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New Enacted Maternal Health Laws Impacting Hospitals

The 2019 legislative session saw passage of an unprecedented number of maternal health legislation. This high volume was in response to several studies and reports showing high maternal mortality and morbidity rates in Illinois and across the country, particularly among minority populations. As Gov. Pritzker has acted upon all legislation passed during the spring session, the following is a description of those new laws impacting maternal care in the hospital setting.

Note: Most of these laws call on a state agency to promulgate rules to implement these new requirements. IHA will send out further communication to the membership as those rules are developed.

PA 101-0038 – Task Force on Infant and Maternal Mortality Among African Americans

This act creates the Task Force on Infant and Maternal Mortality Among African Americans Act. The task force, under the purview of the Illinois Dept. of Public Health (IDPH) is charged with establishing best practices to decrease infant and maternal mortality among African Americans in Illinois. The task force is to be compromised of various healthcare professionals and associations representing healthcare professionals, as well as a hospital administrator. The task force is to meet quarterly to review data and research to better understand the causes of high infant and maternal mortality among this population and produce an annual report to the General Assembly detailing its findings and any recommendations.

PA 101-0091 - Maternal Blood Pressure Equipment

This act, effective Jan. 1, 2020 requires hospitals to have proper instruments available for taking a pregnant woman's blood pressure. Hospitals should have various sized blood pressure cuffs available to ensure they are in compliance with this new requirement.

PA 101-0386 - Maternal Mental Health Insurance Coverage

This act requires insurance coverage for mental health conditions that occur during pregnancy or during the postpartum period.

PA 101-0390 - Hospital Hemorrhage Training

Effective Jan. 1, 2020, this law requires all birthing facilities, defined as a hospital with at least one obstetric or neonatal intensive care bed, to conduct annual continuing education for providers and staff of obstetric medicine and emergency departments that may care for pregnant or postpartum women. This education must include management of severe maternal hypertension and obstetric hemorrhage. Applicable hospitals must demonstrate compliance with these education and training requirements.

Additionally, IDPH is required to collaborate with the Illinois Perinatal Quality Collaborative (ILPQC) to improve birth equity and reduce peripartum racial and ethnic disparities. The initiative is to include the development of best practices for implicit bias training and education in cultural competency to be used by birthing facilities in interactions between patients and providers.

Finally, IDPH's Maternal Mortality Review Committee is to make available to all birthing facilities best practices for timely identification of all pregnant and postpartum women in the emergency department for appropriate and timely consultation with an obstetric provider. Applicable hospitals must update their policies to ensure they are identifying pregnant and postpartum women seeking care in their emergency departments. Hospitals may use telemedicine to meet this consultation requirement.

This law, effective Jan. 1, 2020, amends the Medical Patient Rights Act by setting forth certain rights that women have with regard to pregnancy and childbirth. The 19 rights outlined include appropriate access to care prior to, during and after the pregnancy, choice in the type of provider for her maternity care professional and the setting in which she receives her care. Healthcare providers, including hospitals, are required to post information about these rights in a prominent place in their facilities and on their websites. Through IHA's advocacy efforts amendatory language was added to provide certain legal protections for hospitals and to ensure healthcare providers do not have to provide care inconsistent with generally accepted medical standards, or available capabilities or resources.

PA 101-0446 - Reporting of Infant and Maternal Mortality

These changes to the Hospital Report Card Act adds the following information that hospitals must submit as part of their quarterly reports to IDPH:

- Each instance of preterm birth and infant mortality within the reporting period, including the racial and ethnic information of the mothers of those infants; and
- Each instance of maternal mortality within the reporting period, including the racial and ethnic information of those mothers.

Under these changes, IDPH is charged with using this information to illustrate the disparity of those occurrences across different racial and ethnic groups.

PA 101-0447 – Maternal Levels of Care

This act requires IDPH to establish levels of maternal care for hospitals in Illinois. These levels of care are to be complimentary but distinct from the perinatal levels of care system. IDPH, by rule, will develop criteria for the designation of hospitals based on their capabilities. The department will also collect additional data on maternal mortality and morbidity to lead any future changes to the maternal levels of care. As with the perinatal levels of care, IHA will work closely with IDPH to advocate for appropriate criteria to be developed taking into account the geographic and other regional needs of the state. IHA will also be engaged with the membership to gain feedback on the impact of these proposals.

PA 101-0512 - Maternal Mental Health Education

This creates the Maternal Mental Health Conditions Education, Early Diagnosis, and Treatment Act. Effective Jan. 1, 2020, this act requires that the Department of Human Services (DHS) to develop educational materials on maternal mental health conditions, and make them available to birthing hospitals, defined as those hospitals with licensed obstetric beds. Starting Jan. 1, 2021, applicable hospitals must distribute those materials to employees regularly working with pregnant or postpartum women, as well as supplement those materials with information and resources relevant to their facility or region. Similar requirements currently exist in the <u>Perinatal Mental Health Disorders Prevention and Treatment Act</u>. Hospitals should review their policies to see how they can simultaneously comply with both requirements.

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