



# Legislative Update

February 27, 2026

***"I realized I can care for 15 patients or 6 million Missourians in a single day."* – Advocacy Day Attendee**

Thank you to everyone who traveled to the State Capitol to participate in Advocacy Day! It was inspiring to see 76 members take time out of their busy schedules to meet directly with their legislators. Our elected officials rely heavily on constituent input to help guide their decisions on complex issues, particularly regarding the future of healthcare. Our members were able to meet with at least 23 Senators and 40 Representatives. On Monday, our group descended upon the Capitol to distribute a personalized copy of [the MAFP 2026 Advocacy Day Issues Summary](#) to every office. Attendees delivered written personal testimony of their own and their patients' lived experiences to legislators so they have tangible evidence of how their decisions impact real people.

If you met with your legislators this week, please send a brief follow-up email. Use this opportunity to thank them for their time and reiterate the key issues you discussed. Don't forget to let them know you are a resource when they have healthcare questions or are concerned about how legislation will impact the health of your patients – their constituents. If you did not make the trip to Jefferson City and meet with them, they would love for you to come on your own. Please call or e-mail the MAFP Office and we'll find a time for you to meet with your legislators on a day you can sneak away from clinic.

We were also fortunate to have a great presentation from Speaker Jon Patterson, MD, who encouraged our members to invite their local legislators out for coffee in their home district to discuss healthcare and reminded our group of the importance of voting. We highly encourage you to do both of those actions. These opportunities for casual yet informative conversations are invaluable for building long-term relationships.

Legislators are inundated with dozens of issues every day, making it difficult for them to grasp every nuance of why we support or oppose specific proposals, so consistent communication is critical. Let's build on the momentum we created this week. Decisions are being made daily that impact how you practice and the care your patients receive. Please don't let Advocacy Day be the only time you engage with your legislators this session.

Regardless of how you advocate for family medicine, on behalf of your colleagues, patients, and communities, THANK YOU!!!!

### **In Brief...**

- Former Missouri House Speaker John Diehl recently pleaded guilty to a federal charge of wire fraud after admitting to misappropriating approximately \$380,000 in pandemic relief funds. Federal prosecutors are currently seeking a two-year prison sentence for Diehl, noting that he used the CARES Act loans for personal luxuries such as country club dues, college tuition, and vehicle payments instead of supporting his law firm. Diehl, who resigned from the speakership in 2015 following a sexting scandal, is scheduled to be sentenced in federal court following his admission of guilt.

### **State Budget Update**



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Many state-funded entities remain apprehensive about potential fiscal reductions as we look toward next week. The House Budget Chairman is expected to introduce his "Chairman's Amendment," which will serve as the House's initial attempt to realign the budget according to their specific priorities. Committee chairs have signaled that their primary objectives are to "right-size" the budget and secure funding for several programs previously cut by the Governor.

## Hearings of Interest Update

[Senate Bill 1089](#) was heard on Tuesday which requires health benefit plans that provide maternity benefits to cover home blood pressure monitoring devices for pregnant and postpartum women. The mandate includes coverage for the education and training necessary for patients to use these standard at-home cuffs correctly. The goal of the legislation is to facilitate the early detection of cardiovascular issues, such as preeclampsia, to prevent serious complications like stroke, organ damage, or preterm birth.

Several of our attendees took the opportunity to testify on this bill and were able to offer some very personal insights as to how this mandate would have saved lives.

**Dr. Misty Todd (Sedalia):** Discussed the impact on rural hospitals, noting that better monitoring helps staff manage comorbidities and keep mothers and babies together locally.

**Dr. Natalie Long (Columbia):** Stated that obtaining a blood pressure cuff should be as simple for a patient as ordering a breast pump or a glucometer.

**Tayla La Valle (Medical Student):** Shared a tragic case of a postpartum death from a heart attack during one of her rotations. This mother's death could have been prevented through home monitoring and better communication with the physician and her care team.

Thanks to these maternal health superheroes for stepping up to testify.

## Hearings Next Week

**Committee:** [Emerging Issues and Professional Registration, Senator Justin Brown, Chairman](#)

**Date:** Tuesday, March 3

**Time:** 10:00 AM

**Room:** SCR 1 - 1st Floor

### [SB 1405](#) - McCreery

Modifies the provision relating to clinical fellowships for licensure of speech pathologists and audiologists

### [SB 979](#) - Schroer

Modifies provisions relating to advanced practice registered nurses

### [SB 1016](#) - Lewis

Modifies provisions relating to advanced practice registered nurses

### [SB 1247](#) - Ben Brown (26)



## Legislative Update

Provides that certified registered nurse anesthetists may select, issue orders for, and administer certain controlled substances

### **SB 1445 - Lewis**

Provides that certified registered nurse anesthetists may select, issue orders for, and administer certain controlled substances

Only individuals or organizations testifying in person will be entered into the committee minutes.

EXECUTIVE SESSION MAY FOLLOW ON ANY BILL HEARD BY THIS COMMITTEE

**MAFP opposes SB 979 and SB 1016. We place a high value on physician-led healthcare and oppose measures that weaken comprehensive patient care led by residency-trained physicians.**

**SB 979** - This act modifies provisions relating to the practice of advanced practice registered nursing. Specifically, prescription medications prescribed by advanced practice registered nurses ("APRNs") may include Schedule II stimulants for behavioral health patients.

Under current law, collaborative practice arrangements between physicians and registered professional nurses may delegate to an APRN the authority to administer, dispense, or prescribe certain controlled substances. This act provides that the section of law providing for such agreements shall not apply to APRNs, excluding certified registered nurse anesthetists ("CRNAs"), who have been in a collaborative practice arrangement for a cumulative 2000 documented hours with a collaborating physician and whose license is in good standing. APRNs applying for licensure by endorsement may demonstrate to the Missouri State Board of Nursing completion of such hours. Additionally, any such APRN shall not be required to enter into or remain in such arrangement to practice in this state.

This act also provides that an APRN's prescriptive authority shall include authority to prescribe, dispense, and administer controlled substances as provided in current law. Furthermore, the provision on prescriptive authority shall also apply to good-standing APRNs who have been in collaborative practice arrangements for a cumulative 2000 documented hours with collaborating physicians and who are no longer required to hold collaborative practice arrangements.

**SB 1016** - This act modifies provisions relating to the practice of advanced practice registered nursing. Specifically, prescription medications prescribed by advanced practice registered nurses ("APRNs") may include Schedule II stimulants for behavioral health patients.

Under current law, collaborative practice arrangements between physicians and registered professional nurses may delegate to an APRN the authority to administer, dispense, or prescribe certain controlled substances. This act provides that the section of law providing for such agreements shall not apply to APRNs, excluding certified registered nurse anesthetists ("CRNAs"), who have been in a collaborative practice arrangement for a cumulative 2000 documented hours with a collaborating physician and whose license is in good standing. APRNs applying for licensure by endorsement may demonstrate to the Missouri State Board of Nursing completion of such hours. Additionally, any such APRN shall not be required to enter into or remain in such arrangement to practice in this state.



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This act also provides that an APRN's prescriptive authority shall include authority to prescribe, dispense, and administer controlled substances as provided in current law. Furthermore, the provision on prescriptive authority shall also apply to good-standing APRNs who have been in collaborative practice arrangements for a cumulative 2000 documented hours with collaborating physicians and who are no longer required to hold collaborative practice arrangements.

This act is identical to SCS/SBs 144 & 179 (2025), contains provisions identical to SB 809 (2025), and is substantially similar to HB 1875 (2024).

**Committee:** [Insurance and Banking, Senator Sandy Crawford, Chairwoman](#)

**Date:** Tuesday, March 3

**Time:** 12:00 p.m.

**Room:** Senate Lounge - 3rd Floor

[SB 1376](#) - Trent

Modifies provisions relating to the boards of directors of certain insurance companies

[SB 1021](#) - Crawford

Modifies provisions relating to the Division of Finance

[HB 2423](#) - Oehlerking

Modifies provisions relating to the division of finance

[SB 897](#) - Ben Brown (26)

Enacts provisions relating to prior authorization of health care services

Only individuals or organizations testifying in person will be entered into the committee minutes.

EXECUTIVE SESSION MAY FOLLOW ON ANY BILL HEARD BY THIS COMMITTEE

**MAFP supports SB 897. Prior Authorizations are frequently an impediment to patient care and time physicians could spend seeing patients.**

**SB 897** - This act provides that health care providers shall not be required to obtain prior authorization for a health care service unless the health carrier or utilization review entity determines that in the most recent evaluation period, as defined in the act, less than 90% of the prior authorization requests submitted by that provider for that health care service were approved or would have been approved.

Additionally, health care providers shall not be required to obtain prior authorization for any health care services unless the health carrier or utilization review entity has approved or would have approved less than 90% of all prior authorization requests submitted by that provider for health care services.

Health carriers and utilization review entities shall notify providers within 25 days after a determination is made under the act, shall include in the notification certain information used in making the determination, shall establish an appeals process for the providers, and shall maintain an online prior authorization portal as described in the act.



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No health carrier or utilization review entity shall deny or reduce payment to a health care provider for a health care service for which the provider has prior authorization, except as described in the act. This act shall not apply to MO HealthNet services not provided through a managed care organization, or to providers who have not participated in a health benefit plan offered by the health carrier for at least one full evaluation period.

This act is substantially similar to HB 618 (2025) and to provisions in HCS/SB 94 (2025), and is similar to SB 230 (2025), SB 983 (2024), HB 1976 (2024), SB 576 (2023), and HB 1045 (2023).

Please let the MAFP Office know ahead of time if you plan to come testify. MAFP will help you prepare talking points. We will also support your travel by paying mileage and securing lodging if needed. Next Tuesday is MSMA's Advocacy Day, so we expect other physicians to be there testifying. Regardless, your presence is still very valued.

## MAFP Bill Report

MAFP is currently tracking several bills on behalf of our members, which are included in the priority legislation report.

## 2026 Dates of Interest

- February 27 - Last Day to file Senate Bills
- March 13 - Last Day to Place Senate Consent Bills on the Senate Calendar
- March 13 - Spring Break Begins
- March 23 - Return from Spring Break: Session Reconvenes
- April 6 - Easter Holiday
- April 15 - Last Day to Place House Consent Bills on the Senate Calendar
- May 8 - Last Day for Floor Action on Appropriation Bills
- May 15 - Last Day of Session
- September 16 – Veto Session

## Questions/Feedback

Contact the MAFP office at (573) 635-0830, [office@mo-afp.org](mailto:office@mo-afp.org), or our governmental consultants:

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