



Legislative Update

May 15, 2026

We made it through another legislative session!

The Missouri Legislature wrapped up the second regular session of the 103rd General Assembly on Friday at 6:00pm, which is the first time in four sessions that both bodies made it until the last possible day of session before shutting down. Keeping with the tensions inherent in the Capitol, there were at least three times in the last week in which a Senator took the floor with the expressed purpose of talking until the session adjourned for the year. In each case, they were talked out of it by colleagues.

The General Assembly passed almost 90 bills, which vary greatly in scope and length. The biggest items to finish out the final week were a very large omnibus healthcare bill (details below) and some public safety measures.

In recent years, the Missouri General Assembly has increasingly relied on omnibus legislation which are large bills that combine multiple policy issues or proposals into a single piece of legislation. This strategy to move priorities through the legislative process has developed in part because of shortened timelines, growing partisan tension, procedural delays, and the challenge of advancing standalone bills before constitutional deadlines. By combining multiple provisions into one legislative vehicle, lawmakers can negotiate broader compromises and improve the chances that key priorities survive the final weeks of session.

For associations, advocacy organizations, and lobbyists, this reality significantly shapes legislative strategy. Much of the work during the early and middle portions of session involves positioning policy priorities so they are top of mind when these larger omnibus bills develop later in the year. Lobbyists spend months building relationships with committee chairs, legislative leaders, bill sponsors, and coalition partners while ensuring that their language has been vetted through hearings, fiscal review, and stakeholder negotiations. Even if a bill or an issue appears stalled, having it "ready" makes it a candidate for inclusion when leadership begins assembling omnibus packages during the hectic final weeks of session.

As session deadlines approach, the pace accelerates dramatically. Negotiations often occur rapidly and behind the scenes as legislators identify must-pass vehicles capable of carrying multiple provisions. The MAFP legislative team works hard all legislative session to be effectively prepared, maintain visibility, and let our stance be known so legislators know how their votes will impact family physicians and your communities in these final legislative packages.

Healthcare Omnibus

In the final week the General Assembly passed [House Bill 2372](#) which contains a litany of provisions of interest.

Public Health Awareness & New Task Forces

- **Health Awareness Days/Months:** Establishes several commemorative periods, including *Frontotemporal Degeneration (FTD) Awareness Week* (beginning the last Monday of September), *Blood Donor Awareness Month* (January), *Pediatric Cancer Awareness Month* (September), *Brain Aneurysm Awareness Month* (September), *Infertility Awareness Week* (last full week of April), *Rare Pediatric Disease Week*, and *PANS/PANDAS Awareness Day* (March 26th).



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- **Pediatric Disease Task Force:** Establishes a task force within the Department of Higher Education and Workforce Development to report on research, funding, and outcomes regarding genetic and rare pediatric diseases. This task force is scheduled to expire on December 31, 2030.
- **Sickle Cell Standing Committee:** Creates the "Lori Zena Baker Act," establishing a committee to assess the impact of sickle cell disease on urban areas, map out existing resources, and build educational recommendations for schools.
- **Dementia Services Coordinator:** Permanently establishes a full-time coordinator position within the Division of Senior and Disability Services to evaluate and streamline state resources and data delivery for individuals living with dementia.
- **Alpha-Gal Syndrome Reporting:** Adds alpha-gal syndrome (tick-borne meat allergy) to the list of reportable infectious or dangerous diseases. Positive laboratory blood tests must be reported electronically to the department within seven days.

Emergency Services & First Responders

- **Epinephrine Terminology & Systems:** Updates statutory language from epinephrine "auto-injectors" to "epinephrine delivery systems". It expands rules allowing school nurses, childcare facilities, and trained first responders to stock, use, and receive liability immunity when administering these systems to individuals experiencing severe anaphylaxis.
- **Community Paramedic Services:** Refines guidelines for community paramedics, expanding the certification requirements and layout of patient care plans. It mandates that ambulance services must enter into written contracts with other area providers to handle non-emergent community services.
- **Critical Incident Stress Management Program:** Creates a program within the Department of Public Safety to provide risk assessments, interventions, and psychological trauma support to peace officers and first responders coping with severe critical incidents.
- **National EMS Scope of Practice Model:** allows the state EMS Medical Director's Advisory Committee to add to the scope of practice for advanced EMTs as long as it's consistent with current National EMS scope of practice model. This provision was included at the last minute, and it's unclear what the impact of this change will be at this point.

Hospital Administration & Professional Practices

- **Protection Against Health Care Worker Assaults:** Mandates that hospitals post prominent, all-caps signage in emergency and labor/delivery waiting areas warning visitors that striking or assaulting a health care professional is a serious crime that will be prosecuted to the fullest extent of the law.
- **Hospital Price Transparency and Debt Collection:** Expressly prohibits a hospital from initiating or pursuing a collection action against a patient for a medical debt if the services were provided while the hospital was materially out of compliance with federal price transparency laws. Noncompliance is evidenced by an official federal notification, warning letter, or civil monetary penalty.
- **Long-Term Care Facility Licensing:** Allows the state to accept independent professional accreditation surveys in lieu of standard annual state inspections for residential care and assisted living facilities. However, if the facility fails to maintain its accreditation or incurs a Class I safety violation, it will immediately trigger a full, unannounced state survey.
- **Physician Assistant & Nurse Practitioner Authority:** Expands the authority of advanced practitioners to determine physical disability status for the issuance of permanent or temporary disabled windshield placards and plates.

Telemedicine & Professional Licensing



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- **Physician-Patient Telehealth Relationships:** allows for the establishment of a patient-physician relationship with the use of medical questionnaire along with requirements to notify the patient's primary care physician.
- **AI Mental Health Prohibitions:** Prohibits any person or entity from advertising or representing to the general public that an artificial intelligence platform can act as a mental health professional, or is capable of providing psychotherapy, therapy services, or clinical diagnoses. Violations fall under the Merchandising Practices Act, carrying unique civil penalties enforced exclusively by the Attorney General.

Medicaid (MO HealthNet) & Public Safety Programs

- **"Food is Medicine Act":** Instructs the Department of Social Services to apply for a federal Section 1115 demonstration waiver to provide Medicaid-covered nutritional support to participants suffering from chronic, nutrition-related diseases. Covered services may include nutrition counseling, medically tailored groceries, medically tailored home-delivered meals, or local produce vouchers.
- **Missouri Doula Reimbursement Act:** Directs MO HealthNet to provide full fee-for-service coverage for certified doula services for low-income pregnant and postpartum women. Eligible participants are entitled to at least six (and up to 16) maternal support sessions, birth attendance, lactation education, and localized community navigation support.
- **Clinical Pathology Reimbursement:** Explicitly recognizes the professional component of clinical pathology services as distinct physician services under MO HealthNet, setting the baseline reimbursement rate at no less than 30% of the independent lab technical fee schedule.
- **Subrogation Actions:** Adjusts technical windows (extending enforcement up to 6 years) and conditions under which the state can pursue financial subrogation and lien actions against liable third-party insurers to recoup Medicaid payouts.
- **Show-Me Healthy Babies Program:** Extends state postpartum health coverage to qualifying mothers from 60 days to a full 12-month period following the conclusion of a pregnancy.

Pharmacy Operations, Insurance Mandates & Drug Controls

- **Pharmacy Benefit Manager (PBM) Audits:** Overhauls the framework governing PBM audits of retail pharmacies. It increases initial audit notice requirements to 14 days, restricts audits to a maximum of 40 unique prescriptions, protects pharmacies from recoupment for harmless clerical or record-keeping errors, and prohibits PBMs from retroactively altering claims or charging transaction fees on safely adjudicated claims.
- **340B Drug Pricing Protections:** Makes it illegal for health carriers or PBMs to discriminate against covered clinical entities using the federal 340B drug-pricing program. PBMs are barred from offering lower reimbursement rates to 340B pharmacies, restricting their network access, or demanding arbitrary drug-tracking clarifications. Daily civil penalties of up to \$5,000 can be levied for violations.
- **Prior Authorization Applications (APIs):** Requires health carriers to maintain a specialized, secure, online application programming interface (API) by January 1, 2028. This allows real-time electronic processing and approval of prior authorization requests for medical procedures. Carriers that fail to implement this system are barred from demanding prior authorizations for medical procedures. Annually, carriers must publish standardized prior authorization approval/denial data directly on their websites.
- **Breast Examination Cost-Sharing:** Outlaws copayments, deductibles, or any cost-sharing requirements for health insurance plans covering diagnostic or supplemental breast examinations (such



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as MRIs, contrast-enhanced mammography, or ultrasounds) used to evaluate potential abnormalities or screen high-risk patients.

- **Contraceptive Supply Reimbursements:** Instructs insurance carriers to fully cover and reimburse dispensing entities for up to a 1-year continuous supply of generic or brand-name self-administered hormonal contraceptives.
- **Non-Opioid Pain Medication Protections:** Prevents health insurance plans from forcing an enrollee to fail an opioid drug trial first, or imposing higher out-of-pocket costs, when a physician prescribes a federally approved non-opioid medication to treat acute or chronic pain.
- **Precursor Drug Controls (Pseudoephedrine):** Updates the 12-month transaction cap for acquiring non-prescription ephedrine or pseudoephedrine products to 61.2 grams. It establishes a framework requiring manufacturers of these compounds to pay rolling monthly fees to the administrator of the state's real-time electronic pseudoephedrine tracking system to maintain operations.

Family Services & Civil Court Provisions

- **Mental Health Detention Notarization Reform:** Eliminates standard notarization requirements for court-filed ex parte applications, affidavits, or declarations executed by law enforcement, physicians, or hospital personnel seeking the 96-hour emergency detention, evaluation, and transport of an individual suffering from a critical mental disorder who presents an imminent danger to themselves or others. These documents remain valid when signed under penalty of perjury.

What Failed to Pass

The list of bills that failed to pass of interest to the Academy is pretty similar from last session

- **Scope of Practice** – other than some changes for pharmacists giving vaccines ([Senate Bill 878](#)) and some ambiguous language regarding EMTs (detailed in HB 2372 above) there were no major fights on APRN scope of practice.
 - **Assistant Physician** – This was a fringe issue that didn't advance at all this session. However, there is a particular legislator that will be pushing for a pathway towards independent practice for APs next session.
- **Gold Card Prior Authorization** – This has been a priority for many medical provider organizations but in the end the changes included in HB 2372 only add reporting requirements for insurers' use of prior authorization and not meaningful reforms to alleviate the administrative burden.
- **Covenants Not to Compete** – This session there was a hearing on a proposal but didn't progress out of committee.

MAFP Bill Report

MAFP ended the session tracking at least 135 bills on behalf of our members, which are included in the [priority legislation report](#).

Upcoming Dates of Interest

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|--------------------------------|---------------------------------------------------------------|
| • July 15, 2026 | Deadline for Governor to veto or sign legislation |
| • December 1, 2026 | Bill pre-filing begins in the Missouri Senate and House |
| • January 6, 2027 | First day of the 2027 legislative session convenes |
| • Mid-January 2027 | Governor's State of the State Address and budget presentation |
| • January–February 2027 | Committee hearings ramp up; early policy bills begin moving |



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- **Late February 2027** Deadline to file Senate bills (exact date set by Senate rules)
- **March 2027** Consent calendar deadlines and major committee action deadlines
- **Mid-March 2027** Legislative spring break
- **April 2027** Intense floor debate period; omnibus bills begin taking shape
- **Early May 2027** Constitutional deadline for appropriation bills to receive final action
- **May 14, 2027** Final day of the regular legislative session (6:00 pm)

Questions/Feedback

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