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A bill to be entitled

An act relating to financial arrangements between referring health care providers and providers of health care services; amending s. 456.053, F.S., the "Patient Self-Referral Act of 1992"; redefining the term "referral" by revising the list of practices that constitute exceptions; providing an effective date.

Be It Enacted by the Legislature of the State of Florida:

Section 1. Paragraph (o) of subsection (3) of section 456.053, Florida Statutes, is amended to read:

456.053 Financial arrangements between referring health care providers and providers of health care services.--

- (3) DEFINITIONS.--For the purpose of this section, the word, phrase, or term:
- (o) "Referral" means any referral of a patient by a health care provider for health care services, including, without limitation:
- 1. The forwarding of a patient by a health care provider to another health care provider or to an entity which provides or supplies designated health services or any other health care item or service; or
- 2. The request or establishment of a plan of care by a health care provider, which includes the provision of designated health services or other health care item or service.
- 3. The following orders, recommendations, or plans of care shall not constitute a referral by a health care provider:

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- a. By a radiologist for diagnostic-imaging services.
- b. By a physician specializing in the provision of radiation therapy services for such services.
- c. By a medical oncologist for drugs and solutions to be prepared and administered intravenously to such oncologist's patient, as well as for the supplies and equipment used in connection therewith to treat such patient for cancer and the complications thereof.
- d. By a cardiologist for cardiac catheterization services.
- e. By a pathologist for diagnostic clinical laboratory tests and pathological examination services, if furnished by or under the supervision of such pathologist pursuant to a consultation requested by another physician.
- By a health care provider who is the sole provider or member of a group practice for designated health services or other health care items or services that are prescribed or provided solely for such referring health care provider's or group practice's own patients, and that are provided or performed by or under the direct supervision of such referring health care provider or group practice; provided, however, that effective July 1, 1999, a physician licensed pursuant to chapter 458, chapter 459, chapter 460, or chapter 461 may refer a patient to a sole provider or group practice for diagnostic imaging services, excluding radiation therapy services, for which the sole provider or group practice billed both the technical and the professional fee for or on behalf of the patient, if the referring physician has no investment interest in the practice. The diagnostic imaging service referred to a group practice or sole provider must be a diagnostic imaging service normally provided within the scope

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of practice to the patients of the group practice or sole provider. The group practice or sole provider may accept no more that 15 percent of their patients receiving diagnostic imaging services from outside referrals, excluding radiation therapy services.

g. By a health care provider for services provided by an ambulatory surgical center licensed under chapter 395.

h. By a health care provider for diagnostic clinical laboratory services where such services are directly related to renal dialysis.

h. i. By a urologist for lithotripsy services.

i.j. By a dentist for dental services performed by an employee of or health care provider who is an independent contractor with the dentist or group practice of which the dentist is a member.

j.k. By a physician for infusion therapy services to a patient of that physician or a member of that physician's group practice.

k.l. By a nephrologist for renal dialysis services and supplies, except laboratory services.

1. By a health care provider whose principal professional practice consists of treating patients in their private residences for services to be rendered in such private residences, except for services rendered by a home health agency licensed under chapter 400. For purposes of this sub-subparagraph, the term "private residences" includes patient's private homes, independent living centers, and assisted living facilities, but does not include skilled nursing facilities.

Section 2. This act shall take effect July 1, 2002.