

119TH CONGRESS
1ST SESSION

H. R. 6545

To prohibit health insurers, including Medicaid managed care organizations and other private health plans, from imposing arbitrary time caps on reimbursement for anesthesia services and for other purposes.

IN THE HOUSE OF REPRESENTATIVES

DECEMBER 9, 2025

Mr. TORRES of New York introduced the following bill; which was referred to the Committee on Energy and Commerce

A BILL

To prohibit health insurers, including Medicaid managed care organizations and other private health plans, from imposing arbitrary time caps on reimbursement for anesthesia services and for other purposes.

1 *Be it enacted by the Senate and House of Representa-*
2 *tives of the United States of America in Congress assembled,*

3 **SECTION 1. SHORT TITLE.**

4 This Act may be cited as the “Anesthesia for All
5 Act”.

6 **SEC. 2. FINDINGS.**

7 Congress finds the following:

1 (1) Anesthesia care is essential and must be de-
2 termined by medical necessity, not arbitrary limits.

3 (2) Time caps on reimbursement jeopardize pa-
4 tient safety, impose financial burdens, and interfere
5 with informed medical decisions.

6 (3) Prohibiting such practices protects patients,
7 promotes fairness, and ensures equitable access to
8 essential healthcare services.

9 **SEC. 3. PROHIBITION ON ARBITRARY TIME CAPS FOR AN-**
10 **ESTHESIA SERVICES.**

11 (a) IN GENERAL.—Part A of title XXVII of the Pub-
12 lic Health Service Act (42 U.S.C. 300gg et seq.) is amend-
13 ed by adding at the end the following new section:

14 **“SEC. 2730. PROHIBITION ON ARBITRARY TIME CAPS FOR**
15 **ANESTHESIA SERVICES.**

16 “(a) PROHIBITION ON TIME LIMITS.—A group
17 health plan, and a health insurance issuer offering group
18 or individual health insurance coverage, may not impose
19 arbitrary time caps on reimbursement for anesthesia serv-
20 ices provided during medically necessary procedures.

21 “(b) REQUIREMENT FOR REIMBURSEMENT BASED
22 ON MEDICAL NECESSITY.—Reimbursement for anesthesia
23 services shall be determined based on medical necessity as
24 assessed by the attending anesthesiologist, certified reg-
25 istered nurse anesthetist, or licensed anesthesia provider.

1 “(c) DENIAL OF PAYMENT.—A group health plan,
2 and a health insurance issuer offering group or individual
3 health insurance coverage, are prohibited from denying
4 payment for anesthesia services solely because the dura-
5 tion of care exceeded a pre-set time limit.”.

6 (b) MEDICAID.—Section 1902(a) of the Social Secu-
7 rity Act (42 U.S.C. 1396a(a)) is amended—

8 (1) in paragraph (86), by striking “and” at the
9 end;

10 (2) in paragraph (87), by striking the period
11 and inserting “; and”; and

12 (3) by inserting after paragraph (87) the fol-
13 lowing new paragraph:

14 “(88) provide that medical assistance consisting
15 of anesthesia, including such assistance furnished
16 through a managed care organization, is not subject
17 to arbitrary time caps on reimbursement when fur-
18 nished during medically necessary procedures (as de-
19 termined by the attending anesthesiologist, certified
20 registered nurse anesthetist, or other provider of
21 such anesthesia) and that payment is not denied for
22 such assistance solely because the duration of such
23 assistance exceeded a pre-set time limit.”.

1 **SEC. 4. OVERSIGHT BY INSPECTOR GENERAL.**

2 (a) MONITORING AND AUDITS.—The Office of the In-
3 spector General of the Department of Health and Human
4 Services shall—

5 (1) conduct periodic audits of health insurers to
6 assess compliance with the provisions of this Act;
7 and

8 (2) investigate allegations of noncompliance
9 submitted by patients, providers, or other stake-
10 holders.

11 (b) REPORTING TO CONGRESS.—Not later than one
12 year after the date of enactment of this Act, and every
13 3 years thereafter, the Inspector General described in sub-
14 section (a) shall submit a report to Congress that in-
15 cludes—

16 (1) the findings of audits conducted under sub-
17 section (a);

18 (2) the number and nature of violations re-
19 ferred to the Secretary of Health and Human Serv-
20 ices; and

21 (3) recommendations, if any, for improving
22 compliance with the provisions of this Act.

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