quality performance bonus to primary care providers
11 who meet that goal.

12 The Department shall devise a means of case-managing or
13 patient navigation for beneficiaries diagnosed with breast
14 cancer. This program shall initially operate as a pilot program
15 in areas of the State with the highest incidence of mortality
16 related to breast cancer. At least one pilot program site shall
17 be in the metropolitan Chicago area and at least one site shall
18 be outside the metropolitan Chicago area. On or after July 1,
19 2016, the pilot program shall be expanded to include one site
20 in western Illinois, one site in southern Illinois, one site in
21 central Illinois, and 4 sites within metropolitan Chicago. An
22 evaluation of the pilot program shall be carried out measuring
23 health outcomes and cost of care for those served by the pilot
24 program compared to similarly situated patients who are not
25 served by the pilot program.

26 The Department shall require all networks of care to

1 develop a means either internally or by contract with experts
2 in navigation and community outreach to navigate cancer
3 patients to comprehensive care in a timely fashion. The
4 Department shall require all networks of care to include access
5 for patients diagnosed with cancer to at least one academic
6 commission on cancer-accredited cancer program as an
7 in-network covered benefit.

8 Any medical or health care provider shall immediately
9 recommend, to any pregnant woman who is being provided prenatal
10 services and is suspected of drug abuse or is addicted as
11 defined in the Alcoholism and Other Drug Abuse and Dependency
12 Act, referral to a local substance abuse treatment provider
13 licensed by the Department of Human Services or to a licensed
14 hospital which provides substance abuse treatment services.
15 The Department of Healthcare and Family Services shall assure
16 coverage for the cost of treatment of the drug abuse or
17 addiction for pregnant recipients in accordance with the
18 Illinois Medicaid Program in conjunction with the Department of
19 Human Services.

20 All medical providers providing medical assistance to
21 pregnant women under this Code shall receive information from
22 the Department on the availability of services under the Drug
23 Free Families with a Future or any comparable program providing
24 case management services for addicted women, including
25 information on appropriate referrals for other social services
26 that may be needed by addicted women in addition to treatment

1 for addiction.

2 The Illinois Department, in cooperation with the
3 Departments of Human Services (as successor to the Department
4 of Alcoholism and Substance Abuse) and Public Health, through a
5 public awareness campaign, may provide information concerning
6 treatment for alcoholism and drug abuse and addiction, prenatal
7 health care, and other pertinent programs directed at reducing
8 the number of drug-affected infants born to recipients of
9 medical assistance.

10 Neither the Department of Healthcare and Family Services
11 nor the Department of Human Services shall sanction the
12 recipient solely on the basis of her substance abuse.

13 The Illinois Department shall establish such regulations
14 governing the dispensing of health services under this Article
15 as it shall deem appropriate. The Department should seek the
16 advice of formal professional advisory committees appointed by
17 the Director of the Illinois Department for the purpose of
18 providing regular advice on policy and administrative matters,
19 information dissemination and educational activities for
20 medical and health care providers, and consistency in
21 procedures to the Illinois Department.

22 The Illinois Department may develop and contract with
23 Partnerships of medical providers to arrange medical services
24 for persons eligible under Section 5-2 of this Code.
25 Implementation of this Section may be by demonstration projects
26 in certain geographic areas. The Partnership shall be

1 represented by a sponsor organization. The Department, by rule,
2 shall develop qualifications for sponsors of Partnerships.
3 Nothing in this Section shall be construed to require that the
4 sponsor organization be a medical organization.

5 The sponsor must negotiate formal written contracts with
6 medical providers for physician services, inpatient and
7 outpatient hospital care, home health services, treatment for
8 alcoholism and substance abuse, and other services determined
9 necessary by the Illinois Department by rule for delivery by
10 Partnerships. Physician services must include prenatal and
11 obstetrical care. The Illinois Department shall reimburse
12 medical services delivered by Partnership providers to clients
13 in target areas according to provisions of this Article and the
14 Illinois Health Finance Reform Act, except that:

15 (1) Physicians participating in a Partnership and
16 providing certain services, which shall be determined by
17 the Illinois Department, to persons in areas covered by the
18 Partnership may receive an additional surcharge for such
19 services.

20 (2) The Department may elect to consider and negotiate
21 financial incentives to encourage the development of
22 Partnerships and the efficient delivery of medical care.

23 (3) Persons receiving medical services through
24 Partnerships may receive medical and case management
25 services above the level usually offered through the
26 medical assistance program.

1 Medical providers shall be required to meet certain
2 qualifications to participate in Partnerships to ensure the
3 delivery of high quality medical services. These
4 qualifications shall be determined by rule of the Illinois
5 Department and may be higher than qualifications for
6 participation in the medical assistance program. Partnership
7 sponsors may prescribe reasonable additional qualifications
8 for participation by medical providers, only with the prior
9 written approval of the Illinois Department.

10 Nothing in this Section shall limit the free choice of
11 practitioners, hospitals, and other providers of medical
12 services by clients. In order to ensure patient freedom of
13 choice, the Illinois Department shall immediately promulgate
14 all rules and take all other necessary actions so that provided
15 services may be accessed from therapeutically certified
16 optometrists to the full extent of the Illinois Optometric
17 Practice Act of 1987 without discriminating between service
18 providers.

19 The Department shall apply for a waiver from the United
20 States Health Care Financing Administration to allow for the
21 implementation of Partnerships under this Section.

22 The Illinois Department shall require health care
23 providers to maintain records that document the medical care
24 and services provided to recipients of Medical Assistance under
25 this Article. Such records must be retained for a period of not
26 less than 6 years from the date of service or as provided by

1 applicable State law, whichever period is longer, except that
2 if an audit is initiated within the required retention period
3 then the records must be retained until the audit is completed
4 and every exception is resolved. The Illinois Department shall
5 require health care providers to make available, when
6 authorized by the patient, in writing, the medical records in a
7 timely fashion to other health care providers who are treating
8 or serving persons eligible for Medical Assistance under this
9 Article. All dispensers of medical services shall be required
10 to maintain and retain business and professional records
11 sufficient to fully and accurately document the nature, scope,
12 details and receipt of the health care provided to persons
13 eligible for medical assistance under this Code, in accordance
14 with regulations promulgated by the Illinois Department. The
15 rules and regulations shall require that proof of the receipt
16 of prescription drugs, dentures, prosthetic devices and
17 eyeglasses by eligible persons under this Section accompany
18 each claim for reimbursement submitted by the dispenser of such
19 medical services. No such claims for reimbursement shall be
20 approved for payment by the Illinois Department without such
21 proof of receipt, unless the Illinois Department shall have put
22 into effect and shall be operating a system of post-payment
23 audit and review which shall, on a sampling basis, be deemed
24 adequate by the Illinois Department to assure that such drugs,
25 dentures, prosthetic devices and eyeglasses for which payment
26 is being made are actually being received by eligible

1 recipients. Within 90 days after September 16, 1984 (the
2 effective date of Public Act 83-1439) ~~this amendatory Act of~~
3 ~~1984~~, the Illinois Department shall establish a current list of
4 acquisition costs for all prosthetic devices and any other
5 items recognized as medical equipment and supplies
6 reimbursable under this Article and shall update such list on a
7 quarterly basis, except that the acquisition costs of all
8 prescription drugs shall be updated no less frequently than
9 every 30 days as required by Section 5-5.12.

10 The rules and regulations of the Illinois Department shall
11 require that a written statement including the required opinion
12 of a physician shall accompany any claim for reimbursement for
13 abortions, or induced miscarriages or premature births. This
14 statement shall indicate what procedures were used in providing
15 such medical services.

16 Notwithstanding any other law to the contrary, the Illinois
17 Department shall, within 365 days after July 22, 2013 (the
18 effective date of Public Act 98-104), establish procedures to
19 permit skilled care facilities licensed under the Nursing Home
20 Care Act to submit monthly billing claims for reimbursement
21 purposes. Following development of these procedures, the
22 Department shall, by July 1, 2016, test the viability of the
23 new system and implement any necessary operational or
24 structural changes to its information technology platforms in
25 order to allow for the direct acceptance and payment of nursing
26 home claims.

1 Notwithstanding any other law to the contrary, the Illinois
2 Department shall, within 365 days after August 15, 2014 (the
3 effective date of Public Act 98-963), establish procedures to
4 permit ID/DD facilities licensed under the ID/DD Community Care
5 Act and MC/DD facilities licensed under the MC/DD Act to submit
6 monthly billing claims for reimbursement purposes. Following
7 development of these procedures, the Department shall have an
8 additional 365 days to test the viability of the new system and
9 to ensure that any necessary operational or structural changes
10 to its information technology platforms are implemented.

11 The Illinois Department shall require all dispensers of
12 medical services, other than an individual practitioner or
13 group of practitioners, desiring to participate in the Medical
14 Assistance program established under this Article to disclose
15 all financial, beneficial, ownership, equity, surety or other
16 interests in any and all firms, corporations, partnerships,
17 associations, business enterprises, joint ventures, agencies,
18 institutions or other legal entities providing any form of
19 health care services in this State under this Article.

20 The Illinois Department may require that all dispensers of
21 medical services desiring to participate in the medical
22 assistance program established under this Article disclose,
23 under such terms and conditions as the Illinois Department may
24 by rule establish, all inquiries from clients and attorneys
25 regarding medical bills paid by the Illinois Department, which
26 inquiries could indicate potential existence of claims or liens

1 for the Illinois Department.

2 Enrollment of a vendor shall be subject to a provisional
3 period and shall be conditional for one year. During the period
4 of conditional enrollment, the Department may terminate the
5 vendor's eligibility to participate in, or may disenroll the
6 vendor from, the medical assistance program without cause.
7 Unless otherwise specified, such termination of eligibility or
8 disenrollment is not subject to the Department's hearing
9 process. However, a disenrolled vendor may reapply without
10 penalty.

11 The Department has the discretion to limit the conditional
12 enrollment period for vendors based upon category of risk of
13 the vendor.

14 Prior to enrollment and during the conditional enrollment
15 period in the medical assistance program, all vendors shall be
16 subject to enhanced oversight, screening, and review based on
17 the risk of fraud, waste, and abuse that is posed by the
18 category of risk of the vendor. The Illinois Department shall
19 establish the procedures for oversight, screening, and review,
20 which may include, but need not be limited to: criminal and
21 financial background checks; fingerprinting; license,
22 certification, and authorization verifications; unscheduled or
23 unannounced site visits; database checks; prepayment audit
24 reviews; audits; payment caps; payment suspensions; and other
25 screening as required by federal or State law.

26 The Department shall define or specify the following: (i)

1 by provider notice, the "category of risk of the vendor" for
2 each type of vendor, which shall take into account the level of
3 screening applicable to a particular category of vendor under
4 federal law and regulations; (ii) by rule or provider notice,
5 the maximum length of the conditional enrollment period for
6 each category of risk of the vendor; and (iii) by rule, the
7 hearing rights, if any, afforded to a vendor in each category
8 of risk of the vendor that is terminated or disenrolled during
9 the conditional enrollment period.

10 To be eligible for payment consideration, a vendor's
11 payment claim or bill, either as an initial claim or as a
12 resubmitted claim following prior rejection, must be received
13 by the Illinois Department, or its fiscal intermediary, no
14 later than 180 days after the latest date on the claim on which
15 medical goods or services were provided, with the following
16 exceptions:

17 (1) In the case of a provider whose enrollment is in
18 process by the Illinois Department, the 180-day period
19 shall not begin until the date on the written notice from
20 the Illinois Department that the provider enrollment is
21 complete.

22 (2) In the case of errors attributable to the Illinois
23 Department or any of its claims processing intermediaries
24 which result in an inability to receive, process, or
25 adjudicate a claim, the 180-day period shall not begin
26 until the provider has been notified of the error.

1 (3) In the case of a provider for whom the Illinois
2 Department initiates the monthly billing process.

3 (4) In the case of a provider operated by a unit of
4 local government with a population exceeding 3,000,000
5 when local government funds finance federal participation
6 for claims payments.

7 For claims for services rendered during a period for which
8 a recipient received retroactive eligibility, claims must be
9 filed within 180 days after the Department determines the
10 applicant is eligible. For claims for which the Illinois
11 Department is not the primary payer, claims must be submitted
12 to the Illinois Department within 180 days after the final
13 adjudication by the primary payer.

14 In the case of long term care facilities, within 5 days of
15 receipt by the facility of required prescreening information,
16 data for new admissions shall be entered into the Medical
17 Electronic Data Interchange (MEDI) or the Recipient
18 Eligibility Verification (REV) System or successor system, and
19 within 15 days of receipt by the facility of required
20 prescreening information, admission documents shall be
21 submitted through MEDI or REV or shall be submitted directly to
22 the Department of Human Services using required admission
23 forms. Effective September 1, 2014, admission documents,
24 including all prescreening information, must be submitted
25 through MEDI or REV. Confirmation numbers assigned to an
26 accepted transaction shall be retained by a facility to verify

1 timely submittal. Once an admission transaction has been
2 completed, all resubmitted claims following prior rejection
3 are subject to receipt no later than 180 days after the
4 admission transaction has been completed.

5 Claims that are not submitted and received in compliance
6 with the foregoing requirements shall not be eligible for
7 payment under the medical assistance program, and the State
8 shall have no liability for payment of those claims.

9 To the extent consistent with applicable information and
10 privacy, security, and disclosure laws, State and federal
11 agencies and departments shall provide the Illinois Department
12 access to confidential and other information and data necessary
13 to perform eligibility and payment verifications and other
14 Illinois Department functions. This includes, but is not
15 limited to: information pertaining to licensure;
16 certification; earnings; immigration status; citizenship; wage
17 reporting; unearned and earned income; pension income;
18 employment; supplemental security income; social security
19 numbers; National Provider Identifier (NPI) numbers; the
20 National Practitioner Data Bank (NPDB); program and agency
21 exclusions; taxpayer identification numbers; tax delinquency;
22 corporate information; and death records.

23 The Illinois Department shall enter into agreements with
24 State agencies and departments, and is authorized to enter into
25 agreements with federal agencies and departments, under which
26 such agencies and departments shall share data necessary for

1 medical assistance program integrity functions and oversight.
2 The Illinois Department shall develop, in cooperation with
3 other State departments and agencies, and in compliance with
4 applicable federal laws and regulations, appropriate and
5 effective methods to share such data. At a minimum, and to the
6 extent necessary to provide data sharing, the Illinois
7 Department shall enter into agreements with State agencies and
8 departments, and is authorized to enter into agreements with
9 federal agencies and departments, including but not limited to:
10 the Secretary of State; the Department of Revenue; the
11 Department of Public Health; the Department of Human Services;
12 and the Department of Financial and Professional Regulation.

13 Beginning in fiscal year 2013, the Illinois Department
14 shall set forth a request for information to identify the
15 benefits of a pre-payment, post-adjudication, and post-edit
16 claims system with the goals of streamlining claims processing
17 and provider reimbursement, reducing the number of pending or
18 rejected claims, and helping to ensure a more transparent
19 adjudication process through the utilization of: (i) provider
20 data verification and provider screening technology; and (ii)
21 clinical code editing; and (iii) pre-pay, pre- or
22 post-adjudicated predictive modeling with an integrated case
23 management system with link analysis. Such a request for
24 information shall not be considered as a request for proposal
25 or as an obligation on the part of the Illinois Department to
26 take any action or acquire any products or services.

1 The Illinois Department shall establish policies,
2 procedures, standards and criteria by rule for the acquisition,
3 repair and replacement of orthotic and prosthetic devices and
4 durable medical equipment. Such rules shall provide, but not be
5 limited to, the following services: (1) immediate repair or
6 replacement of such devices by recipients; and (2) rental,
7 lease, purchase or lease-purchase of durable medical equipment
8 in a cost-effective manner, taking into consideration the
9 recipient's medical prognosis, the extent of the recipient's
10 needs, and the requirements and costs for maintaining such
11 equipment. Subject to prior approval, such rules shall enable a
12 recipient to temporarily acquire and use alternative or
13 substitute devices or equipment pending repairs or
14 replacements of any device or equipment previously authorized
15 for such recipient by the Department.

16 The Department shall execute, relative to the nursing home
17 prescreening project, written inter-agency agreements with the
18 Department of Human Services and the Department on Aging, to
19 effect the following: (i) intake procedures and common
20 eligibility criteria for those persons who are receiving
21 non-institutional services; and (ii) the establishment and
22 development of non-institutional services in areas of the State
23 where they are not currently available or are undeveloped; and
24 (iii) notwithstanding any other provision of law, subject to
25 federal approval, on and after July 1, 2012, an increase in the
26 determination of need (DON) scores from 29 to 37 for applicants

1 for institutional and home and community-based long term care;
2 if and only if federal approval is not granted, the Department
3 may, in conjunction with other affected agencies, implement
4 utilization controls or changes in benefit packages to
5 effectuate a similar savings amount for this population; and
6 (iv) no later than July 1, 2013, minimum level of care
7 eligibility criteria for institutional and home and
8 community-based long term care; and (v) no later than October
9 1, 2013, establish procedures to permit long term care
10 providers access to eligibility scores for individuals with an
11 admission date who are seeking or receiving services from the
12 long term care provider. In order to select the minimum level
13 of care eligibility criteria, the Governor shall establish a
14 workgroup that includes affected agency representatives and
15 stakeholders representing the institutional and home and
16 community-based long term care interests. This Section shall
17 not restrict the Department from implementing lower level of
18 care eligibility criteria for community-based services in
19 circumstances where federal approval has been granted.

20 The Illinois Department shall develop and operate, in
21 cooperation with other State Departments and agencies and in
22 compliance with applicable federal laws and regulations,
23 appropriate and effective systems of health care evaluation and
24 programs for monitoring of utilization of health care services
25 and facilities, as it affects persons eligible for medical
26 assistance under this Code.

1 The Illinois Department shall report annually to the
2 General Assembly, no later than the second Friday in April of
3 1979 and each year thereafter, in regard to:

4 (a) actual statistics and trends in utilization of
5 medical services by public aid recipients;

6 (b) actual statistics and trends in the provision of
7 the various medical services by medical vendors;

8 (c) current rate structures and proposed changes in
9 those rate structures for the various medical vendors; and

10 (d) efforts at utilization review and control by the
11 Illinois Department.

12 The period covered by each report shall be the 3 years
13 ending on the June 30 prior to the report. The report shall
14 include suggested legislation for consideration by the General
15 Assembly. The filing of one copy of the report with the
16 Speaker, one copy with the Minority Leader and one copy with
17 the Clerk of the House of Representatives, one copy with the
18 President, one copy with the Minority Leader and one copy with
19 the Secretary of the Senate, one copy with the Legislative
20 Research Unit, and such additional copies with the State
21 Government Report Distribution Center for the General Assembly
22 as is required under paragraph (t) of Section 7 of the State
23 Library Act shall be deemed sufficient to comply with this
24 Section.

25 Rulemaking authority to implement Public Act 95-1045, if
26 any, is conditioned on the rules being adopted in accordance

1 with all provisions of the Illinois Administrative Procedure
2 Act and all rules and procedures of the Joint Committee on
3 Administrative Rules; any purported rule not so adopted, for
4 whatever reason, is unauthorized.

5 On and after July 1, 2012, the Department shall reduce any
6 rate of reimbursement for services or other payments or alter
7 any methodologies authorized by this Code to reduce any rate of
8 reimbursement for services or other payments in accordance with
9 Section 5-5e.

10 Because kidney transplantation can be an appropriate, cost
11 effective alternative to renal dialysis when medically
12 necessary and notwithstanding the provisions of Section 1-11 of
13 this Code, beginning October 1, 2014, the Department shall
14 cover kidney transplantation for noncitizens with end-stage
15 renal disease who are not eligible for comprehensive medical
16 benefits, who meet the residency requirements of Section 5-3 of
17 this Code, and who would otherwise meet the financial
18 requirements of the appropriate class of eligible persons under
19 Section 5-2 of this Code. To qualify for coverage of kidney
20 transplantation, such person must be receiving emergency renal
21 dialysis services covered by the Department. Providers under
22 this Section shall be prior approved and certified by the
23 Department to perform kidney transplantation and the services
24 under this Section shall be limited to services associated with
25 kidney transplantation.

26 Notwithstanding any other provision of this Code to the

1 contrary, on or after July 1, 2015, all FDA approved forms of
2 medication assisted treatment prescribed for the treatment of
3 alcohol dependence or treatment of opioid dependence shall be
4 covered under both fee for service and managed care medical
5 assistance programs for persons who are otherwise eligible for
6 medical assistance under this Article and shall not be subject
7 to any (1) utilization control, other than those established
8 under the American Society of Addiction Medicine patient
9 placement criteria, (2) prior authorization mandate, or (3)
10 lifetime restriction limit mandate.

11 On or after July 1, 2015, opioid antagonists prescribed for
12 the treatment of an opioid overdose, including the medication
13 product, administration devices, and any pharmacy fees related
14 to the dispensing and administration of the opioid antagonist,
15 shall be covered under the medical assistance program for
16 persons who are otherwise eligible for medical assistance under
17 this Article. As used in this Section, "opioid antagonist"
18 means a drug that binds to opioid receptors and blocks or
19 inhibits the effect of opioids acting on those receptors,
20 including, but not limited to, naloxone hydrochloride or any
21 other similarly acting drug approved by the U.S. Food and Drug
22 Administration.

23 (Source: P.A. 98-104, Article 9, Section 9-5, eff. 7-22-13;
24 98-104, Article 12, Section 12-20, eff. 7-22-13; 98-303, eff.
25 8-9-13; 98-463, eff. 8-16-13; 98-651, eff. 6-16-14; 98-756,
26 eff. 7-16-14; 98-963, eff. 8-15-14; 99-78, eff. 7-20-15;

1 99-180, eff. 7-29-15; 99-236, eff. 8-3-15; 99-433, eff.
2 8-21-15; 99-480, eff. 9-9-15; revised 10-13-15.)

3 (Text of Section after amendment by P.A. 99-407)

4 Sec. 5-5. Medical services. The Illinois Department, by
5 rule, shall determine the quantity and quality of and the rate
6 of reimbursement for the medical assistance for which payment
7 will be authorized, and the medical services to be provided,
8 which may include all or part of the following: (1) inpatient
9 hospital services; (2) outpatient hospital services; (3) other
10 laboratory and X-ray services; (4) skilled nursing home
11 services; (5) physicians' services whether furnished in the
12 office, the patient's home, a hospital, a skilled nursing home,
13 or elsewhere; (6) medical care, or any other type of remedial
14 care furnished by licensed practitioners, including the
15 services of certified professional midwives licensed pursuant
16 to the Home Birth Safety Act; (7) home health care services;
17 (8) private duty nursing service; (9) clinic services; (10)
18 dental services, including prevention and treatment of
19 periodontal disease and dental caries disease for pregnant
20 women, provided by an individual licensed to practice dentistry
21 or dental surgery; for purposes of this item (10), "dental
22 services" means diagnostic, preventive, or corrective
23 procedures provided by or under the supervision of a dentist in
24 the practice of his or her profession; (11) physical therapy
25 and related services; (12) prescribed drugs, dentures, and

1 prosthetic devices; and eyeglasses prescribed by a physician
2 skilled in the diseases of the eye, or by an optometrist,
3 whichever the person may select; (13) other diagnostic,
4 screening, preventive, and rehabilitative services, including
5 to ensure that the individual's need for intervention or
6 treatment of mental disorders or substance use disorders or
7 co-occurring mental health and substance use disorders is
8 determined using a uniform screening, assessment, and
9 evaluation process inclusive of criteria, for children and
10 adults; for purposes of this item (13), a uniform screening,
11 assessment, and evaluation process refers to a process that
12 includes an appropriate evaluation and, as warranted, a
13 referral; "uniform" does not mean the use of a singular
14 instrument, tool, or process that all must utilize; (14)
15 transportation and such other expenses as may be necessary;
16 (15) medical treatment of sexual assault survivors, as defined
17 in Section 1a of the Sexual Assault Survivors Emergency
18 Treatment Act, for injuries sustained as a result of the sexual
19 assault, including examinations and laboratory tests to
20 discover evidence which may be used in criminal proceedings
21 arising from the sexual assault; (16) the diagnosis and
22 treatment of sickle cell anemia; and (17) any other medical
23 care, and any other type of remedial care recognized under the
24 laws of this State, but not including abortions, or induced
25 miscarriages or premature births, unless, in the opinion of a
26 physician, such procedures are necessary for the preservation

1 of the life of the woman seeking such treatment, or except an
2 induced premature birth intended to produce a live viable child
3 and such procedure is necessary for the health of the mother or
4 her unborn child. The Illinois Department, by rule, shall
5 prohibit any physician from providing medical assistance to
6 anyone eligible therefor under this Code where such physician
7 has been found guilty of performing an abortion procedure in a
8 wilful and wanton manner upon a woman who was not pregnant at
9 the time such abortion procedure was performed. The term "any
10 other type of remedial care" shall include nursing care and
11 nursing home service for persons who rely on treatment by
12 spiritual means alone through prayer for healing.

13 Notwithstanding any other provision of this Section, a
14 comprehensive tobacco use cessation program that includes
15 purchasing prescription drugs or prescription medical devices
16 approved by the Food and Drug Administration shall be covered
17 under the medical assistance program under this Article for
18 persons who are otherwise eligible for assistance under this
19 Article.

20 Notwithstanding any other provision of this Code, the
21 Illinois Department may not require, as a condition of payment
22 for any laboratory test authorized under this Article, that a
23 physician's handwritten signature appear on the laboratory
24 test order form. The Illinois Department may, however, impose
25 other appropriate requirements regarding laboratory test order
26 documentation.

1 Upon receipt of federal approval of an amendment to the
2 Illinois Title XIX State Plan for this purpose, the Department
3 shall authorize the Chicago Public Schools (CPS) to procure a
4 vendor or vendors to manufacture eyeglasses for individuals
5 enrolled in a school within the CPS system. CPS shall ensure
6 that its vendor or vendors are enrolled as providers in the
7 medical assistance program and in any capitated Medicaid
8 managed care entity (MCE) serving individuals enrolled in a
9 school within the CPS system. Under any contract procured under
10 this provision, the vendor or vendors must serve only
11 individuals enrolled in a school within the CPS system. Claims
12 for services provided by CPS's vendor or vendors to recipients
13 of benefits in the medical assistance program under this Code,
14 the Children's Health Insurance Program, or the Covering ALL
15 KIDS Health Insurance Program shall be submitted to the
16 Department or the MCE in which the individual is enrolled for
17 payment and shall be reimbursed at the Department's or the
18 MCE's established rates or rate methodologies for eyeglasses.

19 On and after July 1, 2012, the Department of Healthcare and
20 Family Services may provide the following services to persons
21 eligible for assistance under this Article who are
22 participating in education, training or employment programs
23 operated by the Department of Human Services as successor to
24 the Department of Public Aid:

- 25 (1) dental services provided by or under the
26 supervision of a dentist; and

1 (2) eyeglasses prescribed by a physician skilled in the
2 diseases of the eye, or by an optometrist, whichever the
3 person may select.

4 Notwithstanding any other provision of this Code and
5 subject to federal approval, the Department may adopt rules to
6 allow a dentist who is volunteering his or her service at no
7 cost to render dental services through an enrolled
8 not-for-profit health clinic without the dentist personally
9 enrolling as a participating provider in the medical assistance
10 program. A not-for-profit health clinic shall include a public
11 health clinic or Federally Qualified Health Center or other
12 enrolled provider, as determined by the Department, through
13 which dental services covered under this Section are performed.
14 The Department shall establish a process for payment of claims
15 for reimbursement for covered dental services rendered under
16 this provision.

17 The Illinois Department, by rule, may distinguish and
18 classify the medical services to be provided only in accordance
19 with the classes of persons designated in Section 5-2.

20 The Department of Healthcare and Family Services must
21 provide coverage and reimbursement for amino acid-based
22 elemental formulas, regardless of delivery method, for the
23 diagnosis and treatment of (i) eosinophilic disorders and (ii)
24 short bowel syndrome when the prescribing physician has issued
25 a written order stating that the amino acid-based elemental
26 formula is medically necessary.

1 The Illinois Department shall authorize the provision of,
2 and shall authorize payment for, screening by low-dose
3 mammography for the presence of occult breast cancer for women
4 35 years of age or older who are eligible for medical
5 assistance under this Article, as follows:

6 (A) A baseline mammogram for women 35 to 39 years of
7 age.

8 (B) An annual mammogram for women 40 years of age or
9 older.

10 (C) A mammogram at the age and intervals considered
11 medically necessary by the woman's health care provider for
12 women under 40 years of age and having a family history of
13 breast cancer, prior personal history of breast cancer,
14 positive genetic testing, or other risk factors.

15 (D) A comprehensive ultrasound screening of an entire
16 breast or breasts if a mammogram demonstrates
17 heterogeneous or dense breast tissue, when medically
18 necessary as determined by a physician licensed to practice
19 medicine in all of its branches.

20 (E) A screening MRI when medically necessary, as
21 determined by a physician licensed to practice medicine in
22 all of its branches.

23 All screenings shall include a physical breast exam,
24 instruction on self-examination and information regarding the
25 frequency of self-examination and its value as a preventative
26 tool. For purposes of this Section, "low-dose mammography"

1 means the x-ray examination of the breast using equipment
2 dedicated specifically for mammography, including the x-ray
3 tube, filter, compression device, and image receptor, with an
4 average radiation exposure delivery of less than one rad per
5 breast for 2 views of an average size breast. The term also
6 includes digital mammography and includes breast
7 tomosynthesis. As used in this Section, the term "breast
8 tomosynthesis" means a radiologic procedure that involves the
9 acquisition of projection images over the stationary breast to
10 produce cross-sectional digital three-dimensional images of
11 the breast.

12 On and after January 1, 2016, the Department shall ensure
13 that all networks of care for adult clients of the Department
14 include access to at least one breast imaging Center of Imaging
15 Excellence as certified by the American College of Radiology.

16 On and after January 1, 2012, providers participating in a
17 quality improvement program approved by the Department shall be
18 reimbursed for screening and diagnostic mammography at the same
19 rate as the Medicare program's rates, including the increased
20 reimbursement for digital mammography.

21 The Department shall convene an expert panel including
22 representatives of hospitals, free-standing mammography
23 facilities, and doctors, including radiologists, to establish
24 quality standards for mammography.

25 On and after January 1, 2017, providers participating in a
26 breast cancer treatment quality improvement program approved

1 by the Department shall be reimbursed for breast cancer
2 treatment at a rate that is no lower than 95% of the Medicare
3 program's rates for the data elements included in the breast
4 cancer treatment quality program.

5 The Department shall convene an expert panel, including
6 representatives of hospitals, free standing breast cancer
7 treatment centers, breast cancer quality organizations, and
8 doctors, including breast surgeons, reconstructive breast
9 surgeons, oncologists, and primary care providers to establish
10 quality standards for breast cancer treatment.

11 Subject to federal approval, the Department shall
12 establish a rate methodology for mammography at federally
13 qualified health centers and other encounter-rate clinics.
14 These clinics or centers may also collaborate with other
15 hospital-based mammography facilities. By January 1, 2016, the
16 Department shall report to the General Assembly on the status
17 of the provision set forth in this paragraph.

18 The Department shall establish a methodology to remind
19 women who are age-appropriate for screening mammography, but
20 who have not received a mammogram within the previous 18
21 months, of the importance and benefit of screening mammography.
22 The Department shall work with experts in breast cancer
23 outreach and patient navigation to optimize these reminders and
24 shall establish a methodology for evaluating their
25 effectiveness and modifying the methodology based on the
26 evaluation.

1 The Department shall establish a performance goal for
2 primary care providers with respect to their female patients
3 over age 40 receiving an annual mammogram. This performance
4 goal shall be used to provide additional reimbursement in the
5 form of a quality performance bonus to primary care providers
6 who meet that goal.

7 The Department shall devise a means of case-managing or
8 patient navigation for beneficiaries diagnosed with breast
9 cancer. This program shall initially operate as a pilot program
10 in areas of the State with the highest incidence of mortality
11 related to breast cancer. At least one pilot program site shall
12 be in the metropolitan Chicago area and at least one site shall
13 be outside the metropolitan Chicago area. On or after July 1,
14 2016, the pilot program shall be expanded to include one site
15 in western Illinois, one site in southern Illinois, one site in
16 central Illinois, and 4 sites within metropolitan Chicago. An
17 evaluation of the pilot program shall be carried out measuring
18 health outcomes and cost of care for those served by the pilot
19 program compared to similarly situated patients who are not
20 served by the pilot program.

21 The Department shall require all networks of care to
22 develop a means either internally or by contract with experts
23 in navigation and community outreach to navigate cancer
24 patients to comprehensive care in a timely fashion. The
25 Department shall require all networks of care to include access
26 for patients diagnosed with cancer to at least one academic

1 commission on cancer-accredited cancer program as an
2 in-network covered benefit.

3 Any medical or health care provider shall immediately
4 recommend, to any pregnant woman who is being provided prenatal
5 services and is suspected of drug abuse or is addicted as
6 defined in the Alcoholism and Other Drug Abuse and Dependency
7 Act, referral to a local substance abuse treatment provider
8 licensed by the Department of Human Services or to a licensed
9 hospital which provides substance abuse treatment services.
10 The Department of Healthcare and Family Services shall assure
11 coverage for the cost of treatment of the drug abuse or
12 addiction for pregnant recipients in accordance with the
13 Illinois Medicaid Program in conjunction with the Department of
14 Human Services.

15 All medical providers providing medical assistance to
16 pregnant women under this Code shall receive information from
17 the Department on the availability of services under the Drug
18 Free Families with a Future or any comparable program providing
19 case management services for addicted women, including
20 information on appropriate referrals for other social services
21 that may be needed by addicted women in addition to treatment
22 for addiction.

23 The Illinois Department, in cooperation with the
24 Departments of Human Services (as successor to the Department
25 of Alcoholism and Substance Abuse) and Public Health, through a
26 public awareness campaign, may provide information concerning

1 treatment for alcoholism and drug abuse and addiction, prenatal
2 health care, and other pertinent programs directed at reducing
3 the number of drug-affected infants born to recipients of
4 medical assistance.

5 Neither the Department of Healthcare and Family Services
6 nor the Department of Human Services shall sanction the
7 recipient solely on the basis of her substance abuse.

8 The Illinois Department shall establish such regulations
9 governing the dispensing of health services under this Article
10 as it shall deem appropriate. The Department should seek the
11 advice of formal professional advisory committees appointed by
12 the Director of the Illinois Department for the purpose of
13 providing regular advice on policy and administrative matters,
14 information dissemination and educational activities for
15 medical and health care providers, and consistency in
16 procedures to the Illinois Department.

17 The Illinois Department may develop and contract with
18 Partnerships of medical providers to arrange medical services
19 for persons eligible under Section 5-2 of this Code.
20 Implementation of this Section may be by demonstration projects
21 in certain geographic areas. The Partnership shall be
22 represented by a sponsor organization. The Department, by rule,
23 shall develop qualifications for sponsors of Partnerships.
24 Nothing in this Section shall be construed to require that the
25 sponsor organization be a medical organization.

26 The sponsor must negotiate formal written contracts with

1 medical providers for physician services, inpatient and
2 outpatient hospital care, home health services, treatment for
3 alcoholism and substance abuse, and other services determined
4 necessary by the Illinois Department by rule for delivery by
5 Partnerships. Physician services must include prenatal and
6 obstetrical care. The Illinois Department shall reimburse
7 medical services delivered by Partnership providers to clients
8 in target areas according to provisions of this Article and the
9 Illinois Health Finance Reform Act, except that:

10 (1) Physicians participating in a Partnership and
11 providing certain services, which shall be determined by
12 the Illinois Department, to persons in areas covered by the
13 Partnership may receive an additional surcharge for such
14 services.

15 (2) The Department may elect to consider and negotiate
16 financial incentives to encourage the development of
17 Partnerships and the efficient delivery of medical care.

18 (3) Persons receiving medical services through
19 Partnerships may receive medical and case management
20 services above the level usually offered through the
21 medical assistance program.

22 Medical providers shall be required to meet certain
23 qualifications to participate in Partnerships to ensure the
24 delivery of high quality medical services. These
25 qualifications shall be determined by rule of the Illinois
26 Department and may be higher than qualifications for

1 participation in the medical assistance program. Partnership
2 sponsors may prescribe reasonable additional qualifications
3 for participation by medical providers, only with the prior
4 written approval of the Illinois Department.

5 Nothing in this Section shall limit the free choice of
6 practitioners, hospitals, and other providers of medical
7 services by clients. In order to ensure patient freedom of
8 choice, the Illinois Department shall immediately promulgate
9 all rules and take all other necessary actions so that provided
10 services may be accessed from therapeutically certified
11 optometrists to the full extent of the Illinois Optometric
12 Practice Act of 1987 without discriminating between service
13 providers.

14 The Department shall apply for a waiver from the United
15 States Health Care Financing Administration to allow for the
16 implementation of Partnerships under this Section.

17 The Illinois Department shall require health care
18 providers to maintain records that document the medical care
19 and services provided to recipients of Medical Assistance under
20 this Article. Such records must be retained for a period of not
21 less than 6 years from the date of service or as provided by
22 applicable State law, whichever period is longer, except that
23 if an audit is initiated within the required retention period
24 then the records must be retained until the audit is completed
25 and every exception is resolved. The Illinois Department shall
26 require health care providers to make available, when

1 authorized by the patient, in writing, the medical records in a
2 timely fashion to other health care providers who are treating
3 or serving persons eligible for Medical Assistance under this
4 Article. All dispensers of medical services shall be required
5 to maintain and retain business and professional records
6 sufficient to fully and accurately document the nature, scope,
7 details and receipt of the health care provided to persons
8 eligible for medical assistance under this Code, in accordance
9 with regulations promulgated by the Illinois Department. The
10 rules and regulations shall require that proof of the receipt
11 of prescription drugs, dentures, prosthetic devices and
12 eyeglasses by eligible persons under this Section accompany
13 each claim for reimbursement submitted by the dispenser of such
14 medical services. No such claims for reimbursement shall be
15 approved for payment by the Illinois Department without such
16 proof of receipt, unless the Illinois Department shall have put
17 into effect and shall be operating a system of post-payment
18 audit and review which shall, on a sampling basis, be deemed
19 adequate by the Illinois Department to assure that such drugs,
20 dentures, prosthetic devices and eyeglasses for which payment
21 is being made are actually being received by eligible
22 recipients. Within 90 days after September 16, 1984 (the
23 effective date of Public Act 83-1439) ~~this amendatory Act of~~
24 ~~1984~~, the Illinois Department shall establish a current list of
25 acquisition costs for all prosthetic devices and any other
26 items recognized as medical equipment and supplies

1 reimbursable under this Article and shall update such list on a
2 quarterly basis, except that the acquisition costs of all
3 prescription drugs shall be updated no less frequently than
4 every 30 days as required by Section 5-5.12.

5 The rules and regulations of the Illinois Department shall
6 require that a written statement including the required opinion
7 of a physician shall accompany any claim for reimbursement for
8 abortions, or induced miscarriages or premature births. This
9 statement shall indicate what procedures were used in providing
10 such medical services.

11 Notwithstanding any other law to the contrary, the Illinois
12 Department shall, within 365 days after July 22, 2013 (the
13 effective date of Public Act 98-104), establish procedures to
14 permit skilled care facilities licensed under the Nursing Home
15 Care Act to submit monthly billing claims for reimbursement
16 purposes. Following development of these procedures, the
17 Department shall, by July 1, 2016, test the viability of the
18 new system and implement any necessary operational or
19 structural changes to its information technology platforms in
20 order to allow for the direct acceptance and payment of nursing
21 home claims.

22 Notwithstanding any other law to the contrary, the Illinois
23 Department shall, within 365 days after August 15, 2014 (the
24 effective date of Public Act 98-963), establish procedures to
25 permit ID/DD facilities licensed under the ID/DD Community Care
26 Act and MC/DD facilities licensed under the MC/DD Act to submit

1 monthly billing claims for reimbursement purposes. Following
2 development of these procedures, the Department shall have an
3 additional 365 days to test the viability of the new system and
4 to ensure that any necessary operational or structural changes
5 to its information technology platforms are implemented.

6 The Illinois Department shall require all dispensers of
7 medical services, other than an individual practitioner or
8 group of practitioners, desiring to participate in the Medical
9 Assistance program established under this Article to disclose
10 all financial, beneficial, ownership, equity, surety or other
11 interests in any and all firms, corporations, partnerships,
12 associations, business enterprises, joint ventures, agencies,
13 institutions or other legal entities providing any form of
14 health care services in this State under this Article.

15 The Illinois Department may require that all dispensers of
16 medical services desiring to participate in the medical
17 assistance program established under this Article disclose,
18 under such terms and conditions as the Illinois Department may
19 by rule establish, all inquiries from clients and attorneys
20 regarding medical bills paid by the Illinois Department, which
21 inquiries could indicate potential existence of claims or liens
22 for the Illinois Department.

23 Enrollment of a vendor shall be subject to a provisional
24 period and shall be conditional for one year. During the period
25 of conditional enrollment, the Department may terminate the
26 vendor's eligibility to participate in, or may disenroll the

1 vendor from, the medical assistance program without cause.
2 Unless otherwise specified, such termination of eligibility or
3 disenrollment is not subject to the Department's hearing
4 process. However, a disenrolled vendor may reapply without
5 penalty.

6 The Department has the discretion to limit the conditional
7 enrollment period for vendors based upon category of risk of
8 the vendor.

9 Prior to enrollment and during the conditional enrollment
10 period in the medical assistance program, all vendors shall be
11 subject to enhanced oversight, screening, and review based on
12 the risk of fraud, waste, and abuse that is posed by the
13 category of risk of the vendor. The Illinois Department shall
14 establish the procedures for oversight, screening, and review,
15 which may include, but need not be limited to: criminal and
16 financial background checks; fingerprinting; license,
17 certification, and authorization verifications; unscheduled or
18 unannounced site visits; database checks; prepayment audit
19 reviews; audits; payment caps; payment suspensions; and other
20 screening as required by federal or State law.

21 The Department shall define or specify the following: (i)
22 by provider notice, the "category of risk of the vendor" for
23 each type of vendor, which shall take into account the level of
24 screening applicable to a particular category of vendor under
25 federal law and regulations; (ii) by rule or provider notice,
26 the maximum length of the conditional enrollment period for

1 each category of risk of the vendor; and (iii) by rule, the
2 hearing rights, if any, afforded to a vendor in each category
3 of risk of the vendor that is terminated or disenrolled during
4 the conditional enrollment period.

5 To be eligible for payment consideration, a vendor's
6 payment claim or bill, either as an initial claim or as a
7 resubmitted claim following prior rejection, must be received
8 by the Illinois Department, or its fiscal intermediary, no
9 later than 180 days after the latest date on the claim on which
10 medical goods or services were provided, with the following
11 exceptions:

12 (1) In the case of a provider whose enrollment is in
13 process by the Illinois Department, the 180-day period
14 shall not begin until the date on the written notice from
15 the Illinois Department that the provider enrollment is
16 complete.

17 (2) In the case of errors attributable to the Illinois
18 Department or any of its claims processing intermediaries
19 which result in an inability to receive, process, or
20 adjudicate a claim, the 180-day period shall not begin
21 until the provider has been notified of the error.

22 (3) In the case of a provider for whom the Illinois
23 Department initiates the monthly billing process.

24 (4) In the case of a provider operated by a unit of
25 local government with a population exceeding 3,000,000
26 when local government funds finance federal participation

1 for claims payments.

2 For claims for services rendered during a period for which
3 a recipient received retroactive eligibility, claims must be
4 filed within 180 days after the Department determines the
5 applicant is eligible. For claims for which the Illinois
6 Department is not the primary payer, claims must be submitted
7 to the Illinois Department within 180 days after the final
8 adjudication by the primary payer.

9 In the case of long term care facilities, within 5 days of
10 receipt by the facility of required prescreening information,
11 data for new admissions shall be entered into the Medical
12 Electronic Data Interchange (MEDI) or the Recipient
13 Eligibility Verification (REV) System or successor system, and
14 within 15 days of receipt by the facility of required
15 prescreening information, admission documents shall be
16 submitted through MEDI or REV or shall be submitted directly to
17 the Department of Human Services using required admission
18 forms. Effective September 1, 2014, admission documents,
19 including all prescreening information, must be submitted
20 through MEDI or REV. Confirmation numbers assigned to an
21 accepted transaction shall be retained by a facility to verify
22 timely submittal. Once an admission transaction has been
23 completed, all resubmitted claims following prior rejection
24 are subject to receipt no later than 180 days after the
25 admission transaction has been completed.

26 Claims that are not submitted and received in compliance

1 with the foregoing requirements shall not be eligible for
2 payment under the medical assistance program, and the State
3 shall have no liability for payment of those claims.

4 To the extent consistent with applicable information and
5 privacy, security, and disclosure laws, State and federal
6 agencies and departments shall provide the Illinois Department
7 access to confidential and other information and data necessary
8 to perform eligibility and payment verifications and other
9 Illinois Department functions. This includes, but is not
10 limited to: information pertaining to licensure;
11 certification; earnings; immigration status; citizenship; wage
12 reporting; unearned and earned income; pension income;
13 employment; supplemental security income; social security
14 numbers; National Provider Identifier (NPI) numbers; the
15 National Practitioner Data Bank (NPDB); program and agency
16 exclusions; taxpayer identification numbers; tax delinquency;
17 corporate information; and death records.

18 The Illinois Department shall enter into agreements with
19 State agencies and departments, and is authorized to enter into
20 agreements with federal agencies and departments, under which
21 such agencies and departments shall share data necessary for
22 medical assistance program integrity functions and oversight.
23 The Illinois Department shall develop, in cooperation with
24 other State departments and agencies, and in compliance with
25 applicable federal laws and regulations, appropriate and
26 effective methods to share such data. At a minimum, and to the

1 extent necessary to provide data sharing, the Illinois
2 Department shall enter into agreements with State agencies and
3 departments, and is authorized to enter into agreements with
4 federal agencies and departments, including but not limited to:
5 the Secretary of State; the Department of Revenue; the
6 Department of Public Health; the Department of Human Services;
7 and the Department of Financial and Professional Regulation.

8 Beginning in fiscal year 2013, the Illinois Department
9 shall set forth a request for information to identify the
10 benefits of a pre-payment, post-adjudication, and post-edit
11 claims system with the goals of streamlining claims processing
12 and provider reimbursement, reducing the number of pending or
13 rejected claims, and helping to ensure a more transparent
14 adjudication process through the utilization of: (i) provider
15 data verification and provider screening technology; and (ii)
16 clinical code editing; and (iii) pre-pay, pre- or
17 post-adjudicated predictive modeling with an integrated case
18 management system with link analysis. Such a request for
19 information shall not be considered as a request for proposal
20 or as an obligation on the part of the Illinois Department to
21 take any action or acquire any products or services.

22 The Illinois Department shall establish policies,
23 procedures, standards and criteria by rule for the acquisition,
24 repair and replacement of orthotic and prosthetic devices and
25 durable medical equipment. Such rules shall provide, but not be
26 limited to, the following services: (1) immediate repair or

1 replacement of such devices by recipients; and (2) rental,
2 lease, purchase or lease-purchase of durable medical equipment
3 in a cost-effective manner, taking into consideration the
4 recipient's medical prognosis, the extent of the recipient's
5 needs, and the requirements and costs for maintaining such
6 equipment. Subject to prior approval, such rules shall enable a
7 recipient to temporarily acquire and use alternative or
8 substitute devices or equipment pending repairs or
9 replacements of any device or equipment previously authorized
10 for such recipient by the Department.

11 The Department shall execute, relative to the nursing home
12 prescreening project, written inter-agency agreements with the
13 Department of Human Services and the Department on Aging, to
14 effect the following: (i) intake procedures and common
15 eligibility criteria for those persons who are receiving
16 non-institutional services; and (ii) the establishment and
17 development of non-institutional services in areas of the State
18 where they are not currently available or are undeveloped; and
19 (iii) notwithstanding any other provision of law, subject to
20 federal approval, on and after July 1, 2012, an increase in the
21 determination of need (DON) scores from 29 to 37 for applicants
22 for institutional and home and community-based long term care;
23 if and only if federal approval is not granted, the Department
24 may, in conjunction with other affected agencies, implement
25 utilization controls or changes in benefit packages to
26 effectuate a similar savings amount for this population; and

1 (iv) no later than July 1, 2013, minimum level of care
2 eligibility criteria for institutional and home and
3 community-based long term care; and (v) no later than October
4 1, 2013, establish procedures to permit long term care
5 providers access to eligibility scores for individuals with an
6 admission date who are seeking or receiving services from the
7 long term care provider. In order to select the minimum level
8 of care eligibility criteria, the Governor shall establish a
9 workgroup that includes affected agency representatives and
10 stakeholders representing the institutional and home and
11 community-based long term care interests. This Section shall
12 not restrict the Department from implementing lower level of
13 care eligibility criteria for community-based services in
14 circumstances where federal approval has been granted.

15 The Illinois Department shall develop and operate, in
16 cooperation with other State Departments and agencies and in
17 compliance with applicable federal laws and regulations,
18 appropriate and effective systems of health care evaluation and
19 programs for monitoring of utilization of health care services
20 and facilities, as it affects persons eligible for medical
21 assistance under this Code.

22 The Illinois Department shall report annually to the
23 General Assembly, no later than the second Friday in April of
24 1979 and each year thereafter, in regard to:

25 (a) actual statistics and trends in utilization of
26 medical services by public aid recipients;

1 (b) actual statistics and trends in the provision of
2 the various medical services by medical vendors;

3 (c) current rate structures and proposed changes in
4 those rate structures for the various medical vendors; and

5 (d) efforts at utilization review and control by the
6 Illinois Department.

7 The period covered by each report shall be the 3 years
8 ending on the June 30 prior to the report. The report shall
9 include suggested legislation for consideration by the General
10 Assembly. The filing of one copy of the report with the
11 Speaker, one copy with the Minority Leader and one copy with
12 the Clerk of the House of Representatives, one copy with the
13 President, one copy with the Minority Leader and one copy with
14 the Secretary of the Senate, one copy with the Legislative
15 Research Unit, and such additional copies with the State
16 Government Report Distribution Center for the General Assembly
17 as is required under paragraph (t) of Section 7 of the State
18 Library Act shall be deemed sufficient to comply with this
19 Section.

20 Rulemaking authority to implement Public Act 95-1045, if
21 any, is conditioned on the rules being adopted in accordance
22 with all provisions of the Illinois Administrative Procedure
23 Act and all rules and procedures of the Joint Committee on
24 Administrative Rules; any purported rule not so adopted, for
25 whatever reason, is unauthorized.

26 On and after July 1, 2012, the Department shall reduce any

1 rate of reimbursement for services or other payments or alter
2 any methodologies authorized by this Code to reduce any rate of
3 reimbursement for services or other payments in accordance with
4 Section 5-5e.

5 Because kidney transplantation can be an appropriate, cost
6 effective alternative to renal dialysis when medically
7 necessary and notwithstanding the provisions of Section 1-11 of
8 this Code, beginning October 1, 2014, the Department shall
9 cover kidney transplantation for noncitizens with end-stage
10 renal disease who are not eligible for comprehensive medical
11 benefits, who meet the residency requirements of Section 5-3 of
12 this Code, and who would otherwise meet the financial
13 requirements of the appropriate class of eligible persons under
14 Section 5-2 of this Code. To qualify for coverage of kidney
15 transplantation, such person must be receiving emergency renal
16 dialysis services covered by the Department. Providers under
17 this Section shall be prior approved and certified by the
18 Department to perform kidney transplantation and the services
19 under this Section shall be limited to services associated with
20 kidney transplantation.

21 Notwithstanding any other provision of this Code to the
22 contrary, on or after July 1, 2015, all FDA approved forms of
23 medication assisted treatment prescribed for the treatment of
24 alcohol dependence or treatment of opioid dependence shall be
25 covered under both fee for service and managed care medical
26 assistance programs for persons who are otherwise eligible for

1 medical assistance under this Article and shall not be subject
2 to any (1) utilization control, other than those established
3 under the American Society of Addiction Medicine patient
4 placement criteria, (2) prior authorization mandate, or (3)
5 lifetime restriction limit mandate.

6 On or after July 1, 2015, opioid antagonists prescribed for
7 the treatment of an opioid overdose, including the medication
8 product, administration devices, and any pharmacy fees related
9 to the dispensing and administration of the opioid antagonist,
10 shall be covered under the medical assistance program for
11 persons who are otherwise eligible for medical assistance under
12 this Article. As used in this Section, "opioid antagonist"
13 means a drug that binds to opioid receptors and blocks or
14 inhibits the effect of opioids acting on those receptors,
15 including, but not limited to, naloxone hydrochloride or any
16 other similarly acting drug approved by the U.S. Food and Drug
17 Administration.

18 (Source: P.A. 98-104, Article 9, Section 9-5, eff. 7-22-13;
19 98-104, Article 12, Section 12-20, eff. 7-22-13; 98-303, eff.
20 8-9-13; 98-463, eff. 8-16-13; 98-651, eff. 6-16-14; 98-756,
21 eff. 7-16-14; 98-963, eff. 8-15-14; 99-78, eff. 7-20-15;
22 99-180, eff. 7-29-15; 99-236, eff. 8-3-15; 99-407 (see Section
23 99 of P.A. 99-407 for its effective date); 99-433, eff.
24 8-21-15; 99-480, eff. 9-9-15; revised 10-13-15.)

25 Section 995. No acceleration or delay. Where this Act makes

1 changes in a statute that is represented in this Act by text
2 that is not yet or no longer in effect (for example, a Section
3 represented by multiple versions), the use of that text does
4 not accelerate or delay the taking effect of (i) the changes
5 made by this Act or (ii) provisions derived from any other
6 Public Act.

7 Section 999. Effective date. This Act takes effect July 1,
8 2016.