Illinois Health and Hospital Association

Oct. 12, 2021

The Spring 2021 session resulted in several pieces of comprehensive legislation passed by the Illinois General Assembly addressing maternal health. This memo provides a summary of those new Acts which includes new requirements for hospitals.

P.A. 102-0004 – Illinois Health Care and Human Service Reform Act – This law, effective immediately, is the healthcare pillar of the four major proposals of the Legislative Black Caucus. Covering a wide array of healthcare related topics, this omnibus legislation addresses maternal health issues under the Public Aid Code by:

- Creating a pool of funding of at least $50 million annually to be disbursed among safety net hospitals that maintain their perinatal designation with the Illinois Department of Public Health (IDPH). This funding is to be used to preserve or enhance maternal and perinatal services at these institutions.
- Requiring the Department of Healthcare and Family Services (HFS) to cover a home visiting program and perinatal doula services for women covered under the Medicaid program. Doula services would begin in the perinatal period and continue into the postnatal period, including labor and delivery. *Note that while no specific appropriation was outlined for this initiative it is IHA's understanding that HFS is in the process of implementing this program under its current funding.*

P.A. 102-0414 – Alternative Health Care Models – Birthing Centers – This law, effective immediately, expands the number of birthing centers permitted under the Alternative Health Care Delivery Act to include ten (previously four) in the northeast region of the state, with two specifically allotted for the west and south sides of Chicago, and one for East St. Louis. Through IHA's advocacy efforts attempts for these additional birthing centers to circumvent the Certificate of Need process were removed from the final bill.

P.A. 102-0518 – Birth Center Licensing Act – This law, effective immediately, creates a process by which an independent birth center can be licensed by IDPH. This Act creates minimum staffing requirements, standards, quality of care, reimbursement requirements, reporting requirements, training, and inspection process. Of particular interest to hospitals, birth centers licensed under this Act must have an established agreement with a nearby receiving birthing hospital for timely transfers as well as demonstrate necessity for the birth center by going through the Certificate of Need process, requirements raised by IHA during negotiations of the final legislation. At this time it is unclear how IDPH will reconcile the requirements for birth centers under this Act and the Alternative Health Care Delivery Act.

P.A. 102-0665 – Improving Health Care for Pregnant and Postpartum Individuals Act – This legislation is a comprehensive piece of legislation seeking to address many of the facets impacting overall maternal health, maternal mortality, and maternal morbidity. Under this Act a birthing facility, defined as a hospital with licensed obstetric beds or a neonatal intensive care unit or a hospital operated by a State university, shall have a written policy in place in addition to the continuing education and training for obstetric hemorrhage and hypertension. The written policy, education, and training under this Section has also been extended to include other leading causes of maternal mortality. Further, birthing facilities shall incorporate into these policies best practices for identification and assessment for common pregnancy or postpartum complications throughout the pregnancy and postpartum period, defined as 12-months post-delivery. These best practices include offering coordination of a post-delivery early postpartum visit. The best practices are to be developed by IDPH with collaboration from the Illinois Perinatal Quality Collaborative (ILPQC). Through IHA's advocacy efforts, more onerous and confusing requirements for hospitals in earlier versions of the bill were replaced with the more streamlined approach that will allow for greater consistency and

continuity for implementation.

Other key provisions of this legislation includes:

- Requiring the Department of Human Services (DHS) to expand and update its maternal child health programs to serve pregnant and postpartum individuals determined to be high-risk.
- Requiring IDPH, in collaboration with DHS and HFS to revise or add rules to the Maternal and Child Health Services Code as it relates to the governing of the High Risk Infant Follow-up program.
- Changing the Insurance Code to allow hospitals to receive separate reimbursement for a long-acting reversible contraceptive device provided immediately postpartum in the inpatient hospital setting before hospital discharge. This payment is to be in addition to a bundled or Diagnostic Related Group reimbursement for labor and delivery.
- Expanding what is deemed essential health benefits for pregnancy and newborn care to include:
  - Access to clinically appropriate case management programs for an individual identified as experiencing a high-risk pregnancy.
  - Access to medically necessary treatment of a mental, emotion, nervous, or substance use disorder or condition consistent with the Mental and emotional disorders Section of the Code (Sect. 370c and 370c.1).
  - Benefits for both inpatient and outpatient services for treatment of mental health or substance use disorders. Under these provisions a process for determining ongoing eligibility and appealing denial of coverage is established.
- Beginning July 1, 2022, expanding Medicaid coverage for women to receive coverage for perinatal depression screenings for 12 months after the women's pregnancy has ended.
- Requiring HFS to seek federal approval for a State Plan amendment to expand coverage for family planning services that includes presumptive eligibility to individuals at or below 208% of the federal poverty level.
- Requiring HFS to establish under the Medicaid program a universal postpartum visit within the first three weeks of childbirth and a comprehensive visit within four to twelve weeks postpartum. Postpartum care provided by perinatal doulas, certified lactation counselors, international board-certified lactation consultants, public health nurses, certified nurse midwives, community health workers, and medical caseworkers are to be covered under this program.

If you have any questions, please contact IHA.
