

**HOUSE . . . . . No. 2165**

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**The Commonwealth of Massachusetts**

PRESENTED BY:

**Joyce A. Spiliotis**

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*To the Honorable Senate and House of Representatives of the Commonwealth of Massachusetts in General Court assembled:*

The undersigned legislators and/or citizens respectfully petition for the passage of the accompanying bill:

**An Act Relative to patient Safety and Health Care .**

PETITION OF:

NAME:	DISTRICT/ADDRESS:
Joyce A. Spiliotis	12th Essex
Mary E. Grant	6th Essex
Willie Mae Allen	6th Suffolk
Paul McMurtry	11th Norfolk

# The Commonwealth of Massachusetts

In the Year Two Thousand and Nine

## AN ACT RELATIVE TO PATIENT SAFETY AND HEALTH CARE .

*Be it enacted by the Senate and House of Representatives in General Court assembled, and by the authority of the same, as follows:*

### **Chapter 111: Section 70G. Reduction of Duplicate Diagnostic Services**

Section 70G. Each hospital in the Commonwealth shall file with the department, within thirty (30) days of the start of the hospital fiscal year, a written plan designed to eliminate the duplication of unnecessary diagnostic services performed on a patient by another hospital or diagnostic facility when there is knowledge of a prior test. The plan shall include the following:

- 1) Current procedures for sending and receiving diagnostic, imaging and other test results from or to another hospital or provider of care;
- 2) A defined procedure for determining whether any such test results can be appropriately used in the patient's treatment;
- 3) A plan to improve the hospital's ability to send and receive such test results from or to other providers of care.

The Department shall notify the hospital that the plan has been approved or disapproved within thirty (30) days after filing, based on a determination as to whether the plan adequately addresses the issues of patient safety and costs of duplicating diagnostic tests. If such plan has not been acted upon by the department within thirty (30) days, the plan shall be deemed approved. If the department disapproves of such plan, the hospital shall submit a revised plan within thirty (30) days. If the revised plan continues to be disapproved, or if a hospital fails to submit a plan, the commissioner may issue an order that such a plan be submitted immediately. If such an order is issued, health insurance carriers may deny payment for any duplicate services furnished unless the hospital can establish that the duplicate service was medically necessary and appropriate. In the event that a carrier denies payment for duplicate services, the hospital may not bill the insured for those services.