THE GENERAL ASSEMBLY OF PENNSYLVANIA

HOUSE BILL

No. 2521 Session of 2010

INTRODUCED BY DeLUCA, MUNDY, BARBIN, D. COSTA, BELFANTI, CALTAGIRONE, DAY, FRANKEL, GEORGE, HARKINS, JOSEPHS, KOTIK, MATZIE, M. O'BRIEN, PASHINSKI, SIPTROTH, SOLOBAY, THOMAS, WHITE, YOUNGBLOOD, MICOZZIE, QUINN AND KILLION, MAY 19, 2010

AS AMENDED ON SECOND CONSIDERATION, HOUSE OF REPRESENTATIVES, JULY 1, 2010

AN ACT

- 1 Providing for anatomic pathology service disclosure.
- 2 The General Assembly of the Commonwealth of Pennsylvania
- 3 hereby enacts as follows:
- 4 Section 1. Short title.
- 5 This act shall be known and may be cited as the Anatomic
- 6 Pathology Service Disclosure Act.
- 7 Section 2. Definitions.
- 8 The following words and phrases when used in this act shall
- 9 have the meanings given to them in this section unless the
- 10 context clearly indicates otherwise:
- "Anatomic pathology service." The term shall include:
- 12 (1) histopathology or surgical pathology, which means
- the gross and microscopic examination of organ tissue
- 14 performed by a physician or under the supervision of a
- 15 physician, including histologic processing;
- 16 (2) cytopathology, which means the microscopic

1	examination of cells from the following:
2	(i) fluids;
3	(ii) aspirates;
4	(iii) washings;
5	(iv) brushings; or
6	(v) smears, including the Pap test examination
7	performed by a physician or under the supervision of a
8	physician;
9	(3) hematology, which means the microscopic evaluation
10	of bone marrow aspirates and biopsies performed by a
11	physician or under the supervision of a physician and
12	peripheral blood smears when the attending or treating
13	physician or technologist requests that a blood smear be
14	reviewed by the pathologist;
15	(4) subcellular pathology and molecular pathology; or
16	(5) blood-banking services performed by pathologists.
17	The term does not include the initial collection or packaging of
18	the specimen for transport.
19	"Designated health service." The following goods or
20	services:
21	(1) clinical laboratory services;
22	(2) physical therapy, occupational therapy or speech
23	language pathology;
24	(3) chiropractic;
25	(4) radiation oncology;
26	(5) psychometric services; or
27	(6) home health services.
28	"Health care provider." A person, corporation, facility or
29	institution licensed or otherwise authorized by the Commonwealth
30	to provide health care services, including, but not limited to,

1 a physician, coordinated care organization, hospital, health

2 care facility, dentist, nurse, optometrist, podiatrist, physical

3 therapist, psychologist, chiropractor or pharmacist and an

4 officer, employee or agent of the person acting in the course

5 and scope of employment or agency related to health care

6 services.

"Referral."

(1) The term shall include:

ordering of, or the certifying or recertifying of the need for any designated health service, including a request for a consultation with another health care provider and any test or procedure ordered by or to be performed by, or under the supervision of, that other health care provider, but not including any designated health service personally performed or provided by the referring provider. A designated health service is not personally performed or provided by any other care provider if it is performed or provided by any other person, including, but not limited to, the referring health care provider's employees, independent contractors or group practice members.

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(ii) A request by a health care provider that includes the provision of any designated health service, the establishment of a plan of care by a health care provider that includes the provision of such a designated health service or the certifying or recertifying of the need for such a designated health service, but not including any designated health service personally performed or provided by the referring health care

1	provider. A designated health service is not personally
2	performed or provided by the referring health care
3	provider if it is performed or provided by any other-
4	person, including, but not limited to, the referring-
5	health care provider's employees, independent contractors
6	or group practice members.
7	(2) The term shall not include a request by a
8	pathologist for clinical diagnostic laboratory tests and

pathologist for clinical diagnostic laboratory tests and pathological examination services by a radiologist for diagnostic radiology services and by a radiation oncologist for radiation therapy or ancillary services necessary for, and integral to, the provision of radiation therapy, if:

(i) the request results from a consultation

initiated by another health care provider, whether the

request for a consultation was made to a particular

health care provider or to an entity with which the

health care provider is affiliated; and

(ii) the tests or services are furnished by or under the supervision of the pathologist, radiologist or radiation oncologist or under the supervision of a pathologist, radiologist or radiation oncologist, respectively, in the same group practice as the pathologist, radiologist or radiation oncologist.

(3) A referral may be in any form, including, but not limited to, written, oral or electronic.

26 Section 3. Disclosure requirement.

A health care provider OR ANY PHYSICIAN GROUP PRACTICE who orders but who does not supervise or perform a component of an anatomic pathology service shall disclose in a bill for the service presented to a patient, insurer or other third-party

- 1 payor:
- 2 (1) The name and address of the health care provider or
- 3 laboratory that provided the anatomic pathology service.
- 4 (2) The amount paid or to be paid for each anatomic
- 5 pathology service provided to the patient by the health care
- 6 provider or laboratory that performed the service.
- 7 Section 4. Penalties.
- 8 (a) Limitation on billing. No claim for payment may be
- 9 presented by an entity to any individual, third party payer or
- 10 other entity for a designated health service furnished pursuant-
- 11 to a violation of this act.
- 12 (b) Denial of payment.
- 13 (1) Except as provided in paragraph (2), no payment may
- 14 be made by a payer for a designated health service that is
- 15 furnished pursuant to a violation of this act.
- 16 (2) Payment may be made to an entity that submits a
- 17 claim for a designated health service if the entity did not
- 18 have actual knowledge of, and did not act in reckless-
- 19 disregard or deliberate ignorance of, the identity of the
- 20 provider who made the referral of the designated health
- 21 service to the entity.
- 22 (c) Violation. A violation of this act by a health care
- 23 provider shall constitute grounds for disciplinary action to be
- 24 taken by the applicable board under an applicable licensing
- 25 statute.
- 26 Section 20. Effective date.
- 27 This act shall take effect in 60 days.