SENATE BILL NO. 817

94TH GENERAL ASSEMBLY

INTRODUCED BY SENATOR GOODMAN.

Pre-filed December 1, 2007, and ordered printed.

3320S.01I

TERRY L. SPIELER, Secretary.

AN ACT

To amend chapter 191, RSMo, by adding thereto one new section relating to anatomic pathology services.

Be it enacted by the General Assembly of the State of Missouri, as follows:

Section A. Chapter 191, RSMo, is amended by adding thereto one new 2 section, to be known as section 191.890, to read as follows:

191.890. 1. For purposes of this section, the term "anatomic 2 pathology services" means:

3 (1) "Histopathology" or "surgical pathology", the gross and
4 microscopic examination and histologic processing of organ tissue
5 performed by a physician or under the supervision of a physician;

6 (2) "Cytopathology", the examination of cells, from fluids, 7 aspirates, washings, brushings, or smears, including the Pap test 8 examination performed by a physician or under the supervision of a 9 physician;

10 (3) "Hematology", the microscopic evaluation of bone marrow 11 aspirates and biopsies performed by a physician or under the 12 supervision of a licensed physician, and peripheral blood smears when 13 the attending or treating physician or technologist requests that a 14 blood smear be reviewed by a pathologist;

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(4) Subcellular pathology and molecular pathology; and

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(5) Blood-banking services performed by pathologists.

2. Except as provided under subsection 5 of this section, no licensed health care professional in the state shall, directly or indirectly, charge, bill, or otherwise solicit payment for anatomic pathology services unless such services were rendered personally by the licensed health care professional or under the licensed health care professional's direct supervision in accordance with section 353 of the 23 Public Health Service Act, 42 U.S.C. 263a.

3. No patient, insurer, third-party payor, hospital, public health
clinic, or nonprofit health clinic shall be required to reimburse any
licensed health care professional for charges or claims submitted in
violation of this section.

4. Nothing in this section shall be construed to mandate the assignment of benefits for anatomic pathology services as defined in this section.

5. The provisions of this section do not prohibit billing of a referring laboratory for anatomic pathology services in instances where a sample or samples must be sent to another specialist, except that for purposes of this subsection, the term "referring laboratory" does not include a laboratory of a physician's office or group practice that does not perform the technical or professional component of the anatomic pathology service involved.

6. The respective state licensing boards having jurisdiction over any health care professional who may request or provide anatomic pathology services may revoke, suspend, or deny renewal of the license of any health care professional who violates the provisions of this section.

43 7. Nothing in this section shall be construed to prohibit a
44 referring physician from sending a patient's specimen to any laboratory
45 providing anatomic pathology services.

8. A clinical laboratory or physician, located in this state, or in another state, providing anatomic pathology services for patients in this state, shall present or cause to be presented a claim, bill, or demand for payment for these services only to the following:

50 (1) The patient directly;

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(2) The responsible insurer or other third-party payor;

52 (3) The hospital, public health clinic, or nonprofit health clinic
53 ordering such services;

54 (4) The referring laboratory, other than a laboratory of a 55 physician's office or group practice that does not perform the 56 professional component of the anatomic pathology service;

57 (5) Governmental agencies or their specified public or private 58 agent, agency, or organization on behalf of the recipient of the services.

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