

d. Either the local exchange carrier or the complainant to pay the costs of the complaint proceeding before the board, and the other party's reasonable attorney fees.

This subsection shall not be construed to modify, restrict, or limit the right of a person to bring a complaint under any other provision of this chapter.

Sec. 3. Section 476.97, subsection 12, Code 2005, is amended by striking the subsection.

Sec. 4. Section 476.98, Code 2005, is repealed.

Approved March 15, 2005

CHAPTER 10

ANATOMIC PATHOLOGY SERVICES — BILLING

H.F. 418

AN ACT concerning billing for anatomic pathology services and making licensing sanctions applicable.

Be It Enacted by the General Assembly of the State of Iowa:

Section 1. **NEW SECTION.** 147.105 ANATOMIC PATHOLOGY SERVICES — BILLING.

1. A physician or a clinical laboratory located in this state or in another state that provides anatomic pathology services to a patient in this state shall present or cause to be presented a claim, bill, or demand for payment for such services only to the following persons:

- a. The patient who is the recipient of the services.
- b. The insurer or other third-party payor responsible for payment of the services.
- c. The hospital that ordered the services.
- d. The public health clinic or nonprofit clinic that ordered the services.
- e. The referring clinical laboratory, other than the laboratory of a physician's office or group practice, that ordered the services.
- f. A governmental agency or a specified public or private agent, agency, or organization that is responsible for payment of the services on behalf of the recipient of the services.

2. Except as provided under subsections 5 and 6, a clinical laboratory or a physician providing anatomic pathology services to patients in this state shall not, directly or indirectly, charge, bill, or otherwise solicit payment for such services unless the services were personally rendered by a physician or under the direct supervision of a physician in accordance with section 353 of the federal Public Health Service Act, 42 U.S.C. § 263a.¹

3. A person to whom a claim, bill, or demand for payment for anatomic pathology services is submitted is not required to pay the claim, bill, or demand for payment if the claim, bill, or demand for payment is submitted in violation of this section.

4. This section shall not be construed to mandate the assignment of benefits for anatomic pathology services as defined in this section.

5. This section does not prohibit claims or charges presented by a referring clinical laboratory, other than a laboratory of a physician's office or group practice, to another clinical laboratory when samples are transferred between laboratories for the provision of anatomic pathology services.

¹ See chapter 179, §120 herein

6. This section does not prohibit claims or charges for anatomic pathology services presented on behalf of a public health clinic or nonprofit clinic that ordered the services provided that the clinic is identified on the claim or charge presented.

7. A violation of this section by a physician shall subject the physician to the disciplinary provisions of section 272C.3, subsection 2.

8. As used in this section:

a. "Anatomic pathology services" includes all of the following:

(1) Histopathology or surgical pathology, meaning the gross and microscopic examination and histologic processing of organ tissue, performed by a physician or under the supervision of a physician.

(2) Cytopathology, meaning the examination of cells from fluids, aspirates, washings, brushings, or smears, including the pap test examination, performed by a physician or under the supervision of a physician.

(3) Hematology, meaning the microscopic evaluation of bone marrow aspirates and biopsies performed by a physician or under the supervision of a physician, and the examination of peripheral blood smears, performed by a physician or under the supervision of a physician, upon the request of an attending or treating physician or technologist that a blood smear be reviewed by a physician.

(4) Subcellular pathology and molecular pathology services, performed by a physician or under the supervision of a physician.

(5) Bloodbanking services, performed by a physician or under the supervision of a physician.

b. "Physician" means any person licensed to practice medicine and surgery, osteopathic medicine and surgery, or osteopathy in this state or in another state.

Approved March 15, 2005

CHAPTER 11

NEGOTIABLE INSTRUMENTS — ENFORCEMENT AND LIABILITIES

S.F. 139

AN ACT relating to negotiable instruments, by providing for liabilities among certain parties, and providing a statute of limitations.

Be It Enacted by the General Assembly of the State of Iowa:

Section 1. Section 554.3103, subsections 2 and 3, Code 2005, are amended to read as follows:

2. Other definitions applying to this Article and the sections in which they appear are:

a.	"Acceptance"	Section 554.3409.
b.	"Accommodated party"	Section 554.3419.
c.	"Accommodation party"	Section 554.3419.
d.	"Alteration"	Section 554.3407.
e.	"Anomalous endorsement"	Section 554.3205.
f.	"Blank endorsement"	Section 554.3205.
g.	"Cashier's check"	Section 554.3104.
h.	"Certificate of deposit"	Section 554.3104.