

SENATE AMENDMENT NO. _____

Offered by _____ Of _____

Amend SS/SCS/Senate Bill No. 970, Page 1, Section TITLE, Line 2,

2 by striking "cost-sharing under"; and

3 Further amend said bill, page 3, section 376.448, line
4 68, by inserting after all of said line the following:

5 "376.1245. 1. As used in this section, the following
6 terms mean:

7 (1) "Anesthesia time", the period during which an
8 anesthesia practitioner is present with the patient,
9 starting when the anesthesia practitioner begins to prepare
10 the patient for anesthesia services in the operating room or
11 an equivalent area and ending when the anesthesia
12 practitioner is no longer furnishing anesthesia services to
13 the patient because the patient may be placed safely under
14 postoperative or postanesthesia care. The term "anesthesia
15 time" includes, if counted by the anesthesia practitioner,
16 blocks of time around an interruption in anesthesia time
17 provided the anesthesia practitioner is furnishing
18 continuous anesthesia care within the time periods around
19 the interruption;

20 (2) "Anesthesia time units", time units recognized
21 with appropriate time intervals that do not exceed fifteen
22 minutes in length for each interval and that, taken
23 together, represent the total anesthesia time for a
24 particular anesthesia service;

25 (3) "Excepted benefit plan", the same meaning given to
26 the term in section 376.998;

27 (4) "Health benefit plan", the same meaning given to
28 the term in section 376.1350. The term "health benefit
29 plan" shall also include the Missouri consolidated health
30 care plan established under chapter 103;

31 (5) "Health carrier", the same meaning given to the
32 term in section 376.1350;

33 (6) "Payment of anesthesia services", an amount paid
34 for anesthesia services:

35 (a) Determined by using prevailing medical coding and
36 billing standards in the professional medical billing
37 community, such as the Current Procedural Terminology code
38 book published by the American Medical Association, the
39 Medicare Claims Processing Manual, or guidance from
40 nationally recognized anesthesia organizations; and

41 (b) Calculated as the product obtained by multiplying
42 the following together:

43 a. The sum of the base units for the appropriate
44 medical code plus anesthesia time units and modifying units;
45 and

46 b. An anesthesia conversion factor that is defined in
47 the individual contract between the health carrier or health
48 benefit plan and the anesthesia practitioner or group.

49 2. No health carrier or health benefit plan shall
50 establish, implement, or enforce any policy, practice, or
51 procedure that imposes a time limit for the payment of
52 anesthesia services provided during a medical or surgical
53 procedure.

54 3. No health carrier or health benefit plan shall
55 establish, implement, or enforce any policy, practice, or
56 procedure that restricts or excludes all anesthesia time in
57 calculating the payment of anesthesia services.

58 4. Excepted benefit plans shall be subject to the
59 requirements of this section.

60 5. The provisions of this section shall apply to
61 health carriers that offer or issue health benefit plans
62 that are delivered, issued for delivery, continued, or
63 renewed in this state on or after August 28, 2026."; and

64 Further amend the title and enacting clause accordingly.