

Governor's Office of Management and Budget

Alexis Sturm

Director



Regulatory Sunset Act Study on

Licensed Certified Professional Midwife Practice Act

May 8, 2026

**To the Honorable JB Pritzker
Governor of Illinois**

Governor Pritzker:

As required by Section 5 of the Regulatory Sunset Act (5 ILCS 80/1 et seq.), GOMB facilitated a study with the Illinois Department of Financial and Professional Regulation's (IDFPR), the agency responsible for oversight of the Licensed Certified Professional Midwife Practice Act (225 ILCS 64) (the Act), which is scheduled to be repealed on January 1, 2027. This study provides justification for the recommendation to continue this Act.

GOMB's examination of this Act was conducted considering the factors set out in Sections 6 and 7 of the Regulatory Sunset Act. The following report outlines the work of GOMB's study and details the criteria and data utilized to arrive at the above recommendation.

Respectfully,

Alexis Sturm
Director
Governor's Office of Management and Budget

GOMB Regulatory Sunset Act Report: Licensed Certified Professional Midwife Practice Act

The State of Illinois, acting through the Illinois Department of Financial and Professional Regulation (IDFPR or the Department), licenses the profession of midwife pursuant to the Act. This Act regulates the practice of midwifery in out-of-hospital settings.

The regulations mandated by this Act protect the public by setting standards for qualifications, education, training, and experience for those seeking to obtain licensure as a professional midwife. The Act requires consultation with hospital-based and privileged health care professionals to help ensure high standards of professional performance for midwives practicing in out-of-hospital settings in Illinois. The Act also promotes a coordinated, consultative maternity care delivery system in Illinois, with shared consulting, transfer, and transport protocols used by all health care professionals and licensed certified professional midwives across care settings to enhance client safety and outcomes.

1. License Count and Fee Structure (5 ILCS 80/6(1) and (3))

As of July 31, 2025 IDFPR states that there are 29 active licenses for professional Midwives in Illinois. Illinois first issued licenses under this Act in Fiscal Year 2025. See the following table for the number of professional Midwife licenses issued by IDFPR in the fiscal years indicated:

License, Credential, Certification Type	FY21	FY22	FY23	FY24	FY25
Licensed Professional Midwife	0	0	0	0	29

Professional Midwives have the following licensure fee structure:

License, Credential, or Certification Type	Fee Amount	Online Payment Option
Application Fee	\$ 500	<input checked="" type="checkbox"/>
Renewal Fee	\$ 500	<input checked="" type="checkbox"/>
CE Sponsor Fee	\$500	<input type="checkbox"/>
CE Sponsor renewal Fee	\$250	<input type="checkbox"/>
Examination Fee	\$1,155	<input type="checkbox"/>
Certification of License Fee	\$20	<input type="checkbox"/>

The fee for restoration of a license, other than from inactive status, is \$50 plus all lapsed renewal periods (not to exceed two renewal periods).

2. Obtaining Certification in Illinois (5 ILCS 80/6(11))

Applicants are required to be at least 21 years of age and must: (1) demonstrate successful completion of a postsecondary midwifery education program through an institution, program, or pathway accredited by the Midwife Education and Accreditation Council; (2) have a valid, certified professional midwife certification granted by the North American Registry of Midwives or successor organization; (3) have proof of an active cardiopulmonary resuscitation certification; (4) have proof of an active neonatal resuscitation provider status; (5) have a certificate of successful completion of an examination by the

North American Registry of Midwives.

225 ILCS 64/35 allows the Department to exercise the powers and duties prescribed by the Civil Administrative Code of Illinois for the administration of licensing acts. The Department shall exercise such other powers and duties necessary for effectuating the purposes of the Act. This is followed by Section 45(a)(3), which requires the applicant to successfully complete the licensure examination approved by the Department, the North American Registry of Midwives examination. The Administrative Code allows the testing entity to set the passing score for the examination. (68 IAC 1345.20)

3. Equity Concerns (5 ILCS 80/6(10), (12) and (13))

Demographic data is available for this profession on a national level through the American Midwifery Certification Board for years 2019-2024 (<https://www.amcbmidwife.org/>).

Illinois licensure under the Act began in 2025. Because of the small number of licenses issued to date, IDFPR does not have sufficient data to articulate specific equity concerns at this time.

IDFPR states that equity issues may have an impact on individuals seeking to become a professional midwife in the State of Illinois. The cost to obtain licensure may be prohibitive on new midwives entering the field, but the Department notes that no financial concerns have been reported so far.

There are currently no accredited midwife programs in Illinois. The closest accredited program is in Wisconsin. Other related programs located in the state are primarily for Nurse Midwives.

4. Agency recommendations to change the statute (5 ILCS 80/6(4) and (9))

IDFPR does not have amendatory recommendations for this Act. The Department is continuously monitoring the impact the current statutory language has on practitioners, while closely observing what changes can be made to better benefit the public.

This Act has a governing board, Illinois Midwifery Board, that oversees the practice and licensing of this regulated occupation. The Board has the ability to recommend to the Department the prescription and revision of rules needed to carry out the Act, recommend changes to the medication formulary list, participate in disciplinary conferences and hearings, make recommendations to the Department regarding disciplinary actions, and recommend the approval, denial of approval, and withdrawal of approval of required education and continuing educational programs.

5. Agency efforts to comply with enabling laws (5 ILCS 80/6(3), (4) and (5))

At the time of this study, GOMB is not aware of any compliance issues by IDFPR related to the provisions of the Act. The profession was placed onto the CORE online system, which simplifies the process for potential licensees to apply, track, and complete their applications.

6. Recent bills introduced by the General Assembly (5 ILCS 80/6(9))

Public Act 102-963 removed a provision that required an application to expire three years from its submission date, with the associated fee being forfeited.

7. Stakeholder Feedback and Protocols for Licensure (5 ILCS 80/6(5), (6), (7), (8), (10) and 5 ILCS

Whenever bills or rules are filed, the Department communicates with various interested parties concerning the legislation and its impact on the profession. When warranted, the Department can and does make changes to its rules and regulations to address the concerns.

In response to feedback, the Certified Nurse Midwives Adverse Occurrence Report was developed and placed on the website for midwives to submit.

(<https://idfpr.illinois.gov/content/dam/soi/en/web/idfpr/forms/dpr/certified-nurse-midwife-adverse-occurrence-report.pdf>)

8. Public Outreach (5 ILCS 80/6(5), (6), (7) and (8) and 5 ILCS 80/7)

IDFPR provides multiple avenues for members of the public to contact the Department with comments or concerns about the programs it oversees or the Department's rules governing its programs. IDFPR conducts public outreach efforts through social media and other external-facing means.

The Illinois Midwifery Board interacts with the public. It is comprised of 9 members, 8 of which are members of the profession. Board meetings are open to the public except for the closed sessions, affording another opportunity to interact with the public.

9. Industry Standards (5 ILCS 80/6(11) and (12))

IDFPR states that the Illinois personal qualifications required for this profession are in line with industry standards. The rules were adopted on August 30, 2024.

The minimum national standards for midwifery care are: (1) practiced or provided by qualified practitioners; (2) composed of knowledge, skills, and clinical judgements that foster the delivery of evidence-informed, client-centered care; (3) support individual rights and self-determination and respect human dignity, individuality, and diversity; (4) occur within the context of the family, community, history, and a system of health care; (5) documented in a format that is accessible, confidential, and complete; and (6) evaluated according to an established process for quality management.

The standards allow independent practice in other midwestern states. However, a distinction is noted in the state of Indiana. Indiana requires physician collaboration at the time of application for midwife licensure.

10. Public Complaint Resolution (5 ILCS 80/6(3), (7), (8) and (10) and 5 ILCS 80/7)

Illinois first issued licenses under this Act in Fiscal Year 2025. IDFPR has received two complaints from the public regarding regulated midwives in the fiscal years indicated. None have made it to the end of the disciplinary stage.

License, Credentials, or Certifications Type	FY21	FY22	FY23	FY24	FY25
	0	0	0	0	2

11. Disciplinary Action (5 ILCS 80/6(14))

Under the Act, the Department may refuse to issue, refuse to renew, revoke, suspend, place on probation, reprimand, or take disciplinary or other non-disciplinary action as it may deem proper. The Department may also issue fines not to exceed \$10,000 for each violation for one of the enumerated bases in Section 100 of the Act - Grounds for disciplinary action. The Investigation and Prosecutions Division within the Department is responsible for resolving complaints.

12. Conclusion

The Act governs the licensure of Professional Midwives in the State of Illinois. The absence of licensing criteria would pose a significant and direct harm to the health, safety, and welfare of the public and specifically the State's healthcare system.

Without regulation of the industry, there could be potential harm to both mother and child. With the current framework in place, both the Department and the profession are better equipped for the medical situations midwives face and the respective responses needed for each situation. Regulation allows the public to benefit from midwifery services while ensuring qualifications protect against bad or negligent actors. The Act mandates collaboration to further strengthen this profession as an established component of Illinois' health care system.

Based on the factors in 5 ILCS 80/6 and the additional criteria in 5 ILCS 80/7, GOMB finds that the Act should be recommended for continuation. The record should expressly state that the public protection benefits of regulation outweigh the regulatory costs and that no less restrictive alternative would adequately address the significant and discernible harms identified in this report.

The Act should be continued to promote and enhance the safety and welfare of the public, without burdening licensees or commerce.

REDLINE INSERTIONS FOR STATUTORY COMPLIANCE REVIEW

[ADD] The following edits should be incorporated into the report before finalization to better demonstrate compliance with Sections 6 and 7 of the Regulatory Sunset Act, 5 ILCS 80/6 and 5 ILCS 80/7.

A. Section 6 Factor-by-Factor Findings

5 ILCS 80/6(1): The report should expressly state that the scope reviewed includes the full range and variety of regulated practices, including any subspecialties, credentials, permits, entities, facilities, or modes of practice identified in the report. For this Act, the scope finding should expressly connect to out-of-hospital maternity care, newborn and maternal safety, emergency transfer protocols, risk screening, informed consent, and coordination with hospital-based providers.

5 ILCS 80/6(3): Add a public-interest finding that the administering agency or program has operated primarily to protect the public, and identify any statutory, procedural, budgetary, staffing, technology, or interagency constraints that have impeded or enhanced performance.

5 ILCS 80/6(4) and (9): Where the report states that no statutory changes are recommended, add an affirmative finding explaining why continuation without amendment is sufficient. If modifications are recommended, identify the specific statutory provisions to be amended and explain how each change benefits the public rather than the regulated profession.

5 ILCS 80/6(5) and (6): Add a clearer discussion of whether regulated persons are required to report information concerning the public impact of agency rules, service quality, service availability, economy of service, or industry problems affecting the public. If no such reporting requirement exists, state that fact and explain whether the absence of such a requirement affects the recommendation.

5 ILCS 80/6(7): Add a public participation finding that describes rulemaking notice, public comment, advisory board meetings, stakeholder outreach, or other mechanisms through which the public may participate in agency rules and decisions. The finding should distinguish public participation from participation by regulated licensees only.

5 ILCS 80/6(8): Add complaint-processing metrics or identify the data limitation. The minimum recommended data fields are: number of complaints received, number closed, average or median days to closure, pending inventory, referral to prosecution or hearing, and final outcomes. Metrics should be specific to maternal/newborn safety events, transfer outcomes, complaints, failure to consult or refer, informed consent issues, and discipline.

5 ILCS 80/6(10) and (14): Strengthen the harm finding by distinguishing significant and discernible public harm from technical noncompliance. The report should use examples, enforcement categories, or complaint data regarding maternal/newborn safety events, transfer outcomes, complaints, failure to consult or refer, informed consent issues, and discipline.

5 ILCS 80/6(11) and (12): Tie each personal qualification to the public harm it mitigates. Do not merely list education, training, examination, experience, or continuing education requirements; explain why each requirement is necessary for each major activity within the scope of practice.

5 ILCS 80/6(13): Expand the equity discussion to address cost, income, completion/pass rates where available, criminal history barriers, language access, and geographic distribution. For this Act, the equity analysis should specifically address certification costs, clinical training access, apprenticeship/preceptor availability, insurance costs, and geographic distribution of out-of-hospital maternity care.

B. Section 7 Continuation Criteria

5 ILCS 80/7(a)(1): Add an express finding that absence or modification of regulation would significantly harm or endanger the public health, safety, or welfare because of out-of-hospital maternity care, newborn and maternal safety, emergency transfer protocols, risk screening, informed consent, and coordination with hospital-based providers.

5 ILCS 80/7(a)(2): Add a police-power nexus finding explaining the reasonable relationship between the State's regulation and protection of the public health, safety, welfare, consumer protection, or market integrity.

5 ILCS 80/7(a)(3) and 7(b): Add a less-restrictive-alternative analysis. The report should evaluate whether private certification, title protection, business registration, bonding, insurance, inspections, civil remedies, facility regulation, disclosures, or government certification would protect the public. The recommended finding is that private certification alone would not ensure enforceable consultation, transfer, transport, recordkeeping, and discipline standards for high-risk maternity events.

5 ILCS 80/7(a)(4) and (5): Add a cost-benefit finding addressing whether regulation increases the cost of goods or services, the likely degree of that increase if known, and why the cost is justified by the public harm avoided.

5 ILCS 80/7(a)(6): Add a final primary-effect finding stating whether all facets of the regulatory process are designed solely for, and have as their primary effect, protection of the public rather than economic protection of the regulated occupation.

C. Recommended Report-Level Conclusion Language

[ADD] Based on the factors in 5 ILCS 80/6 and the additional criteria in 5 ILCS 80/7, GOMB finds that the Act should be recommended for continuation. The record should expressly state that the public protection benefits of regulation outweigh the regulatory costs and that no less restrictive alternative would adequately address the significant and discernible harms identified in this report.

D. Data Requests Before Final Publication

Complaint data: Insert annual complaint counts, closure rates, average/median processing time, pending caseload, and dispositions for the most recent five fiscal years, or state that the administering agency could not provide reliable data.

Discipline data: Separate discipline that addresses significant public harm from discipline based only on technical noncompliance.

Equity data: Add available information on fees, education/training costs, examination costs, pass rates, income estimates, geographic access, language access, and criminal-history barriers.

Public participation: Identify JCAR/public-comment procedures, board or committee meetings, stakeholder notices, and public-facing complaint or outreach channels.