



Legislative Update

March 13, 2026

As the Missouri General Assembly prepares for their Spring Break that began Thursday, March 12th, the legislative atmosphere is increasingly tense. The Senate recently descended into acrimonious debate following a procedural maneuver to remove a bill by a Democrat Senator from the consent calendar that sought to honor a fallen firefighter. This move, executed by Republicans, was intended as retribution for what they perceived as persistent delay tactics by the Democratic minority. In response, Democrats spent much of the Wednesday expressing frustration, arguing that it was callous to use such a well-intentioned, non-controversial act to score political points.

In contrast, the House of Representatives aimed to project a message of productivity heading into the recess. By working overtime this week, the House successfully passed over 100 bills and sent them to the Senate. While this effort provides the Senate with numerous options to consider during the final weeks of the session, it also creates a significant backlog that could present its own set of procedural challenges for a Senate that has been anything but productive.

With the General Assembly on Spring Break, there will be no report next week.

State Budget Update

The House Budget Committee worked late into the night on March 11th to go through a plethora of amendments from committee members to try and make their mark on the FY 2027 state budget.

The committee signaled a bold departure from the status quo in higher education by advancing a new funding model based on Full-Time Equivalent (FTE) enrollment. While proponents framed the shift as a long-overdue "wake-up call" to modernize university funding, critics argued the formula oversimplifies the diverse costs of complex academic programs. Despite an effort to restore the Governor's traditional recommendations, the committee held its ground. A similar tension between stability and oversight defined the debate over childcare subsidies. Lawmakers ultimately rejected a push to pay providers based on enrollment, maintaining a strict attendance-based payment system to guard against potential "boondoggles," even as advocates warned this could jeopardize the financial viability of providers serving high-risk children.

The House Budget Committee also notably bucked Governor Kehoe's recommended cuts to self-directed services and restored that funding to last year's levels.

It is likely the House will focus on getting the budget to the Senate soon after they return from Spring Break. Sending the budget to the Senate promptly will allow more time for compromise in conference later in session.

Hearings of Interest Update

Prior Authorization Reform

On Thursday, the House overwhelmingly approved [House Bill 3010](#) which reforms the prior authorization process to ease the administrative burden on physicians. The bill sponsor, Representative Melanie Stinnett



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used her opening statement to detail the current state of healthcare as a system where providers are forced to seek a "permission slip" from insurance companies before they can treat their patients.

The bill passed 143 – 1 (there's always one). That bill now goes to the Senate which has proven a much more difficult path for similar bills in the past to get over the finish line.

MAFP supports legislation that allows family physicians to spend more time seeing patients and less time completing administrative tasks. Naturally, we have been and will continue to be very supportive of this legislation.

Missouri Rural Doctors Act

[House Bill 2979](#), presented as the Missouri Rural Doctors Act, was heard this week in the House Health and Mental Health Committee. The bill seeks to limit the enforceability of restrictive covenants commonly known as non-compete agreements between physicians and nonprofit healthcare employers. Bill sponsor Representative Bill Hardwick testified that the legislation is designed to combat the consolidation of healthcare and return "hometown doctors" to rural street corners. Hardwick argued that current non-compete clauses effectively prevent physicians from opening independent practices in their own communities, which diminishes patient power and choice. He further noted that these agreements create recruitment hurdles, as physicians may view a hospital network as a "final stop" if they lack future job mobility. Under the proposed bill, a covenant would only be enforceable if it does not exceed one year in duration and does not restrict competitive activities beyond a five-mile geographic radius.

Proponents of the bill emphasized the importance of the doctor-patient relationship and the negative impact of forced physician relocation. MAFP Board Chair Natalie Long, MD testified on behalf of MAFP. She shared that 75% of family physicians nationally report that non-competes have negatively impacted their careers. She highlighted that these clauses often trap doctors in their jobs or force them to commute long distances, sometimes up to three hours to continue practicing without violating their contracts. Dr. Long stressed that when these agreements force a doctor out of a community, patients lose trusted providers and local health systems lose experienced leaders, which is particularly devastating in Missouri's many health professional shortage areas. Other supporters echoed this, describing non-competes as a tool used by large systems to control physicians rather than ensure hospital stability.

Opponents, primarily representing hospitals and chambers of commerce, argued that the bill interferes with the free market and threatens the financial viability of rural hospitals. An attorney for North Kansas City Hospital stated that non-competes are essential tools to protect the significant financial investment hospitals make in recruiting and supporting physicians. The Missouri Hospital Association cautioned that rural hospitals often operate at a negative margin and cannot afford to have recruited specialists "cherry-pick" the best patients to open a competing practice across the street.

During the hearing, several lawmakers and witnesses argued that the primary distinction lies in the foundational mission: nonprofit entities are chartered for public service and receive substantial tax exemptions to provide healthcare as a community benefit. It was also noted that nonprofits are mission-driven rather than profit-driven, and they should not be able to use restrictive covenants to protect "market share" or "margins" at the expense of patient access. However, hospital representatives countered that a nonprofit must still maintain a positive margin to ensure it has the resources necessary to continue serving the community long-term.



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Hearings Next Week

There are no hearings next week due to the legislative spring break.

MAFP Bill Report

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

Apply to Attend the 2026 AAFP Family Medicine Advocacy Summit

MAFP members are encouraged to apply for the opportunity to attend the [AAFP Family Medicine Advocacy Summit](#) in Washington, D.C., June 14-16, 2026. This premier advocacy event brings family physicians together from across the country to strengthen their skills, learn about federal policy issues impacting primary care, and meet with members of Congress to advocate for patients and the specialty of family medicine.

MAFP is committed to supporting physician advocacy and plans to provide financial assistance for selected members to attend, subject to available budget resources. This support helps ensure Missouri family physicians have a strong voice in national policy discussions.

Members who are interested in participating are encouraged to apply by completing the short application form.

Apply here: [Family Medicine Advocacy Summit Interest – Fill out form](#)

If you've ever considered getting more involved in advocacy, this is an excellent opportunity to learn, connect with colleagues, and represent family medicine on Capitol Hill in DC.

2026 Dates of Interest

- 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 (Article III, Section 20(a), Const.)
- September 16 – Veto Session

Questions/Feedback

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