

Rep. Robyn Gabel

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	10200HB3995ham001	LRB102 14648 CPF 24042 a
1	AMENDMENT TO	HOUSE BILL 3995
2	AMENDMENT NO Ame	nd House Bill 3995 by replacing
3	everything after the enacting	clause with the following:
4	"Section 1. Short title. T	his Act may be cited as the Birth
5	Center Licensing Act.	
6	Section 5. Definitions. In	this Act:
7	"Birth center" means a	designated site, other than a
8	hospital:	
9	(1) in which births a	re planned to occur following a
10	normal, uncomplicated, and	l low-risk pregnancy;
11	(2) that is not the p	regnant person's usual place of
12	residence;	
13	(3) that is exclusi	vely dedicated to serving the
14	childbirth-related needs	of pregnant persons and their
15	newborns, and has no more	than 10 beds; and

(4) that offers prenatal care and community education

- 1 services and coordinates these services with other health
- 2 care services available in the community.
- 3 "Department" means the Department of Public Health.
- 4 "Hospital" does not include places where pregnant females
- 5 are received, cared for, or treated during delivery if it is in
- a licensed birth center, nor include any facility required to
- 7 be licensed as a birth center.
- 8 Section 10. License required. Except as provided by this
- 9 Act, no person shall open, manage, conduct, offer, maintain,
- 10 or advertise as a birth center without a valid license issued
- 11 by the Department. All birth centers in existence as of the
- 12 effective date of this Act shall obtain a valid license to
- operate within 2 years after the adoption of rules by the
- 14 Department to implement this Act under Section 60.
- 15 Section 15. Issuance and renewal of license.
- 16 (a) An applicant for a license under this Act shall submit
- 17 an application on forms prescribed by the Department. Each
- application shall be accompanied by a nonrefundable license
- 19 fee, as established by rule by the Department under Section
- 20 60.
- 21 (b) The Department may grant a temporary initial license
- 22 to an applicant. A temporary initial license expires on the
- 23 earlier of the date the Department denies the license or the
- 24 date 6 months after the temporary initial license was issued.

- 1 (c) The Department shall issue a license under this Act
- 2 if, after application, inspection, and investigation, it finds
- 3 the applicant meets the requirements of this Act and the rules
- 4 and standards adopted pursuant to this Act.
- 5 (d) A license is renewable every year upon submission of:
- 6 (i) the renewal application and fee and (ii) a report on a form
- 7 prescribed by the Department that includes information related
- 8 to quality of care at a birth center. The report must be in the
- 9 form and documented by evidence as required by the Department
- 10 by rule under Section 60.
- 11 Section 17. Certificate of need; licenses.
- 12 (a) A birth center shall obtain a certificate of need from
- 13 the Health Facilities and Services Review Board under the
- 14 Health Facilities Planning Act before receiving a license by
- 15 the Department under this Act.
- 16 (b) If, after obtaining an initial certificate of need
- under subsection (a), a birth center seeks to increase the bed
- 18 capacity of the birth center, the birth center must obtain a
- 19 certificate of need from the Health Facilities and Services
- 20 Review Board before increasing the bed capacity.
- 21 (c) A birth center in a medically underserved area, as
- 22 determined by the U.S. Department of Health and Human
- 23 Services, shall receive priority in obtaining a certificate of
- 24 need under this Section.

- 1 Section 20. Linkages.
- 2 (a) A birth center shall, to the extent possible, link and integrate its services with nearby health care facilities.
- (b) A birth center shall have a written plan for transfer of patients that addresses emergency and nonemergency situations for both pregnant persons and newborns in antepartum, intrapartum, and postpartum phases. This should include plans for communication with the receiving hospital before and after transfer.
- 10 Section 25. Staffing.

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- 11 (a) A birth center shall have a clinical director, who may
 12 be:
 - (1) a physician who is either certified or eligible for certification by the American College of Obstetricians and Gynecologists or the American Board of Osteopathic Obstetricians and Gynecologists or has hospital obstetrical privileges; or
 - (2) a midwife who is either certified or eligible for certification by his or her governing body.
 - (b) The clinical director shall be responsible for:
 - (1) the development of policies and procedures for services as provided by Department rules;
- 23 (2) coordinating the clinical staff and overall provision of patient care;
- 25 (3) developing and approving policies defining the

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- criteria to determine which pregnancies are accepted as normal, uncomplicated, and low-risk; and
 - (4) developing and approving policing regarding the anesthesia services available at the center.
 - (c) An obstetrician, family practitioner, or midwife licensed in Illinois shall attend each person in labor from the time of admission through birth and throughout the immediate postpartum period. Attendance may be delegated only to another physician or midwife licensed in Illinois.
- 10 (d) A second staff person shall be present at each birth
 11 who:
- 12 (1) is licensed or certified in Illinois in a
 13 health-related field and under the supervision of a
 14 physician or a licensed midwife in Illinois that is in
 15 attendance;
 - (2) has specialized training in labor and delivery techniques and care of newborns; and
 - (3) receives planned and ongoing training as needed to perform assigned duties effectively.
- 20 Section 30. Minimum standards.
- 21 (a) The Department's rules adopted pursuant to Section 60 22 of this Act shall contain minimum standards to protect the 23 health and safety of a patient of a birth center. In adopting 24 rules for birth centers, the Department shall consider:
- 25 (1) the Commission for the Accreditation of Birth

- 1 Centers' Standards for Freestanding Birth Centers;
- 2 (2) the American Academy of Pediatrics and American
- 3 College of Obstetricians and Gynecologists Guidelines for
- 4 Perinatal Care; and
- 5 (3) the Regionalized Perinatal Health Care Code.
- 6 Section 35. Quality of care. The Department's rules shall
- 7 provide for a time period within which each birth center must
- 8 become accredited by either the Commission for the
- 9 Accreditation of Freestanding Birth Centers or The Joint
- 10 Commission.
- 11 A birth center shall implement a quality improvement
- 12 program consistent with the requirements of the accrediting
- 13 body.
- 14 Section 40. Reimbursement requirements.
- 15 (a) A birth center shall seek certification under Titles
- 16 XVIII and XIX of the federal Social Security Act.
- 17 (b) Reimbursement rates set by the Department of
- 18 Healthcare and Family Services should be based on all types of
- 19 medically necessary covered services provided to both the
- 20 birthing person and the baby, including:
- 21 (1) a professional fee for both the birthing person
- and baby;
- 23 (2) a facility fee for the birthing person that is no
- less than 75% of the statewide average facility payment

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- 3 (3) a facility fee for the baby that is no less than 4 75% of the statewide average facility payment rate made to 5 a hospital for a normal baby; and
- (4) additional fees for other services, medications,
 laboratory tests, and supplies provided.
 - (c) A birth center shall provide charitable care consistent with that provided by comparable health care providers in the geographic area.
- 11 (d) A birth center may not discriminate against any 12 patient requiring treatment because of the source of payment 13 for services, including Medicare and Medicaid recipients.
- Section 45. Reporting requirements. The Department shall by rule require each birth center to report information every year that is consistent with the birth center's license renewal schedule, which the Department shall make publicly available and which shall include the following:
- 19 (1) utilization data involving patient length of stay;
- 20 (2) admissions and discharges;
- 21 (3) complications;
- 22 (4) transfers;
- 23 (5) deaths;
- 24 (6) any other publicly reported data required under 25 the Consumer Guide to Health Care; and

1 (7) post-discharge patient status data where patients 2 are followed for 14 days after discharge from the birth 3 center to determine whether the mother or baby developed a 4 complication or infection.

Section 50. Training. A birth center shall establish and implement a policy to ensure appropriate training and competency of individuals employed within the birth center. The policy shall, at a minimum, define the acts and practices that are allowed or prohibited for such employees, establish how training will be conducted, and illustrate how initial competency will be established.

Section 55. Inspections; special inspections; reports.

- (a) The Department shall deem an accreditation body applicable to birth centers as a substitute for its own periodic inspection. The Department, whenever it determines necessary, may conduct a special inspection, survey, or evaluation of a birth center to assess compliance with licensure requirements and standards or a plan of correction submitted as a result of deficiencies cited by the Department or accrediting body.
- (b) Upon the Department's completion of any special inspection, survey, or evaluation, the appropriate Department personnel who conducted the special inspection, survey, or evaluation shall submit a copy of his or her report to the

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- licensee upon exiting the birth center, and shall submit the actual report to the appropriate regional office.
- 3 (c) The Department's report and any recommendation for 4 action under this Act shall be sent to the Department's 5 central office together with a plan of correction from the 6 birth center.
 - (d) The plan of correction may contain related comments or documentation provided by the birth center that may refute findings in the report, explain extenuating circumstances that the birth center could not reasonably have prevented, or indicate methods and timetables for correction of deficiencies described in the report.
 - (e) A birth center has 10 days after the date of the Department's special inspection, survey, or evaluation to submit a plan of correction. The Department shall determine whether a birth center is in violation of this Section no later than 60 days after completion of each special inspection, survey, evaluation, or plan of correction.
- (f) The Department shall maintain all special inspection, survey, or evaluation reports for at least 5 years in a manner accessible to the public.
- 22 Section 60. Rules.
- 23 (a) The Department shall adopt rules for the 24 administration and enforcement of this Act.
- 25 (b) Rules adopted by the Department under this Act shall

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- the eligibility criteria for birth (1) admission that are consistent with accreditation standards and the midwife's or physician's scope of practice;
- the necessary equipment for emergency care according to the Commission for Accreditation of Birth Centers' standards:
- (3) the travel time distance from the birth center that is not located within a rural area and a general acute care hospital with which the birth center the maintains a transfer agreement that allows for an emergency cesarean delivery to be started within 30 minutes of the decision that a cesarean delivery is necessary;
- (4) the travel time distance from the birth center that is located within a rural area and a general acute care hospital with which the birth center maintains a transfer agreement that allows for an emergency cesarean delivery to be started within 45 minutes of the decision that a cesarean delivery is necessary;
- (5) that the use of general anesthesia at a birth center is prohibited; and
- (6) the equipment used by the birth center to ensure that it is compatible with the health and safety of the patients.
- Section 99. Effective date. This Act takes effect upon

1 becoming law.".