

Rep. William B. Black

## Filed: 4/18/2007

|        | 09500HB3312ham001 LRB095 09179 KBJ 35016 a  |
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| 1      | AMENDMENT TO HOUSE BILL 3312  |
| 2      | AMENDMENT NO Amend House Bill 3312 by replacing   |
| 3      | everything after the enacting clause with the following:                                |
| 4<br>5 | "Section 5. The Illinois Insurance Code is amended by adding Section 370m.1 as follows: |
| -      |   |
| 6      | (215 ILCS 5/370m.1 new)   |
| 7      | Sec. 370m.1. Assignment of benefits to nonparticipating                                 |
| 8      | physicians.   |
| 9      | (a) In this Section:  |
| 10     | "Exclusive arrangement" means a formal contract or                                      |
| 11     | informal arrangement between a physician and a health care                              |
| 12     | facility under which only the physician, alone or with other                            |
| 13     | physicians selected or designated by the facility, may provide                          |
| 14     | a facility-based physician service at the facility.                                     |
| 15     | "Facility-based physician service" means a service, the                                 |
| 16     | performance of which requires a license to practice medicine in                         |

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| 1  | this State; involving one or more of the medical specialties of |
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| 2  | radiology, anesthesia, pathology, emergency medicine, or        |
| 3  | nenonatology; and provided to a patient of a health care        |
| 4  | facility.   |
| 5  | "Health benefit plan issuer" means a health insurer that        |
| 6  | issues a preferred provider program under this Article or a     |
| 7  | health maintenance organization operating under the Health      |
| 8  | Maintenance Organization Act.                                   |
| 9  | "Health care facility" means any public or private              |
| 10 | hospital, clinic, center, medical school, medical training      |
| 11 | institution, laboratory or diagnostic facility, physician's or  |
| 12 | health care practitioner's office, infirmary, dispensary,       |
| 13 | ambulatory surgical treatment center, or other institution or   |
| 14 | location wherein health care services are provided to any       |
| 15 | person, including physician or health care practitioner         |
| 16 | organizations and associations, networks, joint ventures, and   |
| 17 | all other combinations of those organizations.                  |
| 18 | "Member" means an individual insured by a preferred             |
| 19 | provider program under this Article, including a covered        |
| 20 | dependent or enrollee.  |
| 21 | "Nonparticipating physician" means a physician who, with        |
| 22 | respect to a health benefit plan, is not part of the network of |
| 23 | providers with whom the health benefit plan issuer has          |
| 24 | contracted to provide medical care or health care to members of |
| 25 | the health benefit plan.  |
| 26 | "Nonparticipating provider" means a provider who, with          |

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| 1  | respect to a health benefit plan, is not part of the network of |
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| 2  | providers with whom the health benefit plan issuer has          |
| 3  | contracted to provide health care to members of the health      |
| 4  | benefit plan.   |
| 5  | "Physician" means a person licensed to practice medicine in     |
| 6  | all its branches under the Medical Practice Act of 1987.        |
| 7  | (b) If a member offers to assign to a nonparticipating          |
| 8  | physician the member's right to benefits from the member's      |
| 9  | health benefit plan issuer, the nonparticipating physician may  |
| 10 | not charge the member or the member's representative any amount |
| 11 | for any facility-based physician service provided under an      |
| 12 | exclusive arrangement, other than amounts for copayments,       |
| 13 | coinsurance, or deductibles as provided by the member's policy  |
| 14 | or contract with the health benefit plan issuer. If a member    |
| 15 | does not offer to assign or refuses to assign to a              |
| 16 | nonparticipating physician the member's right to benefits from  |
| 17 | the member's health benefit plan issuer, the nonparticipating   |
| 18 | physician may charge the member for the facility-based          |
| 19 | physician service provided under an exclusive arrangement.      |
| 20 | <u>A health benefit plan issuer's liability to a</u>            |
| 21 | nonparticipating physician for a facility-based physician       |
| 22 | service provided under an exclusive arrangement is limited to   |
| 23 | the health benefit plan issuer's obligation under the issuer's  |
| 24 | policy of contract with the member. A nonparticipating          |
| 25 | physician's charge for a facility-based physician service       |
| 26 | provided under an exclusive arrangement must be the physician's |

| 1  | usual and customary charge, but may not exceed 125% of the      |
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| 2  | amount payable for the service under the Medicare program.      |
| 3  | (b) A nonparticipating physician or provider may require a      |
| 4  | member to assign the member's benefits from the member's health |
| 5  | benefit plan issuer to the nonparticipating physician or        |
| 6  | provider. Except as provided in subsection (a) of this Section, |
| 7  | if a nonparticipating physician or provider accepts a member's  |
| 8  | assignment of the member's benefits, the nonparticipating       |
| 9  | physician or provider may not charge the member or the member's |
| 10 | representative any amount for a physician or provider service,  |
| 11 | other than amounts for copayments, coinsurance, or deductibles  |
| 12 | under the member's policy or contract with the health benefit   |
| 13 | plan issuer.  |
| 14 | A health benefit plan issuer's liability to a                   |
| 15 | nonparticipating physician or provider who has accepted an      |
| 16 | assignment of benefits from a member for a physician or         |
| 17 | provider service is limited to the issuer's obligation under    |
| 18 | the issuer's policy or contract with the member. If the a       |
| 19 | nonparticipating physician or provider does not require a       |
| 20 | member to assign the member's benefits or otherwise accept the  |
| 21 | member's assignment of benefits, the nonparticipating           |
| 22 | physician or provider may charge the member or the member's     |
| 23 | representative for the physician or provider service.".         |