

STATE OF OKLAHOMA

2nd Session of the 50th Legislature (2006)

SENATE BILL 1870

By: Johnson (Constance)

AS INTRODUCED

An Act relating to professions and occupations; specifying procedures for billing practices for certain laboratories and physicians; prohibiting certain billing under certain circumstances; prohibiting certain reimbursements for certain charges or claims; providing definitions; prohibiting certain billing; authorizing certain licensing boards to revoke, suspend or deny renewal of licensure under certain circumstances; providing for codification; and providing an effective date.

BE IT ENACTED BY THE PEOPLE OF THE STATE OF OKLAHOMA:

SECTION 1. NEW LAW A new section of law to be codified in the Oklahoma Statutes as Section 513a of Title 59, unless there is created a duplication in numbering, reads as follows:

A. 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:

1. The patient directly;
2. The responsible insurer or other third-party payer;
3. The hospital, public health clinic, or non-profit health clinic ordering such services;
4. The referring laboratory, other than a laboratory of a physician's office or group practice that does not perform the technical or professional component of the anatomic pathology service for which the claim, bill or demand is presented; and
5. Governmental agencies and/or their specified public or private agent, agency, or organization on behalf of the recipient of the services.

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

C. No patient, insurer, third-party payer, hospital, public health clinic or non-profit health clinic shall be required to reimburse any licensed practitioner for charges or claims submitted in violation of this act.

D. Nothing in this act shall be interpreted to mandate the assignment of benefits for anatomic pathology services as defined in this act.

E. For the purposes of this act, the term "anatomic pathology" means:

1. Histopathology or surgical pathology, which is defined as the gross and microscopic examination and histologic processing of organ tissue performed by a physician or under the supervision of a physician;

2. Cytopathology, which is defined as the examination of cells, from fluids, aspirates, washings, brushings or smears, including the Pap test examination performed by a physician or under the supervision of a physician;

3. Sub-cellular pathology and molecular pathology; and

4. Blood banking services performed by pathologists.

F. The provisions of this act 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, when 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.

G. The State Board of Medical Licensure and Supervision may revoke, suspend or deny renewal of the license of any practitioner who violates the provisions of this section.

SECTION 2. NEW LAW A new section of law to be codified in the Oklahoma Statutes as Section 642a of Title 59, unless there is created a duplication in numbering, reads as follows:

A. 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:

1. The patient directly;
2. The responsible insurer or other third-party payer;
3. The hospital, public health clinic, or non-profit health clinic ordering such services;
4. The referring laboratory, other than a laboratory of a physician's office or group practice that does not perform the technical or professional component of the anatomic pathology service for which the claim, bill or demand is presented; and
5. Governmental agencies and/or their specified public or private agent, agency, or organization on behalf of the recipient of the services.

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

C. No patient, insurer, third-party payer, hospital, public health clinic or non-profit health clinic shall be required to

reimburse any licensed practitioner for charges or claims submitted in violation of this act.

D. Nothing in this act shall be interpreted to mandate the assignment of benefits for anatomic pathology services as defined in this act.

E. For the purposes of this act, the term "anatomic pathology" means:

1. Histopathology or surgical pathology, which is defined as the gross and microscopic examination and histologic processing of organ tissue performed by a physician or under the supervision of a physician;

2. Cytopathology, which is defined as the examination of cells, from fluids, aspirates, washings, brushings or smears, including the Pap test examination performed by a physician or under the supervision of a physician;

3. Sub-cellular pathology and molecular pathology; and

4. Blood banking services performed by pathologists.

F. The provisions of this act 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, when 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.

G. The State Board of Osteopathic Examiners may revoke, suspend or deny renewal of the license of any practitioner who violates the provisions of this act.

SECTION 3. This act shall become effective November 1, 2006.