



Legislative Update

March 6, 2026

As we approach the final week before the legislative spring break, the typical high-pressure rush to advance bills has not yet fully manifested but there was certainly a workman like approach to this week in the General Assembly. The House successfully passed a significant property tax reform bill this week, representing the culmination of nearly eight months of committee work. This legislation proposes sweeping changes to various property tax sub-classes and includes a mandate that all tax-related ballot questions be moved to the November election.

In the upper chamber, the Senate engaged in its first late-night filibuster of the session over a comprehensive juvenile justice bill, Senate Bill 888. Discussions began Wednesday afternoon and resulted in a compromise deal reached around 3:30 Thursday morning. This marks a pivotal moment for the Senate as they tackle complex justice reforms heading into the mid-session recess.

Looking ahead to next week, activity is expected to intensify within the House Budget Committee. Members are anticipated to begin reviewing the Chairman's proposed amendment (that had been expected this week), which many observers believe will contain major changes to the Governor's budget proposal.

In Brief...

- In response to a legal challenge, this week a Cole County judge has ordered the removal of "misleading" language from a GOP-backed ballot measure designed to make it harder for voters to amend the state constitution. The ruling strips away "ballot candy" provisions that touted existing laws, such as bans on foreign donations, to ensure the summary clearly informs voters that the proposal's primary purpose is to require a higher threshold for future constitutional changes.

State Budget Update

Missouri lawmakers this week gave approval to HB 2014, the state's supplemental budget bill, providing additional funding to state agencies and programs for the remainder of the current fiscal year. Supplemental budgets are used to cover costs that exceed original projections, including program expenses, grant obligations, and required fund transfers. The legislation appropriates approximately \$3.1 billion for the fiscal year ending June 30, 2026.

The bill was modified in the Senate before final passage, including:

- A cut of just under \$15 million originally set aside to hire an owner's representative for a proposed Missouri State Capitol expansion and renovation project.
- A reduction of \$150,000 for sending a Missouri delegation to Washington, D.C., this summer for the Great American State Fair.
- A cut of \$972,000 to build out and furnish space for the attorney general's office at a new state building in Chesterfield.

Major spending items in the bill include:

- \$1 billion for disaster recovery efforts in St. Louis and other areas impacted by tornadoes and storms in 2025.
- \$635 million for the Department of Transportation Road program.
- \$100 million of the \$216 million Missouri received for the Rural Health Transformation Program.

With approval from both chambers, HCS HB 2014 now heads to Governor Mike Kehoe to be signed into law, making it the first piece of legislation this year to reach his desk.



Legislative Update

Hearings of Interest Update

APRN Pathway to Independent Practice

[Senate Bill 979](#) and [Senate Bill 1016](#) are identical bills that create a pathway to independent practice for APRNs. They were heard on Tuesday. The legislation proposes a "transition to practice" model, allowing APRNs who have completed 2,000 cumulative hours of documented collaborative practice with a physician to practice independently thereafter. A significant component of these bills is the expansion of prescriptive authority, specifically allowing APRNs to prescribe Schedule II stimulants for behavioral health patients. Proponents argued that these changes are essential to combat a severe healthcare access crisis, noting that Missouri currently ranks poorly in national healthcare performance and faces provider shortages in nearly every county. They emphasized that removing geographic and administrative barriers would prevent rural clinic closures and help Missouri compete with neighboring states that already offer full practice authority.

In contrast, opponents raised concerns regarding patient safety, the disparity in clinical training hours between physicians and nurses, and the potential for increased healthcare costs. Dr. Keith Ratcliff, representing MAFP, provided testimony in strong opposition to the bills, specifically warning against the dangers of expanded prescriptive authority. He argued that Schedule II amphetamines are dangerous drugs that can cause great harm if not prescribed correctly, and he cautioned that "having more practitioners prescribing controlled substances is probably not a good idea". Dr. Ratcliff also challenged the claim that the legislation would solve the rural healthcare crisis, labeling it a fallacy. He cited data indicating that only 17% of nurse practitioners in Missouri practice in primary care, with a mere 5% located in rural areas, and suggested that the state's efforts should instead focus on expanding residency slots for medical school graduates.

This hearing happened during the MSMA and MAOPS Advocacy Day, so the room was full of physicians who provided compelling testimony. Nonetheless, the number of individuals and organizations that testified in support of scope expansion outnumbered the number of individuals and organizations that testified against it. This further highlights how important it is to have your voices heard at the Capitol.

Prior Authorization Reform

[Senate Bill 897](#), also heard on Tuesday, seeks to reform the prior authorization process in Missouri's healthcare system by implementing a "gold carding" program. This legislation seeks to exempt healthcare providers from prior authorization requirements if they maintain at least a 90% approval rate for their requests over a six-month evaluation period. Proponents argue that the current system has morphed into a significant administrative obstacle that delays critical medical treatments, harms patient outcomes, and drives up costs by requiring hospitals to hire extensive staff solely to navigate insurance hurdles. Dr. Keith Ratcliff, once again spoke for the Academy, in strong support emphasizing that the true cost to society involves the time stolen from young physicians. He noted that while electronic health records provide some guidance, they lack granularity, often leaving doctors uncertain in the exam room if a prescription will be approved.

Opponents of the bill, largely representing the insurance industry, expressed concerns regarding the 90% threshold, arguing it is too low and could lead to increased costs and overutilization of services. The Missouri Insurance Coalition noted that a 90% base rate is actually below the average denial rate reported in some national analyses, suggesting the threshold does not sufficiently distinguish "high performers." The Missouri



Legislative Update

Health Plan Association estimated that the mandate could result in \$69 million to \$93 million in additional costs for the state's Medicaid program. Other opponents highlighted that the bill would only affect about 28% of the marketplace, potentially leading to confusion among providers regarding which patients are covered under the new rules. Despite these objections, many opponents expressed a willingness to continue negotiations to find a compromise on the specific approval percentages and quality standards.

Hearings Next Week

Monday, March 9, 12:00 PM

House Hearing Room 7

House – General Laws

[HB 2749](#) – *allows hospitals to do administrative functions for the collaborative practice arrangements between doctors and assistant physicians.*

MAFP has several questions about this legislation and concerns that it may have a negative impact on our members. Due to the unknowns, we have not yet taken a stance. This proposed legislation has the potential to give corporate control of who provides care to patients and may create a more difficult path for a physician to have input on who, how many, and the practice locations of AP's they are told to supervise.

If a member has a particularly strong feeling about this legislation, please reach out to Bill at (573) 645-4842 over the weekend to discuss. Due to multiple scheduling conflicts, the MAFP Legislative Team are unavailable to be present for this hearing. Those interested are encouraged to engage with the hearing. Unlike most hearings, we cannot prepare background and talking points for you for this. As such, we ask that you testify on behalf of yourself, and not MAFP. MAFP will still support your travel to Jefferson City if you'd like to attend in person – please let us know if you plan to attend so we can arrange transportation from the MAFP office to the Capitol and send you an expense reimbursement form. As an added bonus, you'll get to ride in Andrea's super-cool, super-fast Cadillac!

Information on the hearing and a link to the livestream of the hearing can be found at <https://house.mo.gov/AllHearings.aspx?nid=11392>. This link is for viewing only. Virtual testimony is not allowed.

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.



Legislative Update

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

- December 1, 2025 - Pre-filing of Bills
- January 7 - First Day of Session
- January 19 - Martin Luther King Holiday -- No Session
- February 23 & 24 – Family Medicine Advocacy Day
- 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 (Article III, Section 20(a), Const.)
- September 16 – Veto Session

Questions/Feedback

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