

**SB2287**



**96TH GENERAL ASSEMBLY**

**State of Illinois**

**2009 and 2010**

**SB2287**

Introduced 2/20/2009, by Sen. William R. Haine

**SYNOPSIS AS INTRODUCED:**

215 ILCS 5/368g new

Amends the Illinois Insurance Code. Provides that no insurer or administrator may require a health care provider to agree to a written contract or policy containing any language that directly or indirectly limits the ability of that provider to seek legal redress in any court of law. Provides that an insurer must give direct written notice of any amendment or modification to a provider contract and that no amendment may take effect until the provider agrees to it in writing. Provides that the Department of Insurance shall enforce the provisions of the Act. Makes other changes.

LRB096 10151 RPM 20318 b

**A BILL FOR**

1 AN ACT concerning insurance.

2 **Be it enacted by the People of the State of Illinois,**  
3 **represented in the General Assembly:**

4 Section 5. The Illinois Insurance Code is amended by adding  
5 Section 368g as follows:

6 (215 ILCS 5/368g new)

7 Sec. 368g. Provider agreements.

8 (a) For the purposes of this Section:

9 "Administrator" means any person, partnership, or  
10 corporation, including a health maintenance organization,  
11 holding a certificate of authority under the "Health  
12 Maintenance Organization Act", as now or hereafter amended,  
13 that arranges, contracts with, or administers contracts with a  
14 provider whereby beneficiaries are provided an incentive to use  
15 the services of such provider.

16 "Insurer" means a health insurance company authorized to do  
17 business in this State.

18 (b) No insurer or administrator may require a health care  
19 provider to agree to a written contract or policy containing  
20 any language that directly or indirectly limits the ability of  
21 that provider to seek legal redress in any court of law.

22 (c) An insurer or administrator must give direct written  
23 notice to the health care provider of any amendment to a

1 provider contract or modification to policies and procedures  
2 that have been incorporated into that contract or incorporated  
3 by reference that may impact reimbursement at least 60 days  
4 before its proposed effective date unless the provider  
5 specifically agrees to waive such notice for the specific  
6 amendment or modification at issue. Any proposed amendment or  
7 modification must be accompanied with a detailed description of  
8 the additional consideration the insurer or health care plan is  
9 offering to the provider. No amendment may take effect until  
10 the provider agrees in writing to that amendment.

11 (d) The Department shall adopt reasonable rules to enforce  
12 compliance with this Section and shall enforce the provisions  
13 of this Section pursuant to the enforcement powers granted to  
14 it by law.