

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 Medical Patient Rights Act is amended by
5 adding Section 3.3 as follows:

6 (410 ILCS 50/3.3 new)

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.

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

22 (f) 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.

26 (g) The Department of Insurance shall enforce the

1 provisions of this Section for any bill submitted to a payer in
2 violation of this Section.

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

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

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

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

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

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