

House Bill 342

By: Representatives Hembree of the 67<sup>th</sup>, Knox of the 24<sup>th</sup>, Casas of the 103<sup>rd</sup>, Watson of the 91<sup>st</sup>, and Jackson of the 161<sup>st</sup>

A BILL TO BE ENTITLED  
AN ACT

1 To amend Article 1 of Chapter 24 of Title 33 of the Official Code of Georgia Annotated,  
2 relating to general provisions relative to insurance, so as to provide for direct billing of  
3 anatomic pathology services; to provide for related matters; to repeal conflicting laws; and  
4 for other purposes.

5 BE IT ENACTED BY THE GENERAL ASSEMBLY OF GEORGIA:

6 style="text-align:center">**SECTION 1.**

7 Article 1 of Chapter 24 of Title 33 of the Official Code of Georgia Annotated, relating to  
8 general provisions relative to health, is amended by adding a new Code section to read as  
9 follows:

10 "33-24-27.3.

11 (a) As used in this Code section, the term 'anatomic pathology services' means:

12 (1) Histopathology or surgical pathology meaning the gross and microscopic  
13 examination and histologic processing of organ tissue performed by a physician or under  
14 the supervision of a physician;

15 (2) Cytopathology meaning the examination of cells from fluids, aspirates, washings,  
16 brushings, or smears, including the Pap test examination, performed by a physician or  
17 under the supervision of a physician;

18 (3) Hematology meaning the microscopic evaluation of bone marrow aspirates and  
19 biopsies performed by a physician or under the supervision of a physician and peripheral  
20 blood smears when the attending or treating physician or technologist requests that a  
21 blood smear be reviewed by a pathologist;

22 (4) Subcellular pathology and molecular pathology; and

23 (5) Blood-banking services performed by pathologists.

24 (b) A clinical laboratory or physician located in this state or in another state providing  
25 anatomic pathology services for patients in this state shall present or cause to be presented  
26 a claim, bill, or demand for payment for such services only to one or more of the following:

- 1 (1) The patient directly;
- 2 (2) The responsible insurer or third-party payor;
- 3 (3) The hospital, public health clinic, or nonprofit health clinic ordering such services;
- 4 (4) The referring laboratory, other than a laboratory of a physician's office or group  
5 practice; or
- 6 (5) The governmental agencies or their specified public or private agent, agency, or  
7 organization on behalf of the recipient of the services.
- 8 (c) Except as provided under subsection (f) of this Code section, no licensed practitioner  
9 in the state shall, directly or indirectly, charge, bill, or otherwise solicit payment for  
10 anatomic pathology services unless such services were rendered by the licensed practitioner  
11 or under the licensed practitioner's direct supervision in accordance with Section 353 of  
12 the Public Health Service Act (42 U.S.C. Section 263a).
- 13 (d) No patient, insurer, third-party payor, hospital, public health clinic, or nonprofit health  
14 clinic shall be required to reimburse any licensed practitioner for charges or claims  
15 submitted in violation of this Code section.
- 16 (e) Nothing in this Code section shall be construed to mandate the assignment of benefits  
17 for anatomic pathology services as defined in this Code section.
- 18 (f) The provisions of this Code section shall not prohibit billing of a referring laboratory,  
19 other than a laboratory of a physician's office or group practice, for anatomic pathology  
20 services in instances where a sample or samples must be sent to another specialist.
- 21 (g) The respective state licensing boards having jurisdiction over any practitioner who may  
22 request or provide anatomic pathology services may revoke, suspend, or deny renewal of  
23 the license of any practitioner who violates the provisions of this Code section."

24

**SECTION 2.**

25

All laws and parts of laws in conflict with this Act are repealed.