



MISSOURI HOUSE OF REPRESENTATIVES  
**WITNESS APPEARANCE FORM**

BILL NUMBER: <b>HB 1126</b>		DATE: <b>3/31/2025</b>	
COMMITTEE: <b>Insurance</b>			
<b>TESTIFYING:</b> <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES			
<b>WITNESS NAME</b>			
<b>INDIVIDUAL:</b>			
WITNESS NAME: <b>ARNIE C."HONEST-ABE" DIENOFF-STATE PUBLIC ADVOCATE</b>		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: <b>arniedienoff@yahoo.com</b>	ATTENDANCE: <b>In-Person</b>		SUBMIT DATE: <b>3/31/2025 1:47 PM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>			

I am in Support of this Bill. Insurance Providers and Insurance Coverage of any Medical Services shall cover the entire length of any Medical Procedure. Liability and Insurance Coverage shall be covered 100% with NO lapses of time.



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<b>WITNESS NAME</b>			
<b>REGISTERED LOBBYIST:</b>			
WITNESS NAME: <b>DAVID JACKSON</b>		PHONE NUMBER: <b>314-406-2933</b>	
REPRESENTING: <b>JEFFERSON CITY MEDICAL GROUP</b>		TITLE:	
ADDRESS: <b>PO BOX 1865</b>			
CITY: <b>JEFFERSON CITY</b>		STATE: <b>MO</b>	ZIP: <b>65102</b>
EMAIL:	ATTENDANCE:	SUBMIT DATE: <b>3/31/2025 12:00 AM</b>	

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<b>WITNESS NAME</b>			
<b>INDIVIDUAL:</b>			
WITNESS NAME: <b>DONALD E. ARNOLD, MD, FACHE, FASA</b>		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: <b>d.arnold@asahq.org</b>	ATTENDANCE: <b>Written</b>		SUBMIT DATE: <b>3/31/2025 9:41 AM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>			

My name is Dr. Don Arnold submitting this statement as an individual and as President of the 59,000 member American Society of Anesthesiologists. I practice at Mercy Hospital St. Louis. I write in support of HB 1126, action that has become necessary because of the unilateral, arbitrary initiatives announced by Anthem in November 2024. Legislation is needed to: - Protect Patient Care: Ensure uninterrupted anesthesia for complex procedures.- Ensure Fair Reimbursement: Align with well accepted national billing standards.- Safeguard Provider Autonomy to serve patients well: Prevent arbitrary anesthesia time limits.- Close Loopholes: Build trust between patients, providers, and insurers. In November 2024, shortly following the announcement by Anthem of their policy on Anesthesia time I wrote Ms. Gail Boudreaux, President and CEO of Elevance Health (parent of Anthem) and Dr. Shantanu Agrawal, Chief Health Officer, Elevance Health on behalf of the American Society of Anesthesiologists urging Anthem to immediately should rescind their inappropriate and misguided anesthesia time policy change. Since that time, I have remained actively engaged in these issues. As background it is worth noting that prevailing industry standards, regulations, and billing norms recognize 3 components for anesthesia reporting and payment. • BASE UNITS: Value determined by complexity of surgical care. This includes typical pre, intra, and post-operative care for a standard risk patient, but does NOT recognize the complexity of the medical condition of the patient. • TIME UNITS: Time spent providing intraoperative care. • TWO FACTORS THAT DEFINE EACH PATIENT SPECIFIC INTERATION: o PHYSICAL STATUS MODIFIERS: Capture complexity of patient co-morbidities, distinguishes between various levels of complexity of the medical conditions of the patient o QUALIFYING CIRCUMSTANCE ADD-ON CODES: Added for services that are provided under particularly difficult and unusual circumstances Anthem in unilaterally imposing a new policy, disregarded well-established anesthesia time billing standards in Connecticut, Missouri, and New York. The Anthem policy provided, without justification, to pay for anesthesia services only when the length of the anesthesia service was shorter than an arbitrary time limit. We questioned how Anthem could propose paying for only a portion of the anesthesia service needed by their customers. The policy did not contemplate that an anesthesia code may apply to vastly different surgical procedures with corresponding wide variations in surgical times. The policy also displayed a diminished dedication to patient agency and safety on the part of Anthem. In effect, if a patient has a surgery which lasts longer than the standards accepted by Anthem, Anthem absolved themselves of responsibility to pay for the anesthesia that is needed for the rest of the encounter. This is contrary to payment practices of the Centers for Medicare & Medicaid Services and other commercial insurers. Likewise, the policy did not contemplate individual patient needs which are embedded within anesthesia time, including treatment of surgical complications during the course of the procedure. Such complications are not incorporated into the allocated base units but are accounted and paid for under longstanding payment regulations which incorporate time. The Anthem policy reflected a significant disconnect between Anthem, its

patients, and their needs. Anthem erroneously applied a Centers for Medicare & Medicaid Services (CMS) data set. The Physician Work Time Value - it is not an accepted, reliable, or rational method for payment. This demonstrated Anthem's lack of knowledge regarding how anesthesia payments are made. The CMS Physician Work Time was not developed nor intended to support reporting or payment for anesthesia services. CMS has affirmed that this data set was not developed for use in payment for anesthesia services. The authors of the policy also misinterpreted established coding requirements and ASA standards. Anthem's policy threatened to deny claims where the anesthesia practice had accurately documented the time taken to perform the anesthesia service. In general, the policy might have been interpreted to compel anesthesia groups to report what Anthem would allow instead of the accurate clinical time. Anesthesia time is defined in both federal regulations and in the CPT Codebook and these standards are accepted throughout health care. Anthem's policy was inconsistent with prevailing industry standards, regulations, and billing norms. I had an opportunity to meet with Anthem decision-makers, and with the ASA, continued the fight to communicate about the inappropriate policy. Not only was the policy absurd to anesthesiologists, but it also clearly demonstrated to patients, our medical colleagues, and state and federal regulators, and elected officials at federal and state levels that Anthem was looking to reduce payments for what the insurance giant might describe as "medically necessary anesthesia." In the face of withering national publicity Anthem finally capitulated and pulled the policy back. While we welcomed Anthem's decision, we noted that the Anthem initiative reflects a larger trend among commercial insurers to unilaterally undercut established anesthesia billing and payment norms as well as impose significant administrative burdens and punitive administrative and payment practices on the larger medical provider community. In January, we called on Anthem and other health insurance companies to turn a new leaf in 2025 and prioritize patient care. We recommended a few New Year's resolutions as a show of good faith: 1. Prioritize patient care over corporate profits. 2. Promise to halt all efforts to limit appropriate and necessary care for patients, including limiting the duration of anesthesia care. 3. Acknowledge the unique needs of patients with health conditions and risk factors—like high blood pressure, significant heart disease, or uncontrolled diabetes—and support the physicians who care for them. 4. Commit to respecting the physician-patient relationship and reforming prior authorization systems that undermine physician expertise and directly limit patient care. 5. Work with anesthesiologists and other physicians, not against them, to improve access to care. The health insurance industry has broken trust with the provider community - including physicians, other practitioners, and health systems. Until there is tangible action taken by the insurers, legislation of this type will remain necessary to reign in the unbridled avarice of the health insurance industry. I am glad to be available for any follow-up inquiries.



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<b>WITNESS NAME</b>			
<b>INDIVIDUAL:</b>			
WITNESS NAME: <b>DR. JANETTE MCVEY</b>		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: <b>janette.mcvey@gmail.com</b>	ATTENDANCE: <b>Written</b>		SUBMIT DATE: <b>3/30/2025 6:10 PM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>			

I currently am a practicing anesthesiologist residing in Columbia, MO (Boone), but I was born and raised in Butler, MO (Bates). Missouri is facing an ongoing anesthesia provider shortage, and unfair reimbursement policies are making it harder to retain skilled anesthesia professionals. These bills will help strengthen Missouri's healthcare workforce by ensuring fair compensation, supporting provider retention, and improving access to anesthesia care—especially in underserved areas. By passing these bills, we can ensure that patients receive high-quality anesthesia care regardless of where they live, while also preventing provider burnout and workforce shortages. The continued viability of Missouri's healthcare system depends on keeping highly trained providers in our state. I currently spend most of my call time covering obstetric services. I may be covering the services of an epidural in place for 1 hour or 36+ hours. We not only perform this procedure but we also manage care of the patient the entire time it is functioning. We, as anesthesia providers, have no control over the length of a labor until delivery. Another procedure I commonly cover is a cesarean section. These may be a "routine" procedure or a lengthy, complicated procedure based upon many factors. Again, we have no control over these circumstances but we are there for that patient and surgical team no matter what. These are only two examples of the thousands of surgical or non-surgical procedures in which I provide anesthesia services. As an aside, anesthesiologists are one of the few medical professions you will find in a hospital, in person, 24 hours a day, 7 days a week, nights, weekends, holidays. We AND our patients deserve complete coverage of our services. We will be, and always have been, there for patients no matter what.



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<b>WITNESS NAME</b>			
<b>REGISTERED LOBBYIST:</b>			
WITNESS NAME: <b>JACOB SCOTT</b>		PHONE NUMBER:	
REPRESENTING: <b>MISSOURI GASTROENTEROLOGY SOCIETY, MISSOURI STATE ORTHOPAEDIC ASSOCIATION</b>		TITLE:	
ADDRESS: <b>113 MADISON STREET</b>			
CITY: <b>JEFFERSON CITY</b>		STATE: <b>MO</b>	ZIP: <b>65102</b>
EMAIL:	ATTENDANCE:	SUBMIT DATE: <b>3/31/2025 12:00 AM</b>	
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<b>WITNESS NAME</b>			
<b>INDIVIDUAL:</b>			
WITNESS NAME: <b>JACQUELINE STASA</b>		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: <b>jstasa602@gmail.com</b>	ATTENDANCE: <b>Written</b>		SUBMIT DATE: <b>3/28/2025 3:52 PM</b>
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<b>WITNESS NAME</b>			
<b>INDIVIDUAL:</b>			
WITNESS NAME: <b>MATTHEW BROWN, DO</b>		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: <b>mattbrowndo@gmail.com</b>	ATTENDANCE: <b>Written</b>		SUBMIT DATE: <b>3/31/2025 10:18 AM</b>
<b>THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.</b>			

I am Matthew Brown, DO and I am an anesthesiologist practicing in Springfield, MO. I am testifying in support of HB 1126. As some of you might be aware, there was an effort by Anthem to arbitrarily cap payment for anesthesia services for surgeries or procedures that patient with these insurance plans might be receiving. This would be incredibly harmful to anesthesia professionals within the state of Missouri but the care of patients as well. No one, including insurance companies should be dictating the length of surgeries other than the surgeons themselves. Overwhelmingly surgeries go as planned and are completed in an adequate amount of time. However, there are instances that might arise that would lengthen a surgery especially in complex patients. Anesthesia providers should not be expected provide care and not be reimbursed for the care that was necessary for this patient to safely have their procedure completed. The surgeon or proceduralist alone determine how long the surgery or procedure will take. Anesthesiologists have no control over the length of procedure. We provide safe anesthesia as long as it is necessary for the surgeon to safely complete the surgery. Insurance companies arbitrarily dictating how long a procedure will be reimbursed opens the door for surgeries to be rushed, therefore not giving that patient the safe and effective care that they deserve. Despite the fact that Anthem pulled back on this proposal, I fear that this is only an effort to let the dust settle before reengaging this campaign in the future. If Anthem or another insurance company were allowed to proceed with their plan to cap payments, this would discourage anesthesia providers from practicing in our state, which further decreases and limits the quality and availability of care that patients can get for their surgeries in the state of Missouri. There is already a significant distrust in insurance companies from medical professionals. This would further fracture that relationship and hinder patient care. Insurance companies claim to have patient care as their primary aim, however this is antithetical to that claim. Please help us to continue to provide safe and effective care to Missourians and not let the insurance companies prevent this to increase their profits at the expense of the safety of patients in our state.





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<b>WITNESS NAME</b>			
<b>REGISTERED LOBBYIST:</b>			
WITNESS NAME: <b>RACHEL BAUER</b>		PHONE NUMBER: <b>573-619-1663</b>	
REPRESENTING: <b>MISSOURI STATE MEDICAL ASSOCIATION, MISSOURI ASSOCIATION OF OSTEOPATHIC PHYSICIANS AND SURGEON</b>		TITLE:	
ADDRESS: <b>113 E. MADISON</b>			
CITY: <b>JEFFERSON CITY</b>		STATE: <b>MO</b>	ZIP: <b>65101</b>
EMAIL:	ATTENDANCE:	SUBMIT DATE: <b>3/31/2025 12:00 AM</b>	
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<b>WITNESS NAME</b>			
<b>INDIVIDUAL:</b>			
WITNESS NAME: <b>STEVEN GEISS</b>		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: <b>geiss.steven@gmail.com</b>	ATTENDANCE: <b>Written</b>		SUBMIT DATE: <b>3/30/2025 5:40 PM</b>
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Putting a time limit on anesthesia services is dangerous to our patients. I work at a level one trauma center and academic training hospital, where we perform the toughest and most complex cases on the sickest patients. We take care of patients that cannot be taken care of in other hospitals due to their co-morbidities. As patients become more ill and their medical problems more complex, it is only natural that surgical procedures will take longer. Capping the reimbursement beyond a certain time limit will drastically affect these patients and their care. It will also limit the time for teaching and learning new skills, an important aspect of medical care to ensure properly trained physicians for the future. No one wants a surgeon or anesthesiologist that is rushing through their case to ensure adequate reimbursement, and this is the environment that would be created by these types of strategies. We need to ensure that the law protects from these predatory rules that will harm our patients in Missouri.



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<b>WITNESS NAME</b>			
<b>BUSINESS/ORGANIZATION:</b>			
WITNESS NAME: <b>SUSAN LAVA-PARMELE</b>		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME: <b>MISSOURI SOCIETY OF ANESTHESIOLOGIST</b>		TITLE: <b>PHYSICIAN</b>	
ADDRESS:			
CITY:		STATE: <b>NV</b>	ZIP:
EMAIL:	ATTENDANCE:	SUBMIT DATE: <b>3/31/2025 12:00 AM</b>	
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<b>WITNESS NAME</b>			
<b>INDIVIDUAL:</b>			
WITNESS NAME: <b>TANNER BROWNRIGG, MD, MBA</b>		PHONE NUMBER:	
BUSINESS/ORGANIZATION NAME:		TITLE:	
ADDRESS:			
CITY:		STATE:	ZIP:
EMAIL: <b>tannerbrownrigg@hotmail.com</b>	ATTENDANCE: <b>Written</b>		SUBMIT DATE: <b>3/29/2025 11:12 AM</b>

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**This is a common sense Bill that will protect patients and hold the insurance companies accountable. Insurance companies can not have the ability to unilaterally make decisions that jeopardize patient safety and at the same time unfairly reduce payment for anesthesia services.**



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<b>WITNESS NAME</b>			
<b>REGISTERED LOBBYIST:</b>			
WITNESS NAME: <b>WILL MARRS</b>		PHONE NUMBER: <b>417-848-8561</b>	
REPRESENTING: <b>MERCY HEALTH</b>		TITLE:	
ADDRESS: <b>211 E CAPITOL AVE</b>			
CITY: <b>JEFFERSON CITY</b>		STATE: <b>MO</b>	ZIP: <b>65101</b>
EMAIL: <b>govservicesjcmo@gmail.com</b>	ATTENDANCE: <b>In-Person</b>		SUBMIT DATE: <b>3/31/2025 12:38 PM</b>

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Shortly after Mercy's negotiations over coverage in services with a major insurance carrier, the said insurance carrier announced a plan to drop anesthesia service coverage for patients based on time. A major component of the delayed, long, and difficult negotiations were from trying to protect patients from red tape caused by insurance delays and denials. The insurance company received backlash over the announcement. The insurance company issued a statement on December 5, 2024, one day after the death of United Healthcare CEO, announcing that they would not move forward with the policy change limiting anesthesia coverage based on time. From our perspective this is a clear admission of wrongdoing and this language should be codified into law to protect patients.