Support:
S3820-B (Rivera) / A7562-A (Reyes)

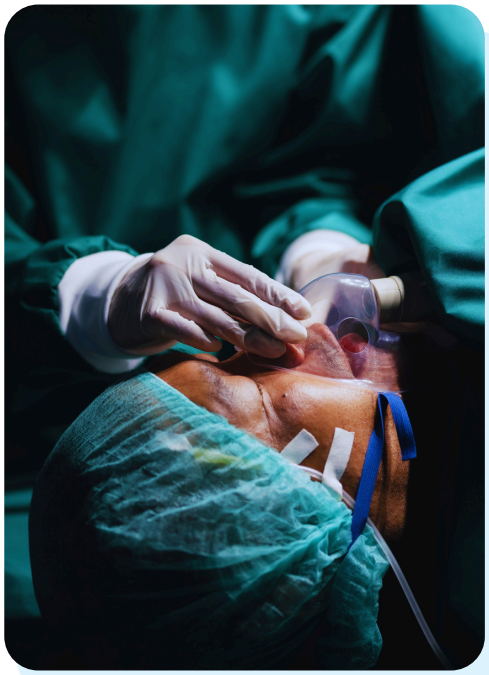
This bill would **ban insurers from imposing arbitrary time limits on anesthesia care** for surgeries and procedures, similar to those proposed by Anthem BCBS in 2024. The appropriate duration of anesthesia should be determined by the clinical scenario, patient condition, surgical procedure, and the continuous assessment and judgment of the anesthesia provider, not by a predetermined time limit imposed without clinical justification.

Ensures Anesthesia Care Responds to Real-Time Patient Needs

- **Anesthesia management must be tailored to the patient's condition, surgical procedure, and intraoperative factors.** No two cases are identical. Complex surgeries or individuals with pre-existing medical conditions may require longer anesthesia or different types of anesthesia.
- **Time limits interfere with the provider's ability to adjust the plan of care** based on clinical needs. Imposing time caps fails to account for the dynamic nature of medical care and can force premature or inappropriate transitions in care, **increasing risks rather than mitigating them**.
- There is **no scientific or clinical consensus supporting fixed maximum durations for anesthesia**. Leading professional bodies such as the American Society of Anesthesiologists (ASA) and the American Association of Nurse Anesthesiology (AANA) **do not recommend time-based limits.**
- In fact, such limits may inadvertently delay care, prolong recovery, or even result in harm if **providers are pressured to alter care timelines to remain compliant** with an arbitrary rule rather than respond to real-time patient needs.

Provides Operational Flexibility and Financial Stability

- Banning time limits helps **healthcare institutions operate more efficiently** and avoid unnecessary hand-offs of care or procedure delays that introduce risk and increase healthcare costs.
- Time limits proposed by insurers would have **negative financial consequences** on the already financially distressed hospitals in urban and rural areas of the state.
- In this year's New York State Budget, the state provided additional funding to assist these hospitals, however proposals by insurers to limit payments for anesthesia care would impose significant new **financial burdens on these hospitals.** These hospitals must remain able to **serve vulnerable populations across the state.**



Recognizes That Anesthesia Reimbursement is Nuanced and Complex

- Anesthesia reimbursement is based on a formula that considers base units plus time units, and modifier units, which are then totaled and multiplied by a conversion factor. The conversion factor for Medicare or Medicaid patient beneficiaries is determined annually by the Centers for Medicare and Medicaid Services (CMS) and is adjusted for various factors, including geographic location and procedure complexity.
- The conversion factor for private commercial insurance beneficiaries is determined by executed contracts following fair market negotiations between payer and practice/provider. **This system of units for anesthesia services recognizes that the length of the surgery is dependent on the individual patient and the surgeon.**

Factors that Influence Duration & Type of Anesthesia:

- Patient-specific needs and overall health
- Safety and well-being considerations throughout the procedure
- Potential complications that arise
- Complexity and specific type of procedure
- Pre-existing medical conditions

This bill would ban restrictions that undermine evidence-based care, jeopardize patient safety, and unnecessarily limit the ability of physician anesthesiologists to make critical clinical decisions.

Support patient safety and provider autonomy in making clinical decisions tailored to individual patient needs by voting YES on S3820-B (Rivera) / A7562-A (Reyes)

To find out more about protecting patient safety and anesthesia care, visit: www.safeanesthesia.com

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