



Illinois Department of Financial and Professional Regulation

Division of Professional Regulation

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Department of Financial and Professional Regulation
Division of Professional Regulation
Home Birth Maternity Care Crisis Study Committee Meeting

Date: July 18, 2019
Meeting Convened: 1:10 P.M.
Meeting Adjourned: 2:55 P.M.
Location: Chicago: JRTC CBD Rooms 2-025; SPI: Stratton CBD 376

Roll Call: Senator Iris Martinez, Chairperson Elect
Senator Neil Anderson (Absent)
Barbara Belcore, CPM
Debra Lowrance, APRN, CNM
Robert Minkus, MD
Maura Quinlan, MD (Absent)
Nadia N. Sawicki, JD
Jeanine Valrie-Logan, CNM
Carrie Vickery
Rachel Wickersham, RN, CPM
Cheryl Wolfe, MD
Hunter Wiggins, JD

Staff Present: Lucienne Doler, IDFPR
Richard Schultz, IDFPR
Robert Dixon, IDFPR
Matt Sanchez, IDFPR
Ciara Wagoner, IDFPR
Amanda Phelps, IDFPR

Guests Present: Dan Hohl, Illinois State Medical Society ("ISMS")
Erin O'Brien, ISMS
Trisha Rodriguez

Topic	Discussion	Action
<p>Call to Order</p>	<ul style="list-style-type: none"> The meeting was called to order and everyone introduced themselves. As there were ten (10) Committee Members present, in Chicago or Springfield, there was a quorum of the total 15 Committee Members. 	
<p>New Business</p>	<p>A. <u>Election of Chair and Vice-Chair</u></p> <ul style="list-style-type: none"> Rick: Noted that the Resolution establishing the Committee did not state whether there would be a Chair and a Vice-Chair: however, the Illinois Department of Financial and Professional Regulation (“IDFPR”) would like the Committee to select a Chair and Vice-Chair to assist the IDFPR in completing its administrative duties and to run the meetings. Senator Martinez: Provided background of the resolution by explaining that a few years ago she did try to pass a bill to license Midwives, but it failed to pass in Committee. When there are thirty-three other states that certify or license midwives, she believes that Illinois should license them as well. The most important thing to her was the safety of the mothers and babies. Her concern was that there are midwives working in the shadows delivering babies right now who are not licensed because Illinois does have a process to permit them to be licensed. It is important to have this discussion, and to have a Chair who will facilitate this discussion. Carrie: Nominated Senator Martinez to serve as Chair of the Committee. Barbara: Seconded the nomination. As there was no discussion, the matter went to a vote. Home Birth Maternity Care Crisis Study Committee votes: 10 yes votes (Senator Martinez, Barbara, Debra, Dr. Minkus, Nadia, Jeanine, Carrie, Rachel, Dr. Wolfe and Hunter), 0 no votes and 0 abstentions. Hunter: Vice-Chair would be a procedural position in that the person would only serve if the Chair was unexpectedly detained and unable to be present at the meeting. Senator Martinez: Asked if the any member of the Illinois House of Representatives was appointed to the Committee. Robert D.: Responded that there had not been any other legislators appointed to the Committee, either by the Speaker or the Minority Leader of the House. Senator Martinez: Asked to delay the vote for the Vice-Chair, because she has been working with a member of the House who she wanted to be her backup person as they both have been working on the issue of licensing midwives. She said that she will investigate the matter and requested to have the vote for a Vice-Chair at the next meeting. Selection of Vice-Chair was deferred to the August meeting. <p>B. <u>Comments from the Chair</u></p> <ul style="list-style-type: none"> Senator Martinez: Stated that she wants to have some sort of licensure process for midwives in Illinois. She wants the assistance provided by 	<p>Senator Martinez Approved as Chair</p>

midwives to be transparent, safe and have a licensure process. Her intent is to have a bill that she can present to the General Assembly. She believes that currently babies are being born with the assistance of midwives who are not licensed, and while many are certified in other states, some may be “bad apples.” She believes that a requirement that midwives be licensed will create a data base that people can check to ensure that the midwives are properly certified and licensed. It would also permit the State to monitor and regulate the profession and ensure that certified and licensed midwives are sufficiently trained to protect both the mother and baby. The purpose of the Committee is to have a positive conversation which is designed to develop language for legislation to recognize government licensing for midwives and allow them to operate in transparency.

- **Barbara:** Stated that she is the President of the Illinois Counsel for Certified Professional Midwives (“CPMs”), and a licensed midwife in the State of Wisconsin. She noted that Wisconsin licenses midwives and things are very different with the licensure process. In Wisconsin, midwives and doctors work together to transition from homes to hospitals if emergencies occur and there is no fear around collaborating with physicians, which is not the case in Illinois. If a midwife only has a certification in Illinois, she is limited in many ways and is under threat of prosecution. In Illinois, there are about 1,000 home births every year, and less than half of those births are being assisted by individuals with professional licenses. She knows that it is happening and will continue to happen in greater numbers. Her organization believes that providing licensure for professional midwives will not only permit licensed CPMs to openly assist in births, but will also protect moms and babies because they could work collaboratively with doctors and hospitals. Licensure of CPMs would prevent mothers from being dropped off at hospitals with no information about their prenatal care. She hopes to clear-up inaccurate assumptions regarding the education and training of midwives through the testimony of witnesses before the Committee. She said that she knows there have been benefits that have become evident in other states which have chosen to license midwives. She hopes to develop legislation to license CPMs in Illinois.
- **Rachel:** Stated that she is past President of the Illinois Counsel for CPMs, and now is a member of the national organization for CPMs. The national organization is working on Medicaid reimbursement for professional midwives in all states where they are licensed. A bill has been introduced in Congress to allocate several millions of dollars for midwifery education to expand this workforce. She stated that when she started, there were only 20 states that license midwives, but now 35 states license midwives. So, the trend is up, and if Medicaid reimbursement is approved, the number of states licensing midwives will further increase.
- **Debra:** Stated that she was a Certified Nurse Midwife (“CNM”) with a practice in southeastern Illinois, which is a “midwifery desert area.”

	<p>She is the only midwife that assists in home births over about a 300-mile radius. A CPM assists her with some of the home births, but she needs to be licensed to fully assist her with her practice. She explained that in rural Illinois, many counties do not have access to any medical providers which provide obstetric services. She commented that there is a nationwide push for both CNMs and CPMs, because of the shortage of doctors providing obstetric services and the problem with maternity mortality. National organizations are trying to resolve this shortage by increasing midwifery care. In response to a question, she stated that some women approach her because they have had horrible hospital experiences and refuse to return to a hospital setting. Also, other women: have had midwifery care in other countries and are seeking that type of care in Illinois; have a lack of resources and want something that is more personalized; or are in an Amish community and do not wish to use a hospital for the birth of their baby.</p> <ul style="list-style-type: none"> • Jeanine: Stated that she is a CNM in Chicago and women have told her that they are fearful of a hospital birth experience. She said that in Chicago there are less than five home birth nurses or midwifery home birth practices. Licensing of midwives would provide more options for women, especially women of color, who are fearful of the hospital environment for their births. Having licensed CPMs would also increase access to health care for women of color and women generally. • Rachel: In response to a question about the education and training that CPMs receive, stated that she expects to call a witness that is the Executive Director of the program that administers the credentials. She provided an overview of the certification process for CPMs and CNMs. There are various educational programs across the nation; however, beginning in 2020, there will be a requirement that CPMs take a school education path rather than alternative education. Starting in 2020, if a state is implementing the new US Midwifery Education, Regulation, & Association (“MERA”) agreement, only those who attend a school accredited by the Midwifery Education Accreditation Council (“MEAC”) (which is over-seen by the US Department of Education) may obtain a new license in that state. There are currently only a handful of schools across the nation that would qualify for this accreditation, and students can attend in person or on-line. The program for CPMs are consist of classes that are virtually identical to those for nursing degrees, except that they only include classes for the treatment of women in their child bearing years. CNMs receive additional classes involving other health issues. The program for professional midwives includes training about pregnancy, birth and postpartum issues. After the schooling and a period of hands-on training in a clinical setting, the professional midwives must take a national exam to become certified. The hands-on training includes attending multiple births, prenatal visits, postpartum visits, baby examinations, which are all witnessed by an approved instructor. This process is identical to the process for educating CNMs. 	
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- **Barbara:** Added that CPMs educational programs contain more clinical experiences regarding births than the programs for CNMs.
- **Rachel:** Noted that the minimum number of birth-related clinical experiences required by some CNM schools is higher than the number required by their accrediting body, the Accreditation Commission for Midwifery Education (“ACME”). But the number required by the North American Registry of Midwives (“NARM”) for CPM certification, in some cases (categories), exceeds the ACME requirements. Also, the exam for CPMs contains more birth-related questions than the exam for CNMs.
- **Robert D.:** Suggested that there would be speakers for these topics and that might want to discuss some administrative matters.

C. Meetings Dates and Locations

- **Robert D.:** Noted that IDFPR staff has scheduled the meetings for every third Thursday over the next few months.
- **Rick:** Stated that one Committee Member has reported that it is difficult for her to attend meetings on Thursdays, however other Committee Members have said that they could attend on those dates. The specific scheduled tentative meeting dates are: August 15, 2019; September 19, 2019; October 17, 2019; November 21, 2019; and December 19, 2019. In response to a question, he explained that a person could call-in for meetings or participate by a laptop on the Webex system.
- **Senator Martinez:** In response to a question about whether witness could provide testimony by Webex, said that she would be uncomfortable having witness testimony by Webex, because she preferred that individuals testify in person.
- **Luci:** Reminded the Committee that if they called into the meeting, they would not be able to vote on an issue under the Open Meetings Act, unless there is a quorum that is physically present at the meeting. Regardless, people could listen to testimony by calling into the meetings.
- **Senator Martinez:** Noted that the 1:00 p.m. starting time was acceptable to the group and agreed to attempt to limit the meetings to two hours, if possible. So, the meetings would be held from 1:00 p.m. to 3:00 p.m., unless there is extensive witness testimony which may cause the meeting to go beyond the two-hour limit on a particular day. In addition, the dates appear to be tentatively acceptable, however, if there are several individuals who could not attend the meeting, then the tentative meeting date could be rescheduled.
- **Rick:** Requested that he be informed if Committee Members would be unable to attend a meeting to ensure that there is a quorum at that meeting. He also asked the Committee Members for any suggested witnesses who would provide testimony to the Committee. He further requested that they provide the witnesses names, the topics that they

will discuss, the length of the statements and any PowerPoint presentations or documents that they would like to Committee to review.

D. General discussion

- **Senator Martinez:** Requested any additional comments from the midwives' groups.
- **Carrie:** Stated that she is a consumer of midwives and is the current Vice-President and former President of Friends for Midwives, which advocates for access to home birth midwives. She said that when she moved to Illinois she chose not to have any babies because of the atmosphere regarding home births and midwives. She stated that she is aware of consumers who are looking for midwives for home births, but are unable to locate any CPMs or CNMs, or do research about their backgrounds. For twenty years, she and her predecessors have been working to pass legislation allowing some manner of midwife licensure. Some women who cannot locate a midwife, have a birth at home anyway which can be unsafe.
- **Senator Martinez:** Agreed with that and noted that Illinois women need a database or list of midwives to give them access to a CPM or CNM for their home birth.
- **Carrie:** Stated that currently there is no information about midwives available to Illinois residents who want to have a home birth. Licensing midwives would provide a list of midwives for the people in Illinois.
- **Senator Martinez:** Noted that she wants to question the medical associations about how many women that were attempting to have a home birth were required to seek medical attention in emergency rooms. This would also reveal how many unassisted births occurred in the State. She also commented that mothers in the Amish community desire home births, but it is not clear whether they are being assisted by CPMs. She noted that home births are happening in Illinois, but the State is not doing anything to address this issue.
- **Dr. Minkus:** Stated that a larger problem is the number of mothers who are not going to hospitals because they are afraid that they are going to be arrested or their midwife will be arrested.
- **Senator Martinez:** Asked if IDFPR had information about complaints against midwives on the hotline number.
- **Hunter:** Responded that they could check, but that is not the type of information that is compiled, and people could call other State Agencies with complaints.
- **Senator Martinez:** Wanted to hear from the medical society and from hospital association because they opposed her bill when it was previously presented. She wants to work with these individuals to develop an alternative bill which can be presented next year.

	<ul style="list-style-type: none"> • Dr. Wolfe: Stated that she wanted to take this opportunity to hear different opinions regarding home births. She added that as an OB-GYN for twenty years, her experience is that the medical community does not believe that all births must be in a hospital setting. However, there are some patients who do need to have a delivery in the hospital setting. She recognized the passion among the Committee Members and said that no one wants to have a bad outcome, so everyone should want the right people, in the right place, at the right time to have a safe delivery. As a physician, she wants everyone to have a great outcome, whether the mother is assisted by a physician, a midwife or a doula. She noted that access to care is also a problem for everyone in the State. She is using this experience as an information gathering process and is learning a great deal. • Dr. Minkus: Stated that as a medical school teacher, his mantra is if you are not sure about the right answer, the question should be “what is the best thing for the patient,” and that answers the question. Here, the best thing for the patient is to make sure that the mother and the baby are safe. While he was a medical student, he was permitted to attend home deliveries, which he thought was an incredible and formative experience. It allowed him to see that home delivery, done in the right way, can be not only safe, but wonderful. He has been a supporter of home births since that experience. He believes that home births will occur whether midwives are licensed or not, and the Committee can decide whether to keep midwives in the shadows or regulate them and make their use safer. He believes that is what the Committee’s task is all about. • Senator Martinez: Believes that a woman should have the choice to have a home birth, with a person who is certified and licensed, so that it can be safe for the mother and the baby. Also, she believes that it is important to have collaboration between the midwife and hospitals, so they can communicate to ensure that the midwives can get assistance from the hospital if complications arise. She has heard that CPMs want that collaboration with hospitals, which would protect all parties involved. • Barbara: Added that emergencies during home births can arise in seconds, and when emergencies arise the mother should always be taken to the hospital. However, there are families that are afraid to go to a hospital for their own safety. If they do not have anyone guiding and encouraging them to go to the hospital in cases of emergencies, they might make the choice to stay home. • Senator Martinez: Stated that some people stay home because they cannot afford a hospital birth, which could cost as much as \$10,000. It is also important that the family knows their needs and can locate someone, like a midwife, who can give them alternatives to a hospital. There is a need for women to know their choices, and the Committee needs to make the choice easier for women. 	
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- **Jeanine:** Noted regarding education, she has worked with doctors who have never seen out-of-hospital births. CPMs are the only persons who are trained to provide out-of-hospital care.
- **Carrie:** Stated that consumers are very interested in the training that midwives receive. Illinois consumers are required to ask a lot of questions because there is no system to collect the information to make the best choice that they can for their and their baby's safety. She expects that a witness will testify regarding consumer studies and research on the home birth experience. She added that research showed that CPMs receive a legitimate education to assist women who want home births, and licensing would assist women in making the choice for having a home birth.
- **Senator Martinez:** Explained that she wants the Committee to hear experts from both the supporters of licensing midwives and those that oppose the licensing of midwives. She hopes that the Committee will collect information about midwives and work with those opposing the licensure of midwives to develop language for a bill that can pass the legislature. Such a bill would license midwives and protect the mothers and babies by giving mothers who desire home births access to information required to select a midwife. In addition, she said that the bill would require midwives to be certified and licensed by the IDFPR, so she wanted to hear from IDFPR about licensing of midwives.
- **Hunter:** Thanked Senator Martinez for making IDFPR a part of the Committee. Said that IDFPR is interested in hearing about midwives and determining where there is a need for licensing. Noted that IDFPR is sensitive to the costs for licensing, which could create a barrier to entry into the profession. Pointed out that IDFPR is most interested in hearing from the substantive experts about the nature of midwifery and whether there is a need for licensing. To the extent that licensing becomes part of the recommendation, IDFPR is most interested in ensuring that a proposal is done well. Bad licensing is sometimes worse than no licensing, so there is a desire to ensure that it comprehensively and effectively addresses the profession. Also, he said that IDFPR recognizes that there are economic costs to professions that choose to be licensed.
- **Senator Martinez:** Wanted to hear from other Committee Members regarding the experts who would testify before the Committee to get both sides of the debate. She also stated that she would like IDFPR to explain whether licensing is warranted, or whether certification would be more appropriate. She explained that at the end of the day, she wants the people providing this service to be able to work in the open without having midwives in other states coming into Illinois. She commented that people will continue to have home births because it is more economical and wants to make sure that the Committee considers every option to offer these mothers. She also stated that her office is reviewing laws and the licensing process in other states to draft a proposed bill.

	<ul style="list-style-type: none"> • Rachel: Pointed out that the State of Illinois last issued a new midwife license in the 1960s, and the last renewal of a license occurred in the 1970s. She also said that the attempts to license midwives have been going on for 40 years. She noted that most complaints about midwives were submitted by hospitals rather than mothers. She said that this just reinforces mothers’ desires to not use hospitals, due to a lack of trust. • Senator Martinez: Requested IDFPR to research its files to see how many complaints were received about midwives. She also requested a review of the laws to determine when the last law which licensed midwives was in effect. • Nadia: Explained that from a historical perspective, the medical profession has pushed back against the encroachment of even nurse midwives. So, there were several challenges to the midwife profession. For every attempt to expand the scope of practice of healthcare professions of non-physicians, there was a pushback by the medical profession against the expansion ostensibly for reasons of safety and self-protection. She noted that despite some pushback, this resistance has been overcome by nurses, nurse practitioners, nurse midwives and physician assistants. • Senator Martinez: Agreed and said that she has seen the pushback from her positions in the Senate. She also stated that the expansion of midwives is important because hospitals could be extremely far away from the mother’s residence. She added that the subject is important because mothers are going to continue to deliver their babies in their homes. • Carrie: Explained that she has had a baby while living in a rural area and was required to travel long distances to get a hospital. However, she stated that whether the mother was living in an urban or rural environment, many places just do not have enough providers. • Senator Martinez: Stated that consumers want to know where they can go to get something that they can afford, especially with health care. Midwives provide an expansion of health care access and they should not be treated any differently than other health care professions. • Rachel: Stated that midwives are part of the different levels, or tiers, of the health care system. Also, as with physicians, which have a range of providers from general practitioners to specialists, midwifery contains similar multiple tiers of providing health care. CPMs provide care to low-risk healthy women. CNMs work with women with a moderate level of risk. If a woman is high-risk, she needs an obstetrician. This has been discussed in a paper by doctors’ organizations, which recognized that multiple levels of care are appropriate and multiple locations to provide the care is also appropriate. She said that the paper even listed CPMs as being a recognized health care provider. The paper also discusses birth centers, which have virtually identical equipment and capabilities as home births, but birth centers have transport agreements with hospitals. This 	
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	<p>paper recognized that a woman’s home is a legitimate location for a birth. Stated that Illinois women should have access to this type of care.</p> <ul style="list-style-type: none">• Dr. Minkus: Added that it is more that legitimate, because it is what women have access to in many other countries. It is not a radical hypothetical idea, home birth is an established system of care in many countries, and it makes a lot of sense.• Rachel: Emphasized that it is not a failure to be required to transport a home birth mother to a hospital. Currently, because midwives cannot be licensed, it is considered a “failure” to transport women to the hospital. In a system where midwives are licensed, transporting women to a hospital if it goes beyond the midwives’ capabilities, is the norm to protect the woman and the baby by “leveling up.” She added that this is the way that home births should be done.• Senator Martinez: Questioned the doctors regarding the professions’ position about hospital organizations’ position, which is that midwives cannot understand the birth process. However, certified midwife organizations state that CPMs are specifically instructed about this process.• Dr. Wolfe: Believed that these comments come from concerns about the birth process, in that during this process, when something goes bad, it very quickly goes very bad. She said that there should be precautions in place to protect the mother from hemorrhaging, which can occur prepartum, inter-partum or postpartum, and causes most maternal deaths. She does not believe that doctors believe that every birth must happen in the hospital. She has previously worked with midwives and the League of Midwives and noted that some of them conducted home births. She explained that it is beautiful when it happens, but when something bad happens it is awful. As a physician, you do not want anything awful to happen. She said that personally, she does not need any additional deliveries in the hospital. Even at Rush Hospital she has seen really challenging things happen in a very controlled environment with a very low risk patient. Doctors just want to make certain that the patients are safe, which is not necessarily about control of the environment. She explained that doctors want to make certain that you maximize the opportunity for that patient to have an amazing outcome, wherever it happens. Everyone wants that to happen in a safe place.• Senator Martinez: Commented that she has heard people saying that the birth mother should have gone to the hospital or had a physician involved in the birth process. However, she recognized that hospitals generate dollars from the births. The hospitals are there and provide the best for the expectant mothers, but the birth could result in the worst experience ever. Believed that Dr. Wolf’s statement that she worked with midwives in the past was important, so she knew that the midwives are there to assist the doctors when things go bad. She explained that the most frequent comment she has received is that midwives are not trained like a doctor, but noted that midwives are not doctors and are trained only regarding child birth and postpartum.	
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	<ul style="list-style-type: none"> • Dr. Wolfe: Agreed that every group wants everyone to have a safe birth from pre-conception to postpartum. • Dr. Minkus: Also agreed with everything that Dr. Wolfe said. The problem is that home births will not stop, and everyone should deal with the reality that home births will occur. • Senator Martinez: Emphasized that this was the purpose of this Committee. Noted that home births are happening and that they will continue to happen. Nothing will change that fact. With the increases of hospital costs, home births are a reality. • Jeanine: Added that it is more than the monetary costs, home births will continue because of the physical and emotional trauma that the birth experience at a hospital causes. • Senator Martinez: Agreed with that statement, because women in her community tell her that they cannot afford to go to the hospital to have a baby. The women want to have the birth at home, but do not know who will help them in their homes. Women of color think about the issues of costs. Either they will not have babies, or they have them at home, because they do not have the money to pay for a hospital birth. • Dr. Minkus: Added that this fact was also true for middle class people because it costs a fortune to do anything in the hospital. • Senator Martinez: Stated that it is unfortunate that many people cannot afford any kind of health care. She noted that the Committee must be conscious of the fact that there are areas in Illinois that are very poor. Also, there should be an easy way for women to check to ensure that a midwife has received certification. Certification and licensing are so important because it would permit a woman who wants a home birth to more easily search for a person who can adequately assist her in the birth. • Nadia: Added that women have different reasons for wanting a home birth. Here, everyone agrees that they want to help the mothers and babies, but the patients have different levels of risk tolerance. In every other area of medical practice, patients have a choice about how much risk are they are willing to accept and the type of medical care that they wish to receive; however, receiving the assistance of a licensed midwife is one instance where one avenue of that choice has been closed. In other areas of medicine, we allow people to make those choices. • Rachel: Responded to Jeanine’s point about emotional cost. Stated that there is a growing understanding of a hospital industry problem of obstetric violence and resulting posttraumatic stress disorder. She mentioned that a film is being made regarding a mother who won a lawsuit involving an Alabama hospital birth, in which she was physically harmed and traumatized. She believes that cases of obstetric violence are driving people to home birth. • Senator Martinez: Believed that the Committee understood what this conversation was about and where it was headed. She stated that for 	
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	<p>next meeting, she wanted to hear from some experts. Asked who are the experts that will testify.</p> <ul style="list-style-type: none"> • Rachel: Reported that the midwives' groups have been collaborating to create a list of witnesses for future meetings. • Senator Martinez: Requested the Committee Members to inform staff about topics for testimony and for experts who would be willing to testify regarding those topics. Also, want to emphasize that statistical information should be presented by individuals who could explain the pros and cons for licensing midwives, and the requirements of licensing to ensure the safety of the people that they assist. The Committee will continue the conversation on the topics contained in the resolution. Individuals should call Richard Schultz with the IDFPR with the names of witnesses. • Rick: Reminded Committee Members that they are subject to the Open Meetings Act, so that they should limit their conversations about Committee business to four or less Members. Also, reminded the Committee Members that there was training regarding the Open Meetings Act which must be taken, if they had not previously completed the training. • Senator Martinez: Thanked the Committee Members for their willingness to serve on the Committee and stated that she hoped that the Committee can make a recommendation regarding some proposed legislation. 	
Adjournment	<ul style="list-style-type: none"> • Adjourned 2:55 p.m. 	