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SENATE BILL 6236

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State of Washington

62nd Legislature

2012 Regular Session

By Senators Becker, Carrell, and Keiser

Read first time 01/16/12. Referred to Committee on Health & Long-Term Care.

1 AN ACT Relating to authorizing the presentation of claims for  
2 payment for pathology services to direct patient-provider primary care  
3 practices; amending RCW 48.43.081; and creating a new section.

4 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF WASHINGTON:

5 **Sec. 1.** RCW 48.43.081 and 2011 c 128 s 1 are each amended to read  
6 as follows:

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

11 (a) The patient;

12 (b) The responsible insurer or other third-party payer;

13 (c) The hospital, public health clinic, or nonprofit health clinic  
14 ordering such services;

15 (d) A direct patient-provider primary care practice regulated by  
16 chapter 48.150 RCW, provided the practice:

17 (i) Is in compliance with all applicable provisions of law to  
18 regulate that practice;

1        (ii) Has furnished a written confirmation to the physician or  
2 laboratory providing the anatomic pathology service that the patient is  
3 not covered for anatomic pathology services under any health insurance  
4 plan or program;

5        (iii) Furnishes the patient with an itemized bill that does not,  
6 directly or indirectly, mark up or increase the actual amount billed by  
7 the physician or clinical laboratory that performed the service; and

8        (iv) Discloses to the patient, through printed material or through  
9 a web site, that all anatomic pathology services are billed at exactly  
10 the amount charged for the service by the physician or laboratory that  
11 provided the service, and the identity of the provider;

12        (e) The referring laboratory, excluding a laboratory of a  
13 physician's office or group practice that does not perform the  
14 professional component of the anatomic pathology service for which such  
15 claim, bill, or demand is presented; or

16        ~~((e))~~ (f) Governmental agencies or their specified public or  
17 private agent, agency, or organization on behalf of the recipient of  
18 the services.

19        (2) Except for a physician at a referring laboratory that has been  
20 billed pursuant to subsection (1)(d) or (6) of this section, no  
21 licensed practitioner in the state may, directly or indirectly, charge,  
22 bill, or otherwise solicit payment for anatomic pathology services  
23 unless such services were rendered personally by the licensed  
24 practitioner or under the licensed practitioner's direct supervision in  
25 accordance with section 353 of the public health service act (42 U.S.C.  
26 Sec. 263a).

27        (3) No patient, insurer, third-party payer, hospital, public health  
28 clinic, or nonprofit health clinic may be required to reimburse any  
29 licensed practitioner for charges or claims submitted in violation of  
30 this section.

31        (4) Nothing in this section may be construed to mandate the  
32 assignment of benefits for anatomic pathology services as defined in  
33 this section.

34        (5) For purposes of this section, "anatomic pathology services"  
35 means:

36        (a) Histopathology or surgical pathology, meaning the gross and  
37 microscopic examination performed by a physician or under the  
38 supervision of a physician, including histologic processing;

1 (b) Cytopathology, meaning the microscopic examination of cells  
2 from the following: (i) Fluids, (ii) aspirates, (iii) washings, (iv)  
3 brushings, or (v) smears, including the pap test examination performed  
4 by a physician or under the supervision of a physician;

5 (c) Hematology, meaning the microscopic evaluation of bone marrow  
6 aspirates and biopsies performed by a physician, or under the  
7 supervision of a physician, and peripheral blood smears when the  
8 attending or treating physician, or technologist requests that a blood  
9 smear be reviewed by a pathologist;

10 (d) Subcellular pathology or molecular pathology, meaning the  
11 assessment of a patient specimen for the detection, localization,  
12 measurement, or analysis of one or more protein or nucleic acid  
13 targets; and

14 (e) Blood-banking services performed by pathologists.

15 (6) The provisions of this section do not prohibit billing of a  
16 referring laboratory for anatomic pathology services in instances where  
17 a sample or samples must be sent to another physician or laboratory for  
18 consultation or histologic processing, except that for purposes of this  
19 subsection the term "referring laboratory" does not include a  
20 laboratory of a physician's office or group practice that does not  
21 perform the professional component of the anatomic pathology service  
22 involved.

23 (7) The uniform disciplinary act, chapter 18.130 RCW, governs the  
24 discipline of any practitioner who violates the provisions of this  
25 section.

26 NEW SECTION. **Sec. 2.** Section 1 of this act applies retroactively  
27 to July 22, 2011, so that no entity is liable for having presented or  
28 caused to be presented a claim, bill, or demand for payment to a direct  
29 patient-provider primary care practice in accordance with section  
30 1(1)(d) of this act.

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