

HB 1945 -- HEALTH CARE

SPONSOR: Hruza

This bill requires MO HealthNet to pay the fee for the portion of clinical pathology services that involves the pathologist's professional expertise in interpreting and supervising laboratory tests, excluding the technical component of performing the laboratory tests that are provided by hospital-based pathologists for inpatient services. The reimbursement rate is set at 30% of the approved outpatient fee schedule based on Medicare's clinical laboratory fee schedule. Payments are directed to either the hospital or the third-party provider, depending on whether the pathologist is employed by the hospital. The Department of Social Services is responsible for creating necessary rules and regulations for the provisions of this bill.

Currently, no person or outlet can act as a wholesale drug distributor, pharmacy distributor, drug outsourcer, or third-party logistics provider without obtaining a license from the Missouri Board of Pharmacy. Temporary licenses can be granted while an application is being processed. Separate licenses are required for each distribution site.

The Board can permit out-of-state entities to be licensed in Missouri if they possess a valid license from another state with comparable standards and if the other state offers reciprocal treatment to Missouri entities.

This bill provides that if a state license is not issued by the out-of-state wholesale drug distributor's resident state, out-of-state wholesale drug distributors and third-party logistics providers with a current and valid drug distributor accreditation from the National Association of Boards of Pharmacy or its successor can be eligible for the license.

The bill prohibits health carriers or health benefit plans from establishing or implementing any policy or practice that imposes a time limit for the payment of anesthesia services provided during a medical or surgical procedure. Moreover, health carriers or health benefit plans are prohibited from establishing or implementing any policy that restricts or excludes all anesthesia time in calculating the payment of anesthesia services. Excepted benefit plans will be subject to the requirements of this bill.