

**American College of Radiology
State-by-State Comparison of Physician Self-Referral Laws**

State	Physician Self-Referral Statute	Scope	Effective Date	Prohibited Activities (i.e. ownership, leasing, compensation arrangements)	References to Referrals By Radiologists/Radiation Oncologists	Disclosure Requirements	Exceptions	Enforcement Activity		Related Statutes
								Cases	AG Op.	
Alabama	None.	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	
Alaska	None.	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	
Arizona	Ariz. Rev. Stat. § 32-1401(25)(ff) [Licensing]	Doctors and surgeons.	1998	Makes it unprofessional conduct for doctor to knowingly fail to disclose direct financial interest when referring patients.	None.	Yes	Referrals within a group of doctors practicing together.	None.	None.	Ariz. Rev. Stat. § 32-1854(35): similar provision for osteopaths
Arkansas	None.	Arkansas' only self-referral law applies only for home intravenous drug therapy services. Ark. Code Ann. 20-77-804.	N/A	N/A	N/A	N/A	N/A	N/A	N/A	
California	Cal Bus. & Prof. Code § 650.01 - 02	Licensees in Healing Arts.	1993	Prohibits referrals if licensee or immediate family has financial interest.	Referrals for radiation oncology or diagnostic imaging specifically included.	None.	Numerous, including an exception for certain requests by radiologists and radiation oncologists, and for any service performed within, or for goods supplied by, a licensee's office or the office of a group practice. See Overview.	None.	Yes.	Cal. Bus. & Prof. Code § 2426: requires licensees to report interests to the Board.
	Cal. Bus. & Prof. Code § 654.2	Licensees in Healing Arts.	1984	Prohibits referrals unless licensee first discloses the interest in writing and advises that patient that s/he may choose another entity.	None.	Yes.	§ 654.2(f)(2) says this section does not apply to relationships governed by other provisions of this article.	None.	Yes.	
	Cal. Lab. Code § 139.3 - .31	Workers' compensation; applies to physicians.	1993	Prohibits referrals if physician or immediate family has financial interest.	Referrals for radiation oncology or diagnostic imaging specifically included; also, certain exceptions apply to diagnostic imaging services.	None.	Numerous, including exceptions that apply to diagnostic imaging services and for any service performed within, or goods supplied by, a physician's office, or the office of a group practice. See Overview.	Yes.	Yes.	

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	Cal. Health & Saf. Code § 1323(c)	Health facilities.	1985	Prohibits referrals to other health facilities in which the health facility has a significant beneficial interest unless written disclosure that patient may choose another facility.	None.	Yes.	Yes. See Overview.	None.	None	
	Cal. Wel. & Isnt. Code § 14022	Medi-Cal (Medicaid).	1980	Prohibits payments by Medi-Cal to providers for services rendered in connection with a referral.	None.	Yes, to qualify for an exception.	Exception for interests that have been disclosed to the Director and the Advisory Health Council.	None.	None.	
Colorado	Colo. Rev. Stat. § 26-4-410.5	Physicians enrolled in the Medical Assistance (Medicaid) program	1996	Prohibits referrals if physician or immediate family member has a financial relationship with the entity.	Subsection (2) lists "radiology and other diagnostic services" and "Radiation therapy services" as among the entities for which self-referrals are prohibited	Entities must disclose to state all physicians/family members who have an ownership or investment	Numerous, including for services provided by another physician in the same group practice as the referring physician, and for in-office ancillary services.	None.	None.	
Connecticut	Conn. Gen. Stat. § 20-7a(c)	Practitioners of the healing arts.	1973	Requires disclosure of ownership or investment interest prior to referring to entity for diagnostic or therapeutic services, and requires practitioner to provide reasonable referral alternatives	The definition of therapeutic services in § 20-7a(c) includes radiation therapy	Yes.	Does not apply to in-office ancillary services.	None.	None.	
Delaware	CDR 24-1700.15.1.11 [Licensing]	Licensed and unlicensed physicians and applicants practicing medicine in the state.	Not provided.	Makes it unprofessional and dishonorable conduct to willfully fail to disclose a financial interest in an ancillary testing or treatment facility outside of the physician's office.	None.	Yes.	None.	None.	None.	
District of Columbia	None.	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	

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Florida	Fla. Stat. § 456.053	Health care providers.	1992	Prohibits referring a patient for health care services or items to an entity in which the provider is an investor or has an investment interest.	Numerous- see Overview.	Yes, pursuant to § 456.052	Many, including (1) referrals by a radiologist for diagnostic-imaging services; (2) referrals by a physician specializing in the provision of radiation therapy services for such services; and (3) referrals by a health care provider who is (a) a sole provider or member of a group practice (b) for designated health services that are prescribed solely for the referring provider's or group practice's own patients, and (c) that are provided by or under the direct supervision of the referring provider or group practice. However, there are conditions on the provider or group's acceptance of outside referrals for diagnostic imaging services. See Overview.	Yes.	None.	

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Georgia	O.C.G.A. § 42-1B-1 et seq.	Health care providers.	1993	Prohibits referring a patient for the provision of designated health services to an entity in which the health care provider has an investment interest.	The definition of "referral" in § 43-1B-3(10) states that referrals do not include orders, recommendations and plans of care made by a radiologist for diagnostic imaging services, or by a health care provider specializing in the provision of radiation therapy services.	Yes, pursuant to § 43-1b-5	Numerous. See "References to Referrals by Radiologists." There is also an exception for referrals within a group practice. See Overview.	None.	None.	
Hawaii	Haw. Rev. Stat. § 431:10C-308.7(c)	Health care providers for treatments paid for by a motor vehicle insurance policy.	1992	Prohibits self-referral without disclosure for any service or treatment authorized under the chapter.	None.	Yes.	Definition of "financial interest" does not include certain HMO arrangements. See Overview.	None.	None.	
Idaho	None.	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	
Illinois	225 I.L.C.S. 47/1 et seq.	Health care workers.	1992	Prohibits self-referrals and self-referral arrangements to an entity outside the health care worker's office or group practice	None.	Yes, to qualify for an exception.	Numerous, including for referrals within the health care worker's office or group practice See Overview.	Yes.	None.	The provision is implemented by 77 Ill. Admin. Code 1235 et seq., and the Department of Professional Regulation is given disciplinary authority under 225 I.L.C.S. 60/22.
Indiana	None.	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	
Iowa	None.	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	
Kansas	Kan. Stat. Ann. § 65-2837(b)(29)	All persons with a license, permit or special permit issued under Kan. Stat. Ann. § 65-28.	1957	Makes it unprofessional conduct to self-refer when there is a significant interest, unless the licensee informs the patient in writing of the interest and that the patient may obtain such services elsewhere.	None.	Yes.	Self-referrals not prohibited if the referred services are provided in the physician's office, or if the investment interest is less than 10%.	None.	None.	

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Kentucky	None.	Kentucky does not have a self-referral prohibition, but in the workers' compensation context Kentucky requires self-referrals to be disclosed to the patient, the workers' compensation commissioner and the employer's insurer . See K.R.S. § 342.020(9).	N/A	N/A	N/A	N/A	N/A	N/A	N/A	K.R.S. § 205.8477(1) requires Medicaid providers to annually report who holds a 5% or greater ownership interest, and to identify any other Medicaid-participating providers with which the provider conducts significant business.
Louisiana	La. Rev. Stat. Ann. § 37:1744	Health care providers.	1993	Self-referrals outside the same practice group as the referring provider, where the provider or a member of that provider's immediate family, has a financial interest that will be served by the referral.	None.	Yes.	This prohibition only applies to referrals outside the practitioner's group practice. An exception exists where the health care provider, in advance, informs the patient in writing of the financial interest.	None.	None.	
	La. Admin. Code tit. 46, § 4211	Physicians.	1994	Self-referrals outside the physician's group practice when there is a financial interest.	None.	Yes.	This prohibition only applies to referrals outside the practitioner's group practice. An exception exists for advance disclosure in writing. There is also an exception for ownership or investment interests that do not meet the definition of a "significant financial interest."	None.	None.	

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	La. Admin. Code tit. 46, § 4213	Physicians.	1994	Arrangements or schemes which the physician knows or should know have a principal purpose of inducing referrals in violation of La. Admin. Code tit. 46, § 4211.	None.	None.	None.	None.	None.	
Maine	Me. Rev. Stat. Ann. tit. 22, §§ 2081 <i>et seq.</i>	Health care practitioners.	1993	Self-referrals to an outside facility in which the referring practitioner is an investor.	None.	Yes.	This prohibition only applies to referrals outside the health care practitioner's office or group practice. Numerous exceptions are set forth within the statute.	None.	None.	
	Code Me. R. § 02-031-870	Health care practitioners.	1998	Self-referrals to an outside facility in which the referring practitioner is an investor.	None.	Yes.	This prohibition only applies to referrals outside the health care practitioner's office or group practice. In addition, there is an exception for facilities that meet requirements regarding community need, investment nondiscrimination, nonexclusivity, etc.	None.	None.	
Maryland	Md. Code Ann. §§ 1-301 <i>et seq.</i>	Health care practitioners.	1993	Referrals to a health care entity in which the practitioner or his/her immediate family owns a beneficial interest or has a compensation arrangement.	Yes. In-office ancillary services definition excludes imaging services unless provided by radiologists.	Yes.	Numerous exceptions are set forth within the statute, including group practice and in-office ancillary services exceptions.	None.	Yes.	

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Massachusetts	N/A	Massachusetts' self-referral law applies only to physical therapy services.	N/A	N/A	N/A	N/A (physical therapy only)	N/A	N/A	N/A	Mass. Ann. Laws ch. 111 § 70E entitles hospital patients to an explanation, upon request, of a treating physician's financial interest in other health care facilities to which the patient is referred.
Michigan	Mich. Comp. Laws § 333.16221(e)	Physicians	1986	Stark and its regulations are specifically incorporated into Michigan law, making a physician subject to discipline if he or she self-refers in violation of Stark. Unprofessional conduct also includes directing or requiring an individual to purchase or secure a drug, device, treatment, procedure, or service from another person, place, facility or business in which the licensee has a financial interest.	None.	None.	The exceptions in 42 U.S.C. § 1395nn, including the group practice and in-office ancillary services exceptions, are incorporated by reference.	None.	Yes.	

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Minnesota	Minn. Stat. § 147.091	Physicians.	1971	Referrals to a health care provider in which the referring physician has a significant financial interest.	None.	Yes.	An exception exists where the physician has disclosed his or her own financial interest. In addition, a financial interest does not include (1) the ownership of a building by a physician where space is leased to an individual or organization at the prevailing rate in a straight lease agreement; or (2) any interest held by a physician in a publicly traded stock.	None.	None.	
	2004 Minn. ALS 198 (S.B. 2080)	Health care providers.	2004	No health care provider with a financial or economic interest in an outpatient surgical center or diagnostic imaging center may refer a patient to that facility unless, prior to the self-referral, the provider discloses the financial interest in writing. Employment or contractual arrangements that limit referrals to outpatient surgical centers, diagnostic imaging facilities, or hospitals must also be disclosed to patients in writing. A financial interest includes membership, a proprietary interest, or co-ownership with an individual, group, or organization to which patients, clients, or customers are referred.	Yes--references to diagnostic imaging facilities.	Yes.	Exceptions exist where health care providers disclose financial interests or employment/contractual arrangements in writing, in advance.	None.	None.	
Mississippi	None.	N/A	N/A	N/A	None.	None.	None.	None.	None.	
Missouri	N/A	Missouri's self-referral law applies only to physical therapy services.	N/A	N/A	N/A	N/A (physical therapy only)	N/A	N/A	N/A	

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Montana	Mont. Code Ann. § 39-71-315	Workers' compensation	1993	Referring a workers' compensation eligible patient to a facility owned by the provider.	None.	Yes.	This provision does not apply if the provider informs the worker of the ownership interest and provides the name and address of alternate facilities, if any exist. There is also an exception where medical services are provided to an injured worker by a treating physician with an ownership interest in a managed care organization that has been certified by the Montana Department of Labor and Industry.	None.	None.	
	Mont. Code Ann. § 39-71-1108	Workers' compensation	1993	Referring a workers' compensation eligible patient to a facility where the provider has an investment interest.	None.	None.	Where there is a demonstrated need in the community and alternative financing is not available. In addition, this provision does not apply to care or services provided directly to an injured worker by a treating physician with a certified ownership interest in a managed care organization.	None.	None.	
	Mont. Code Ann. § 37-2-103	Montana also has a pharmacy ownership law which prohibits medical practitioners from owning a community pharmacy.	N/A	N/A	N/A	None.	None.	N/A	N/A	
Nebraska	None.	N/A	N/A	N/A	None.	None.	None.	None.	None.	

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Nevada	Nev. Rev. Stat. 429B.425	Health care practitioners.	1993	Referrals for services or goods in which the practitioner has a financial interest.	Yes.	None.	There are numerous exceptions set forth within the statute, including a group practice exception.	None.	None.	
	Nev. Rev. Stat. 630.305	Physicians.	1983	Referrals to facilities in which the licensee has a financial interest.	None.	Yes.	None.	None.	None.	
New Hampshire	N.H. Rev. Stat. Ann. § 125:25b	Health care practitioners.	1993	Referrals to diagnostic or therapeutic entities in which the practitioner has an	Yes.	Yes.	Self-referral is permitted if the health care practitioner	None.	None.	
	N.H. Rev. Stat. Ann. § 125:25c	Health care practitioners.	1993	Referrals to diagnostic or therapeutic entities in which the practitioner has an ownership interest or from which the practitioner receives remuneration.	Yes.	Yes.	Self-referral is permitted if the health care practitioner discloses his or her financial interest. The disclosure requirement does not apply to in-office ancillary services.	None.	None.	
	N.H. Rev. Stat. Ann. § 281-A:23	Workers' compensation.	1988	Referrals of injured workers to providers or entities in which the referring provider has a financial or ownership interest.	None.	None.	Exceptions for emergency situations, referrals from a specialist to a subspecialist, referrals from a health care provider to a specialist in another field, or referrals from a primary care practitioner to a specialist. There is also an exception where the referral is ethically appropriate and medically indicated.	None.	None.	

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New Jersey	N.J. Stat. Ann. §§ 45:9-22.4 <i>et seq.</i>	Practitioners.	1989	Referrals to a health care service in which the practitioner has a significant beneficial interest.	Yes.	Yes.	Exceptions exist for services provided at the practitioner's medical office and billed directly by the practitioner, and for radiation therapy pursuant to oncological protocol, lithotripsy and renal dialysis.	Yes.	None.	
	N.J. Admin. Code § 13:35-6.17	Practitioners	1992	Referrals to a health care service in which the practitioner has a significant beneficial interest.	Yes.	Yes.	Exceptions exist for services provided at the practitioner's medical office and billed directly by the practitioner, and for radiation therapy pursuant to oncological protocol, lithotripsy and renal dialysis.	Yes.	None.	
New Mexico	N.M. Stat. Ann. § 24-1-5.8	Physician owners of hospitals and health care providers with financial interests in hospitals.	2003	Referrals by a physician owner of an acute-care hospital, a general hospital or a limited services hospital to the hospital in which he or she has a financial interest. Health care providers with a financial interest in such hospitals must also disclose the financial interest before referring a patient to the hospital.	None.	Yes.	Self-referrals are permitted so long as the physician or health care provider discloses his or her financial interest to the patient.	None.	None.	

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New York	N.Y. Soc. Serv. Law § 238-a	Health care practitioners.	1992	Referrals for clinical laboratory, pharmacy, radiation therapy, x-ray, imaging, or physical therapy services where the referring practitioner has a financial relationship with the provider or entity.	Yes.	Yes.	Numerous exceptions are set forth within the statute, including group practice and in-office ancillary services exceptions.	Yes.	None.	
	10 NYCRR § 34.1 <i>et seq.</i>	Health care practitioners.	1993	Referrals for clinical laboratory, pharmacy, radiation therapy, x-ray, imaging, or physical therapy services where the referring practitioner has a financial relationship with the provider or entity.	Yes.	Yes.	A referral does not include an arrangement whereby a treating practitioner makes arrangements with another covering practitioner's patients for services routinely provided by the treating practitioner when the treating practitioner is unavailable to treat patients.	None.	None.	
North Carolina	N.C. Gen. Stat. Sec. § 90-405 - 409	Health care providers.	1993	Prohibits health care providers from making any referral of any patient to an entity in which the health care provider or group practice or any member of the group practice is an investor.	None.	Yes.	<ul style="list-style-type: none"> Self-referral is permitted for any designated health care service provided by, or provided under the personal supervision of, a sole health care provider or by a member of a group practice to the patients of that health care provider or group practice. Exception exists when a referral is made in a medically underserved area. 	None.	Yes.	
North Dakota	None.	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	

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Ohio	ORC Ann. § 4731.66	Physicians.	1977	Ownership, investment interest, or compensation arrangement with the person to whom the patient is referred.	None.	None.	Various, including services performed by physicians in the same group practice and in-office ancillary services.	None.	None.	ORC Ann. §§ 4731.67 and 68
Oklahoma	59 Okl. St. Ann. §725.4	Healing Arts.	1992	Non-disclosure of financial interest or remuneration.	None.	Yes.	When referred service is ancillary, where provider supervises referred services, or where referred facility is not a separate entity.	None.	None.	
Oregon	None.	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	
Pennsylvania	35 Pa. Stat. § 449.22	Healing Arts.	1988	Non-disclosure of financial interest or ownership interest in referred facility.	None.	Yes.	None.	None.	None.	
	77 Pa. Stat. § 531	Workers' Compensation.	1996	Financial interest in referred facility.	Specifically includes referrals for radiation oncology and diagnostic imaging.	None.	None.	None.	None.	
	34 Pa. Code § 127.301	Workers' Compensation.	Unknown	Financial Interest in referred entity.	Referrals for radiation oncology and diagnostic imaging.	None.	Arrangements permitted by 42 U.S.C.A. § 1320-a-7(b)(1), 42 CFR 1001.952, and 42 U.S.C.A. § 1395nn.	None.	None.	77 Pa. Stat. § 531
Rhode Island	None.	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	
South Carolina	S.C. Code Ann. § 44-113-30	Health Care Providers.	1993	Investment or having an investment interest in the referred entity.	None.	Yes.	Various, including where the referring physician directly provides services in the referred entity.	None.	Yes.	
South Dakota	S.D. Codified Laws § 36-2-19	Practitioners of Healing Arts.	1994	Financial interest in referred unaffiliated health care facility.	Definition of "unaffiliated health care facility" includes imaging centers.	Yes.	None.	None.	None.	S.D. Codified Laws § 36-2-18
	Tenn. Code Ann. § 63-6-502	Medicine and Surgery.	1991	Non-disclosure of ownership interest in referred facility.	None.	Yes.	When there is no significant conflict of interest	None.	Yes.	

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Tennessee	Tenn. Code Ann. § 63-6-602	Medicine and Surgery.	1993	Ownership Interest in referred entity.	None.	Yes; pursuant to § 63-6-502	When the physician performs the services, when the referrals are made to health care facilities that rent premises or equipment leased by the physician, when there is a demonstrated community need.	None.	None.	Tenn. Code Ann. § 63-6-502
	Tenn. Code Ann. § 63-6-604	Medicine and Surgery.	1993	Cross-referral arrangements that would violate § 63-6-602.	None.	Yes; pursuant to § 63-6-502	None.	None.	None.	Tenn. Code Ann. § 63-6-502
Texas	Tex. Health & Saf. Code § 142.019	Physicians	1999	Referrals to home and community support services that would violate 42 U.S.C. § 1395nn.	None.	None.	None.	None.	None.	42 U.S.C. § 1395nn
Utah	Utah Code Ann. § 58-67-801	Health Professions.	1996	Financial relationship in a defined facility, as defined and described by 42 U.S.C. § 1395nn.	Specifically includes referrals to radiology services	Yes.	None.	None.	None.	
Vermont	None.	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	
Virginia	Va. Code Ann. § 54.1-2410 through 2414	Practitioners.	1993	Personal or family investment in the referred entity.	None.	No.	Virginia Board of Health Professions may grant an exception if there is demonstrated need and it conforms to other requirements, or it is a publicly traded entity; practitioner directly provides health services; or referral made pursuant to HMO contract.	None.	Yes.	18 VAC 75-20-60 through 18 VAC 75-20-100; Va. Code Ann. §54.1-2964 (Disclosure requirement)
	Rev. Code Wash. § 19.68.010(2)	Healing Professions	2004	Ownership of a financial interest in an referred diagnostic entity.	None.	Yes.	Physician partnerships and employment arrangements.	Yes.	Yes.	

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Washington	Rev. Code Wash. § 74.09.240(3)	Medicaid Program.	1979	Financial relationship in the referred entity.	None.	No.	42 U.S.C.A. § 1395nn arrangements, and discounts that are reflected in charges to Medicaid	None.	None.	
West Virginia	W. Va. Code § 30-3-14(7)	Physicians.	1980	Proprietary Interest in the referred pharmacy or laboratory.	None.	Yes.	None.	None.	None.	
Wisconsin	None.	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	
Wyoming	None.	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	