



102ND GENERAL ASSEMBLY

State of Illinois

2021 and 2022

HB5590

Introduced 1/31/2022, by Rep. Mark Batinick

SYNOPSIS AS INTRODUCED:

New Act
215 ILCS 5/5.5

Creates the Health Care Billing Equity Act. Provides that the Department of Public Health shall research, accept information on, and maintain a database of any and all billing information, billing codes, and CPT codes used to bill health care plans, providers of policies of health insurance, and individual patients for health care procedures carried out in this State. Provides that, effective on January 1, 2024, any health care bill that contains any element in which the charge upon an individual who has received care billed by health care plans or providers of policies of health insurance that exceeds the bill for the same element of health care when billed to individual patients is prohibited. Provides that the Department of Insurance and the Department of Healthcare and Family Services shall cooperate with the Department of Public Health to further the implementation of the Act. Creates the Health Care Billing Equity Act Disciplinary Committee to study the implementation of the Act and to submit a report to the Governor and the General Assembly, no later than March 31, 2023, on ways and means to discipline health care licensees who fail to comply with the requirements of the Act. Contains other provisions. Amends the Illinois Insurance Code. Provides that a company authorized to do business in this State or accredited by the State to issue policies of health insurance must disclose to the Department of Healthcare and Family Services any and all CPT codes and billing codes used by health care providers to bill insurers for health care services rendered. Effective immediately.

LRB102 23124 CPF 32283 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 1. Short title. This Act may be cited as the Health
5 Care Billing Equity Act.

6 Section 5. Purpose. The purpose of this Act is to ensure
7 that, notwithstanding any other law, any medical procedure
8 carried out in Illinois that is prepaid or paid for within 30
9 days of service directly by the patient will be charged the
10 lowest negotiated rate that that provider has as a contract
11 rate with any health care plan or policy of health insurance
12 during the time frame under which the medical procedure was
13 carried out.

14 Section 10. Definitions.

15 "Billing code" means a CPT code, as that term is defined in
16 subsection (a) of Section 368g of the Illinois Insurance Code.

17 "Department" means the Department of Public Health.

18 "Health care plan" has the same meaning as defined in
19 Section 10 of the Managed Care Reform and Patient Rights Act.

20 "Health care procedure" means any service provided by a
21 health care provider.

22 "Health care provider" has the same meaning as defined in

1 Section 2.03 of the Medical Patient Rights Act.

2 "Policy of health insurance" includes, but is not limited
3 to, self-insured plans, group health plans (as defined in
4 Section 607(1) of the federal Employee Retirement Income
5 Security Act of 1974), service benefit plans, managed care
6 organizations, pharmacy benefit managers, or other parties
7 that are by statute, contract, or agreement legally
8 responsible for payment of a claim for a health care item or
9 service as a condition of doing business in the State.

10 Section 15. Implementation.

11 (a) The Department shall research, accept information on,
12 and maintain a database of any and all billing information,
13 billing codes, and CPT codes used to bill health care plans or
14 providers of policies of health insurance for health care
15 procedures carried out in this State.

16 (b) The Department shall research, accept information on,
17 and maintain a database of any and all billing information,
18 billing codes, and CPT codes used to bill individual patients
19 for health care procedures carried out in this State.

20 (c) Effective on January 1, 2024, any health care bill
21 that contains any element in which the charge upon an
22 individual who has received care billed as described under
23 subsection (b) that exceeds the bill for the same element of
24 health care when billed as described under subsection (a) is
25 prohibited.

1 Section 20. Intergovernmental cooperation. The Department
2 of Insurance shall, upon request of the Department, cooperate
3 with the Department in any way requested by the Department to
4 further the implementation of this Act. The Department of
5 Healthcare and Family Services shall, upon request of the
6 Department, cooperate with the Department in any way requested
7 by the Department to further the implementation of this Act.

8 Section 25. Administrative rules. The Department shall, in
9 compliance with the Illinois Administrative Procedure Act,
10 adopt rules to provide for the implementation of this Act.

11 Section 30. Health Care Billing Equity Act Disciplinary
12 Committee.

13 (a) The Health Care Billing Equity Act Disciplinary
14 Committee is created to study the implementation of this Act.
15 The Commission shall consist of 5 members to be appointed on or
16 before September 30, 2022 as follows:

17 (1) One member appointed by the Governor.

18 (2) One member appointed by the President of the
19 Senate.

20 (3) One member appointed by the Minority Leader of the
21 Senate.

22 (4) One member appointed by the Speaker of the House
23 of Representatives.

1 (5) One member appointed by the Minority Leader of the
2 House of Representatives.

3 (b) The Committee shall meet as it deems appropriate. The
4 Committee shall submit a report to the Governor and the
5 General Assembly, no later than March 31, 2023, on ways and
6 means to discipline health care licensees who fail to comply
7 with the requirements of this Act. No element of the report
8 shall be approved for public report unless it has received the
9 favorable vote of at least 4 members of the Committee. If the
10 members of the Committee are not able to reach an agreement on
11 items within the report, the report shall contain a public
12 disclosure that no agreement could be reached.

13 (c) The Department shall provide staff support to the
14 Committee. Committee members shall serve without compensation
15 but may be reimbursed for expenses incurred in performing
16 their duties.

17 (d) The Committee is dissolved, and this Section is
18 repealed, on January 1, 2024.

19 Section 80. The Illinois Insurance Code is amended by
20 changing Section 5.5 as follows:

21 (215 ILCS 5/5.5)

22 Sec. 5.5. Compliance with the Department of Healthcare and
23 Family Services. A company authorized to do business in this
24 State or accredited by the State to issue policies of health

1 insurance, including but not limited to, self-insured plans,
2 group health plans (as defined in Section 607(1) of the
3 Employee Retirement Income Security Act of 1974), service
4 benefit plans, managed care organizations, pharmacy benefit
5 managers, or other parties that are by statute, contract, or
6 agreement legally responsible for payment of a claim for a
7 health care item or service as a condition of doing business in
8 the State must:

9 (1) provide to the Department of Healthcare and Family
10 Services, or any successor agency, on at least a quarterly
11 basis if so requested by the Department, information to
12 determine during what period any individual may be, or may
13 have been, covered by a health insurer and the nature of
14 the coverage that is or was provided by the health
15 insurer, including the name, address, and identifying
16 number of the plan;

17 (2) accept the State's right of recovery and the
18 assignment to the State of any right of an individual or
19 other entity to payment from the party for an item or
20 service for which payment has been made under the medical
21 programs of the Department of Healthcare and Family
22 Services, or any successor agency, under this Code or the
23 Illinois Public Aid Code;

24 (3) respond to any inquiry by the Department of
25 Healthcare and Family Services regarding a claim for
26 payment for any health care item or service that is

1 submitted not later than 3 years after the date of the
2 provision of such health care item or service; ~~and~~

3 (4) agree not to deny a claim submitted by the
4 Department of Healthcare and Family Services solely on the
5 basis of the date of submission of the claim, the type or
6 format of the claim form, or a failure to present proper
7 documentation at the point-of-sale that is the basis of
8 the claim if (i) the claim is submitted by the Department
9 of Healthcare and Family Services within the 3-year period
10 beginning on the date on which the item or service was
11 furnished and (ii) any action by the Department of
12 Healthcare and Family Services to enforce its rights with
13 respect to such claim is commenced within 6 years of its
14 submission of such claim; and-

15 (5) disclose to the Department of Healthcare and
16 Family Services any and all CPT codes and billing codes
17 used by health care providers to bill insurers for health
18 care services rendered; in this paragraph, "health care
19 provider" has the same meaning as defined in Section 10 of
20 the Health Care Billing Equity Act.

21 The Department of Healthcare and Family Services may
22 impose an administrative penalty as provided under Section
23 12-4.45 of the Illinois Public Aid Code on entities that have
24 established a pattern of failure to provide the information
25 required under this Section, or in cases in which the
26 Department of Healthcare and Family Services has determined

1 that an entity that provides health insurance coverage has
2 established a pattern of failure to provide the information
3 required under this Section, and has subsequently certified
4 that determination, along with supporting documentation, to
5 the Director of the Department of Insurance, the Director of
6 the Department of Insurance, based upon the certification of
7 determination made by the Department of Healthcare and Family
8 Services, may commence regulatory proceedings in accordance
9 with all applicable provisions of the Illinois Insurance Code.
10 (Source: P.A. 98-130, eff. 8-2-13.)

11 Section 99. Effective date. This Act takes effect upon
12 becoming law.