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1997 Regular Session 7lr2049

## CF 7lr2050

By: Senator Hollinger		
Introduced and read first time: January 29, 1997		
Assigned to: Economic and Environmental Affairs		
Committee Report: Favorable		
Senate action: Adopted		
Read second time: March 13, 1997		
	CHAPTER	

## 1 AN ACT concerning

## 2 Health Occupations - Patient Referrals

- 3 FOR the purpose of altering a certain provision of law that prohibits health care
- 4 practitioners from referring patients to health care entities in which the health care
- 5 practitioners' immediate family owns a beneficial interest; and generally relating to
- 6 the referral of patients by health care practitioners to health care entities.
- 7 BY repealing and reenacting, with amendments,
- 8 Article Health Occupations
- 9 Section 1-302
- 10 Annotated Code of Maryland
- 11 (1994 Replacement Volume and 1996 Supplement)
- 12 SECTION 1. BE IT ENACTED BY THE GENERAL ASSEMBLY OF
- 13 MARYLAND, That the Laws of Maryland read as follows:

## 14 Article - Health Occupations

15 1-302.

- 16 (a) Except as provided in subsection (d) of this section, a health care practitioner
- 17 may not refer a patient, or direct an employee of or person under contract with the health
- 18 care practitioner to refer a patient to a health care entity:
- 19 (1) In which the health care practitioner [, the practitioner's immediate
- 20 family,] or the practitioner in combination with the practitioner's immediate family owns
- 21 a beneficial interest;
- 22 (2) IN WHICH THE PRACTITIONER'S IMMEDIATE FAMILY OWNS A
- 23 BENEFICIAL INTEREST OF 3 PERCENT OR GREATER; or

	[(2)] (3) With which the health care practitioner, the practitioner's immediate family, or the practitioner in combination with the practitioner's immediate family has a compensation arrangement.
6	(b) A health care entity or a referring health care practitioner may not present or cause to be presented to any individual, third party payor, or other person a claim, bill, or other demand for payment for health care services provided as a result of a referral prohibited by this subtitle.
10	(c) Subsection (a) of this section applies to any arrangement or scheme, including a cross-referral arrangement, which the health care practitioner knows or should know has a principal purpose of assuring indirect referrals that would be in violation of subsection (a) of this section if made directly.
12	(d) The provisions of this section do not apply to:
	(1) A health care practitioner when treating a member of a health maintenance organization as defined in § 19-701 of the Health - General Article if the health care practitioner does not have a beneficial interest in the health care entity;
16 17	(2) A health care practitioner who refers a patient to another health care practitioner in the same group practice as the referring health care practitioner;
20	(3) A health care practitioner with a beneficial interest in a health care entity who refers a patient to that health care entity for health care services or tests, if the services or tests are personally performed by or under the direct supervision of the referring health care practitioner;
22 23	(4) A health care practitioner who refers in-office ancillary services or tests that are:
24	(i) Personally furnished by:
25	1. The referring health care practitioner;
26 27	2. A health care practitioner in the same group practice as the referring health care practitioner; or
	3. An individual who is employed and personally supervised by the qualified referring health care practitioner or a health care practitioner in the same group practice as the referring health care practitioner;
	(ii) Provided in the same building where the referring health care practitioner or a health care practitioner in the same group practice as the referring health care practitioner furnishes services; and
34	(iii) Billed by:
35 36	1. The health care practitioner performing or supervising the services; or
37 38	2. A group practice of which the health care practitioner performing or supervising the services is a member;

1 2	(5) A health care practitioner who has a beneficial interest in a health care entity if, in accordance with regulations adopted by the Secretary:
3 4	(i) The Secretary determines that the health care practitioner's beneficial interest is essential to finance and to provide the health care entity; and
	(ii) The Secretary, in conjunction with the Health Resources Planning Commission, determines that the health care entity is needed to ensure appropriate access for the community to the services provided at the health care entity;
10	(6) A health care practitioner employed or affiliated with a hospital, who refers a patient to a health care entity that is owned or controlled by a hospital or under common ownership or control with a hospital if the health care practitioner does not have a direct beneficial interest in the health care entity;
14	(7) A health care practitioner or member of a single specialty group practice, including any person employed or affiliated with a hospital, who has a beneficial interest in a health care entity that is owned or controlled by a hospital or under common ownership or control with a hospital if:
18	(i) The health care practitioner or other member of that single specialty group practice provides the health care services to a patient pursuant to a referral or in accordance with a consultation requested by another health care practitioner who does not have a beneficial interest in the health care entity; or
	(ii) The health care practitioner or other member of that single specialty group practice referring a patient to the facility, service, or entity personally performs or supervises the health care service or procedure; or
25 26	(8) A health care practitioner with a beneficial interest in, or compensation arrangement with, a hospital or related institution as defined in § 19-301 of the Health - General Article or a facility, service, or other entity that is owned or controlled by a hospital or related institution or under common ownership or control with a hospital or related institution if:
28 29	(i) The beneficial interest was held or the compensation arrangement was in existence on January 1, 1993; and
30 31	(ii) Thereafter the beneficial interest or compensation arrangement of the health care practitioner does not increase.
	(e) A health care practitioner exempted from the provisions of this section in accordance with subsection (d) shall be subject to the disclosure provisions of § 1-303 of this subtitle.
35 36	SECTION 2. AND BE IT FURTHER ENACTED, That this Act shall take effect October 1, 1997.

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