

Rep. Jay Hoffman

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	09900HB3209ham001 LRB099 09073 JLK 33257 a
1	AMENDMENT TO HOUSE BILL 3209
2	AMENDMENT NO Amend House Bill 3209 by replacing
3	everything after the enacting clause with the following:
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

physician or laboratory that performed the service.

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

- (c) This Section does not prohibit a referring physician from charging a specimen acquisition or processing charge if:
 - (1) the charge is limited to actual costs incurred for specimen collection and transportation; and
 - (2) the charge is separately coded or denoted as a service distinct from the performance of the anatomic pathology service, in conformance with the coding policies of the American Medical Association.
- (d) The <u>only exemptions to the</u> requirements of this Section do not apply are the following to an anatomic pathology service ordered or provided by:
 - (1) facilities licensed under the Hospital Licensing Act or the University of Illinois Hospital Act or clinical laboratories owned, operated by, or operated within facilities licensed under the Hospital Licensing Act or the University of Illinois Hospital Act;
 - (2) any public health clinic or nonprofit health clinic; or
 - (3) any government agency, or their specified public or private agents; or \div

Τ	(4) an anatomic pathology laboratory certified or
2	accredited under Section 263a of the Public Health Service
3	Act, 42 U.S.C. 263a, when owned and operated by a physician
4	or physician group practice who orders such services,
5	<pre>provided that:</pre>
6	(A) the referral and billing for the anatomic
7	pathology service would otherwise be permitted under
8	paragraph (2) of subsection (b) of 42 U.S.C. 13955nn as
9	an in-office ancillary service;
10	(B) the professional component of the anatomic
11	pathology service is provided at the laboratory
12	exclusively for patients of the physician or group
13	practice who owns and operates the laboratory; and
14	(C) the physician performing the anatomic
15	pathology services is in an employee, group practice,
16	or contractual arrangement in compliance with Section
17	20 of the Health Care Worker Self-Referral Act and
18	subsections (a) and (b) of Section 22.2 of the Medical
19	Practice Act of 1987.
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	Depa	artment	of	Ins	uranc	e s	hall	en	fo.	rce	the
2	provision	ns of	this	Section	for	any	bill	subm	itted	to	a	payer	in
3	violation	n of t	this S	Section.									

(h) For the purposes of this Section:, "anatomic

"Anatomic" pathology services" means:

- (1) histopathology or surgical pathology, meaning the gross and microscopic examination performed by a physician or under the supervision of a physician, including histologic processing;
- (2) cytopathology, meaning the microscopic examination of cells from (A) fluids, (B) aspirates, (C) washings, (D) brushings, or (E) smears, including the Pap smear test examination performed by a physician or under the supervision of a physician;
- (3) hematology, meaning the microscopic evaluation of bone marrow aspirates and biopsies performed by a physician, or under the supervision of a physician, and peripheral blood smears when the attending or treating physician or technologist requests that a blood smear be reviewed by a pathologist;
- (4) sub-cellular pathology or molecular pathology, meaning the assessment of a patient specimen for the detection, localization, measurement, or analysis of one or more protein or nucleic acid targets; and
- (5) blood-banking services performed by pathologists.

 "Professional component of the anatomic pathology service"

- 1 means the entire anatomic pathology service other than
- 2 histologic processing.
- (Source: P.A. 98-1127, eff. 1-1-15.)". 3