

AN ACT concerning health care.

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

Section 5. The Department of Public Health Powers and
Duties Law of the Civil Administrative Code of Illinois is
amended by adding Section 2310-543 as follows:

(20 ILCS 2310/2310-543 new)

Sec. 2310-543. Information regarding health care
services. With funds made available for this purpose, the
Department may, in conjunction with other programs or
activities related to accessing medical care, develop and
provide to the public and health care patients information
regarding the categories or types of health care services
available and their appropriate use, paying particular
attention to seeking care in hospital emergency departments.

Section 10. The Emergency Medical Treatment Act is
amended by changing Section 2 as follows:

(210 ILCS 70/2 new)

Sec. 2. Findings; prohibited terms.

(a) The Illinois General Assembly makes all of the
following findings:

(1) Hospital emergency services are not always the
most appropriate level of care for patients seeking
unscheduled medical care or for patients who do not have
a regular physician who can treat a significant or acute
medical condition not considered critical, debilitating,
or life-threatening.

(2) Hospital emergency rooms are over-utilized and
too often over-burdened with many injuries or illnesses

that could be managed in a less intensive clinical setting or physician's office.

(3) Over-utilization of hospital emergency departments contributes to excess medical and health insurance costs.

(4) The use of the term "urgent" or "emergi-" or a similar term in a facility's posted or advertised name may confuse the public and prospective patients regarding the type of services offered relative to those provided by a hospital emergency department. There is significant risk to the public health and safety if persons requiring treatment for a critical or life-threatening condition inappropriately use such facilities.

(5) Many times patients are not clearly aware of the policies and procedures of their insurer or health plan that must be followed in the use of emergency rooms versus non-emergent clinics and what rights they have under the law in regard to appropriately sought emergency care.

(6) There is a need to more effectively educate health care payers and consumers about the most appropriate use of the various available levels of medical care and particularly the use of hospital emergency rooms and walk-in medical clinics that do not require appointments.

(b) After the effective date of this amendatory Act of the 93rd General Assembly, no person, facility, or entity shall hold itself out to the public as an "urgent", "urgi-", "emergi-", or "emergent" care center or use any similar term, as defined by rule, that would give the impression that emergency medical treatment is provided by the person or entity or at the facility unless the facility is the emergency room of a facility licensed as a hospital under the Hospital Licensing Act or a facility licensed as a

freestanding emergency center under the Emergency Medical Services (EMS) Systems Act.

(c) Violation of this Section constitutes a business offense with a minimum fine of \$5,000 plus \$1,000 per day for a continuing violation, with a maximum of \$25,000.

(d) The Director of Public Health in the name of the people of the State, through the Attorney General, may bring an action for an injunction or to restrain a violation of this Section or the rules adopted pursuant to this Section or to enjoin the future operation or maintenance of any facility in violation of this Section or the rules adopted pursuant to this Section.

(e) The Department of Public Health shall adopt rules necessary for the implementation of this Section.

Section 15. The Managed Care Reform and Patient Rights Act is amended by adding Section 43 as follows:

(215 ILCS 134/43 new)

Sec. 43. Utilization of health care facilities.

(a) A health care plan must provide its enrollees with a description of their rights and responsibilities in obtaining referrals to and making appropriate use of health care facilities when access to their primary care physician is not readily available.

(b) Nothing in this Section is intended to affect the rights of enrollees or relieve a health care plan of its responsibilities with respect to the provision of and coverage of emergency services or treatment of an emergency medical condition, as those terms are defined by this Act, and as those responsibilities and rights are otherwise provided under this Act, especially Section 65 of this Act.

Section 99. Effective date. This Act takes effect upon

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becoming law.