

109TH CONGRESS
2^D SESSION

H. R. 6188

To amend title XVIII of the Social Security Act to provide for the treatment of certain physician pathology services under the Medicare Program.

IN THE HOUSE OF REPRESENTATIVES

SEPTEMBER 26, 2006

Mr. HULSHOF (for himself, Mr. TANNER, and Mr. ROSS) introduced the following bill; which was referred to the Committee on Energy and Commerce, and in addition to the Committee on Ways and Means, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned

A BILL

To amend title XVIII of the Social Security Act to provide for the treatment of certain physician pathology services under the Medicare Program.

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 “Physician Pathology
5 Services Continuity Act of 2006”.

1 **SEC. 2. PERMANENT TREATMENT OF CERTAIN PHYSICIAN**
2 **PATHOLOGY SERVICES UNDER MEDICARE.**

3 Section 1848(i) (42 U.S.C. 1395w-4(i)) is amended
4 by adding at the end the following new paragraph:

5 “(4) TREATMENT OF CERTAIN PHYSICIAN PA-
6 THOLOGY SERVICES.—

7 “(A) IN GENERAL.—With respect to serv-
8 ices furnished on or after January 1, 2007, if
9 an independent laboratory furnishes the tech-
10 nical component of a physician pathology serv-
11 ice to a fee-for-service medicare beneficiary who
12 is an inpatient or outpatient of a covered hos-
13 pital, the Secretary shall treat such component
14 as a service for which payment shall be made
15 to the laboratory under this section and not as
16 an inpatient hospital service for which payment
17 is made to the hospital under section 1886(d)
18 or as a hospital outpatient service for which
19 payment is made to the hospital under section
20 1833(t).

21 “(B) DEFINITIONS.—In this paragraph:

22 “(i) COVERED HOSPITAL.—

23 “(I) IN GENERAL.—The term
24 ‘covered hospital’ means, with respect
25 to an inpatient or outpatient, a hos-
26 pital that had an arrangement with

1 an independent laboratory that was in
2 effect as of July 22, 1999, under
3 which a laboratory furnished the tech-
4 nical component of physician pathol-
5 ogy services to fee-for-service medi-
6 care beneficiaries who were hospital
7 inpatients or outpatients, respectively,
8 and submitted claims for payment for
9 such component to a carrier with a
10 contract under section 1842 and not
11 to the hospital.

12 “(II) CHANGE IN OWNERSHIP
13 DOES NOT AFFECT DETERMINA-
14 TION.—A change in ownership with
15 respect to a hospital on or after the
16 date referred to in subclause (I) shall
17 not affect the determination of wheth-
18 er such hospital is a covered hospital
19 for purposes of such subclause.

20 “(ii) FEE-FOR-SERVICE MEDICARE
21 BENEFICIARY.—The term ‘fee-for-service
22 medicare beneficiary’ means an individual
23 who is entitled to (or enrolled for) benefits
24 under part A, or enrolled under this part,

1 or both, but who is not enrolled in any of
2 the following:

3 “(I) A Medicare Advantage plan
4 under part C.

5 “(II) A plan offered by an eligi-
6 ble organization under section 1876.

7 “(III) A program of all-inclusive
8 care for the elderly (PACE) under
9 section 1894.

10 “(IV) A social health mainte-
11 nance organization (SHMO) dem-
12 onstration project established under
13 section 4018(b) of the Omnibus
14 Budget Reconciliation Act of 1987
15 (Public Law 100–203).

16 “(C) REFERENCE.—For the provision re-
17 lated to the treatment of certain services fur-
18 nished prior to January 1, 2007, see section
19 542 of the Medicare, Medicaid, and SCHIP
20 Benefits Improvement and Protection Act of
21 2000, as amended by section 732 of the Medi-
22 care Prescription Drug, Improvement, and
23 Modernization Act of 2003.”.

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