

AN ACT concerning regulation.

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

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

(410 ILCS 50/3.3 new)

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

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

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

(2) the actual amount paid or to be paid for each 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 requirements of this Section do not apply 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.

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

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

(g) The Department of Insurance shall enforce the

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

(h) For the purposes of this Section, "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.