

93RD GENERAL ASSEMBLY State of Illinois 2003 and 2004

Introduced 02/05/04, by John A. Fritchey

SYNOPSIS AS INTRODUCED:

225 ILCS 47/5
225 ILCS 47/15
225 ILCS 47/20
225 ILCS 47/30 rep.
225 ILCS 47/35 rep.
225 ILCS 47/40 rep.

Amends the Health Care Worker Self-Referral Act. Replaces provisions allowing health care workers to make specified referrals with language requiring a health care worker making referrals to entities in which he or she has an investment interest to comply with applicable federal laws and regulations. Repeals provisions concerning rulemaking, application of the Administrative Procedure Act, and review under the Administrative Review Law. Effective July 1, 2004.

LRB093 15209 AMC 40805 b

3

6

7

8

9

10

11

12

13

14

15

16

17

18

19

20

21

22

23

24

25

26

27

28

29

30

31

32

1 AN ACT concerning health care workers.

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

Section 5. The Health Care Worker Self-Referral Act is amended by changing Sections 5, 15, and 20 as follows:

(225 ILCS 47/5)

5. Legislative intent. The General recognizes that patient referrals by health care workers for health services to an entity in which the referring health care worker has an investment interest may present a potential conflict of interest. The General Assembly finds that these referral practices may limit or completely eliminate competitive alternatives in the health care market. In some instances, these referral practices may expand and improve care or may make services available which were previously unavailable. They may also provide lower cost options to increase competition. Generally, practices are positive occurrences. However, self-referrals may result in over utilization of health services, increased overall costs of the health care systems, and may affect the quality of health care.

It is the intent of the General Assembly to provide guidance to health care workers regarding acceptable patient referrals, to prohibit patient referrals to entities providing health services in which the referring health care worker has an investment interest, and to protect the citizens of Illinois from unnecessary and costly health care expenditures.

Recognizing the need for flexibility to quickly respond to changes in the delivery of health services, to avoid results beyond the limitations on self referral provided under this Act and to provide minimal disruption to the appropriate delivery of health care, the Health Facilities Planning Board shall be

1 exclusively and solely authorized to implement and interpret
2 this Act through adopted rules.

The General Assembly recognizes that changes in delivery of health care has resulted in various methods by which health care workers practice their professions. It is not the intent of the General Assembly to limit appropriate delivery of care, nor force unnecessary changes in the structures created by workers for the health and convenience of their patients.

9 (Source: P.A. 87-1207.)

10 (225 ILCS 47/15)

Sec. 15. Definitions. In this Act:

- (a) "Board" means the Health Facilities Planning Board.
- 13 (b) "Entity" means any individual, partnership, firm,
 14 corporation, or other business that provides health services
 15 but does not include an individual who is a health care worker
 16 who provides professional services to an individual.
 - (c) "Group practice" means a group of 2 or more health care workers legally organized as a partnership, professional corporation, not-for-profit corporation, faculty practice plan or a similar association in which:
 - (1) each health care worker who is a member or employee or an independent contractor of the group provides substantially the full range of services that the health care worker routinely provides, including consultation, diagnosis, or treatment, through the use of office space, facilities, equipment, or personnel of the group;
 - (2) the services of the health care workers are provided through the group, and payments received for health services are treated as receipts of the group; and
 - (3) the overhead expenses and the income from the practice are distributed by methods previously determined by the group.
 - (d) "Health care worker" means any individual licensed under the laws of this State to provide health services, including but not limited to: dentists licensed under the

21

22

24

25

26

27

28

29

30

31

32

33

34

35

36

1 Illinois Dental Practice Act; dental hygienists licensed under 2 the Illinois Dental Practice Act; nurses and advanced practice 3 nurses licensed under the Nursing and Advanced Practice Nursing 4 Act; occupational therapists licensed under the Illinois 5 Occupational Therapy Practice Act; optometrists licensed under the Illinois Optometric Practice Act of 1987; pharmacists 6 7 licensed under the Pharmacy Practice Act of 1987; physical 8 therapists licensed under the Illinois Physical Therapy Act; physicians licensed under the Medical Practice Act of 1987; 9 physician assistants licensed under the Physician Assistant 10 11 Practice Act of 1987; podiatrists licensed under the Podiatric Medical Practice Act of 1987; clinical psychologists licensed 12 13 under the Clinical Psychologist Licensing Act; clinical social workers licensed under the Clinical Social Work and Social Work 14 15 Practice Act; speech-language pathologists and audiologists 16 licensed under the Illinois Speech-Language Pathology and 17 Audiology Practice Act; or hearing instrument dispensers licensed under the Hearing Instrument Consumer Protection Act, 18 19 or any of their successor Acts.

- (e) "Health services" means health care procedures and services provided by or through a health care worker.
- (f) "Immediate family member" means a health care worker's spouse, child, child's spouse, or a parent. 23
 - (g) "Investment interest" means an equity or debt security issued by an entity, including, without limitation, shares of a corporation, units or other interests partnership, bonds, debentures, notes, or other or debt instruments except that investment interest for purposes of Section 20 does not include interest in a hospital licensed under the laws of the State of Illinois.
 - (h) "Investor" means an individual or entity directly or indirectly owning a legal or beneficial ownership or investment interest, (such as through an immediate family member, trust, another entity related to the investor).
 - (i) "Office practice" includes the facility or facilities which a health care worker, on an ongoing basis, provides or

1 supervises the provision of professional health services to
2 individuals.

- (j) "Referral" means any referral of a patient for health services, including, without limitation:
- (1) The forwarding of a patient by one health care worker to another health care worker or to an entity outside the health care worker's office practice or group practice that provides health services.
- 9 (2) The request or establishment by a health care
 10 worker of a plan of care outside the health care worker's
 11 office practice or group practice that includes the
 12 provision of any health services.
- 13 (Source: P.A. 89-72, eff. 12-31-95; 90-742, eff. 8-13-98.)
- 14 (225 ILCS 47/20)
- 15 Sec. 20. Prohibited referrals and claims for payment.
 - (a) A health care worker shall not refer a patient for health services to an entity outside the health care worker's office or group practice in which the health care worker is an investor, unless the health care worker directly provides health services within the entity and will be personally involved with the provision of care to the referred patient.
 - which he or she has an investment interest shall comply with 42 U.S.C. 1395nn and accompanying regulations. Pursuant to Board determination that the following exception is applicable, a health care worker may invest in and refer to an entity, whether or not the health care worker provides direct services within said entity, if there is a demonstrated need in the community for the entity and alternative financing is not available. For purposes of this subsection (b), "demonstrated need" in the community for the entity may exist if (1) there is no facility of reasonable quality that provides medically appropriate service, (2) use of existing facilities is onerous or creates too great a hardship for patients, (3) the entity is formed to own or lease medical equipment which replaces

obsolete or otherwise inadequate equipment in or under the
control of a hospital located in a federally designated health
manpower shortage area, or (4) such other standards as
established, by rule, by the Board. "Community" shall be
defined as a metropolitan area for a city, and a county for a
rural area. In addition, the following provisions must be met
to be exempt under this Section:
(1) Individuals who are not in a position to refer
patients to an entity are given a bona fide opportunity to
also invest in the entity on the same terms as those
offered a referring health care worker; and
(2) No health care worker who invests shall be required
or encouraged to make referrals to the entity or otherwise
generate business as a condition of becoming or remaining
an investor; and
(3) The entity shall market or furnish its services to
referring health care worker investors and other investors
on equal terms; and
(4) The entity shall not loan funds or guarantee any
loans for health care workers who are in a position to
refer to an entity; and
(5) The income on the health care worker's investment
shall be tied to the health care worker's equity in the
facility rather than to the volume of referrals made; and
(6) Any investment contract between the entity and the
health care worker shall not include any covenant or
non competition clause that prevents a health care worker
from investing in other entities; and
(7) When making a referral, a health care worker must
disclose his investment interest in an entity to the
patient being referred to such entity. If alternative
facilities are reasonably available, the health care
worker must provide the patient with a list of alternative
facilities. The health care worker shall inform the patient

1 investment interest and the patient will not be treated

2	differently by the health care worker if the patient
3	chooses to use another entity. This shall be applicable to
4	all health care worker investors, including those who
5	provide direct care or services for their patients in
6	entities outside their office practices; and
7	(8) If a third party payor requests information with
8	regard to a health care worker's investment interest, the
9	same shall be disclosed; and
10	(9) The entity shall establish an internal utilization
11	review program to ensure that investing health care workers
12	provided appropriate or necessary utilization; and
13	(10) If a health care worker's financial interest in an
14	entity is incompatible with a referred patient's interest,
15	the health care worker shall make alternative arrangements
16	for the patient's care.
17	The Board shall make such a determination for a health care
18	worker within 90 days of a completed written request. Failure
19	to make such a determination within the 90 day time frame shall
20	mean that no alternative is practical based upon the facts set
21	forth in the completed written request.
22	(c) It shall not be a violation of this Act for a health
23	care worker to refer a patient for health services to a
24	publicly traded entity in which he or she has an investment
25	interest provided that:
26	(1) the entity is listed for trading on the New York
27	Stock Exchange or on the American Stock Exchange, or is a
28	national market system security traded under an automated
29	inter dealer quotation system operated by the National
30	Association of Securities Dealers; and
31	(2) the entity had, at the end of the corporation's
32	most recent fiscal year, total net assets of at least
33	\$30,000,000 related to the furnishing of health services;
34	and
35	(3) any investment interest obtained after the
36	effective date of this Act is traded on the exchanges

_	
2	after the entity became a publicly traded corporation; and
3	(4) the entity markets or furnishes its services to
4	referring health care worker investors and other health
5	care workers on equal terms; and
6	(5) all stock held in such publicly traded companies,
7	including stock held in the predecessor privately held
8	company, shall be of one class without preferential
9	treatment as to status or remuneration; and
10	(6) the entity does not loan funds or guarantee any
11	loans for health care workers who are in a position to be
12	referred to an entity; and
13	(7) the income on the health care worker's investment
14	is tied to the health care worker's equity in the entity
15	rather than to the volume of referrals made; and
16	(8) the investment interest does not exceed 1/2 of 1%
17	of the entity's total equity.
18	(d) Any hospital licensed under the Hospital Licensing Act
19	shall not discriminate against or otherwise penalize a health
20	care worker for compliance with this Act.
21	(e) Any health care worker or other entity shall not enter
22	into an arrangement or scheme seeking to make referrals to
23	another health care worker or entity based upon the condition
24	that the health care worker or entity will make referrals with
25	an intent to evade the prohibitions of this Act by inducing
26	patient referrals which would be prohibited by this Section if
27	the health care worker or entity made the referral directly.
28	(f) If compliance with the need and alternative investor
29	criteria is not practical, the health care worker shall
30	identify to the patient reasonably available alternative
31	facilities. The Board shall, by rule, designate when compliance
32	is "not practical".
33	(g) Health care workers may request from the Board that it
34	render an advisory opinion that a referral to an existing or
35	proposed entity under specified circumstances does or does not
36	violate the provisions of this Act. The Board's opinion shall

7

8

9

10

11

12

13

14

15

16

17

18

19

20

be presumptively correct. Failure to render such an advisory

opinion within 90 days of a completed written request pursuant

to this Section shall create a rebuttable presumption that a

referral described in the completed written request is not or

will not be a violation of this Act.

(h) Notwithstanding any provision of this Act to the contrary, a health care worker may refer a patient, who is a member of a health maintenance organization "IMO" licensed in this State, for health services to an entity, outside the health care worker's office or group practice, in which the health care worker is an investor, provided that any such referral is made pursuant to a contract with the HMO. Furthermore, notwithstanding any provision of this Act to the contrary, a health care worker may refer an enrollee of a "managed care community network", as defined in subsection (b) of Section 5 11 of the Illinois Public Aid Code, for health services to an entity, outside the health care worker's office or group practice, in which the health care worker is an investor, provided that any such referral is made pursuant to a contract with the managed care community network.

21 (Source: P.A. 92-370, eff. 8-15-01.)

22 (225 ILCS 47/30 rep.)

23 (225 ILCS 47/35 rep.)

24 (225 ILCS 47/40 rep.)

25 Section 10. The Health Care Worker Self-Referral Act is 26 amended by repealing Sections 30, 35, and 40.

27 Section 99. Effective date. This Act takes effect on July 28 1, 2004.