
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 AND YOUNGBLOOD, MAY 19, 2010

REFERRED TO COMMITTEE ON INSURANCE, MAY 19, 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:

11 "Anatomic pathology service." The term shall include:

12 (1) histopathology or surgical pathology, which means
13 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.

7 "Referral."

8 (1) The term shall include:

9 (i) The request by a health care provider for, or
10 ordering of, or the certifying or recertifying of the
11 need for any designated health service, including a
12 request for a consultation with another health care
13 provider and any test or procedure ordered by or to be
14 performed by, or under the supervision of, that other
15 health care provider, but not including any designated
16 health service personally performed or provided by the
17 referring provider. A designated health service is not
18 personally performed or provided by the referring health
19 care provider if it is performed or provided by any other
20 person, including, but not limited to, the referring
21 health care provider's employees, independent contractors
22 or group practice members.

23 (ii) A request by a health care provider that
24 includes the provision of any designated health service,
25 the establishment of a plan of care by a health care
26 provider that includes the provision of such a designated
27 health service or the certifying or recertifying of the
28 need for such a designated health service, but not
29 including any designated health service personally
30 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
9 pathological examination services by a radiologist for
10 diagnostic radiology services and by a radiation oncologist
11 for radiation therapy or ancillary services necessary for,
12 and integral to, the provision of radiation therapy, if:

13 (i) the request results from a consultation
14 initiated by another health care provider, whether the
15 request for a consultation was made to a particular
16 health care provider or to an entity with which the
17 health care provider is affiliated; and

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

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

26 Section 3. Disclosure requirement.

27 A health care provider who orders but who does not supervise
28 or perform a component of an anatomic pathology service shall
29 disclose in a bill for the service presented to a patient,
30 insurer or other third-party payor:

1 (1) The name and address of the health care provider or
2 laboratory that provided the anatomic pathology service.

3 (2) The amount paid or to be paid for each anatomic
4 pathology service provided to the patient by the health care
5 provider or laboratory that performed the service.

6 Section 4. Penalties.

7 (a) Limitation on billing.--No claim for payment may be
8 presented by an entity to any individual, third-party payer or
9 other entity for a designated health service furnished pursuant
10 to a violation of this act.

11 (b) Denial of payment.--

12 (1) Except as provided in paragraph (2), no payment may
13 be made by a payer for a designated health service that is
14 furnished pursuant to a violation of this act.

15 (2) Payment may be made to an entity that submits a
16 claim for a designated health service if the entity did not
17 have actual knowledge of, and did not act in reckless
18 disregard or deliberate ignorance of, the identity of the
19 provider who made the referral of the designated health
20 service to the entity.

21 (c) Violation.--A violation of this act by a health care
22 provider shall constitute grounds for disciplinary action to be
23 taken by the applicable board under an applicable licensing
24 statute.

25 Section 20. Effective date.

26 This act shall take effect in 60 days.