FIRST REGULAR SESSION

SENATE BILL NO. 559

102ND GENERAL ASSEMBLY

INTRODUCED BY SENATOR SCHROER.

2174S.01I KRISTINA MARTIN, Secretary

AN ACT

To amend chapter 191, RSMo, by adding thereto one new section relating to payment for 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

- 2 one new section, to be known as section 191.890, to read as
- 3 follows:
 - 191.890. 1. For purposes of this section, the term
- 2 "anatomic pathology services" means:
- 3 (1) "Histopathology" or "surgical pathology", the
- 4 gross and microscopic examination and histologic processing
- 5 of organ tissue performed by a physician or under the
- 6 supervision of a physician;
- 7 (2) "Cytopathology", the examination of cells, from
- 8 fluids, aspirates, washings, brushings, or smears, including
- 9 a pap smear performed by a physician or under the
- 10 supervision of a physician;
- 11 (3) "Hematology", the microscopic evaluation of bone
- 12 marrow aspirates and biopsies performed by a physician or
- 13 under the supervision of a licensed physician, and
- 14 peripheral blood smears when the attending or treating
- 15 physician or technologist requests that a blood smear be
- 16 reviewed by a pathologist;
- 17 (4) Subcellular pathology and molecular pathology; and
- 18 (5) Blood-banking services performed by pathologists.

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- 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 from a patient 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.
 - 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 shall not prohibit billing by a referring laboratory for anatomic pathology services in instances where a sample or samples must be sent to another specialist, provided that the referring laboratory performs a 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.
 - 7. Nothing in this section shall be construed to prohibit a referring physician from sending a patient's specimen to any laboratory 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

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to be presented a claim, bill, or demand for payment for these services only to the following:

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(1) The patient directly;

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- 54 (2) The responsible insurer or other third-party payor;
- 55 (3) The hospital, public health clinic, or nonprofit
- 56 health clinic ordering such services;
- 57 (4) The referring laboratory, other than a laboratory 58 of a physician's office or group practice that does not 59 perform the professional component of the anatomic pathology 60 service;
- (5) Governmental agencies or their specified public or private agent, agency, or organization on behalf of the recipient of the services.

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