

BILL ANALYSIS

C.S.H.B. 2279
By: Thompson
Public Health
Committee Report (Substituted)

BACKGROUND AND PURPOSE

The federal government has long recognized the potential for overutilization of medical diagnostic tests when patients receive these tests without a compelling clinical need. Among other federal legislation, the Medicare program seeks to limit such overuse by requiring strict rules on the billing of the technical and professional components of diagnostic tests. These relatively easy to obtain and comparatively expensive tests for diagnostic imaging, like magnetic resonance imaging, computed tomography, and positron emission tomography are particularly susceptible to being overused.

C.S.H.B. 2279 limits the overutilization of medical diagnostic tests by permitting a claim, bill, or demand for payment for those defined imaging services to be presented only by the health care provider who personally provides the referenced service. The bill prevents a health care provider from presenting a claim, bill, or demand for payment for the professional interpretation of the image or images, unless the service was rendered personally by that health care provider.

RULEMAKING AUTHORITY

It is the committee's opinion that rulemaking authority is expressly granted to the governing board of a licensing authority in SECTION 1 of this bill.

ANALYSIS

C.S.H.B. 2279 amends the Occupations Code to authorize a licensing authority with jurisdiction over a health care provider who is authorized to provide or request diagnostic imaging services to revoke, suspend, or refuse to renew the license or other authorization of a health care provider who violates provisions relating to direct billing of diagnostic imaging services. The bill establishes that a health care provider violates these provisions and is subject to disciplinary action and penalties if the health care provider does not directly supervise or perform the professional component of a diagnostic imaging service for a patient, and fails to disclose in the bill presented to the patient or the insurer or other third party payor, or in an itemized statement to the patient the name and address of a health care provider that provided the professional component of the service and the net amount paid or to be paid for each professional component provided to the patient by the health care provider. The bill authorizes the governing body of a licensing authority to adopt rules for the implementation of these provisions.

C.S.H.B. 2279 defines "diagnostic imaging services," "health care provider," "licensing authority," "patient," and "professional component of diagnostic imaging services."

EFFECTIVE DATE

September 1, 2009.

COMPARISON OF ORIGINAL AND SUBSTITUTE

C.S.H.B. 2279 differs from the original by including a person licensed under provisions regulating nursing in the definition of "health care provider," and in provisions relating to disciplinary action and penalties for a health care provider found in violation of the bill's provisions, whereas the original references only provisions governing physicians and other professionals practicing medicine. The substitute differs from the original by specifying that a health care provider is in violation of the bill's provisions if the provider does not directly supervise or perform certain diagnostic imaging and fails to disclose certain information in the bill presented to a patient, whereas the original specifies that a provider commits a violation if the provider does not supervise or fails to disclose the information.