

House _____ Amendment NO. _____

Offered By _____

1 AMEND House Committee Substitute for Senate Substitute for Senate Bill No. 7, Page 30, Section
2 206.158, Line 20, by inserting after all of said section and line the following:

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4 "208.149. 1. As used in this section, the following terms mean:

5 (1) "Clinical pathology services", professional medical services provided by a pathologist
6 for the examination, diagnosis, and interpretation of laboratory tests performed on patient specimens
7 to aid in the diagnosis and treatment of disease. Clinical pathology services include, but are not
8 limited to, hematology, microbiology, immunology, clinical chemistry, molecular pathology, and
9 other laboratory-based diagnostic procedures;

10 (2) "Hospital-based pathologist", a licensed physician specializing in pathology who
11 provides clinical pathology services within a hospital setting;

12 (3) "Professional component of clinical pathology services", the portion of clinical
13 pathology services that involves the pathologist's professional expertise in interpreting and
14 supervising laboratory tests, excluding the technical component of performing the laboratory tests.

15 2. The fee for the professional component of clinical pathology services shall be paid by
16 MO HealthNet for professional services provided by a hospital-based pathologist for inpatient
17 clinical pathology services rendered to patients covered by the MO HealthNet program.

18 3. The reimbursement amount for the professional component of clinical pathology services
19 shall be set at thirty percent of the approved outpatient simplified fee schedule based on Medicare's
20 clinical laboratory fee schedule for the corresponding clinical pathology services payable by MO
21 HealthNet.

22 4. (1) If the fee for the professional component of clinical pathology services is paid for
23 professional services provided by a pathologist employed by the hospital where the clinical
24 pathology services are rendered to covered MO HealthNet patients, the professional fee shall be
25 paid directly to the hospital.

26 (2) If the fee for the professional component of clinical pathology services is paid for
27 professional services provided by a pathologist who is not employed by the hospital where clinical
28 pathology services are rendered to covered MO HealthNet patients, the professional fee shall be
29 paid directly to the third party providing the services.

Action Taken _____ Date _____

5. The department of social services shall promulgate all necessary rules and regulations for the administration of this section. Any rule or portion of a rule, as that term is defined in section 536.010, that is created under the authority delegated in this section shall become effective only if it complies with and is subject to all of the provisions of chapter 536 and, if applicable, section 536.028. This section and chapter 536 are nonseverable and if any of the powers vested with the general assembly pursuant to chapter 536 to review, to delay the effective date, or to disapprove and annul a rule are subsequently held unconstitutional, then the grant of rulemaking authority and any rule proposed or adopted after August 28, 2025, shall be invalid and void."; and

Further amend said bill, Page 86, Section 338.010, Line 121, by inserting after all of said section and line the following:

"338.333. 1. Except as otherwise provided by the board of pharmacy by rule in the event of an emergency or to alleviate a supply shortage, no person or distribution outlet shall act as a wholesale drug distributor, pharmacy distributor, drug outsourcer, or third-party logistics provider without first obtaining license to do so from the Missouri board of pharmacy and paying the required fee. The board may grant temporary licenses when the wholesale drug distributor, pharmacy distributor, drug outsourcer, or third-party logistics provider first applies for a license to operate within the state. Temporary licenses shall remain valid until such time as the board shall find that the applicant meets or fails to meet the requirements for regular licensure. No license shall be issued or renewed for a wholesale drug distributor, pharmacy distributor, drug outsourcer, or third-party logistics provider to operate unless the same shall be operated in a manner prescribed by law and according to the rules and regulations promulgated by the board of pharmacy with respect thereto. Separate licenses shall be required for each distribution site owned or operated by a wholesale drug distributor, pharmacy distributor, drug outsourcer, or third-party logistics provider, unless such drug distributor, pharmacy distributor, drug outsourcer, or third-party logistics provider meets the requirements of section 338.335.

2. An agent or employee of any licensed or registered wholesale drug distributor, pharmacy distributor, drug outsourcer, or third-party logistics provider need not seek licensure under this section and may lawfully possess pharmaceutical drugs, if the agent or employee is acting in the usual course of his or her business or employment.

3. The board may permit out-of-state wholesale drug distributors, drug outsourcers, third-party logistics ~~[provider]~~ providers, or out-of-state pharmacy distributors to be licensed as required by sections 338.210 to 338.370 on the basis of reciprocity to the extent that the entity both:

(1) Possesses a valid license granted by another state pursuant to legal standards comparable to those which must be met by a wholesale drug distributor, pharmacy distributor, drug ~~[outsourcers]~~ outsourcer, or third-party logistics provider of this state as prerequisites for obtaining a license under the laws of this state. If a state license is not issued by their resident state, out-of-state wholesale drug distributors and third-party logistics providers with a current and valid drug distributor

1 accreditation from the National Association of Boards of Pharmacy or its successor may be eligible
2 for licensure as provided by the board by rule; and

3 (2) Distributes into Missouri from a state which would extend reciprocal treatment under its
4 own laws to a wholesale drug distributor, pharmacy distributor, drug outsourcers, or third-party
5 logistics provider of this state."; and
6

7 Further amend said bill, Page 87, Section 376.1240, Line 15, by inserting after all of said section
8 and line the following:
9

10 "376.1245. 1. As used in this section, the following terms mean:

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

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

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

23 (4) "Health benefit plan", the same meaning given to the term in section 376.1350. The
24 term "health benefit plan" shall also include MO HealthNet, the children's health insurance program
25 authorized under chapter 208, the Missouri consolidated health care plan established under chapter
26 103, and any other state-sponsored health insurance program;

27 (5) "Health carrier", the same meaning given to the term in section 376.1350. The term
28 "health carrier" shall also include the MO HealthNet division and any Medicaid managed care
29 organization as defined in section 208.431;

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

31 (a) Determined by using prevailing medical coding and billing standards in the professional
32 medical billing community, such as the Current Procedural Terminology code book published by the
33 American Medical Association, the Medicare Claims Processing Manual, or guidance published by
34 the American Society of Anesthesiologists; and

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

36 a. The sum of the base units for the appropriate medical code plus anesthesia time units; and
37 b. An anesthesia conversion factor that is defined in the individual contract between the
38 health carrier or health benefit plan and the anesthesia practitioner or group.

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

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

7 4. Excepted benefit plans shall be subject to the requirements of this section."; and

8
9 Further amend said bill by amending the title, enacting clause, and intersectional references
10 accordingly.