

SECOND REGULAR SESSION  
HOUSE COMMITTEE SUBSTITUTE FOR  
**HOUSE BILL NOS. 1945 & 2570**  
**103RD GENERAL ASSEMBLY**

4438H.03C

JOSEPH ENGLER, Chief Clerk

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**AN ACT**

To repeal section 338.333, RSMo, and to enact in lieu thereof three new sections relating to health care.

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*Be it enacted by the General Assembly of the state of Missouri, as follows:*

Section A. Section 338.333, RSMo, is repealed and three new sections enacted in lieu thereof, to be known as sections 208.149, 338.333, and 376.1245, to read as follows:

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

- 2       **(1) "Clinical pathology services", professional medical services provided by a**  
3 **licensed physician that involve the use of medical judgment, that contribute directly to**  
4 **the diagnosis, care, and treatment of individual patients, and that are necessary for**  
5 **every laboratory test run in a high-complexity laboratory environment;**  
6       **(2) "Hospital-based pathologist", a licensed physician specializing in pathology**  
7 **who provides clinical pathology services for the laboratory within a hospital;**  
8       **(3) "MO HealthNet", the Medicaid program administered by the state of**  
9 **Missouri in accordance with federal and state law;**  
10       **(4) "Professional component of clinical pathology services", the portion of each**  
11 **clinical pathology service in a high-complexity laboratory environment that involves the**  
12 **physician's use of medical judgment in interpreting and supervising laboratory tests**  
13 **and that excludes the technical component of the laboratory test.**  
14       **2. The professional component of clinical pathology services provided by a**  
15 **hospital-based pathologist shall be recognized as distinct physician services by the MO**  
16 **HealthNet program.**  
17       **3. The MO HealthNet program shall reimburse the professional component of**  
18 **clinical pathology services provided to MO HealthNet participants.**

EXPLANATION — Matter enclosed in bold-faced brackets [thus] in the above bill is not enacted and is intended to be omitted from the law. Matter in bold-face type in the above bill is proposed language.

19           **4. The reimbursement amount for the professional component of clinical**  
20 **pathology services shall be set at no less than thirty percent of the approved MO**  
21 **HealthNet Independent Lab - Technical Component fee schedule.**

22           **5. Payment for the professional component of clinical pathology services shall be**  
23 **made directly to the licensed physician providing the services or to the entity the**  
24 **licensed physician has assigned the right to receive payment for the services provided.**

25           **6. If a state plan amendment is determined by the department of social services**  
26 **to be required, the department of social services shall timely submit such amendment.**  
27 **If such amendment is not approved, the department shall make all reasonable efforts to**  
28 **obtain federal approval, including resubmission, modification, or pursuit of any**  
29 **alternative lawful mechanism necessary to implement reimbursement consistent with**  
30 **this section. Nothing in this subsection shall be construed to relieve the department of**  
31 **its obligation to implement reimbursement to the fullest extent permitted under state**  
32 **and federal authority.**

33           **7. The department of social services shall promulgate all necessary rules and**  
34 **regulations for the administration of this section. Any rule or portion of a rule, as that**  
35 **term is defined in section 536.010, that is created under the authority delegated in this**  
36 **section shall become effective only if it complies with and is subject to all of the**  
37 **provisions of chapter 536 and, if applicable, section 536.028. This section and chapter**  
38 **536 are nonseverable and if any of the powers vested with the general assembly**  
39 **pursuant to chapter 536 to review, to delay the effective date, or to disapprove and annul**  
40 **a rule are subsequently held unconstitutional, then the grant of rulemaking authority**  
41 **and any rule proposed or adopted after August 28, 2026, shall be invalid and void.**

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

15 such drug distributor, pharmacy distributor, drug outsourcer, or third-party logistics provider  
16 meets the requirements of section 338.335.

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

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

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

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

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

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

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

14             (3) **"Excepted benefit plan", the same meaning given to the term in section**  
15 **376.998;**

16           **(4) "Health benefit plan", the same meaning given to the term in section**  
17 **376.1350. The term "health benefit plan" shall also include MO HealthNet, the**  
18 **children's health insurance program authorized under chapter 208, the Missouri**  
19 **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.**  
22 **The term "health carrier" shall also include the MO HealthNet division and any**  
23 **Medicaid managed care organization as 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**  
26 **professional medical billing community, such as the Current Procedural Terminology**  
27 **code book published by the American Medical Association, the Medicare Claims**  
28 **Processing Manual, or guidance from nationally recognized anesthesia organizations;**  
29 **and**

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

31           **a. The sum of the base units for the appropriate medical code plus anesthesia**  
32 **time units and modifying units; and**

33           **b. An anesthesia conversion factor that is defined in the individual contract**  
34 **between the health carrier or health benefit plan and the anesthesia practitioner or**  
35 **group.**

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

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

42           **4. Excepted benefit plans shall be subject to the requirements of this section.**

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