

HB3209



99TH GENERAL ASSEMBLY

State of Illinois

2015 and 2016

HB3209

by Rep. Jay Hoffman

SYNOPSIS AS INTRODUCED:

410 ILCS 50/3.3

Amends the Medical Patients Rights Act. Provides that the prohibition on the markup of anatomic pathology services does not apply to any physician-owned laboratory. Provides that nothing regarding this prohibition shall be construed to prohibit a physician from billing for services rendered and testing performed in the physician's office or a laboratory owned by a physician or medical group. Makes other changes.

LRB099 09073 JLK 29263 b

A BILL FOR

1 AN ACT concerning health.

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

4 Section 5. The Medical Patient Rights Act is amended by
5 changing Section 3.3 as follows:

6 (410 ILCS 50/3.3)

7 Sec. 3.3. Prohibition on the markup of anatomic pathology
8 services.

9 (a) A physician who orders, but who does not supervise or
10 perform, an anatomic pathology service shall disclose in a bill
11 for such service presented to the patient:

12 (1) the name and address of the physician or laboratory
13 that provided the anatomic pathology service; and

14 (2) the actual amount paid or to be paid for each
15 anatomic pathology service provided to the patient by the
16 physician or laboratory that performed the service.

17 (b) A physician subject to the requirement of subsection
18 (a) of this Section when billing a patient, insurer, or
19 third-party payer shall not markup, or directly or indirectly
20 increase, the amount subject to disclosure under paragraph (2)
21 of subsection (a) of this Section in any bill presented to a
22 patient, insurer, or third-party payer.

23 (c) This Section does not prohibit a referring physician

1 from charging a specimen acquisition or processing charge if:

2 (1) the charge is limited to actual costs incurred for
3 specimen collection and transportation; and

4 (2) the charge is separately coded or denoted as a
5 service distinct from the performance of the anatomic
6 pathology service, in conformance with the coding policies
7 of the American Medical Association.

8 (d) The requirements of this Section do not apply to an
9 anatomic pathology service ordered or provided by:

10 (1) facilities licensed under the Hospital Licensing
11 Act or the University of Illinois Hospital Act or clinical
12 laboratories owned, operated by, or operated within
13 facilities licensed under the Hospital Licensing Act or the
14 University of Illinois Hospital Act;

15 (2) any public health clinic or nonprofit health
16 clinic; ~~or~~

17 (3) any government agency, or their specified public or
18 private agents; or -

19 (4) any physician-owned laboratory.

20 (e) No patient, insurer, or other third-party payer, shall
21 be required to reimburse any licensed health care professional
22 for charges or claims submitted in violation of this Section.

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

1 (g) The Department of Insurance shall enforce the
2 provisions of this Section for any bill submitted to a payer in
3 violation of this Section.

4 (h) For the purposes of this Section, "anatomic pathology
5 services" means:

6 (1) histopathology or surgical pathology, meaning the
7 gross and microscopic examination performed by a physician
8 or under the supervision of a physician, including
9 histologic processing;

10 (2) cytopathology, meaning the microscopic examination
11 of cells from (A) fluids, (B) aspirates, (C) washings, (D)
12 brushings, or (E) smears, including the Pap smear test
13 examination performed by a physician or under the
14 supervision of a physician;

15 (3) hematology, meaning the microscopic evaluation of
16 bone marrow aspirates and biopsies performed by a
17 physician, or under the supervision of a physician, and
18 peripheral blood smears when the attending or treating
19 physician or technologist requests that a blood smear be
20 reviewed by a pathologist;

21 (4) sub-cellular pathology or molecular pathology,
22 meaning the microscopic assessment of a patient specimen
23 for the detection, localization, measurement, or
24 microscopic analysis of one or more protein or nucleic acid
25 targets; and

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

1 (i) Nothing in this Section shall be construed to prohibit
2 a physician from billing for services rendered and testing
3 performed in the physician's office or a laboratory owned by a
4 physician or medical group.

5 (Source: P.A. 98-1127, eff. 1-1-15.)