

By the Committee on Health, Aging and Long-Term Care; and Senators Latvala, Silver, Sanderson, Brown-Waite, Miller, Meek, Posey, Peadar, Geller, Dawson, Smith, Wasserman Schultz, Wise, Pruitt, Villalobos and Klein

317-1756-02

1 A bill to be entitled
2 An act relating to financial arrangements
3 between referring health care providers and
4 providers of health care services; amending s.
5 456.053, F.S., the "Patient Self-Referral Act
6 of 1992"; redefining the term "referral" by
7 revising the list of practices that constitute
8 exceptions; providing an effective date.

9
10 Be It Enacted by the Legislature of the State of Florida:

11
12 Section 1. Paragraph (o) of subsection (3) of section
13 456.053, Florida Statutes, is amended to read:

14 456.053 Financial arrangements between referring
15 health care providers and providers of health care services.--

16 (3) DEFINITIONS.--For the purpose of this section, the
17 word, phrase, or term:

18 (o) "Referral" means any referral of a patient by a
19 health care provider for health care services, including,
20 without limitation:

21 1. The forwarding of a patient by a health care
22 provider to another health care provider or to an entity which
23 provides or supplies designated health services or any other
24 health care item or service; or

25 2. The request or establishment of a plan of care by a
26 health care provider, which includes the provision of
27 designated health services or other health care item or
28 service.

29 3. The following orders, recommendations, or plans of
30 care shall not constitute a referral by a health care
31 provider:

- 1 a. By a radiologist for diagnostic-imaging services.
- 2 b. By a physician specializing in the provision of
3 radiation therapy services for such services.
- 4 c. By a medical oncologist for drugs and solutions to
5 be prepared and administered intravenously to such
6 oncologist's patient, as well as for the supplies and
7 equipment used in connection therewith to treat such patient
8 for cancer and the complications thereof.
- 9 d. By a cardiologist for cardiac catheterization
10 services.
- 11 e. By a pathologist for diagnostic clinical laboratory
12 tests and pathological examination services, if furnished by
13 or under the supervision of such pathologist pursuant to a
14 consultation requested by another physician.
- 15 f. By a health care provider who is the sole provider
16 or member of a group practice for designated health services
17 or other health care items or services that are prescribed or
18 provided solely for such referring health care provider's or
19 group practice's own patients, and that are provided or
20 performed by or under the direct supervision of such referring
21 health care provider or group practice; provided, however,
22 that effective July 1, 1999, a physician licensed pursuant to
23 chapter 458, chapter 459, chapter 460, or chapter 461 may
24 refer a patient to a sole provider or group practice for
25 diagnostic imaging services, excluding radiation therapy
26 services, for which the sole provider or group practice billed
27 both the technical and the professional fee for or on behalf
28 of the patient, if the referring physician has no investment
29 interest in the practice. The diagnostic imaging service
30 referred to a group practice or sole provider must be a
31 diagnostic imaging service normally provided within the scope

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

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

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

11 ~~h.i.~~ By a urologist for lithotripsy services.

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

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

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

21 l. By a health care provider whose principal
22 professional practice consists of treating patients in their
23 private residences for services to be rendered in such private
24 residences. For purposes of this sub-subparagraph, the term
25 "private residences" includes patient's private homes,
26 independent living centers, and assisted living facilities,
27 but does not include skilled nursing facilities.

28 Section 2. This act shall take effect July 1, 2002.
29
30
31

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28
29
30
31

STATEMENT OF SUBSTANTIAL CHANGES CONTAINED IN
COMMITTEE SUBSTITUTE FOR
SB 726

The committee substitute adds an exclusion to the Patient Self-Referral Act for physicians whose principal professional practice consists of treating patients in their private residences for services to be rendered in the private residence.