

HOUSE BILL 1150

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By: ~~Delegate Donoghue~~ Delegates Donoghue, Pendergrass, Benson, Montgomery, Morhaim, Nathan-Pulliam, Pena-Melnyk, and V. Turner

Introduced and read first time: February 13, 2009

Assigned to: Health and Government Operations

Committee Report: Favorable with amendments

House action: Adopted

Read second time: March 18, 2009

CHAPTER _____

1 AN ACT concerning

2 **Health Occupations - Anatomic Pathology Services - Billing**

3 FOR the purpose of ~~excluding the microscopic examination of certain cells in a certain~~
4 ~~test performed under certain circumstances from the definition of~~
5 ~~“cytopathology” as it relates to the billing for anatomic pathology services~~
6 requiring certain clinical laboratories, physicians, or group practices to present,
7 or cause to be presented, to a health care practitioner who orders but does not
8 supervise or perform an anatomic pathology service on a Pap test specimen, a
9 claim, bill, or demand for payment for providing certain anatomic pathology
10 services; providing that certain provisions of law do not prohibit a health care
11 practitioner who takes a Pap test specimen and orders but does not supervise or
12 perform certain anatomic pathology services from billing certain patients or
13 payors if the health care practitioner complies with certain disclosure
14 requirements and ethics policies; and generally relating to anatomic pathology
15 services.

16 BY repealing and reenacting, with amendments,
17 Article – Health Occupations
18 Section 1–306
19 Annotated Code of Maryland
20 (2005 Replacement Volume and 2008 Supplement)

21 SECTION 1. BE IT ENACTED BY THE GENERAL ASSEMBLY OF
22 MARYLAND, That the Laws of Maryland read as follows:

EXPLANATION: CAPITALS INDICATE MATTER ADDED TO EXISTING LAW.

[Brackets] indicate matter deleted from existing law.

Underlining indicates amendments to bill.

~~Strike out~~ indicates matter stricken from the bill by amendment or deleted from the law by amendment.



Article – Health Occupations

1–306.

(a) (1) In this section the following words have the meanings indicated.

(2) “Anatomic pathology services” means:

(i) Histopathology or surgical pathology;

(ii) Cytopathology;

(iii) Hematology;

(iv) Subcellular pathology and molecular pathology; or

(v) Blood–banking services performed by pathologists.

(3) “Clinical laboratory” means a facility that provides anatomic pathology services.

(4) (i) “Cytopathology” means the microscopic examination of cells from fluids, aspirates, washings, brushings, or smears.

(ii) “Cytopathology” includes the microscopic examination of cells in a Pap test examination performed by a physician or under the direct supervision of a physician.

(5) “Hematology” means:

(i) The microscopic evaluation of bone marrow aspirates and biopsies performed by a physician or under the direct supervision of a physician; or

(ii) Review of a peripheral blood smear if a physician or technologist requests that a pathologist review a blood smear.

(6) “Histopathology or surgical pathology” means gross and microscopic examination of organ tissue performed by a physician or under the direct supervision of a physician.

(7) (i) “Referring laboratory” means a clinical laboratory that sends a specimen to another clinical laboratory for histologic processing or anatomic pathology consultation.

(ii) “Referring laboratory” does not include a laboratory of a physician’s office or a group practice that collects a specimen and orders, but does not perform, anatomic pathology services for patients.

1 (b) Nothing in this section may be construed to:

2 (1) Mandate the assignment of benefits for anatomic pathology
3 services; or

4 (2) Prohibit a health care practitioner who performs or supervises
5 anatomic pathology services and is a member of a group practice, as defined under §
6 1–301 of this subtitle, from reassigning the right to bill for anatomic pathology
7 services to the group practice if the billing complies with the requirements of
8 subsection (c) of this section.

9 (c) A clinical laboratory, a physician, or a group practice located in this State
10 or in another state that provides anatomic pathology services for a patient in this
11 State shall present, or cause to be presented, a claim, bill, or demand for payment for
12 the services to:

13 (1) Subject to the limitations of § 19–710(p) of the Health – General
14 Article, the patient directly unless otherwise prohibited by law;

15 (2) A responsible insurer or other third–party payor;

16 (3) A hospital, public health clinic, or nonprofit health clinic ordering
17 the services;

18 (4) A referring laboratory; ~~or~~

19 (5) On behalf of the patient, a governmental agency or its public or
20 private agent, agency, or organization; **OR**

21 **(6) A REFERRING PHYSICIAN HEALTH CARE PRACTITIONER WHO**
22 **ORDERS BUT DOES NOT SUPERVISE OR PERFORM AN ANATOMIC PATHOLOGY**
23 **SERVICE ON A PAP TEST SPECIMEN, PROVIDED ~~SUCH PHYSICIAN~~ THE HEALTH**
24 **CARE PRACTITIONER IS IN COMPLIANCE WITH SUBSECTION (E)(2) OF THIS**
25 **SECTION.**

26 (d) Except as provided in subsection (e) of this section, a health care
27 practitioner licensed under this article may not directly or indirectly charge, bill, or
28 otherwise solicit payment for anatomic pathology services unless the services are
29 performed:

30 (1) By the health care practitioner or under the direct supervision of
31 the health care practitioner; and

32 (2) In accordance with the provisions for the preparation of biological
33 products by service in the federal Public Health Service Act.

34 (e) This section does not prohibit:

1 (1) [a] A referring laboratory from billing for anatomic pathology
 2 services or histologic processing if the referring laboratory must send a specimen to
 3 another clinical laboratory for histologic processing or anatomic pathology
 4 consultation; AND

5 (2) A HEALTH CARE PRACTITIONER WHO TAKES A PAP TEST
 6 SPECIMEN FROM A PATIENT AND WHO ORDERS BUT DOES NOT SUPERVISE OR
 7 PERFORM AN ANATOMIC PATHOLOGY SERVICE ON THE SPECIMEN, FROM
 8 BILLING A PATIENT OR PAYOR FOR THE SERVICE, PROVIDED THE HEALTH CARE
 9 PRACTITIONER COMPLIES WITH:

10 (I) THE DISCLOSURE REQUIREMENTS OF ~~HEALTH~~
 11 ~~OCCUPATIONS 14-404(16)~~ § 14-404(A)(16) OF THIS ARTICLE; AND

12 (II) THE ETHICS POLICIES OF THE AMERICAN MEDICAL
 13 ASSOCIATION THAT RELATE TO REFERRING PHYSICIAN BILLING FOR
 14 LABORATORY SERVICES.

15 (f) A patient, insurer, third-party payor, hospital, public health clinic, or
 16 nonprofit health clinic is not required to reimburse a health care practitioner who
 17 violates the provisions of this section.

18 SECTION 2. AND BE IT FURTHER ENACTED, That this Act shall take effect
 19 October 1, 2009.

Approved:

Governor.

Speaker of the House of Delegates.

President of the Senate.