

House \_\_\_\_\_ Amendment NO. \_\_\_\_\_

Offered By \_\_\_\_\_

1 AMEND House Committee Substitute for Senate Substitute No. 2 for Senate Bill No. 79, Page 18, Section  
2 206.158, Line 20, by inserting after said section and line the following:

3  
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 for the  
6 examination, diagnosis, and interpretation of laboratory tests performed on patient specimens to aid in the  
7 diagnosis and treatment of disease. Clinical pathology services include, but are not limited to, hematology,  
8 microbiology, immunology, clinical chemistry, molecular pathology, and other laboratory-based diagnostic  
9 procedures;

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

12 (3) "Professional component of clinical pathology services", the portion of clinical pathology  
13 services that involves the pathologist's professional expertise in interpreting and supervising laboratory tests,  
14 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 MO  
16 HealthNet for professional services provided by a hospital-based pathologist for inpatient clinical pathology  
17 services rendered to patients covered by the MO HealthNet program.

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

21 4. (1) If the fee for the professional component of clinical pathology services is paid for professional  
22 services provided by a pathologist employed by the hospital where the clinical pathology services are  
23 rendered to covered MO HealthNet patients, the professional fee shall be paid directly to the hospital.

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

28 5. The department of social services shall promulgate all necessary rules and regulations for the  
29 administration of this section. Any rule or portion of a rule, as that term is defined in section 536.010, that is  
30 created under the authority delegated in this section shall become effective only if it complies with and is

Action Taken \_\_\_\_\_ Date \_\_\_\_\_

1 subject to all of the provisions of chapter 536 and, if applicable, section 536.028. This section and chapter  
 2 536 are nonseverable and if any of the powers vested with the general assembly pursuant to chapter 536 to  
 3 review, to delay the effective date, or to disapprove and annul a rule are subsequently held unconstitutional,  
 4 then the grant of rulemaking authority and any rule proposed or adopted after August 28, 2025, shall be  
 5 invalid and void."; and

6  
 7 Further amend said bill, Page 30, Section 334.108, Line 48, by inserting after said section and line the  
 8 following:

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 10 "338.333. 1. Except as otherwise provided by the board of pharmacy by rule in the event of an  
 11 emergency or to alleviate a supply shortage, no person or distribution outlet shall act as a wholesale drug  
 12 distributor, pharmacy distributor, drug outsourcer, or third-party logistics provider without first obtaining  
 13 license to do so from the Missouri board of pharmacy and paying the required fee. The board may grant  
 14 temporary licenses when the wholesale drug distributor, pharmacy distributor, drug outsourcer, or third-party  
 15 logistics provider first applies for a license to operate within the state. Temporary licenses shall remain valid  
 16 until such time as the board shall find that the applicant meets or fails to meet the requirements for regular  
 17 licensure. No license shall be issued or renewed for a wholesale drug distributor, pharmacy distributor, drug  
 18 outsourcer, or third-party logistics provider to operate unless the same shall be operated in a manner  
 19 prescribed by law and according to the rules and regulations promulgated by the board of pharmacy with  
 20 respect thereto. Separate licenses shall be required for each distribution site owned or operated by a  
 21 wholesale drug distributor, pharmacy distributor, drug outsourcer, or third-party logistics provider, unless  
 22 such drug distributor, pharmacy distributor, drug outsourcer, or third-party logistics provider meets the  
 23 requirements of section 338.335.

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

28 3. The board may permit out-of-state wholesale drug distributors, drug outsourcers, third-party  
 29 logistics ~~[provider]~~ providers, or out-of-state pharmacy distributors to be licensed as required by sections  
 30 338.210 to 338.370 on the basis of reciprocity to the extent that the entity both:

31 (1) Possesses a valid license granted by another state pursuant to legal standards comparable to those  
 32 which must be met by a wholesale drug distributor, pharmacy distributor, drug ~~[outsourcers]~~ outsourcer, or  
 33 third-party logistics provider of this state as prerequisites for obtaining a license under the laws of this state.  
 34 If a state license is not issued by their resident state, out-of-state wholesale drug distributors and third-party  
 35 logistics providers with a current and valid drug distributor accreditation from the National Association of  
 36 Boards of Pharmacy or its successor may be eligible for licensure as provided by the board by rule; and

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

1  
2 Further amend said bill and page, Section 376.1240, Line 15, by inserting after said section and line the  
3 following:

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

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

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

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

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

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

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

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

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

30 a. The sum of the base units for the appropriate medical code plus anesthesia time units; and

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

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

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

38 4. Excepted benefit plans shall be subject to the requirements of this section."; and  
39

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