



98TH GENERAL ASSEMBLY

State of Illinois

2013 and 2014

SB1630

Introduced 2/13/2013, by Sen. William R. Haine

SYNOPSIS AS INTRODUCED:

210 ILCS 25/7-105 new
225 ILCS 60/70 new

Amends the Medical Practice Act of 1987 and the Illinois Clinical Laboratory and Blood Bank Act. Provides that a clinical laboratory or physician that provides anatomic pathology services for patients in this State shall present or cause to be presented a claim, bill, or demand for payment for these services only to specified people. Provides that the clinical laboratory or physician shall not charge, bill, or otherwise solicit payment for anatomic pathology services unless the services were rendered personally by the clinical laboratory or physician or under the clinical laboratory's or physician's direct supervision. Defines "anatomic pathology services". Makes other changes. Effective December 31, 2013.

LRB098 08625 MGM 38744 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 Illinois Clinical Laboratory and Blood Bank
5 Act is amended by adding Section 7-105 as follows:

6 (210 ILCS 25/7-105 new)

7 Sec. 7-105. Direct billing of anatomic pathology services.

8 (a) A clinical laboratory that provides anatomic pathology
9 services for patients in this State shall present or cause to
10 be presented a claim, bill, or demand for payment for these
11 services only to:

12 (1) the patient directly;

13 (2) the responsible insurer or other third-party
14 payor;

15 (3) the hospital, public health clinic, or nonprofit
16 health clinic ordering such services;

17 (4) the referring laboratory, excluding a laboratory
18 of a physician's office or group practice that does not
19 perform the professional component of the anatomic
20 pathology service for which the claim, bill, or demand is
21 presented;

22 (5) governmental agencies, specified public or private
23 agents of government agencies, or organizations, working

1 on behalf of the recipient of the services.

2 (b) Clinical laboratories shall not, directly or
3 indirectly, charge, bill, or otherwise solicit payment for
4 anatomic pathology services unless the services were rendered
5 by the clinical laboratory or by the laboratory's employee or
6 agent in accordance with Section 353 of the Public Health
7 Service Act (42 U.S.C. 263a).

8 (c) No patient, insurer, third-party payor, hospital,
9 public health clinic, or nonprofit health clinic shall be
10 required to reimburse any clinical laboratory for charges or
11 claims submitted in violation of this Section.

12 (d) Nothing in this Section shall be construed to mandate
13 the assignment of benefits for anatomic pathology services as
14 defined in this Section.

15 (e) For purposes of this Section, the term "anatomic
16 pathology services" means:

17 (1) histopathology or surgical pathology, meaning the
18 gross and microscopic examination performed by a physician
19 or under the supervision of a physician, including
20 histologic processing;

21 (2) cytopathology, meaning the microscopic examination
22 of cells from the following: (i) fluids, (ii) aspirates,
23 (iii) washings, (iv) brushings, or (v) smears, including
24 the Pap test examination performed by a physician or under
25 the supervision of a physician;

26 (3) hematology, meaning the microscopic evaluation of

1 bone marrow aspirates and biopsies performed by a
2 physician, or under the supervision of a physician, and
3 peripheral blood smears when the attending or treating
4 physician or technologist requests that a blood smear be
5 reviewed by a pathologist;

6 (4) sub-cellular pathology or molecular pathology,
7 meaning the assessment of a patient specimen for the
8 detection, localization, measurement, or analysis of one
9 or more protein or nucleic acid targets; and

10 (5) blood-banking services performed by pathologists.

11 (f) The provisions of this Section do not prohibit billing
12 of a referring laboratory for anatomic pathology services in
13 instances where a sample or samples must be sent to another
14 laboratory for consultation or histologic processing. For
15 purposes of this subsection (f), the term "referring
16 laboratory" does not include a laboratory of a physician's
17 office or group practice that does not perform the professional
18 component of the anatomic pathology service involved.

19 (g) The Department may revoke, suspend, or deny renewal of
20 the license of any clinical laboratory who violates the
21 provisions of this Section.

22 (h) A person who receives a bill for an anatomic pathology
23 service made in knowing and willful violation of this Section
24 may maintain an action to recover the actual amount paid for
25 the bill.

1 Section 10. The Medical Practice Act of 1987 is amended by
2 adding Section 70 as follows:

3 (225 ILCS 60/70 new)

4 Sec. 70. Direct billing of anatomic pathology services.

5 (a) A physician that provides anatomic pathology services
6 for patients in this State shall present or cause to be
7 presented a claim, bill, or demand for payment for these
8 services only to:

9 (1) the patient directly;

10 (2) the responsible insurer or other third-party
11 payor;

12 (3) the hospital, public health clinic, or nonprofit
13 health clinic ordering such services;

14 (4) the referring laboratory, excluding a laboratory
15 of a physician's office or group practice that does not
16 perform the professional component of the anatomic
17 pathology service for which the claim, bill, or demand is
18 presented;

19 (5) governmental agencies, specified public or private
20 agents of government agencies, or organizations, working
21 on behalf of the recipient of the services.

22 (b) Except for a physician at a referring laboratory that
23 has been billed pursuant to subsection (f), physicians shall
24 not, directly or indirectly, charge, bill, or otherwise solicit
25 payment for anatomic pathology services unless the services

1 were rendered personally by the physician or under the
2 physician's direct supervision in accordance with Section 353
3 of the Public Health Service Act (42 U.S.C. 263a).

4 (c) No patient, insurer, third-party payor, hospital,
5 public health clinic, or nonprofit health clinic shall be
6 required to reimburse any physician for charges or claims
7 submitted in violation of this Section.

8 (d) Nothing in this Section shall be construed to mandate
9 the assignment of benefits for anatomic pathology services as
10 defined in this Section.

11 (e) For purposes of this Section, the term "anatomic
12 pathology services" means:

13 (1) histopathology or surgical pathology, meaning the
14 gross and microscopic examination performed by a physician
15 or under the supervision of a physician, including
16 histologic processing;

17 (2) cytopathology, meaning the microscopic examination
18 of cells from the following: (i) fluids, (ii) aspirates,
19 (iii) washings, (iv) brushings, or (v) smears, including
20 the Pap test examination performed by a physician or under
21 the supervision of a physician;

22 (3) hematology, meaning the microscopic evaluation of
23 bone marrow aspirates and biopsies performed by a
24 physician, or under the supervision of a physician, and
25 peripheral blood smears when the attending or treating
26 physician or technologist requests that a blood smear be

1 reviewed by a pathologist;

2 (4) sub-cellular pathology or molecular pathology,
3 meaning the assessment of a patient specimen for the
4 detection, localization, measurement, or analysis of one
5 or more protein or nucleic acid targets; and

6 (5) blood-banking services performed by pathologists.

7 (f) The provisions of this Section do not prohibit billing
8 of a referring laboratory for anatomic pathology services in
9 instances where a sample or samples must be sent to another
10 physician or laboratory for consultation or histologic
11 processing. For purposes of this subsection (f), the term
12 "referring laboratory" does not include a laboratory of a
13 physician's office or group practice that does not perform the
14 professional component of the anatomic pathology service
15 involved.

16 (g) The Department may revoke, suspend, or deny renewal of
17 the license of any physician who violates the provisions of
18 this Section.

19 (h) A person who receives a bill for an anatomic pathology
20 service made in knowing and willful violation of this Section
21 may maintain an action to recover the actual amount paid for
22 the bill.

23 Section 99. Effective date. This Act takes effect December
24 31, 2013.