



102ND GENERAL ASSEMBLY

State of Illinois

2021 and 2022

HB1720

Introduced 2/17/2021, by Rep. Deanne M. Mazzochi

SYNOPSIS AS INTRODUCED:

210 ILCS 88/20
210 ILCS 88/25

Amends the Fair Patient Billing Act. Provides that if a hospital bills a patient \$50,000 or more for health care services in a period of 72 hours, the hospital shall provide with its bill copies of the electronic records used to generate all charges and shall further itemize any item and make electronic copies of the patient's charts available at the patient's request within 5 days of billing or the date of request, whichever is later. Provides that hospitals must return calls made by patients within 5 calendar days of receipt of the patient request for amounts billed in excess of \$50,000.

LRB102 13475 CPF 18822 b

1 AN ACT concerning regulation.

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

4 Section 5. The Fair Patient Billing Act is amended by
5 changing Sections 20 and 25 as follows:

6 (210 ILCS 88/20)

7 Sec. 20. Bill information. If a hospital bills a patient
8 for health care services, the hospital shall provide with its
9 bill the following information:

10 (1) the date or dates that health care services were
11 provided to the patient;

12 (2) a brief description of the hospital services;

13 (3) the amount owed for hospital services;

14 (4) hospital contact information for addressing
15 billing inquiries;

16 (5) a statement regarding how an uninsured patient may
17 apply for consideration under the hospital's financial
18 assistance policy on or with each hospital bill sent to an
19 uninsured patient; and

20 (6) notice that the patient may obtain an itemized
21 bill upon request.

22 (7) If the aggregate amount billed to a patient in
23 connection with medical care exceeds \$50,000 over a period

1 of 72 hours, each provider associated with such care must
2 also provide within 5 days of billing access to the
3 patient, and, if different, the family member who is the
4 primary insurance policy holder for the patient, copies of
5 the electronic records used to generate all such charges,
6 including as an itemized statement; and shall further
7 itemize any item and make electronic copies of the
8 patient's charts available at the patient's request within
9 5 days of billing or the date of request, whichever is
10 later.

11 If a hospital bills a patient, then the hospital must
12 provide an itemized statement of charges for the inpatient and
13 outpatient services rendered by the hospital upon receiving a
14 request from the patient.

15 (Source: P.A. 94-885, eff. 1-1-07.)

16 (210 ILCS 88/25)

17 Sec. 25. Bill inquiries.

18 (a) A hospital must implement a process for patients to
19 inquire about or dispute a bill. Such process must include a
20 telephone number for billing inquiries and disputes and may
21 include any of the following options:

22 (1) a toll-free telephone number that the patient may
23 call;

24 (2) an address to which he or she may write;

25 (3) a department or identified individual within the

1 hospital he or she may call or write, with appropriate
2 contact information; or

3 (4) a website or e-mail address.

4 (b) All hospital bills and collection notices must provide
5 a telephone number allowing the patient to inquire about or
6 dispute a bill.

7 (c) The hospital must return calls made by patients as
8 promptly as possible, but no later than 2 business days after
9 the call is made. If the hospital's billing inquiry process
10 involves correspondence from the patient, the hospital must
11 respond within 10 business days of receipt of the patient
12 correspondence, or within 5 calendar days of receipt of the
13 patient request for amounts billed in excess of \$50,000 as set
14 forth under paragraph (7) of Section 20. For purposes of this
15 Section, "business day" means a day on which the hospital's
16 billing office is open for regular business.

17 (Source: P.A. 94-885, eff. 1-1-07.)