

104TH CONGRESS
1ST SESSION

H. R. 1461

To amend the Public Health Service Act to eliminate the incentives that lead to increased prices and utilization of clinical laboratory diagnostic testing services and other ancillary health services.

IN THE HOUSE OF REPRESENTATIVES

APRIL 6, 1995

Mr. UPTON (for himself and Mr. BROWN of Ohio) introduced the following bill; which was referred to the Committee on Commerce

A BILL

To amend the Public Health Service Act to eliminate the incentives that lead to increased prices and utilization of clinical laboratory diagnostic testing services and other ancillary health services.

1 *Be it enacted by the Senate and House of Representa-*
2 *tives of the United States of America in Congress assembled,*

3 **SECTION 1. SHORT TITLE.**

4 This Act may be cited as the “Direct Billing Act”.

5 **SEC. 2. AMENDMENT TO THE PUBLIC HEALTH SERVICE**

6 **ACT.**

7 The Public Health Service Act is amended by adding
8 at the end the following:

1 **“TITLE XXVII—RESTRICTIONS**
2 **ON BILLING**

3 **“SEC. 2701. PROHIBITION.**

4 “(a) BILLING OF OTHERS FOR ANCILLARY HEALTH
5 SERVICES.—Except as provided in section 2702, it shall
6 be unlawful for any person (including any individual or
7 entity) who furnishes ancillary health services (as defined
8 in section 2705(1)) to present or cause to be presented,
9 a claim, bill, or demand for payment to any person other
10 than the patient receiving such services.

11 “(b) BILLING OF RECIPIENT OF SERVICES.—Except
12 as provided in section 2702, it shall be unlawful for any
13 physician, or the agent of any physician, to present, or
14 cause to be presented, a claim, bill, or demand for pay-
15 ment for ancillary health services to any recipient of such
16 services unless the services covered by the claim, bill, or
17 demand were furnished—

18 “(1) personally by, or under the supervision of,
19 the referring physician;

20 “(2) personally by, or under the supervision of,
21 a physician who is a member of the same group
22 practice as the referring physician; or

23 “(3) personally by individuals who are employed
24 by such physician or group practice and who are

1 personally supervised by the physician or by another
2 physician in the group practice.

3 “(c) GENERAL EXCEPTION FOR SERVICES UNDER
4 MEDICARE.—This section does not apply with respect to
5 any ancillary health services for which payment may be
6 made under title XVIII of the Social Security Act.

7 **“SEC. 2702. EXCEPTIONS.**

8 “Notwithstanding the provisions of section 2701, a
9 person who furnishes ancillary health services to an indi-
10 vidual may present, or cause to be presented, for payment
11 for actual services rendered a claim, bill, or demand to—

12 “(1) an immediate family member of the recipi-
13 ent of the services or any other person legally re-
14 sponsible for the debts or care of the recipient of the
15 services;

16 “(2) a third party payor designated by the re-
17 cipient of the services;

18 “(3) a health maintenance organization in
19 which the recipient of the services is enrolled;

20 “(4) a hospital or skilled nursing facility where
21 the recipient of the services was an inpatient or out-
22 patient at the time the services were provided;

23 “(5) an employer where the recipient of the
24 services is an employee of such employer and the
25 employer is responsible for payment for the services;

1 “(6) a governmental agency or specified agent,
2 on behalf of the recipient of the services;

3 “(7) a substance abuse program where the cli-
4 ents of such a program were the recipient of the
5 services;

6 “(8) a clinic or other health care provider that
7 has been designated (or that is operated by an orga-
8 nization that has been designated) as tax-exempt
9 pursuant to section 501(c)(3) of the Internal Reve-
10 nue Code of 1986 whose purpose is the promotion
11 of public health, if the services rendered relate to
12 testing for sexually transmitted disease, acquired im-
13 mune deficiency syndrome, pregnancy, pregnancy
14 termination, or other conditions where the Secretary
15 has determined that compliance with section 2701
16 could seriously compromise the recipient’s need for
17 confidentiality;

18 “(9) a person engaged in bona fide research
19 studies;

20 “(10) the party requesting the ancillary health
21 services where Federal, State, or local law requires
22 that the identity of the recipient be kept confiden-
23 tial;

24 “(11) another person furnishing the same ancil-
25 lary health services for which payment is sought

1 (hereafter referred to in this paragraph as the ‘re-
2 requesting party’) where the person presenting, or
3 causing to be presented, the claim, bill, or demand
4 for payment furnished the services at the request of
5 the requesting party, except that the requesting
6 party may not be a facility owned or operated by the
7 physician requesting the ancillary health service; and

8 “(12) an entity approved to receive such claims,
9 bills or demands by the Secretary in regulations.

10 The persons described in paragraphs (1) through (12) who
11 have received a claim, bill, or demand for payment for
12 such ancillary health services may present, or cause to be
13 presented, such claim, bill, or demand to the responsible
14 party.

15 **“SEC. 2703. SANCTIONS.**

16 “(a) PAYMENT.—No payment may be made for a
17 service that is provided in violation of section 2701.

18 “(b) COLLECTION OF AMOUNTS.—

19 “(1) LIABILITY ON COLLECTION.—If a person
20 collects any amounts that were billed in violation of
21 section 2701(a), such person shall be liable for, and
22 shall refund on a timely basis to the individual
23 whom such amounts were collected, any amounts so
24 collected.

1 “(2) COLLECTION BY PHYSICIAN.—If a physi-
2 cian collects any amounts from a recipient of serv-
3 ices, or from another person on behalf of the recipi-
4 ent of services (including a third-party payor) that
5 were billed in violation of section 2701(b), such phy-
6 sician shall be liable for, and shall refund on a time-
7 ly basis to the recipient or person, any amounts so
8 collected.

9 “(c) REPEATED CLAIMS.—Any person that presents,
10 or causes to be presented, on a repeated basis, a bill or
11 a claim that such person knows, or should have known,
12 is for a service for which payment may not be made under
13 subsection (a), or for which a refund has not been made
14 under subsection (b), shall be subject to a civil money pen-
15 alty of not more than \$5,000 for each such bill or claim.
16 The provisions of section 1128A of the Social Security Act
17 (other than the first sentence of subsection (a) and sub-
18 section (b)) shall apply to a civil money penalty assessed
19 under the previous sentence in the same manner as such
20 provisions apply to a penalty or proceeding under such
21 section 1128A(a).

22 “(d) SUSPENSION OF LABORATORY CERTIFI-
23 CATION.—If the Secretary finds, after reasonable notice
24 and opportunity for a hearing, that a laboratory which
25 holds a certificate pursuant to section 353 has violated

1 section 2701, the Secretary may suspend, revoke or limit
2 such certification in accordance with the procedures estab-
3 lished in section 353(k).

4 “(e) EXCLUSION FROM OTHER PROGRAMS.—

5 “(1) AUTHORITY.—The Secretary may exclude
6 from participation in any program under title XVIII
7 of the Social Security Act, any individual or entity
8 that the Secretary determines has violated section
9 2701 and may direct that such individual and entity
10 be excluded from participation in any State health
11 care program receiving Federal funds.

12 “(2) APPLICATION OF OTHER LAW.—The provi-
13 sions of section 1128(e) of the Social Security Act
14 shall apply to any exclusion under paragraph (1) in
15 the same manner as such provisions apply to a pro-
16 ceeding under such section 1128.

17 **“SEC. 2704. REGULATIONS.**

18 “The Secretary shall by regulation impose such other
19 requirements as may be necessary to implement the pur-
20 poses of this title.

21 **“SEC. 2705. DEFINITIONS.**

22 “As used in this title:

23 “(1) ANCILLARY HEALTH SERVICES.—The term
24 ‘ancillary health services’ means—

25 “(A) clinical laboratory services;

1 “(B) diagnostic x-ray tests and other diag-
2 nostic imaging services including CT and mag-
3 netic resonance imaging services;

4 “(C) other diagnostic tests;

5 “(D) durable medical equipment; and

6 “(E) physical therapy services.

7 “(2) GROUP PRACTICES.—The term ‘group
8 practice’ means a group of 2 or more physicians le-
9 gally organized as a partnership, professional cor-
10 poration, foundation, not-for-profit corporation, fac-
11 ulty practice plan, or similar association—

12 “(A) in which each physician who is a
13 member of the group provides substantially the
14 full range of services that the physician rou-
15 tinely provides (including medical care, con-
16 sultation, diagnosis, or treatment) through the
17 joint use of shared office space, facilities, equip-
18 ment, and personnel;

19 “(B) for which substantially all of the serv-
20 ices of the physicians who are members of the
21 group are provided through the group and are
22 billed in the name of the group and amounts so
23 received are treated as receipts of the group;

24 “(C) in which the overhead expenses of
25 and the income from the practice are distrib-

1 uted in accordance with methods previously de-
2 termined by members of the group; and

3 “(D) which meets such other standards as
4 the Secretary may impose by regulation.

5 In the case of a faculty practice plan associated with
6 a hospital with an approved medical residency train-
7 ing program in which physician members may pro-
8 vide a variety of different specialty services and pro-
9 vide professional services both within and outside the
10 group (as well as perform other tasks, such as re-
11 search), the definition of such term shall be limited
12 with respect to the services provided outside of the
13 faculty practice plan.

14 “(3) IMMEDIATE FAMILY MEMBER.—The term
15 ‘immediate family member’ shall include spouses,
16 natural and adoptive parents, natural and adoptive
17 children, natural and adopted siblings, stepparents,
18 stepchildren and stepsiblings, fathers-in-law, moth-
19 ers-in-law, brothers-in-law, sisters-in-law, sons-in-law
20 and daughters-in-law, grandparents and grand-
21 children, and such additional family members as
22 may be specified in regulations adopted by the Sec-
23 retary.

24 “(4) PHYSICIAN.—The term ‘physician’
25 means—

1 “(A) a doctor of medicine or osteopathy le-
2 gally authorized to practice medicine and per-
3 form surgery by the State in which such indi-
4 vidual performs such function or action;

5 “(B) a doctor of dental surgery or of den-
6 tal medicine who is legally authorized to prac-
7 tice dentistry in the State in which such indi-
8 vidual performs such functions;

9 “(C) a doctor of podiatric medicine;

10 “(D) a doctor of optometry; or

11 “(E) a chiropractor.

12 “(5) THIRD PARTY PAYOR.—The term ‘third
13 party payor’ means any health care insurer, includ-
14 ing any hospital services corporation, health services
15 corporation, medical expense indemnity corporation,
16 mutual insurance company, or self-insured corpora-
17 tion, that provides coverage for health or health-re-
18 lated items or service.”.

19 **SEC. 3. EFFECTIVE DATE.**

20 (a) IN GENERAL.—This Act shall become effective
21 December 31, 1996.

22 (b) REGULATIONS.—Not later than July 1, 1997, the
23 Secretary of Health and Human Services shall promulgate

1 such regulations as may be appropriate to carry out this
2 Act.

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