



## *Synopsis of Senate Committee Amendments\**

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### **Sub. H.B. 493**

127th General Assembly  
(S. Health, Human Services & Aging)

#### **Billing for anatomic pathology services**

Modifies the House-passed restrictions on billing for anatomic pathology services by allowing physicians to bill for the services in the following circumstances:

- For having an anatomic pathology service performed on a dermatology specimen, as long as the billing physician discloses (1) the name and address of the clinical laboratory or physician who performed the service and (2) the amount the billing physician was charged or paid for the service;
- For the amount incurred in obtaining another physician's consultation regarding a patient specimen, when the billing physician has performed the professional component;
- For the amount incurred in having another physician perform the technical component of the service, when the billing physician has performed the professional component.

Specifies that the State Medical Board's disciplinary actions for violating the bill's prohibitions are to be based on existing laws that authorize actions to be taken for any violation of the statutes or rules enforced by the Board, in place of the House-passed provision that creates a separate category for disciplinary action by the Board.

Makes technical corrections.

#### **Health benefits for injuries related to alcohol or drug use**

Adds to the House-passed bill provisions that pertain to health benefit plan coverage of services related to a person's use of alcohol or drugs, including the following:

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\* This synopsis does not address amendments that may have been adopted on the Senate floor.

- Prohibits a health benefit plan from limiting or excluding coverage for services resulting from use of alcohol, drugs, or both, if the services are otherwise covered under the plan;
- Specifies that the prohibition does not require coverage of either (1) treatment of alcohol or substance abuse or (2) injuries sustained while committing a criminal offense;
- Requires the Department of Insurance to conduct an analysis of the prohibition and prepare a report not later than four years after the bill's effective date;
- Eliminates provisions of existing law specifying the language and caption that must appear in a sickness and accident insurance policy that does not cover loss resulting from use of alcohol or drugs.

### **Health benefits for routine care during cancer clinical trials**

Adds to the House-passed bill a provision that modifies a recently enacted law under which a health benefit plan must cover routine patient care provided during cancer clinical trials, if the care is otherwise covered by the plan.

Specifies, in the modification, that continuing law does not prevent the requirement from being applied until the Superintendent of Insurance has determined it can be applied to employee benefit plans subject to regulation by the federal Employee Retirement Income Security Act of 1974.

### **Health care contracts with most favored nation clauses**

Adds to the House-passed bill a provision that extends for an additional year (until June 25, 2011) the period during which an entity contracting for health care services is prohibited from including a most favored nation clause in the contract, if the contract is with a provider other than a hospital.<sup>1</sup>

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<sup>1</sup> The extension period is based on the June 25, 2008 effective date of Sub. H.B. 125 of the 127th General Assembly.