

HOUSE No. 4812

The Commonwealth of Massachusetts

HOUSE OF REPRESENTATIVES, March 30, 2006.

The committee on Public Health, to whom was referred the petition (accompanied by bill, House, No. 2635) of Martha M. Walz for legislation to require direct billing for certain pathology tests, reports recommending that the accompanying bill (House, No. 4812) ought to pass.

For the committee,

PETER J. KOUTOUJIAN.

The Commonwealth of Massachusetts

In the Year Two Thousand and Six.

AN ACT PROVIDING FOR DIRECT BILLING OF CERTAIN PATHOLOGY TESTS.

Be it enacted by the Senate and House of Representatives in General Court assembled, and by the authority of the same, as follows:

1 Chapter 118G of the General Laws is hereby amended by
2 adding the following section:—

3 Section 27. (a) For the purposes of the section the following
4 words shall have the following meanings:

5 “Anatomic pathology service”, histopathology, surgical path-
6 ology, cytopathology, hematology, sub-cellular pathology, molecular
7 pathology and blood-banking services performed by a pathologist.

8 “Cytopathology”, the examination of cells, from the following:
9 (i) fluids; (ii) aspirates; (iii) washings; (iv) brushings; (v) or
10 smears, including the Pap test examination performed by a physi-
11 cian or under the supervision of a physician.

12 “Hematology”, the microscopic evaluation of bone marrow
13 aspirates and biopsies performed by a physician or under the
14 supervision of a physician, and peripheral blood smears when the
15 attending or treating physician or technologist requests that a
16 blood smear be reviewed by a pathologist.

17 “Histopathology or surgical pathology”, the gross and micro-
18 scopic examination of organ tissue performed by a physician or
19 under the supervision of a physician.

20 (b) A clinical laboratory or physician providing anatomic
21 pathology services for patients in the commonwealth shall present
22 or cause to be presented a claim, bill or demand for payment for
23 these services only to the following: (i) the patient directly; (ii)
24 the responsible insurer or other third-party payor; (iii) the hos-
25 pital, public health clinic, or nonprofit health clinic ordering such
26 services; (iv) the referral laboratory, or a physician’s office labora-
27 tory when the physician of such laboratory performs the anatomic
28 pathology service; or (v) the governmental agency or its specified
29 public or private agent, agency or organization on behalf of the
30 recipient of the services.

31 (c) Except as provided under this section no licensed practi-
32 tioner shall, directly or indirectly, charge, bill or otherwise solicit
33 payment for anatomic pathology services unless such services
34 were rendered personally by the licensed practitioner or under the
35 licensed practitioner's direct supervision under section 353 of the
36 Public Health Service Act (42 U.S.C. 263a).

37 (d) No patient, insurer, third party payor, hospital, public health
38 clinic, or non-profit health clinic shall be required to reimburse
39 any licensed practitioner for charges or claims submitted in viola-
40 tion of this section.

41 (e) Nothing in this section shall be construed to mandate the
42 assignment of benefits for anatomic pathology services.

43 (f) The provisions of this section shall not prohibit billing
44 between laboratories for anatomic pathology services in instances
45 where a sample or samples must be sent to another specialist. The
46 provisions of this paragraph shall not permit billing for anatomic
47 pathology services of a physician's office laboratory when the
48 physician of such laboratory has not performed the anatomic
49 pathology service.

50 (g) The board of registration in medicine may revoke, suspend
51 or deny renewal of the license of any practitioner who violates
52 this section.

