

## 99TH GENERAL ASSEMBLY State of Illinois 2015 and 2016 HB2239

by Rep. Jim Durkin

## SYNOPSIS AS INTRODUCED:

225 ILCS 47/20

Amends the Health Care Worker Self-Referral Act. Makes a technical change in a Section concerning prohibited referrals and claims for payment.

LRB099 08206 HAF 28358 b

1 AN ACT concerning regulation.

## 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 Section 20 as follows:
- 6 (225 ILCS 47/20)

- 7 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 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.
    - (b) 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 that they have the option to use an alternative facility other than one in which the health care worker has an investment interest and the patient will not be treated differently by the health care worker if the patient chooses to use another entity. This shall be applicable to all health care worker investors, including those who provide direct care or services for their patients in entities outside their office practices; and
- (8) If a third party payor requests information with regard to a health care worker's investment interest, the same shall be disclosed; and
- (9) The entity shall establish an internal utilization review program to ensure that investing health care workers provided appropriate or necessary utilization; and
- (10) If a health care worker's financial interest in an entity is incompatible with a referred patient's interest,

the health care worker shall make alternative arrangements for the patient's care.

The Board shall make such a determination for a health care worker within 90 days of a completed written request. Failure to make such a determination within the 90 day time frame shall mean that no alternative is practical based upon the facts set forth in the completed written request.

- (c) It shall not be a violation of this Act for a health care worker to refer a patient for health services to a publicly traded entity in which he or she has an investment interest provided that:
  - (1) the entity is listed for trading on the New York Stock Exchange or on the American Stock Exchange, or is a national market system security traded under an automated inter-dealer quotation system operated by the National Association of Securities Dealers; and
  - (2) the entity had, at the end of the corporation's most recent fiscal year, total net assets of at least \$30,000,000 related to the furnishing of health services; and
  - (3) any investment interest obtained after the effective date of this Act is traded on the exchanges listed in paragraph 1 of subsection (c) of this Section after the entity became a publicly traded corporation; and
  - (4) the entity markets or furnishes its services to referring health care worker investors and other health

care workers on equal terms; and

- (5) all stock held in such publicly traded companies, including stock held in the predecessor privately held company, shall be of one class without preferential treatment as to status or remuneration; and
- (6) the entity does not loan funds or guarantee any loans for health care workers who are in a position to be referred to an entity; and
- (7) the income on the health care worker's investment is tied to the health care worker's equity in the entity rather than to the volume of referrals made; and
- (8) the investment interest does not exceed 1/2 of 1% of the entity's total equity.
- (d) Any hospital licensed under the Hospital Licensing Act shall not discriminate against or otherwise penalize a health care worker for compliance with this Act.
- (e) Any health care worker or other entity shall not enter into an arrangement or scheme seeking to make referrals to another health care worker or entity based upon the condition that the health care worker or entity will make referrals with an intent to evade the prohibitions of this Act by inducing patient referrals which would be prohibited by this Section if the health care worker or entity made the referral directly.
- (f) If compliance with the need and alternative investor criteria is not practical, the health care worker shall identify to the patient reasonably available alternative

- facilities. The Board shall, by rule, designate when compliance is "not practical".
  - (g) Health care workers may request from the Board that it render an advisory opinion that a referral to an existing or proposed entity under specified circumstances does or does not violate the provisions of this Act. The Board's opinion shall 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 "HMO" 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 is an investor, provided that any such referral is made pursuant to a contract with the managed care community network.

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