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## **HB1608 - Rep. Hardy Billington (R) - Modifies provisions relating to gender transition procedures**

### **Summary**

Currently, a health care provider must not knowingly prescribe or administer cross-sex hormones or puberty blocking drugs for the purpose of a gender transition for any individual under 18 years of age. This prohibition is set to expire on August 28, 2027. The bill repeals the expiration clause so that the prohibition will remain in effect. This bill is similar to HB 1016 (2025).

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## **HB1623 - Rep. Bruce Sassmann (R) - Creates provisions relating to emergency suspensions or restrictions for massage therapists and chiropractors**

### **Summary**

HB 1623 -- EMERGENCY SUSPENSIONS OR RESTRICTIONS OF CERTAIN LICENSES (Sassmann) COMMITTEE OF ORIGIN: Standing Committee on Professional Registration and Licensing This bill specifies that the Board of Therapeutic Massage and the Board of Chiropractic Examiners can apply to the Administrative Hearing Commission (AHC) for an emergency suspension or restriction of a license for a licensed massage therapist or a licensed chiropractor if the licensee is the subject of a pending criminal indictment or other criminal charge related to the duties and responsibilities of the licensed occupation, and there is reasonable cause to believe that the public health, safety, or welfare is at imminent risk of harm. Within five days of receiving the complaint, the AHC must conduct a review and, if the AHC determines there is reasonable cause for the Board's complaint, the AHC will enter the order requested by the Board. The order will be effective upon personal service or delivery of a copy at all of the licensee's current addresses on file with the Board. The AHC must then hold an evidentiary hearing on the record within 45 days of the Board's filing or upon final adjudication of any criminal charges to determine if the initial order entered by the AHC will continue in effect and whether a cause for discipline exists. This bill is similar to HB 58 (2025) and HB 1549 (2024).

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## **HB1635 - Rep. Matthew Overcast (R) - Modifies provisions relating to advanced practice registered nurses**

### **Summary**

Currently, an advanced practice registered nurse (APRN) must be in a collaborative practice arrangement with a collaborating physician. All collaborative practice arrangements must include geographic proximity requirements, meaning that the APRN must practice within a certain number of miles from the collaborating physician. This bill removes the geographic proximity requirement. Currently, it is the responsibility of the collaborating physician to determine and document the



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completion of at least a one-month period of time during which the APRN must practice with the collaborating physician continuously present before practicing in a setting where the collaborating physician is not continuously present. This bill removes that requirement. The bill specifies that, an APRN who is not a certified registered nurse anesthetist will no longer be required to enter into a collaborative practice arrangement when the APRN: (1) Has a license in good standing and has been in a collaborative practice arrangement or arrangements for a cumulative total of 2,000 documented hours with a collaborating physician or physicians; or (2) Has applied for and received licensure by endorsement and successfully demonstrated at the time of such application to the State Board of Nursing the completion of a cumulative total of 2,000 documented hours of practice. This bill expands the practice of advanced practice nursing to include the prescription of pharmacologic and nonpharmacologic therapies. This bill is similar to HB 392 (2025), HB 763 (2025), and HB 1773 (2024).

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## **HB1636 - Rep. Matthew Overcast (R) - Modifies provisions relating to the requirements for collaborative practice arrangements between physicians and advanced practice registered nurses**

### **Summary**

Currently, an advanced practice registered nurse (APRN) must be in a collaborative practice arrangement with a collaborating physician. All collaborative practice arrangements must include geographic proximity requirements, meaning that the APRN must practice within a certain number of miles from the collaborating physician. This bill removes the geographic proximity requirement. Currently, it is the responsibility of the collaborating physician to determine and document the completion of at least a one-month period of time during which the APRN must practice with the collaborating physician continuously present before practicing in a setting where the collaborating physician is not continuously present. This bill removes that requirement. This bill is similar to HB 392 (2025), HB 763 (2025), and HB 1773 (2024).

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## **HB1643 - Rep. Matthew Overcast (R) - Modifies provisions relating to alternative therapies and treatments, including psilocybin**

### **Summary**

For the purposes of administering alternative therapies, this bill establishes what constitutes a “bona fide prescriber-patient relationship” and provides that under this bill, any person who acquires, uses, produces, possesses, transfers, or administers psilocybin for the person’s own therapeutic use will not be subject to state or local criminal or civil penalties if the person: (1) Is 21 years of age or older; (2) Suffers from a condition listed in the bill; (3) Informs the Department of Mental Health that such person plans to acquire, use, produce, possess, transfer, or administer psilocybin under this bill; (4) Provides the Department with specified documentation and information; (5) Ensures the psilocybin is tested in a licensed laboratory; and (6) Limits the use of psilocybin to no more than 150 milligrams of psilocybin analyte during any 12-month period. A person who is 21 years of age or older and who assists another in any of the acts permitted under this bill, as well as any laboratory testing psilocybin under this bill, will not be subject to state or local criminal or civil



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penalties. Additionally, this bill modifies current law on the use of investigational drugs and devices for individuals with terminal illnesses to include individuals with life-threatening or severely debilitating conditions or illnesses. Currently, investigational drugs must not include Schedule I controlled substances. This bill repeals that prohibition. The bill also requires a manufacturer of any investigational drug, biological product, or device to register with the Department of Health and Senior Services and provides that before November 1, 2026, the Department must create a registry of these manufacturers. This bill is similar to HB 951 (2025) and SB 90 (2025).

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## **HB1650 - Rep. Matthew Overcast (R) - Modifies provisions relating to assistant physicians**

### **Summary**

This bill modifies several provisions relating to assistant physicians. The bill adjusts the definition of "assistant physician" by expanding the eligibility to persons who have completed step 2 or 3 of the United States Medical Licensing Examination (USMLE). The bill also repeals certain provisions governing the conditions of the three-year period preceding the application for licensure as an assistant physician that included graduation from a medical or osteopathic medical college, as well as whether the person was serving as a resident physician. This bill also adds to the definition of an "assistant physician collaborative practice arrangement" to include such arrangements occurring in a federally qualified health center, as well as providing that the provisions limiting the assistant physician within the collaborative practice arrangement do not apply to those receiving postgraduate training under an authorized preceptor, as specified in the bill. Current law requires health benefit plans or carriers to reimburse assistant physicians for services on the same basis as reimbursement for comparable mid-level health care providers, including physician assistants. This bill adds certified nurse practitioners to this provision. The bill also designates the Department of Commerce and Insurance as the entity enforcing the above provisions of this bill. The bill provides a pathway for an assistant physician with a license in good standing to become a licensed physician. The assistant physician is eligible if he or she: (1) Has an active license without any disciplinary actions; (2) Has completed Step 3 of the USMLE or the equivalent; (3) Has completed 60 months of cumulative, full-time, hands-on active collaborative practice, which includes bimonthly didactic training reports to the collaborative physician; (4) Has completed at least 100 hours of continuing medical education every two years; and (5) Has submitted to the board letters of recommendation from certain physicians. After August 28, 2031, an assistant physician applying to become a licensed physician will also be required to complete postgraduate training under a preceptor as specified in the bill. This bill is similar to HB 1010 (2025).

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## **HB1672 - Rep. Brian Seitz (R) - Modifies provisions relating to gender transition procedures**

### **Summary**

Currently, a health care provider must not knowingly prescribe or administer cross-sex hormones or puberty blocking drugs for the purpose of a gender transition for any individual under 18 years of age. The bill repeals the expiration date for the prohibition. This bill specifies that after March 1, 2026, prescriptions for cross-sex hormones or puberty-blocking drugs that were given to individuals under



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18 years old for the purpose of assisting the individual with a gender transition prior to August 28, 2023, will no longer be considered valid. This bill is similar to HB 1016 (2025).

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## **HB1675 - Rep. Brian Seitz (R) - Creates provisions relating to prior authorization of health care services**

### **Summary**

This bill provides that a health carrier or utilization review entity cannot require health care providers to obtain prior authorization for health care services, except under certain circumstances. Prior authorization is not required unless a determination is made that less than 90% of prior authorization requests submitted by the health care provider in the previous evaluation period, as defined in the bill, were or would have been approved. The bill establishes separate thresholds for requiring prior authorization for individual health care services or requiring prior authorization for all health care services. The bill specifies requirements for notifying the provider of determinations in the bill, requires carriers and utilization review entities to maintain an online portal giving providers access to certain information, and provides that prior authorizations may be required beginning 25 business days after notice to the provider until the end of the evaluation period. Failure to notify providers of a determination as required in the bill will constitute prior authorization of the applicable health care services. A health carrier or utilization review entity cannot deny or reduce payments to a health care provider who had a prior authorization, unless the provider made a knowing and material misrepresentation with the intent to deceive the carrier or utilization review entity, or unless the health care service was not substantially performed. This bill will not apply to Medicaid, except with regard to a Medicaid managed care organization, as defined by law. The bill also does not apply to providers who have not participated in a health benefit plan offered by the carrier for at least one full evaluation period. This bill should not be construed to authorize providers to provide services outside the scope of their licenses, nor to require health carriers or utilization review entities to pay for care provided outside the scope of a provider's license. This bill is similar to HB 618 (2025).

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## **HB1679 - Rep. Brian Seitz (R) - Prohibits health care providers from denying a child health care services based on the child's vaccination status**

### **Summary**

This bill prohibits a health care provider, as that term is defined in the bill, from refusing, withholding from, or denying a minor child any health care services based on the child's vaccination status.

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## **HB1680 - Rep. Brian Seitz (R) - Creates provisions relating to insurance coverage of alternatives to opioid drugs**



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## Summary

This bill requires that when a licensed health care professional acting within the scope of his or her license prescribes a nonopioid medication for the treatment of acute pain to an enrollee, it will be unlawful for a health benefit plan to: (1) Deny coverage of the nonopioid prescription drug in favor of an opioid prescription drug; (2) Require the enrollee to try an opioid prescription drug before providing coverage of the nonopioid prescription drug; or (3) Require a higher level of cost-sharing for the nonopioid prescription drug than for an opioid prescription drug. This will apply to health benefit plans delivered, issued for delivery, continued, or renewed on or after January 1, 2027.

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## HB1681 - Rep. Brian Seitz (R) - Creates provisions relating to cost-sharing under health benefit plans

### Summary

This bill provides that when calculating an enrollee's overall contribution to an out-of-pocket maximum or any cost-sharing requirement under a health benefit plan, a health carrier or pharmacy benefits manager must include any amounts paid by the enrollee or paid on behalf of the enrollee for medication where a generic substitute is not available. The bill additionally prohibits a health carrier or pharmacy benefit manager from varying an enrollee's out-of-pocket maximum or any other cost-sharing requirement, as well as designing benefits in a manner that takes into account, the availability of any cost-sharing assistance program for any medication where a generic substitute is not available. The provisions of this bill apply to health benefit plans entered into, amended, extended, or renewed on or after August 28, 2026. This bill is similar to HB 79 (2025).

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## HB1682 - Rep. Burt Whaley (R) - Establishes the "Missouri Prenatal Equal Protection Act"

### Summary

This bill establishes the "Missouri Prenatal Equal Protection Act". The bill states the intent of the General Assembly to acknowledge the sanctity of innocent human life, which should be protected from the beginning of biological development to natural death, and to abolish abortion in this State. This bill provides that any person accused of committing any criminal offense against a person under the laws of this State where the victim is an unborn child will be prosecuted in a county venue as provided in the bill. The affirmative defense of duress for the offense of murder will be allowed when the victim is an unborn child and the defendant is the child's mother. It will be a justifiable defense if a medical procedure is performed by a licensed physician on a pregnant female to avert the death of the female which results in the accidental or unintentional death of the unborn child and all reasonable alternatives to save the life of the unborn child were unavailable or were unsuccessful. The bill adds the definition of "person" in the criminal code to include a human being, including an unborn child at every stage of development from the moment of fertilization until birth. This bill contains a referendum clause. This bill is similar to HB 1417 (2025).



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## **HB1684 - Rep. Burt Whaley (R) - Creates provisions relating to over-the-counter purchase of ivermectin**

### **Summary**

This bill permits the selling of ivermectin tablets over-the-counter without a prescription or consultation with a pharmacist or other health care professional. This bill is similar to HB 2581 (2024).

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## **HB1717 - Rep. Richard West (R) - Modifies provisions relating to alternative therapies and treatments, including psilocybin**

### **Summary**

HCS HBs 1717 & 1643 -- ALTERNATIVE THERAPIES (West) COMMITTEE OF ORIGIN: Standing Committee on Emerging Issues As specified in this bill, any person who acquires, uses, produces, possesses, transfers, or administers psilocybin for the person's own therapeutic use will not be in violation of State or local law and will not be subject to a civil fine, penalty, or sanction so long as the person meets the following conditions: (1) Is a veteran or a first responder, as those terms are defined in the bill; (2) Is 21 years of age or older; (3) Suffers from posttraumatic stress disorder, major depressive disorder, or a substance use disorder or requires end-of-life care; (4) Has enrolled in a study to study the use of psilocybin to treat posttraumatic stress disorder, major depressive disorder, or substance use disorders or for end-of-life care; (5) Informs the Department of Mental Health that the person plans to acquire, use, produce, possess, transfer, or administer psilocybin in accordance with this Section; (6) Provides the Department with documents specified in the bill. The Department must maintain the confidentiality of any personally identifiable protected information collected from anyone who provides information to the Department; (7) Use of psilocybin occurs only in the presence of a facilitator who meets requirements outlined in the bill; (8) Ensures that a laboratory licensed by the State to test controlled substances tests the psilocybin the person intends to ingest; and (9) The person limits the use of psilocybin to no more than 150 milligrams of psilocybin analyte (4-phosphoryloxy-N, N-dimethyltryptamine) during any 12-month period. The Department must prepare and submit to the Governor, Lieutenant Governor, and the General Assembly annual reports on any information collected by the Department on the implementation and outcomes of the use of psilocybin. This bill specifies that, a physician will not be subject to criminal or civil liability or sanction under the laws of this State for providing documentation that a person suffers from posttraumatic stress disorder, major depressive disorder, or a substance use disorder or requires end-of-life care, and no State agency or regulatory board can revoke, fail to renew, or take any other action against a physician's license issued under Chapter 334, RSMo, based solely on the physician's provision of documentation that a person suffers from posttraumatic stress disorder, major depressive disorder, or a substance use disorder or requires end-of-life care. This bill establishes the "Veterans Mental Health Innovation Act." The bill requires the Department of Health and Senior Services to award grants to conduct certified clinical drug development trials overseen by the United States Food and Drug Administration on the use of ibogaine for the treatment of opioid use disorder, co-occurring substance use disorder, or any other neurological or mental health condition for which ibogaine demonstrates efficacy. The Department must award grants only to an entity that satisfies criteria specified in the bill. The Department must begin accepting grant applications before November 1, 2026. This bill creates the "Ibogaine Study Fund", which will consist of moneys appropriated to it by the General Assembly and any gifts, contributions, grants,



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or bequests received from Federal, private, or other sources. The State Treasurer will be custodian of the Fund. The State Treasurer can approve disbursements. The Fund will be used solely to award grants to conduct the certified clinical drug development trials. An applicant selected to conduct ibogaine drug development clinical trials must quarterly prepare and submit to the Department: (1) A report on the progress of the drug development clinical trials conducted ; and (2) A financial status report, including information to verify expenditures of State funds and required matching funds. The Department must submit a report to the General Assembly on the progress of the drug development clinical trials conducted and the financial status of the trials before December 1st of each year. This bill creates the "Ibogaine Intellectual Property Fund", which will consist of all revenue attributable to all intellectual property rights and other commercial rights that may arise from drug development clinical trials during the period for which the trials are funded and any following period of commercialization. The State Treasurer will be custodian of the Fund. The State Treasurer can approve disbursements. The Fund will be used solely for programs that assist veterans or other at-risk populations in this state. Intellectual property rights and other commercial rights arising from the drug development clinical trials conducted include any of the following as related to the trials: (1) Intellectual property, technology, and inventions; (2) Patents, trademarks, and licenses; (3) Proprietary and confidential information; (4) Trade secrets, data, and databases; (5) Tools, methods, and processes; (6) Treatment models or techniques; (7) Administration protocols; and (8) Works of authorship. If ibogaine is approved by the United States Food and Drug Administration to treat a medical condition, no person will prescribe ibogaine for a patient except a licensed physician. The physician must supervise the administration of ibogaine at a hospital or other licensed health care facility to ensure patient safety. This bill also requires the Department, in collaboration with a hospital operated by the an institution of higher education in this State or contract research organizations conducting trials approved by the United States Food and Drug Administration in Missouri, to conduct a study on the efficacy of using alternative medicines and therapies, including, but not limited to, the use of psilocybin for the treatment of patients suffering from posttraumatic stress disorder, major depressive disorder, substance use disorders, or who require end-of-life care. The bill specifies that the study must include the therapeutic efficacy of using psilocybin in the treatment of veterans who suffer from posttraumatic stress disorder, major depressive disorder, or substance use disorders or who require end-of-life care, as well as a literature review and the submission of various reports. The Department, any health care providers, and any person participating in the study will not be subjected to criminal or civil liability or sanction for the participation in the study, except in cases of gross negligence or willful misconduct. A physician will not be subject to criminal or civil liability or sanction under the laws of this State for referring a patient to the study under this section, and no state agency or regulatory board can revoke, fail to renew, or take any other action against a physician's license based solely on the physician's referral of a patient to the study under this section. The Department must prepare and submit to the Governor, Lieutenant Governor and the General Assembly: (1) Quarterly reports on the progress of the study; and (2) A written report, submitted one year following the commencement of the study, which must: (a) Contain the results of the study and any recommendations for legislative or regulatory action; and (b) Highlight those clinical practices that appear to be most successful as well as any safety or health concerns. The Department must maintain the confidentiality of any personally identifiable protected information collected during the study.

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## **HB1795 - Rep. Jim Murphy (R) - Creates provisions relating to the practice of certain licensed professions**

### **Summary**



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This bill specifies that the General Assembly preempts any political subdivision from enacting, maintaining, or enforcing any order, ordinance, rule, regulation, policy, or other similar measure that prohibits, restricts, limits, regulates, controls, directs, or interferes with the practice of professionals regulated under Chapters 331, 332, 334, 335, 336, 337, 338, and 340, RSMo, which includes chiropractors, dentists, physicians, physician assistants, surgeons, nurses, anesthesiologist assistants, licensed therapists, respiratory care therapists, athletic trainers, optometrists, psychologists, professional counselors, social workers, pharmacists, and veterinarians. This bill is similar to HB 325 (2025).

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## **HB1809 - Rep. Mark Sharp (D) - Modifies provisions relating to medical providers' participation in criminal investigations**

### **Summary**

This bill requires any entity that operates an emergency room to provide three hours of annual training on the collection of forensic evidence to all personnel that assist in procedures that involve the collection of forensic evidence in the emergency room. Any entity that operates an emergency room must possess and maintain a secure storage unit in the emergency room capable of storing forensic evidence collected during the course of treatment of a gunshot wound patient or a stab wound patient. The bill requires a physician, surgeon, nurse, or other specified health care professional who treats a person for a stabbing wound that is at least one inch deep, to report the wound to local law enforcement. Failure to do so is an infraction. Any entity operating an emergency room must have access to evidentiary collection kits to be used to collect evidence of a gunshot wound or a stabbing wound that is at least one inch deep. The kits must be developed and made available to emergency rooms by the Department of Health and Senior Services and must include forms and procedures, developed by the Department of Public Safety, for gathering evidence. This bill is similar to HB 646 (2025).

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## **HB1820 - Rep. Tiffany Price (D) - Creates provisions relating to health insurance reimbursement of doula services**

### **Summary**

This bill creates a registration process to allow health insurance reimbursement of doula services. The bill defines the term "doula" as an individual who has been trained to provide physical, emotional, and educational support, but not medical or midwifery care, to pregnant and birthing women and their families before, during, and after childbirth. The Department of Health and Senior Services is required to create the criteria for doula registration applications. In creating the criteria, the Department must consult with relevant organizations that support access to community-based doula services, as specified in the bill. The Department must review and approve doula registrations to allow for health insurance reimbursement of these services and maintain a statewide registry of approved doulas. This bill does not require a person to register as a doula under these provisions if he or she does not want to be eligible for health insurance reimbursement. This bill is similar to HB 890 (2025).



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## **HB1822 - Rep. Tiffany Price (D) - Specifies that children diagnosed with certain conditions shall be eligible for MO HealthNet benefits**

### **Summary**

Subject to approval of a state plan amendment or waiver by the Centers for Medicare and Medicaid Services (CMS), this bill provides that any child under 19 years of age who has received a positive diagnosis of phenylketonuria, or any other metabolic or genetic disease for which testing is prescribed by the Department of Health and Senior Services, is eligible to be enrolled in MO HealthNet coverage. The child will remain eligible and be continuously enrolled, without consideration of asset or income limit provisions or any changes thereto, until he or she reaches age 19. A parent or guardian is not required to recertify eligibility for the child before the 19th birthday unless the child moved out of the State or the parent or guardian opted out of coverage for the child after the initial enrollment. This bill is similar to HB 1382 (2025).

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## **HB1827 - Rep. Terri Violet (R) - Adds licensed occupational therapists to the definition of "other authorized health care practitioner" for purposes of physician's statements required for disabled license plates and placards**

### **Summary**

HB 1827 -- DISABLED LICENSE PLATES AND PLACARDS This bill adds occupational therapists to the list of licensed professionals who can issue a statement so that disabled plates or a disabled windshield placard can be obtained by a patient. The bill increases the renewal period for removable windshield disability placards from four years to eight years and requires that the Department of Revenue automatically renew current valid disabled placards for eight years or for the duration that correlates with the disabled person's current physician's statement expiration date, until all permanent disabled placards are on an eight-year renewal cycle.

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## **HB1846 - Rep. Sherri Gallick (R) - Establishes the "Sudden Cardiac Arrest Screening Act"**

### **Summary**

This bill creates the "Sudden Cardiac Arrest Screening Act". The bill requires that beginning in the 2027-28 school year the Department of Elementary and Secondary Education in collaboration with the Department of Health and Senior Services and the Missouri State High School Activities Association(MSHSAA) develop and distribute education materials on sudden cardiac arrest, including diseases that can cause it, the nature and warning signs of a cardiac arrest, and the risk associated with participation in athletic activity. The bill requires educational materials to be distributed during a



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student athlete's preparticipation physical examination and requires a signed acknowledgment of the receipt and review of the educational materials by the student athlete and the athlete's parent or guardian before participation in athletic activity. Beginning in the 2027-28 school year coaches for athletic activities must complete a cardiac arrest training course provided by MSHSAA or a qualified provider. Qualified medical professionals that perform physical examinations for student athletes must include a cardiovascular prescreening as part of the examination. The bill outlines key pediatric cardiovascular prescreening elements, including a targeted personal and family history along with a focused physical examination. Any athlete with a positive finding in the prescreening will be referred to a cardiologist for additional evaluation and testing. The bill requires that such prescreening take place within the three months before the student athletes athletic activity. The Department of Health and Senior Services must compile and publish on its website an annual report containing the total number of exams and the number of referrals that were made and include additional statistics specified in the bill. The bill also requires that the qualified medical professionals performing physical exams of student athletes receive continuing education, as specified in the bill, implemented by the State Board of Registration for the Healing Arts and the Missouri State Board of Nursing, within the Department of Professional Registration.

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## **HB1852 - Rep. John Hewkin (R) - Creates provisions relating to pharmacists' authority to dispense insulin**

### **Summary**

This bill expands the practice of pharmacy to include the dispensing of an emergency supply of insulin. A pharmacist may dispense an emergency supply of insulin to a patient without a current, valid prescription if: (1) The pharmacist attempts but is unable to obtain authorization to refill the prescription from the prescribing provider; (2) The pharmacist has a record of prescription or has been presented proof of a recent prescription, or in the pharmacist's judgment the refusal to dispense an emergency supply of insulin will endanger the patient's health; (3) The amount of insulin dispensed does not exceed the amount of the most recent prescription or the standard quantity or unit- of-use package of the drug; and (4) The prescriber of the drug has not indicated that no emergency refills are authorized. A pharmacist, the pharmacist's employer, and the original prescriber are not civilly liable for an act or omission in connection with dispensing insulin under the provisions of this bill unless the act or omission constitutes negligence, recklessness, or willful or wanton misconduct. The Board of Pharmacy, in consultation with the State Board of Registration for the Healing Arts and the State Board of Nursing, must adopt rules to establish standard procedures for pharmacists to follow in dispensing insulin, as specified in the bill. This bill is similar to HB 1188 (2025).

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## **HB1854 - Rep. Jamie Gragg (R) - Modifies provisions relating to gender transition procedures**

### **Summary**

Currently, a health care provider must not knowingly prescribe or administer cross-sex hormones or puberty-blocking drugs for the purpose of a gender transition for any individual under 18 years of age. This bill repeals the expiration date for the prohibition. This bill specifies that after March 1, 2027, prescriptions for cross-sex hormones or puberty-blocking drugs that were given to individuals under



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18 years old for the purpose of assisting the individual with a gender transition prior to August 28, 2023, will no longer be considered valid. This bill is similar to HB 1038 (2025).

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## **HB1855 - Rep. Matthew Overcast (R) - Creates provisions relating to disease surveillance conducted by the department of health and senior services**

### **Summary**

HCS HB 1855 -- DISEASE SURVEILLANCE (Overcast) COMMITTEE OF ORIGIN: Standing Committee on Health and Mental Health This bill adds alpha-gal syndrome to the list of diseases that must be reported to the Department of Health and Senior Services. Any alpha-gal syndrome case report must be submitted to the Department within seven days of receiving a positive laboratory confirmation. Subject to appropriations, the Department will follow up on reported cases by applying a random sampling method for confirmation that the cases meet the most current surveillance case definition of alpha-gal syndrome of the Centers for Disease Control and Prevention (CDC). The bill requires the Department to submit an annual report to the CDC summarizing its findings related to the reporting and incidence of alpha-gal syndrome.

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## **HB1875 - Rep. Renee Reuter (R) - Creates provisions relating to notification of out-of-network status by health care providers**

### **Summary**

This bill requires a health care provider, before providing any nonemergency care for a patient, to: (1) Determine whether the patient is covered under a health benefit plan; (2) Determine its network status with any health benefit plan under which the patient is covered; and (3) If the health care provider is an out-of-network provider under any health benefit plan under which the patient is covered, notify the patient, or the person consenting to the nonemergency care for the patient as described in Section 431.061, of its out- of-network status.

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## **HB1879 - Rep. Renee Reuter (R) - Creates provisions relating to insurance coverage of genetic screenings for cancer risk**

### **Summary**

This bill requires health benefit plans issued or renewed on or after January 1, 2027, to provide coverage for genetic testing and genetic counseling, as defined in the bill, of individuals who are at increased risk of potentially harmful mutations to the genes due to a personal or family history of certain cancers. The bill prohibits insurers from using these tests and counseling in underwriting



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decisions such as calculating premiums or determining coverage, and prohibits insurers from imposing cost-sharing with regard to the required coverage. This bill is similar to HB 1080; SCS SB 406 (2025); SB 1047; and HB 2394 (2024).

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## **HB1886 - Rep. Dean Van Schoiack (R) - Establishes the "Designated Health Care Decision-Maker Act", which authorizes certain persons to make health care decisions for certain incapacitated persons**

### **Summary**

This bill establishes the "Designated Health Care Decision-Maker Act". A health care provider or health care facility may rely on good faith and reasonable medical judgment for health care decisions made by a designated health care decision-maker if two physicians determine that an incapacitated patient does not have a guardian with medical decision-making authority, a durable power of attorney for health care, is not a child under juvenile court jurisdiction, nor has any other known person who has the legal authority to make health care decisions. The physician or health care provider must make reasonable efforts, as specified in the bill, to inform potential designated health care decision-makers of a patient's incapacitation. Designated health care decision-makers may be selected from the following persons listed by priority: (1) The spouse of the patient; (2) An adult child of the patient; (3) A parent of the patient; (4) An adult sibling of the patient; (5) A grandparent or adult grandchild; (6) The niece or nephew or the next nearest relative; (7) A religious person who is a member of the patient's community; (8) Any non-relative with a close personal relationship who is familiar with the patient's values; or (9) A person unanimously agreed upon by those in the priority list. Priority will not be given to those listed if abuse or neglect is reported, the patient and spouse have a current dissolution of marriage or separation case, the person with priority cannot be reached by the physician, or if the probate court finds that the person with priority is making decisions contrary to the patient's instructions. Furthermore, this bill does not prevent any person interested in the patient's welfare, a health care provider, or a health care facility from petitioning the probate court for the appointment of a guardian. A designated health care decision-maker must make reasonable efforts to obtain information regarding the patient's health preferences and make decisions in the patient's best interests. Additionally, a designated health care decision-maker may only authorize the withdrawal or withholding of nutrition or hydration supplied through either natural or artificial means in certain situations as specified in the bill. Once a health care decision-maker or physician believes that the patient is no longer incapacitated then the patient will be reexamined. If the patient's physician determines that the patient is no longer incapacitated, then the physician will certify the decision and the basis therefor in the patient's medical record and notify the patient, the designated health care decision-maker, and the person who initiated the redetermination of capacity. The rights of the designated health care decision-maker cease upon the physician's certification that the patient is no longer incapacitated. This bill further provides that no health care provider or health care facility that makes reasonable efforts to locate and communicate with potential designated health care decision-makers will be liable for the effort to identify and communicate with a potential designated health care decision-maker. Additionally, a health care provider or health care facility may decline to comply with the decision of a health care decision-maker if the decision is contrary to the religious beliefs or moral convictions of the provider or facility. If a health care provider declines to comply with a health care decision of the designated health care decision-maker, no health care provider or health care facility can impede the transfer of the patient to another provider or facility willing to comply with the health care decision. Nothing in this bill shall be construed as condoning, authorizing, or approving



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euthanasia or mercy killing, or as permitting any affirmative or deliberate act to end a person's life. This bill is similar to HB 747 (2025) and SB 1055 (2024).

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## **HB1889 - Rep. Wendy Hausman (R) - Instructs the department of social services to apply for a waiver to the USDA to allow SNAP to prioritize the purchase of healthy food and discourage the purchase of highly processed foods**

### **Summary**

This bill requires the Director of the Department of Social Services to submit a waiver request to the U.S. Department of Agriculture to authorize the State to operate SNAP in a manner prioritizing healthy foods and nutritional value, discouraging foods that are high in added sugar and ultra processed, and supporting Missouri agriculture. The Director is required to explore and recommend other strategies to incentivize the purchase of fresh fruits, vegetables, and Missouri-produced meat and dairy products within SNAP by utilizing and enhancing existing health food education and access programs.

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## **HB1891 - Rep. Wendy Hausman (R) - Adds licensed occupational therapists to the definition of "other authorized health care practitioner" for purposes of physician's statements required for disabled license plates and placards**

### **Summary**

This bill adds occupational therapists to the list of licensed professionals who can issue a statement so that disabled plates or a disabled windshield placard may be obtained by a patient. This bill is similar to HB 620 (2025).

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## **HB1920 - Rep. Marty Joe Murray (D) - Creates provisions relating to workplace security for health care professionals**

### **Summary**

This bill requires the Department of Health and Senior Services to implement an education and awareness program to promote respect for health care professionals and educate the public on the legal consequences of assaulting such health care professionals. Subject to appropriation, a hospital can receive reimbursement from the State for moneys spent on physical property or technology compliant with the National Defense Authorization Act, to enhance the physical security of the



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premises during the two years following the enactment of the bill, as well as for moneys spent on new payroll costs for security personnel, which can be obtained during the three years following the enactment of the bill. The bill creates the "Hospital Security Fund" to be used solely for reimbursement payments to the hospitals. The provisions of this bill will expire on August 28, 2029. This bill is similar to HCS HB 901 (2025).

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## **HB1928 - Rep. Gregg Bush (D) - Creates provisions relating to immunity from liability for health care professionals who inquire about potential dangers in patients' homes**

### **Summary**

This bill establishes protection from civil or criminal liability for health care professionals from the following when conducting a medical examination or assessment: (1) Inquiring into the presence or absence of a harmful or potentially harmful device or substance in the patient's home; (2) Inquiring into whether the patient is subject to any other harmful or potentially harmful situation in his or her home; (3) Counseling or educating the patient or his or her guardian about best practices in storage and maintenance of hazard devices or substances; or (4) Documenting in the patient's medical records any information obtained during any of these inquiries as well as any counseling or education provided to the patient or his or her guardian. This bill is the same as HB 1266 (2025).

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## **HB1941 - Rep. George Hruza (R) - Creates provisions relating to cost-sharing under health benefit plans**

### **Summary**

COMMITTEE ACTION: Voted "Do Pass with HCS" by the Standing Committee on Health and Mental Health by a vote of 15 to 2. The following is a summary of the House Committee Substitute for HBs 1941, 2279 & 1681. This bill provides that when calculating an enrollee's overall contribution to an out-of-pocket maximum or any cost-sharing requirement under a health benefit plan, a health carrier or pharmacy benefits manager must include any amounts paid by the enrollee or paid on behalf of the enrollee for medication where a generic substitute is not available. The bill additionally prohibits a health carrier or pharmacy benefit manager from varying an enrollee's out-of-pocket maximum or any other cost-sharing requirement, as well as designing benefits in a manner that takes into account the availability of any cost-sharing assistance program for any medication where a generic substitute is not available. The provisions of this bill applies to health benefit plans entered into, amended, extended, or renewed on or after August 28, 2026. This bill is similar to HB 79 (2025). The following is a summary of the public testimony from the committee hearing. The testimony was based on the introduced version of the bill. PROPONENTS: Supporters say that this bill is intended to put a stop to the unfair practice of requiring enrollees to essentially double-pay their deductible, which shifts costs to patients rather than the insurance companies. The medications under this bill are expensive, treat complex conditions, and improve the quality of life for many patients and enrollees. Testifying in person for the bill were Representative Hruza; Gabrielle Flores; Pfizer Inc.; Novartis Pharmaceuticals Corporation; Missouri State Medical Association; Missouri Association of Osteopathic Physicians & Surgeons; Bridget Tyrey, Gateway Bleeding Disorders Association; Mark S. Box, Midwest



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Rheumatology Associates; National Multiple Sclerosis Society; American Cancer Society Cancer Action Network; National Alliance On Mental Illness - Missouri; Missouri Pharmacy Association; and Arnie Dienoff. OPPONENTS: Those who oppose the bill say that this bill will not apply to the majority of those covered under the insurance market, and the enhanced tax credits lapse at the Federal level is causing people to not enroll. This will result in insurance companies bearing the brunt of uncompensated costs. Testifying in person against the bill were Missouri Insurance Coalition; Mid-America Carpenters Regional Council; and America's Health Insurance Plans. Written testimony has been submitted for this bill. The full written testimony and witnesses testifying online can be found under Testimony on the bill page on the House website.

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## **HB1942 - Rep. George Hruza (R) - Requires insurance coverage of skin cancer screenings**

### **Summary**

This bill requires health carriers to provide coverage for an annual whole body skin examination for skin cancer, and prohibits any cost-sharing requirements from being imposed by the health carrier. This provision does not apply to supplemental insurance policies. This bill is similar to HB 917 (2025).

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## **HB1944 - Rep. George Hruza (R) - Creates provisions relating to health insurance claims settlement practices**

### **Summary**

This bill prohibits health carriers or health benefit plans from establishing, implementing, or enforcing any policy or practice that imposes a time limit for the payment of anesthesia services provided during a medical or surgical procedure. Moreover, health carriers or health benefit plans are prohibited from establishing, implementing, or enforcing any policy that restricts or excludes all anesthesia time in calculating the payment of anesthesia services. Excepted benefit plans will be subject to the requirements of this bill. Additionally, the bill prohibits health carriers from using an automated process, system, or tool to downcode a claim, as the terms "downcoding" and "claim" are defined in the bill. Any downcoding decision must be made by a licensed physician who shares the same specialty as the treating physician. The reviewer must perform a documented review of the clinical information supporting the billed health care service, and a health carrier is prohibited from downcoding a claim based solely on the reported diagnosis code. When a health carrier downcodes a claim, such carrier must notify the treating physician using the appropriate Claim Adjustment Reason Code and Remittance Advice Remark Code, as those terms are defined in the bill, to clearly indicate that the claim has been downcoded, as well as provide: (1) The specific reason for downcoding, including reference to the clinical criteria used to justify the downcoding; (2) The original and revised health care service codes and payment amounts; (3) The National Provider Identifier of the physician responsible for the downcoding decision and his or her credentials, board certifications, and areas of specialty expertise and training; and (4) A notice of the right to appeal. Health carriers must provide physicians with a clear process for appealing downcoded claims, and physicians have the right to appeal in batches of similar claims. Health carriers are prohibited from using downcoding practices in a targeted or discriminatory manner against physicians who routinely treat patients with complex or chronic conditions, and any pattern or practice of discriminatory downcoding is subject to enforcement.



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actions by the director of the Department of Commerce and Insurance. If the director of the Department determines that a health carrier has engaged, is engaging, or has taken a substantial step toward engaging in a violation of the provisions of this bill, the director can issue administrative orders or maintain a civil action for relief as provided by current law.

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## **HB1945 - Rep. George Hruza (R) - Modifies provisions relating to health care**

### **Summary**

COMMITTEE ACTION: Voted "Do Pass with HCS" by the Standing Committee on Health and Mental Health by a vote of 15 to 0. The following is a summary of the House Committee Substitute for HBs 1945 & 2570. This bill requires the professional component of clinical pathology services provided by a hospital-based pathologist to be recognized as distinct physician services by the MO HealthNet program, which will reimburse the professional component of clinical pathology services provided to MO HealthNet participants. Payment will be made directly to the licensed physician providing the services or the entity that has been assigned by the right to receive payment for services provided. If a state plan amendment is determined by the Department of Social Services to be required, the Department must submit the amendment in a timely manner and make all reasonable efforts to obtain Federal approval. Currently, no person or outlet can act as a wholesale drug distributor, pharmacy distributor, drug outsourcer, or third-party logistics provider without obtaining a license from the Missouri Board of Pharmacy. Temporary licenses can be granted while an application is being processed. Separate licenses are required for each distribution site. The Board can permit out-of-state entities to be licensed in Missouri if they possess a valid license from another state with comparable standards and if the other state offers reciprocal treatment to Missouri entities. This bill provides that if a state license is not issued by the out-of-state wholesale drug distributor's resident state, out-of-state wholesale drug distributors and third-party logistics providers with a current and valid drug distributor accreditation from the National Association of Boards of Pharmacy or its successor can be eligible for the license. The bill prohibits health carriers or health benefit plans from establishing or implementing any policy or practice that imposes a time limit for the payment of anesthesia services provided during a medical or surgical procedure. Moreover, health carriers or health benefit plans are prohibited from establishing or implementing any policy that restricts or excludes all anesthesia time in calculating the payment of anesthesia services. Excepted benefit plans will be subject to the requirements of this bill. The following is a summary of the public testimony from the committee hearing. The testimony was based on the introduced version of the bill. PROPONENTS: Supporters say that the provisions relating to anesthesia are needed after an insurance company nearly imposed such a policy. It would put unnecessary pressure on physicians and could complicate the provision of care. Testifying in person for the bill were Representative Hruza; Missouri Association of Nurse Anesthetists; Missouri State Medical Association; Missouri Association of Osteopathic Physicians and Surgeons; Missouri State Orthopedic Association; Missouri Gastroenterology Society; Richard Mcintosh, MAWD Pathology; Samuel Caughron, MD, The Missouri Society of Pathologists; and Arnie Dienoff. OPPONENTS: Those who oppose the bill say that currently, no insurance company is involved in this type of thing or has such a policy. Additionally, the term "anesthesia practitioner" in the bill could generate confusion about scope of practice. Testifying in person against the bill was Missouri Insurance Coalition. Written testimony has been submitted for this bill. The full written testimony and witnesses testifying online can be found under Testimony on the bill page on the House website.

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## **HB1949 - Rep. LaKeySha Bosley (D) - Creates provisions relating to maternal health care services**

### **Summary**

This bill allows for the chief medical officer or chief medical director of the Department of Health and Senior Services, the Department of Mental Health, or the MO HealthNet division of the Department of Social Services, or any licensed physician acting with the written consent of any of the aforementioned department directors, to issue nonspecific recommendations for doula services, a medical standing order for prenatal vitamins, or a medical standing order for purposes not related to that of controlled substances. Additionally, the bill requires MO HealthNet coverage of doula services and childbirth education classes for pregnant women and a support person. The Department of Social Services is required to study the impact of the childbirth education classes on infant and maternal mortality among pregnant women. This report must be submitted to the General Assembly before January 1, 2029. The bill adds childbirth education classes to covered services for unborn children enrolled in the Show-Me Healthy Babies program. This bill also establishes the "Missouri Doula Reimbursement Act". Under the provisions of this bill, the MO HealthNet program is required to cover the following doula services: (1) A combined total of six prenatal and postpartum support sessions; (2) One birth attendance; (3) Up to two visits for general consultation on lactation at any time during the prenatal and postpartum periods; and (4) Community navigation services, except that those services provided outside any of the above visits or sessions can only be billed up to 10 times total over the course of the pregnancy and postpartum period. The bill specifies under what conditions a doula is eligible for participation as a provider of doula services and that once enrolled as a provider, a doula is eligible to enroll as a provider with fee-for-service, and managed care payers affiliated with MO HealthNet program, but that services must be reimbursed on a fee-for-service schedule. This bill is similar to HCS HB 1095 (2025).

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## **HB1950 - Rep. LaKeySha Bosley (D) - Creates provisions relating to maternal care**

### **Summary**

This bill requires the Department of Health and Senior Services to establish a fetal and infant mortality review process in which all local public health agencies may voluntarily participate. A local public health agency that participates in the fetal and infant mortality review process established by the Department would annually investigate, track, and review at least 20% of the jurisdiction's cases of term infants who were born following labor with the outcome of intrapartum stillbirth, early neonatal death, or postneonatal death, focusing on demographic groups that are disproportionately impacted by infant death. A jurisdiction that has less than five deaths in a year must investigate at least one death. The Department must also provide grief counseling to surviving family members. This bill creates the "Fetal and Infant Mortality Review Fund". The Fund will consist of money appropriated by the General Assembly, as well as gifts, contributions, grants, or bequests. Currently, the Department has a "Pregnancy-Associated Mortality Review Board", which collects data, consults with experts and analyzes cases regarding child mortality. The Board also examines racial and social disparities in maternal deaths. The Board compiles the data and creates a report that is sent to the Director of the Centers for Disease Control and Prevention. The Board also reports the findings to policy makers. This bill adds additional duties regarding tracking and examining disparities experienced by lesbian, bisexual, transgender, intersex, and gender-nonconforming individuals and reporting findings, to the extent possible. This bill also requires the Board to consult with pertinent surviving family members or



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support people present with direct knowledge of, or involvement in, the event, including the patient in cases of severe maternal morbidity. Subject to appropriation, the bill also requires the Department to contract with programs that train certified nurse midwives and programs that train professional midwives in accordance with the global standards for midwifery education and the international definition of the term "midwife" as established by the International Confederation of Midwives in order to increase the number of students receiving quality education and training as a certified nurse midwife or as a professional midwife. This bill creates the "Midwifery Education Fund" to be used for these provisions. This bill is similar to HB 256 (2025).

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## **HB1951 - Rep. LaKeySha Bosley (D) - Establishes the "Missouri Dignity in Pregnancy and Childbirth Act"**

### **Summary**

This bill establishes the "Missouri Dignity in Pregnancy and Childbirth Act". Any hospital, clinic, or other health care facility that provides perinatal care, as defined in the bill, is required to implement an evidence-based implicit bias program for all health care providers involved in the perinatal care of patients within those facilities. The bill specifies what should be included in any implicit bias program. This bill also requires the Department of Health and Senior Services to track data on severe maternal morbidity, as well as to track data on pregnancy-related deaths, and both are to include, but not be limited to, the conditions specified in the bill. The data collected will be published at least once every three years after it has been aggregated by state regions and disaggregated by racial and ethnic identity. Furthermore, the bill requires that information entered into the electronic death registration system include information indicating whether the decedent was pregnant at the time of death, or within a year prior to the death, if known. The bill also requires hospitals to provide each patient, upon admission or as soon thereafter as reasonably practical, written information regarding the rights of the patient, as specified in the bill. If a hospital chooses to include this information along with existing notices to the patient regarding patient rights, any newly required information must be provided when the hospital exhausts its existing inventory of written materials and prints new written materials. This bill is similar to HB 255 (2025).

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## **HB1965 - Rep. Tara Peters (R) - Modifies provisions relating to athletic trainers**

### **Summary**

This bill requires an insurer to provide a payment to an athletic trainer within 30 days of receiving all documents reasonably needed to determine a claim. The bill also adds an athletic trainer, who is eligible to provide treatment service under Chapter 334, RSMo to the definition of "Practitioner" to be used in Sections 376.1575 to 376.1578.

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## **HB1968 - Rep. Jeremy Dean (D) - Prohibits certain mental health professionals from engaging in conversion therapy with minors**

### **Summary**

This bill specifies that any licensed psychologist, behavior analyst, professional counselor, social worker, or marital and family therapist may have his or her application for licensure or renewal denied, or may have a complaint filed with the Administrative Hearing Commission, if the person engages in conversion therapy with a minor. "Conversion therapy" is defined as any practice or treatment intended to change an individual's sexual orientation or gender identity. This bill is the same as HB 1091 (2025).

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## **HB1975 - Rep. Bennie Cook (R) - Modifies provisions relating to pharmacy benefits managers**

### **Summary**

Current law is not construed to inhibit a patient's freedom of choice to obtain prescription services from any licensed pharmacist, but the patient retains the ability to waive such freedom of choice under a contract with regard to payment or coverage of a prescription expense. This bill provides that a waiver will not be construed to permit a pharmacy benefits manager to engage in conduct prohibited under the provisions of this bill. This bill prohibits the following for pharmacy benefits managers: (1) If a pharmacy or pharmacist has agreed to participate in a covered person's health benefit plan, the pharmacy benefits manager will not prohibit or limit the covered person from selecting a pharmacy or pharmacist of his or her choice or impose a monetary advantage or penalty that would affect a covered person's choice; (2) A pharmacy benefits manager will not impose upon a pharmacy or pharmacist, as a condition of participation in a third-party payer network, any course of study, accreditation, certification, or credentialing that is inconsistent with, more stringent than, or in addition to state requirements for licensure or certification and the administrative rules adopted by the Board of Pharmacy, within the Division of Professional Registration; and (3) A pharmacy benefits manager will not pay or reimburse a pharmacy or pharmacist in this state in an amount less than the most recently published National Average Drug Acquisition Cost for a prescription drug on the date that the prescription drug is administered or dispensed. The bill changes the definitions for "maximum allowable cost", "maximum allowable cost list", and "pharmacy benefits manager", and adds terms for "national average drug acquisition cost", "other prescription drug or device services", and "pharmacy benefits manager affiliate". Currently, a pharmacy benefits manager reimburses pharmacies for drugs subject to maximum allowable cost pricing. This bill provides that for each claim, the reimbursement must be the greater of the maximum allowable cost pricing or the current National Average Drug Acquisition Pricing. Additionally, the bill prohibits a pharmacy benefits manager from retaliating against a contracted pharmacy for exercising its right to appeal to the pharmacy benefits manager. Current law governs when appeals will be upheld. This bill adds to those conditions to include situations in which the drug subject to maximum allowable cost pricing was reimbursed at a rate lower than the National Average Drug Acquisition Cost pricing. This bill requires pharmacy benefits managers to reimburse any pharmacy or pharmacist in an amount equal to the amount the pharmacy benefits manager reimburses an affiliate for dispensing the same prescription. In addition to the above, a pharmacy benefits manager is required to reimburse each pharmacy or pharmacist a dispensing fee in an amount not less than 90% of the MO HealthNet professional dispensing fee in effect on the date of service. This bill contains a severability clause.



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## **HB1976 - Rep. Bennie Cook (R) - Modifies provisions relating to the ordering and administration of vaccines by pharmacists**

### **Summary**

Currently, the practice of pharmacy includes the ordering and administration of vaccines approved or authorized by the U.S. Food and Drug Administration, excluding vaccines for cholera, monkeypox, Japanese encephalitis, typhoid, rabies, yellow fever, tick-borne encephalitis, anthrax, tuberculosis, dengue, Hib, polio, rotavirus, smallpox, and any vaccine approved after January 1, 2023 to persons at least seven years of age or the age recommended by the Centers for Disease Control and Prevention, whichever is older. This bill removes the January 1, 2023 date and instead excludes any vaccine that is jointly excluded by joint rules promulgated by the Board of Pharmacy and the State Board of Registration for the Healing Arts.

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## **HB1981 - Rep. Bennie Cook (R) - Modifies provisions relating to the administration of controlled substances by nurses**

### **Summary**

This bill permits a certified registered nurse anesthetist to select, issue orders for, and administer controlled substances that are listed in Schedules II, III, IV, and V during the course of providing anesthesia care to a patient. A certified registered nurse anesthetist is not permitted to prescribe these controlled substances and is not required to obtain a certificate of controlled substance prescriptive authority from the State Board of Nursing, within the Division of Professional Registration. The bill modifies a provision governing collaborative practice arrangements between physicians and advanced practice registered nurses (APRNs). Current law states that these arrangements do not delegate an APRN the authority to administer any controlled substances in Schedules III, IV, and V, and Schedule II - hydrocodone. This bill changes the term "administer" to "prescribe" to account for the change made to the prescriptive authority of nurse anesthetists. This bill is similar to HB 831 (2025).

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## **HB1989 - Rep. Dave Hinman (R) - Modifies provisions relating to advanced practice registered nurses**

### **Summary**

Currently, an advanced practice registered nurse (APRN) must be in a collaborative practice arrangement with a collaborating physician. All collaborative practice arrangements must include geographic proximity requirements, meaning that the APRN must practice within a certain number of miles from the collaborating physician. This bill removes the geographic proximity requirement. The bill specifies that, an advanced practice registered nurse who is not a certified registered nurse



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anesthetist will no longer be required to enter into a collaborative practice arrangement when the APRN: (1) Has a license in good standing and has been in a collaborative practice arrangement or arrangements for a cumulative total of 4,000 documented hours with a collaborating physician or physicians; or (2) Has applied for and received licensure by endorsement and successfully demonstrated at the time of such application to the State Board of Nursing the completion of a cumulative total of 4,000 documented hours of practice. This bill expands the practice of advanced practice nursing to include the prescription of pharmacologic and nonpharmacologic therapies. This bill is similar to HB 1635 (2026) and HB 392 (2025).

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## **HB2011 - Rep. Dirk Deaton (R) - Appropriates money for the expenses, grants, refunds, and distributions of the Department of Social Services**

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## **HB2065 - Rep. Wick Thomas (D) - Repeals provisions relating to gender transition procedures**

### **Summary**

This bill repeals the "Missouri Save Adolescents from Experimentation (SAFE) Act" and its references from statute. This bill is similar to HB 1275 (2025).

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## **HB2067 - Rep. David Casteel (R) - Modifies provisions relating to the prescriptive authority of advanced practice registered nurses**

### **Summary**

This bill adds Schedule II stimulants to the prescriptive authority of an advanced practice registered nurse (APRN) who holds a certificate of controlled substance prescriptive authority. The bill also permits an APRN who is in a collaborative practice arrangement with a physician to prescribe and administer Schedule II stimulants. This bill is similar to HCS HB 327 (2025).

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## **HB2070 - Rep. Brandon Phelps (R) - Modifies provisions relating to infectious disease exposure notification**

### **Summary**



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This bill provides that when any health care facility is made aware that a health care worker or law enforcement officer, as those terms are defined in the bill, has sustained an exposure to an infectious disease listed in the bill, such facility must notify the worker or officer as soon as practicable but no later than 48 hours after becoming aware of the exposure. Any first responder who has transported an individual to a health care facility, who has had contact with such an individual during transport, or who has had contact with such an individual as a result of the event or circumstance that required the transport is permitted to submit a request to the health care facility for information on whether the transported individual tests positive for one of the listed infectious diseases during admission or over the course of treatment.

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## **HB2071 - Rep. Brandon Phelps (R) - Suspends the operations of a joint underwriting association if medical malpractice liability insurance is reasonably available to health care providers in the voluntary market**

### **Summary**

COMMITTEE ACTION: Voted "Do Pass" by the Standing Committee on Insurance by a vote of 11 to 0 with 1 member voting present. Currently, the director of the Department of Commerce and Insurance can authorize a joint underwriting association after a public hearing if medical malpractice insurance is not reasonably available. All insurers authorized to write direct insurance in Missouri must join in order to continue doing business in the State. The directors of the association must present a plan for economic, fair, and nondiscriminatory administration and for the prompt and efficient distribution of medical malpractice insurance. This bill allows a majority of the directors of the board to suspend the operations of an association if the board of directors determine that medical malpractice insurance is reasonably available, as defined in the bill, to health care providers in the voluntary market and there are two or fewer individual physicians insured annually by the association for at least two consecutive years. The bill details the process of suspending the operations of the association. PROPONENTS: Supporters say that the medical malpractice pool today is robust enough that the association is no longer needed. The expenses of keeping the association open continue even though it is not currently needed. This would save the State money by suspending the operations of the association. The operations of the association can be reinstated if needed. Testifying in person for the bill were Representative Phelps; and Missouri Insurance Coalition. OPPONENTS: There was no opposition voiced to the committee. Written testimony has been submitted for this bill. The full written testimony and witnesses testifying online can be found under Testimony on the bill page on the House website.

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## **HB2083 - Rep. Ben Keathley (R) - Creates provisions relating to immunity from criminal liability for health care providers**

### **Summary**

This bill provides immunity from criminal liability to health care providers, as defined in the bill, for any harm or damages alleged to arise from an act or omission in the delivery of health care services,



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except that the bill does not limit liability for gross negligence or wanton, willful, malicious, or intentional misconduct. This bill is similar to HB 666 (2025).

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## **HB2085 - Rep. Ben Keathley (R) - Modifies provisions relating to tobacco product regulations**

### **Summary**

HCS HB 2085 -- TOBACCO PRODUCTS (Keathley) COMMITTEE OF ORIGIN: Standing Committee on Commerce The following is a summary of the House Committee Substitute for HB 2085. This bill specifies that the State of Missouri must preempt the sale of tobacco products, alternative nicotine products, and vapor products. This preemption will include local ordinances that deal with: (1) Ingredients; (2) Setting the age to sell or purchase at 21 years of age and above; and (3) Licensing and products bans. In addition, existing state regulations on the sale of tobacco products to minors found in Sections 407.924 through 407.934, RSMo, will supersede any local laws, ordinances, orders, rules, or regulations enacted by a county, municipality, or other political subdivision regulating the sale of tobacco products, alternative nicotine products, or vapor products. The bill does not prohibit counties, municipalities, or other political subdivisions from enforcing ordinances or regulations that set the age to sell or purchase tobacco products, alternative nicotine products, and vapor products to individuals under 21 years of age. This bill will not apply to any local laws, ordinances, orders, rules, or regulations enacted by a county, municipality, or other political subdivision prior to January 1, 2026. This bill is similar to HB 344 (2025); HB 2060 (2024); HB 1039 (2023); and SB 522 (2023).

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## **HB2127 - Rep. Rudy Veit (R) - Creates provisions relating to testing for diagnosis of uterine cancer**

### **Summary**

This bill establishes "Cindi's Law" which requires a p53 test, as that term is defined in the bill, to be performed on all abnormal cytological or histological endometrial samples for purposes of diagnosis and treatment of uterine cancer. This test is in addition to any other test that can be performed on such an abnormal sample.

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## **HB2136 - Rep. Bob Titus (R) - Modifies provisions relating to unlawful possession of a firearm**

### **Summary**

Currently, a person commits the offense of unlawful possession of a firearm if such person knowingly has any firearm in his or her possession and: (1) Has been convicted of a felony; or (2) Is a fugitive, is habitually intoxicated, or is currently adjudged mentally incompetent. This bill also makes it an



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offense if the person is in possession of a firearm and is not a citizen or lawful permanent resident of the United States.

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## **HB2159 - Rep. Josh Hurlbert (R) - Creates provisions relating to licensure of naturopathic doctors**

### **Summary**

This bill establishes the "Naturopathic Practice Act" and defines the terms, scope, and requirements for the practice of naturopathic medicine. The bill creates a "Board of Naturopathic Medicine" consisting of five members appointed by the Governor. The Board must include the following: (1) Three naturopathic doctors; (2) One physician; and (3) One registered voter who has lived in the State for one year. The Board is created within the Division of Professional Registration, within the Department of Commerce and Insurance, to regulate the licensure and discipline of naturopathic doctors. Meeting requirements of the Board and rules regarding the administration of the Board are outlined in the bill. This bill creates the "Board of Naturopathic Medicine Fund". Moneys in the Fund consist of fees authorized to be charged by the Board. The Fund will be used for the payment of expenses of maintaining the Board and for enforcing provisions concerning the practice of naturopathic medicine. A licensee can practice naturopathic medicine to provide primary care in alignment with naturopathic medical education, as specified in the bill and includes: (1) Taking and recording a patient's health history; (2) Performing physical examinations; (3) Performing venipuncture; (4) Ordering, but not interpreting, radiography examinations; (5) Performing laboratory medicine; (6) Obtaining samples of human tissues, except surgical excision beyond surgical excision this is authorized as a minor office procedure; (7) Administering, dispensing, and ordering naturopathic therapies; (8) Recommending, prescribing, administering, dispensing, and ordering: all legend drugs and over-the-counter drugs; controlled substances within Schedules III, IV, and V of Section 195.017, RSMo, excluding all opioids and opioid derivatives; and durable medical equipment and devices; (9) Administering substances authorized for intradermal, subcutaneous, intramuscular, intravenous, ligamentous, tendinous, periarticular, intra-articular, intravaginal, and intrauterine administration consistent with the education and training of a naturopathic doctor; (10) Performing naturopathic physical medicine; (11) Recommending, ordering, and using therapeutic devices; (12) Recommending, ordering, and using barrier contraception and contraceptive devices, including intrauterine devices; (13) Performing minor office procedures; (14) Providing biofeedback and neurofeedback therapies; and (15) Providing health care counseling, nutritional counseling, and dietary therapy. A naturopathic doctor must record each prescription order in writing, have experience managing a medical regimen, and register with the United States Drug Enforcement Administration (DEA) in order to prescribe controlled substances. A naturopathic doctor must refer to a physician any patient whose medical condition is beyond the scope of practice of the naturopathic doctor. The qualifications, fees, examinations, and renewal procedures for obtaining and maintaining a license to practice naturopathic medicine, as well as the prohibited acts and grounds for disciplinary action are outlined in the bill. This bill is similar to HB 91 (2025) and HCS HB 2446 (2024).

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## **HB2184 - Rep. Ian Mackey (D) - Prohibits noncompete clauses in physician employment contracts**

### **Summary**



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This bill prohibits the enforcement of any noncompete clause of an employment contract between an employer and a physician that restricts the right of the physician to practice medicine in any geographic area for any period of time after the termination of an employment relationship between the employer and the physician. This bill is similar to HB 448 (2025).

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## **HB2231 - Rep. Tricia Byrnes (R) - Establishes requirements for dual diagnosis treatment centers**

### **Summary**

This bill requires all dual diagnosis treatment facilities, as defined in the bill, that operate in this state to adhere to medication management for each patient to ensure compliance. The bill specifies the minimum requirements for the implementing of medication management, including the establishment of a tracking system and providing education and support to patients. The bill mandates the below treatment standards for dual diagnosis treatment facilities: (1) Treatment plans must be developed and implemented to address both substance use and mental disorders; (2) Treatment approaches must draw from evidence-based practices demonstrated to be effective for dual diagnosis populations; (3) Plans must be individualized to meet patient needs; and (4) Treatment is to be provided in a patient-centered manner, with a focus on autonomy for the patient and shared decision-making. Dual diagnosis treatment facilities are prohibited from advertising themselves as such unless these facilities meet the requirements under the provisions of this bill. Any advertising and marketing materials must accurately reflect the facility's services, and the facility must clearly disclose licensure status in these materials. The Department of Mental Health is granted authority by this bill to enforce its provisions, and any facility in violation of these provisions that is licensed by the Department is subject to the penalties, remedies, and procedures provided for in current law. This bill is the same as HB 1149 (2025).

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## **HB2236 - Rep. Marty Joe Murray (D) - Creates provisions relating to access to fertility treatment**

### **Summary**

This bill creates the "Missouri Family Building and Fertility Access Act" and requires the Department of Health and Senior Services (DHSS) to establish, subject to appropriation, a program known as the "Infertility Access Program" to improve access to fertility treatment in the state. The program is tasked with: (1) Providing travel assistance, lodging stipends, or telehealth subsidies for individuals in rural or medically underserved areas seeking diagnosis or treatment at certified fertility clinics who would otherwise be unable to access such services; (2) Supporting telemedicine infrastructure for fertility specialists serving shortage areas designated by the Department; and (3) Conducting community outreach and education on infertility care and available resources. The bill permits DHSS to contract with local health agencies or nonprofit organizations to administer the program. The bill additionally creates the "Infertility Access Fund". This bill requires DHSS, in coordination with the Department of Commerce and Insurance (DCI), to produce a report every two years on access to fertility treatment and outcomes. The bill specifies what must be included in the report, and requires its submission to the Governor, Speaker of the House, and President Pro Tem of the Senate, as well as its publication online. The bill also requires each health carrier offering coverage of fertility treatment to publish a



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plain-language summary of its coverage on its publicly accessible website, and submit to DHSS and DCI an annual utilization report. The bill specifies what information must be included in the report, as well as its required date of submission. The bill authorizes DCI to issue administrative orders or penalties as authorized under current law for failure to comply with reporting or publication requirements under the provisions of this bill.

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## **HB2249 - Rep. Anthony Ealy (D) - Establishes provisions relating to allergy prevention and responses in child care facilities**

### **Summary**

This bill adds child care facilities to the list of authorized entities for which a physician may prescribe an epinephrine delivery device. The bill also establishes "Elijah's Law" and requires licensed child care providers to adopt a policy on allergy prevention and response, with priority given to addressing deadly food-borne allergies. The policy must contain elements specified in the bill and be adopted before July 1, 2028. The Department of Elementary and Secondary Education must develop a model policy or policies on allergy prevention and response before July 1, 2027. This bill is similar to HCS HBs 222 & 580 (2025).

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## **HB2262 - Rep. Jo Doll (D) - Creates provisions relating to perinatal care**

### **Summary**

This bill requires health care professionals that provide maternity health care services to, through the use of a validated and evidence-based verbal screening tool, screen for mental disorders and mental illnesses in all pregnant women as early as possible at the onset of prenatal care and throughout the pregnancy. The Department of Health and Senior Services must establish guidelines for this purpose and make them available on its website. Any pregnant woman found to have a mental disorder or mental illness will be provided or referred for treatment. The Department must establish a perinatal navigator program for the purpose of engaging pregnant women in early prenatal care and providing referral for wraparound services and home visiting programs in the local community. This bill is similar to HB 470 (2025).

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## **HB2287 - Rep. Chris Brown (R) - Modifies provisions relating to prescriptive authority for advanced practice registered nurses and physician assistants**

### **Summary**



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Current law provides controlled substance prescriptive authority to certain advanced practice registered nurses (APRNs) who are delegated the authority to prescribe controlled substance under a collaborative practice arrangement, including for Schedule II medications, which are currently restricted to only those medications containing hydrocodone and Schedule II substances for hospice patients. This bill extends that restriction to include patients of providers that have been designated as administrative entities by the Department of Mental Health, and also permits physician assistants the authority to administer such substances to hospice patients and those patients of providers designated as administrative entities. This bill is similar to HB 1492 (2025).

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## **HB2300 - Rep. Philip Oehlerking (R) - Creates provisions relating to professional licensing**

### **Summary**

COMMITTEE ACTION: Voted "Do Pass with HCS" by the Standing Committee on Professional Registration and Licensing by a vote of 18 to 0 with 1 voting present. The following is a summary of the House Committee Substitute for HB 2300. Please see the summary spreadsheet for a description of the House Committee Substitute. The following is a summary of the public testimony from the committee hearing. The testimony was based on the introduced version of the bill. PROPONENTS: Supporters say that there are 20 to 25 professions that may not be licensed in other states. This isn't a large group of people that this would cover, but it would still help add to our workforce. The people receiving the temporary license must pass the required tests for the profession he or she seeks to be licensed in. Testifying in person for the bill were Representative Oehlerking; and FGA Action . OPPONENTS: There was no opposition voiced to the committee. Written testimony has been submitted for this bill. The full written testimony and witnesses testifying online can be found under Testimony on the bill page on the House website.

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## **HB2370 - Rep. Tara Peters (R) - Modifies provisions relating to insurance coverage of self-administered hormonal contraceptives**

### **Summary**

COMMITTEE ACTION: Voted "Do Pass" by the Standing Committee on Health and Mental Health by a vote of 13 to 0. In this bill, current law requiring certain health benefit plans to provide coverage for contraceptives lasting up to 90 days, or 180 days for generic self-administered hormonal contraceptives, will no longer be in effect after December 31, 2026. Instead, certain health benefit plans issued or renewed on or after January 1, 2027, will be required to cover a supply of self-administered hormonal contraceptives, including brand-name and generic contraceptives, intended to last up to one year. This bill is similar to SB 929 (2026). PROPONENTS: Supporters say that coverage of an annual supply is evidence-based, improves health outcomes, and reduces costs. This medication is effective only when used consistently, and barriers to access increase the likelihood of unintended pregnancy. Additionally, the State's Medicaid program, MO HealthNet, covers a year's supply. Testifying in person for the bill were Representative Peters; Rylea Luckfield, Beacon Reproductive Health Network; Missouri Nurses Association; Missouri State Medical Association; Missouri Rural Health Association; Arnie Dienoff; The Missouri Section of the American College of Obstetricians and Gynecologists. OPPONENTS: Those who oppose the bill say that the bill repeals



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language recently authorized, demonstrating a rapid policy shift for insurers to adapt to. There are situations in which a person is on a plan with his or her employer receiving a year benefit, but changes employers partway through, requiring the prior plan to maintain coverage. Testifying in person against the bill were America's Health Insurance Plans; Missouri Insurance Coalition. OTHERS: Others testifying on the bill say that a person's geographic and insurance status influence access to medications and the ease of maintaining refills. Most counties in the State lack access to primary medical care, making refills difficult. Dispensing a 12-month supply increases adherence and decreases unintended pregnancy, reducing the likelihood of abortion by about 46%. Many plans typically cover a one-to-three month supply at one time, and changing the default standardized prescription can increase the frequency of yearlong prescriptions, but such change does not always result to changes in prescription coverage. Testifying in person on the bill was Jennifer Bean, Most Policy Initiative. Written testimony has been submitted for this bill. The full written testimony and witnesses testifying online can be found under Testimony on the bill page on the House website.

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## **HB2371 - Rep. Tara Peters (R) - Requires MO HealthNet and health benefit plans providing for maternity benefits to cover a home blood pressure monitoring device for pregnant and postpartum women**

### **Summary**

COMMITTEE ACTION: Voted "Do Pass with HCS" by the Standing Committee on Health and Mental Health by a vote of 16 to 0. The following is a summary of the House Committee Substitute for HB 2371. This bill requires MO HealthNet coverage of home blood pressure monitoring devices and home blood pressure monitoring device services, as those terms are defined in the bill, for pregnant and postpartum women. This bill requires, beginning January 1, 2027, all health benefit plans that provide maternity benefits to provide coverage for a home blood pressure monitoring device and home blood pressure monitoring device services for pregnant and postpartum women. This bill is similar to HB 842 (2025). The following is a summary of the public testimony from the committee hearing. The testimony was based on the introduced version of the bill. PROPONENTS: Supporters say that many people do not have reliable access to these tools, which can save the lives of both the mother and the child, reduce ER visits, and support early interventions before they become emergencies. Testifying in person for the bill were Representative Peters; American Heart Association; Nurture KC; Elizabeth Grace Riley, The Missouri Chapter of the American College of Obstetricians and Gynecologists; Kids Win Missouri; Rylea Luckfield, Beacon Reproductive Health Network; Arnie Dienoff; REACH Healthcare Foundation; and BJC Healthcare System. OPPONENTS: Those who oppose the bill say that their concern lies with the provisions of the bill relating to reporting and data collection and the imposition of a new insurance mandate, which can raise costs for others on the health benefit plans. Testifying in person against the bill was Missouri Insurance Coalition. Written testimony has been submitted for this bill. The full written testimony and witnesses testifying online can be found under Testimony on the bill page on the House website.

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## **HB2372 - Rep. Tara Peters (R) - Modifies provisions relating to health care**



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## Summary

HCS HB 2372 -- HEALTH CARE (Peters) COMMITTEE OF ORIGIN: Standing Committee on Health and Mental Health AWARENESS DAYS (Sections 9.025, 9.412, 9.418, and 9.502, RSMo) This bill designates the month of January as "Blood Donor Awareness Month", each September as "Brain Aneurysm Awareness Month", the last full week of April each year as "Infertility Awareness Week", and March 26th of each year as "Pediatric Acute-Onset Neuropsychiatric Syndrome (PANS)/Pediatric Autoimmune Neuropsychiatric Disorder Associated with Streptococcus (PANDAS) Awareness Day". HOSPITAL INVESTMENTS AND SERVICE AREAS (Sections 96.192, 96.196, 206.110, and 206.158) This bill modifies the investment authority of boards of trustees of municipal hospitals in third class cities and hospital district hospitals. Current law permits investment of up to 25% of funds not required for operations of the hospital or other obligations. This bill permits investment of up to 50% of funds not required for operations or other obligations in the manner described in the bill, with the remaining portion to be invested into any investment in which the state Treasurer is allowed to invest. These provisions will only apply if the hospital receives less than 3% of its annual revenues from municipal, county, hospital district, or state taxes, or appropriated funds from the municipality in which such hospital is located. Under this bill, municipal hospitals in third class cities can operate in areas where hospital district hospitals and county hospitals operate. Hospital district hospitals can operate in areas where municipal hospitals in third and fourth class cities and county hospitals operate. EPINEPHRINE PRODUCTS (Sections 167.627, 167.630, 190.246, 196.990, and 321.621) This bill changes the term "epinephrine auto-injector" to "epinephrine delivery system" throughout statute, defined as a single-use device or system used for the delivery of a premeasured dose of epinephrine into the human body. This bill adds epinephrine delivery systems to provisions of statute that permit the possession and self-administration of the medication to treat a student's chronic health condition, such as asthma or anaphylaxis. The bill authorizes each Board of Education in this state to grant permission to pupils, as well as each school board in this State to grant permission to school nurses to use this medication. This bill additionally modifies existing provisions for epinephrine possession, use limitations, and stock supply by adding epinephrine delivery systems as eligible products and nursing homes and facilities, as well as child care facilities, to the list of authorized entities. Current law authorizes qualified first responders, as defined in the bill, to administer epinephrine auto-injectors to a person who is suffering from an apparent anaphylactic reaction. This bill extends that authorization to epinephrine delivery systems. AMBULANCE DISTRICTS (Sections 190.050, 190.051, 190.052, 190.070, 190.089, and 191.090) Currently, county commissions divide newly-formed ambulance districts into six subdistricts for the election of members to the district's board of directors. This bill allows county commissions to choose between the above-mentioned district plan or for the election of an at-large board of directors. Members of the board must be elected at a regularly scheduled election date. A director holding office as of August 28, 2026, will continue as an at-large director for the remainder of the director's existing term. The bill allows an ambulance district, by a vote of 2/3 approval of the board of directors, to abolish the boundaries of its existing subdistricts if the board is unable to find a qualified candidate to fill each subdistrict position. This must occur after a public hearing. The bill allows an ambulance to establish subdistricts by a vote of 2/3 approval of the board of directors. The boundaries of the subdistricts will be established by the county commission. Currently, six-member ambulance district boards can adopt a resolution changing the size of the board to seven, with one board member running district wide, or decreased to five, or three members. This bill requires such a resolution to name any vacancy to be filled at a subsequent election, if the size of the board is increasing. If the size is decreasing, all existing board members will complete their terms. This bill requires county commissions, upon written request of a majority of the remaining members of the ambulance board, to fill vacancies on the board by appointment within 30 calendar days. Currently, if a question of annexation is submitted to voters and approved, the county commission declares by order the territory annexed. This bill requires the county commission to do this within 30 days of the filing of the petition. The bill requires the Department of Health and Senior Services (DHSS) to prioritize and expedite any activities necessary to facilitate the consolidation of ambulance districts once the consolidation has been approved by voters. This bill describes the necessary criteria that must be included on every petition or resolution calling for an



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ambulance district consolidation, as provided in the bill. The consolidation plan must be filed with the county clerk and presented to the county commission. Notice of intent to consolidate is required to be published in a newspaper of general circulation in every county in which the consolidated district will be located. A joint public hearing will be held within 30 days after the date of the second publication. The bill details the formatting of the notice of intent. Currently, consolidation of an ambulance district is only permissible if approved by voters. This bill requires a public vote on the consolidation if an objection is filed. If no objection is filed within 30 days of the public hearing, the county commission will order the districts consolidated. Objections must be signed by no less than 5% of the votes cast for Governor in the most recent gubernatorial election in the district. A consolidated district can impose an initial tax levy up to the highest tax levy of the consolidating districts, provided the levy is specifically set forth in the ballot language and submitted to and approved by voters. If no vote occurs, the consolidated district can impose a tax equal to the lowest of any existing property or sales tax rate of the districts to be consolidated. All assets and obligations of the existing ambulance districts will become assets and obligations of the consolidated district.

**COMMUNITY PARAMEDIC SERVICES (Section 190.098)** This bill modifies provisions relating to certification of community paramedics and the provision of community paramedic services. Community paramedic services mean those services provided by an entity that employs licensed paramedics certified by DHSS as community paramedics for services that are provided in a nonemergent setting, consistent with the education and training of a community paramedic and the supervisory standard approved by the medical director, and documented in the entity's patient care plans or protocols. Any ambulance service that seeks to provide community paramedic services outside of its service area must have a memorandum of understanding (MOU) with the ambulance service of that area if that ambulance service is already providing those services or must notify the ambulance services of that area if that ambulance service is not providing community paramedic services. Emergency medical response agencies (EMRAs) can provide community paramedic services in a ground ambulance service's service area. If the ground ambulance service is already providing those services, then the EMRA and ground ambulance service can enter into a MOU for the coordination of services. If the ground ambulance service provides those services after the EMRA begins to provide them, then the ground ambulance service and EMRA must enter into a MOU for the coordination of services. A community paramedic program must notify the appropriate local ambulance service when providing services within the service area of an ambulance service. DHSS will establish regulations for the purpose of recognizing community paramedic services entities that have met the standards necessary to provide such services. DHSS will endorse such entities to provide community paramedic services for a period of five years.

**ACCESS TO INDIVIDUALIZED INVESTIGATIONAL TREATMENT (Sections 191.455, 191.457, 191.459, 191.461, 191.463, 191.465, and 191.467)** This bill establishes the "Hope for Missouri Patients Act", which permits eligible manufacturers within eligible facilities to make available individualized investigational drugs, biological products, or devices for eligible patients, but does not mandate the provision of these drugs, products, or devices to patients. The bill allows facilities or manufacturers to either provide these items to patients without receiving compensation or to require a patient to pay the costs of the manufacture of these drugs, products, or devices. The bill additionally permits, but does not require, health plans, third-party administrators, or governmental agencies to provide coverage for the costs of or associated with these drugs, products, or devices, and provides that hospitals or facilities licensed by DHSS are not required to provide new or additional services unless approved by the hospital or facility. If a patient's death is proximately caused by treatment with these drugs, products, or devices, the patient's estate, heirs, or devisees are not liable for any remaining debt, but this is not construed to be an exemption to liability for any charges for nonexperimental treatments provided to the patient. No licensing board or disciplinary subcommittee is to revoke, fail to renew, suspend, or take any action against a health care provider's license based solely on the provider's recommendations to an eligible patient regarding access to, or treatment with, these drugs, products, or devices, nor will an entity responsible for Medicare certification do the same for a provider's Medicare certification. The bill additionally prohibits any state official, employee, or agent from blocking or attempting to block a patient's access to these drugs, products, or devices; provides that counseling from a licensed health care provider consistent with medical standards of care is not a violation of this bill; and that a private cause of action against a manufacturer of these drugs, products, or devices is not established



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through the provisions of this bill. **DOULA SERVICES** (Sections 191.708, 208.662, 208.1400, 208.1405, 208.1410, 208.1415, 208.1420, and 208.1425) This bill allows for the chief medical officer or chief medical director of DHSS, the MO HealthNet division of the Department of Social Services (DSS), or any licensed physician acting with the written consent of any of the aforementioned department directors, to issue nonspecific recommendations for doula services, a medical standing order for prenatal vitamins, or a medical standing order for purposes not related to that of controlled substances or of nonemergency pregnancy termination. Additionally, the bill adds childbirth education classes to covered services for unborn children enrolled in the Show-Me Healthy Babies program. The bill also establishes the “Missouri Doula Reimbursement Act”. Under the provisions of this bill, the MO HealthNet program is required to cover the following doula services: (1) A combined total of six support sessions, provided that a participant who needs more than the six is entitled to up to ten additional support sessions for a combined total of 16 support sessions; (2) One birth attendance, including attendance at a scheduled cesarean section delivery; (3) Up to two visits for general education and support on lactation at any time during the prenatal and postpartum periods; and (4) Community navigation services, except that those services provided outside any of the above visits or sessions will only be billed up to 10 times total over the course of the pregnancy and postpartum period. The bill specifies under what conditions a doula is eligible for participation as a provider of doula services and that once enrolled as a provider, a doula is eligible to enroll as a provider with fee-for-service, and managed care payers affiliated with MO HealthNet program, but that services must be reimbursed on a fee-for-service schedule. The MO HealthNet division will promulgate all necessary rules and regulations for the administration of this provision.

**TELEHEALTH** (Sections 191.1146 and 334.108) Currently, the establishment of a physician-patient relationship for purposes of telehealth must include an interview and a physical examination. Under this bill, an evaluation is required, but a physical examination will be required only if needed to meet the standard of care. Current law prohibits the use of an internet or telephone questionnaire completed by a patient from constituting an acceptable medical interview for the provision of treatment by telehealth. This bill permits such questionnaires if the information provided is sufficient as though the medical evaluation was performed in person, with a report to be provided to the patient’s primary health care provider within 14 days of evaluation, as described in the bill. Additionally, current law requires a physician-patient relationship for purposes of telehealth to include a sufficient dialogue with the patient regarding treatment. This bill changes “dialogue” to “exchange” with the patient regarding treatment options. Finally, current law prohibits a health care provider from prescribing any drug, controlled substance, or other treatment to a patient based solely on an internet request or questionnaire. Under this bill, a health care provider must not prescribe any drug, controlled substance, or other treatment to a patient in the absence of a proper provider-patient relationship and medical records of such prescriptions must be collected, stored, and maintained in accordance with the Health Insurance Portability and Accountability Act of 1996.

**DISEASE SURVEILLANCE** (Section 192.020) This bill adds alpha-gal syndrome to the list of diseases that must be reported to DHSS. Any alpha-gal syndrome case report must be submitted to DHSS within seven days of receiving a positive laboratory confirmation. Subject to appropriations, DHSS can follow up on reported cases by applying a random sampling method for confirmation that the cases meet the most current surveillance case definition of alpha-gal syndrome of the Centers for Disease Control and Prevention (CDC). The bill requires DHSS to submit an annual report to the CDC summarizing its findings related to the reporting and incidence of alpha-gal syndrome.

**DEPARTMENT OF HEALTH AND SENIOR SERVICES CONTRACTS FOR PUBLIC HEALTH** (Section 192.021) This bill authorizes DHSS to contract with an affiliate of a national public health associations or public health institutes in order to assist in carrying out its duties to promote the health and wellbeing of Missouri residents. Such contracts can include efforts to assist in the delivery of health services throughout the State and the administration of grant funds and related programs. The DHSS and the designated affiliate must provide a report to the General Assembly as specified in the bill.

**LIMITS ON SALE OF OVER-THE-COUNTER DRUGS** (Sections 195.417 and 579.060) Current law prohibits the sale, purchase, or dispensation of ephedrine, phenylpropanolamine, or pseudoephedrine to the same individual in a 12-month period in any total amount greater than 43.2 grams without a valid prescription. This bill changes the total amount to 61.2 grams. Beginning October 1, 2026, any manufacturer of any drug product containing any detectable amount of



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ephedrine, phenylpropanolamine, or pseudoephedrine sold in this State must, on a monthly basis, pay fees to the administrator of the real-time electronic pseudoephedrine tracking system, as specified in the bill. A manufacturer who fails to knowingly pay such fee will have committed the offense of unlawful sale, distribution, or purchase of over-the-counter methamphetamine precursor drugs, which is a Class A misdemeanor. IVERMECTIN AND HYDROXYCHLOROQUINE (Sections 195.1000 and 338.208) This bill provides that ivermectin tablets and hydroxychloroquine tablets will be available to the public for purchase as over-the-counter drugs in the State without the need for a prescription or a consultation with a pharmacist or other health care professional. Under this bill, a pharmacist may dispense ivermectin and hydroxychloroquine to a person, without a prescription order, upon the approval of a warning label for the use and indication in accordance with any written, standardized procedures or protocols issued by the Board of Pharmacy. HOSPITAL WORKPLACE VIOLENCE (Section 197.708) This bill requires hospitals to display a printed sign in the waiting rooms of the emergency department and the labor and delivery department with the following text in all capital letters: "WARNING: ASSAULTING A HEALTH CARE PROFESSIONAL WHO IS ENGAGED IN THE PERFORMANCE OF HIS OR HER OFFICIAL DUTIES, INCLUDING STRIKING A HEALTH CARE PROFESSIONAL WITH ANY BODILY FLUID, IS A SERIOUS CRIME AND WILL BE PROSECUTED TO THE FULLEST EXTENT OF THE LAW." INSPECTIONS OF LONG-TERM CARE FACILITIES (Section 198.022) Under this bill, DHSS can accept, in lieu of an inspection conducted by DHSS, a written report of a survey or inspection conducted by any State or Federal agency, provided the survey or inspection is comparable in scope or method to DHSS's inspections and conducted in accordance with Title XVIII of the Social Security Act. A residential care or assisted living facility will be subject to an inspection by DHSS if the facility fails to maintain an accredited status by a recognized accreditation entity. Finally, if a facility exempt from an annual inspection under this bill has one or more violations of any class I standards, then the facility must be subject to a full survey by DHSS. MO HEALTHNET COVERAGE OF CERTAIN CLINICAL PATHOLOGY SERVICES (Section 208.149) This bill requires the professional component of clinical pathology services provided by a hospital-based pathologist to be recognized as distinct physician services by the MO HealthNet program, which will reimburse the professional component of clinical pathology services provided to MO HealthNet participants. Payment will be made directly to the licensed physician providing the services or the entity that has been assigned by the right to receive payment for services provided. If a state plan amendment is determined by DSS to be required, DSS must submit the amendment in a timely manner and make all reasonable efforts to obtain Federal approval. MO HEALTHNET WAIVER FOR NUTRITION SERVICES (Section 208.270) This bill establishes the "Food is Medicine Act", requiring DSS to apply to the Centers for Medicare and Medicaid Services, within the Federal Department of Health and Human Services, for a Section 1115 demonstration waiver to implement the "Food is Medicine" program. The program must be designed to improve health outcomes for MO HealthNet participants with nutrition-related chronic diseases through nutrition services and to reduce the need for medical care for those participants. The bill specifies the covered nutrition services under this program, and specifies that whenever feasible, the MO HealthNet Division, within DSS must prioritize the inclusion of community-based organizations and local growers to support the purchase of locally grown food. The bill requires DSS to promulgate all the necessary rules and regulations for the administration of this bill. ELIJAH'S LAW (Section 210.225) The bill also establishes "Elijah's Law" and requires licensed child care providers to adopt a policy on allergy prevention and response, with priority given to addressing deadly foodborne allergies. The policy must contain elements specified in the bill and be adopted before July 1, 2028. The adoption of this policy is required for licensure. The Department of Elementary and Secondary Education must develop a model policy or policies on allergy prevention and response before July 1, 2027. LICENSE PLATES AND PLACARDS FOR PERSONS WITH DISABILITIES (Section 301.142) This bill adds occupational therapists to the list of licensed professionals who can issue a statement so that disabled plates or a disabled windshield placard can be obtained by a patient. LICENSURE RECIPROCITY (Section 324.009) This bill specifies that a health care provider who has received his or her license to practice in Missouri via the State's licensure reciprocity law may provide telehealth services. PRACTICE OF DENTISTRY IN CORRECTIONAL CENTERS (Section 332.081) Current law provides that no corporation will practice dentistry unless that corporation is a nonprofit corporation or a professional corporation under



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Missouri law. This bill provides that such provision will not apply to entities contracted with the State to provide care in correctional centers. ADMINISTRATION OF MEDICATIONS (Section 335.081) This bill provides that the administration by technicians, nurses, aides, or their equivalent in long-term care facilities of epinephrine delivery systems and subcutaneous injectable medications to treat diabetes must not be prohibited by nurse licensing laws. ADMINISTRATION OF CERTAIN VACCINES (Section 338.010) Currently, the practice of pharmacy includes the ordering and administration of vaccines approved or authorized by the FDA, but excludes certain vaccines and those vaccines approved after January 1, 2023. This bill instead provides that the practice of pharmacy includes the ordering and administration of certain vaccines approved or authorized by the FDA as of January 1, 2026, but excludes certain vaccines and those that are not included by joint rules promulgated by the Board of Pharmacy and the State Board of Registration for the Healing Arts. DUTIES OF A PHARMACIST (Sections 338.012, 338.206, and 338.312) Currently, a pharmacist with a certificate of medication therapeutic plan authority can provide certain medication therapy services if there is a statewide order issued by the Director or the Chief Medical Officer of DHSS if such person is a licensed physician or by a licensed physician designated by DHSS. This bill repeals this language and authorizes the provision of such medication therapy services pursuant to rules established by the Board of Pharmacy and the State Board of Registration for the Healing Arts. This bill authorizes pharmacists to prescribe medical devices, as defined in the bill. The Board of Pharmacy and the State Board of Registration for the Healing Arts will jointly promulgate rules to implement this provision within six months of the effective date of this bill. The Board of Pharmacy must have the authority to waive compliance with any Missouri rule or regulation for a licensed pharmacy dispensing, shipping, or delivering prescription drugs into another state or United States territory that is experiencing a declared state disaster or emergency, provided that: (1) The pharmacy is a licensed pharmacy in good standing and is authorized to ship prescription drugs into such state or territory; (2) The pharmacy is responding to a declared state disaster or emergency; (3) The pharmacy complies with all emergency rules and regulations for pharmacies established by the state or territory for the duration of the disaster period; (4) The pharmacy complies with all applicable Federal laws and regulations; and (5) The waiver applies only to prescription drugs dispensed, shipped, or delivered to residents or health care facilities located within the geographic area specified in the declared state disaster or emergency. LICENSURE OF WHOLESALE DRUG DISTRIBUTORS (Section 338.333) Under this bill, the Board of Pharmacy can permit an out-of-state wholesale drug distributor or third-party logistics provider to be licensed in this State despite not having a license issued by the distributor's or provider's resident state if the distributor or provider has a current and valid drug distributor accreditation from the National Association of Boards of Pharmacy. RX CARES FOR MISSOURI PROGRAM (Section 338.710) This bill removes the expiration date of August 28, 2026, from the RX Cares for Missouri Program. SPEECH-LANGUAGE PATHOLOGISTS (Section 345.050) Currently, a requirement for licensure for speech-language pathologists and audiologists is submitting evidence of completion of a clinical fellowship from supervisors. The period of employment must be under the direct supervision of a person who is licensed by the State of Missouri in the profession in which the applicant seeks to be licensed. This bill changes the period of employment to be under the direct supervision of a licensed speech-language pathologist in good standing. 340B DRUGS (Section 376.417) Under this bill, a health carrier, a pharmacy benefits manager, or an agent or affiliate of such, will not discriminate against a "covered entity", as defined in the bill, including by reimbursing the covered entity for a quantity of a 340B drug in an amount less than it would pay similarly situated non-covered entities for such drugs, imposing different terms and conditions as compared to similarly situated entities, refusing to cover 340B drugs or discriminating in reimbursement for 340B drugs, and other situations described under this bill. The Director of the Department of Commerce and Insurance must impose a civil penalty on any health carrier, pharmacy benefits manager, or agent or affiliate of such, that violates this provision, not to exceed \$5,000 per violation, per day. MULTIPLE EMPLOYER SELF-INSURED HEALTH PLANS (Sections 376.1000, 376.1012, and 376.1017) This bill changes the definition of "multiple employer self-insured health plans" to include plans established for the purpose of offering benefits to two or more self-employed individuals, each with at least one common-law employee, and their dependents. Current law requires funds collected from participating employers under multiple employer self-insured health plans to be held in trust subject to certain requirements, including filing an annual



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report with the director of the Department of Commerce and Insurance showing the condition and affairs of the plan. This bill modifies that requirement by adding the report must be in compliance with Section 375.041, RSMo and also requires that the plan file an RBC report with the director. Additionally, current law requires health plans to establish loss reserves for incurred losses and unearned premiums, as well as surplus accounts equal to certain amounts. This bill requires the surplus accounts to be equal to the greater of the following: (1) \$600,000; or (2) An amount equal to two times the authorized control level risk-based capital.

**INSURANCE COVERAGE OF ANESTHESIA SERVICES (Section 376.1245)** The bill prohibits health carriers or health benefit plans from establishing or implementing any policy or practice that imposes a time limit for the payment of anesthesia services provided during a medical or surgical procedure. Moreover, health carriers or health benefit plans are prohibited from establishing or implementing any policy or practice that restricts or excludes all anesthesia time in calculating the payment of anesthesia services. Excepted benefit plans will be subject to the requirements of this bill.

**INSURANCE COVERAGE OF ALTERNATIVES TO OPIOID DRUGS (Section 376.1280)** This bill requires that when a licensed health care professional acting within the scope of his or her license prescribes a nonopioid medication for the treatment of acute or chronic pain to an enrollee, it will be unlawful for a health benefit plan to: (1) Deny coverage of the nonopioid prescription drug in favor of an opioid prescription drug; (2) Require the enrollee to try an opioid prescription drug before providing coverage of the nonopioid prescription drug; or (3) Require a higher level of cost-sharing for the nonopioid prescription drug than for an opioid prescription drug. This will apply to health benefit plans delivered, issued for delivery, continued, or renewed on or after January 1, 2027.

**INSURANCE COVERAGE OF DOULA SERVICES (Section 376.1758 & 376.1765)** This bill requires DHSS to create the doula registration application and review and approve doula registration to allow for health insurance reimbursement of doula services. This bill requires health carriers and health benefit plans to provide coverage of doula services for plans that are delivered, issued for delivery, continued, or renewed in this State on or after January 1, 2027.

**ARTIFICIAL INTELLIGENCE IN MENTAL HEALTH (Section 407.3007)** This bill prohibits any person or entity that develops or deploys artificial intelligence (AI) in this State from advertising or representing to the public that the AI is, or is able to act as, a mental health professional or is capable of providing therapy services, psychotherapy services, or a mental health diagnosis. A violation of this provision constitutes an unlawful practice under the Missouri merchandising practices act. The Attorney General is required to enforce the provisions of this bill, though any individual can report violations to the Attorney General. If a violation is found to have occurred, the Attorney General must commence a civil action. The bill provides for civil penalties as follows: (1) \$10,000 for the first violation; or (2) \$20,000 for any subsequent violation.

**DETENTION FOR EVALUATION AND TREATMENT FOR MENTAL HEALTH (Section 632.305)** Currently, an application for detention and evaluation for treatment at a mental health facility may be executed by any adult person, who is not required to be an attorney or represented by an attorney, without a notarization requirement. This bill repeals the provision that notarization is not required and specifies that no notarization will be required for any application, or for any affidavits, declarations, or other supporting documents, that were completed or executed by certain peace officers, licensed physicians, mental health professionals, registered professional nurses, or employees acting on behalf of a hospital, as specified in the bill.

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## **HB2373 - Rep. Brad Christ (R) - Creates provisions relating to children's access to health care services**

### **Summary**

This bill prohibits a health care provider, as that term is defined in the bill, from refusing, withholding from, or denying a minor child any health care services based on the child's vaccination status.



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Additionally, the bill prohibits a physician or a physician group in a medical practice from dismissing a minor child patient from the practice based on the child's parent's or guardian's willingness or refusal to consent to vaccinate the child. This bill is the same as HB 2374 (2026) and similar to HB 1679 (2026).

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## **HB2391 - Rep. Marty Joe Murray (D) - Modifies provisions relating to advanced practice registered nurses**

### **Summary**

Currently, an advanced practice registered nurse (APRN) must be in a collaborative practice arrangement with a collaborating physician. All collaborative practice arrangements must include geographic proximity requirements, meaning that the APRN must practice within a certain number of miles from the collaborating physician. This bill removes the geographic proximity requirement. Currently, it is the responsibility of the collaborating physician to determine and document the completion of at least a one-month period of time during which the APRN must practice with the collaborating physician continuously present before practicing in a setting where the collaborating physician is not continuously present. This bill removes that requirement. The bill specifies that, an APRN who is not a certified registered nurse anesthetist will no longer be required to enter into a collaborative practice arrangement when the APRN: (1) Has a license in good standing and has been in a collaborative practice arrangement or arrangements for a cumulative total of 2,000 documented hours with a collaborating physician or physicians; or (2) Has applied for and received licensure by endorsement and successfully demonstrated at the time of such application to the State Board of Nursing the completion of a cumulative total of 2,000 documented hours of practice. This bill expands the practice of advanced practice nursing to include the prescription of pharmacologic and nonpharmacologic therapies. This bill is similar to HB 1635 (2026); HB 392 (2025); HB 763 (2025); and HB 1773 (2024).

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## **HB2481 - Rep. Jamie Gragg (R) - Prohibits the use of SNAP benefits to purchase certain foods**

### **Summary**

HCS HB 2481 -- SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (Gragg) COMMITTEE OF ORIGIN: Standing Committee on General Laws This bill prohibits individuals that are not United States citizens or nationals from receiving assistance through the Supplemental Nutrition Assistance Program (SNAP) or through MO HealthNet, unless those individuals meet Federal definitions of "eligible alien" and "qualified alien". The bill modifies what proof must be submitted at the time of application to include proof that the applicant is a United States citizen, United States national, or alien with an immigration status eligible for public benefits. The bill repeals an existing provision of law that prohibits employees of agencies of state or local government from inquiring about the legal status of a custodial parent or guardian applying for a public benefit on behalf of his or her dependent child who is a citizen or permanent resident. Current law provides that applicants who cannot provide proof required under current law can sign an affidavit under oath attesting to citizenship or classification as a lawfully admitted alien. This bill adds that the affidavit must attest to such applicant's eligibility for public benefits. Currently, an applicant who has



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provided the sworn affidavit described is eligible to receive temporary benefits for 90 days under certain conditions. This bill modifies that time frame to be the minimum period required under Federal law, or 90 days if no minimum period is required under Federal law. The bill provides that failure to submit acceptable documentation establishing United States citizenship, national status, or alien status eligible for public benefits will result in denial or termination of public benefits, and that no additional period of eligibility for temporary benefits will be granted to any applicant that has previously been denied public benefits at any time due to a failure to verify citizenship, national status, or alien status eligible for benefits. Currently, after an applicant's lawful presence has been verified through the Systematic Alien Verification for Entitlements Program through the United States Department of Homeland Security, no additional verification is required. This bill repeals that provision and provides that the system utilized for verification will include, but not be limited to, the Systematic Alien Verification for Entitlements Program. This bill requires the MO HealthNet Division to include a field for citizenship or immigration status on all presumptive eligibility applications, and that no such application will be approved unless the applicant certifies his or her status as a United States citizen, national, or alien with eligible status for public benefits. Additionally, the bill requires the MO HealthNet Division to require hospitals, clinics, and other qualified entities that are authorized to conduct presumptive eligibility determinations to collect and transmit attestations of citizenship or eligible immigration status to the MO HealthNet Division. The bill provides that if any agency administering public benefits is unable to determine an applicant's or enrollee's lawful presence after authorized verification, the agency is required to suspend approval or continuation of benefits and refer the case to the Department of Homeland Security or other appropriate Federal agency. The bill requires the Department of Social Services, when administering SNAP benefits, to consider the entire income and financial resources of any individual rendered ineligible to receive benefits under the provisions of this bill when determining the eligibility and benefit allotment of the household of which the individual is a member, and not to prorate or exclude the income or financial resources of ineligible individuals. All such income and resources will be fully considered. This bill requires the Director of the Department of Social Services to request a waiver from the United States Department of Agriculture to authorize the State to operate SNAP in a manner that prioritizes healthy foods and nutritional value, and supports Missouri agriculture. The Director is required to explore and recommend strategies to incentivize the purchase of fresh fruits, vegetables, and Missouri-produced meat and dairy products within SNAP through existing Missouri healthy food education and access programs. The bill requires an applicant applying for benefits with minor children to provide documentary proof of relationship to the children or proof of financial responsibility for said children.

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## **HB2489 - Rep. Emily Weber (D) - Requires organizations that provide pregnancy-related services to provide medically accurate information regarding reproductive health options in order to receive state funding**

### **Summary**

This bill requires all organizations that provide pregnancy-related services or counseling to provide medically accurate and unbiased information about birth control, adoption, labor and delivery, and postpartum care in order to be eligible to receive state funding. The bill defines pregnancy-related services as services including, but not limited to, family planning, abortion care, prenatal care, labor and delivery, and postpartum care. This bill is similar to HB 578 (2025).



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## **HB2513 - Rep. Tricia Byrnes (R) - Creates provisions relating to individualized care plans for children with rare or medically complex conditions**

### **Summary**

This bill requires the development, documentation, and maintenance of an individualized care plan for a child with a rare or medically complex condition, to be executed by all health care providers for that child. The care plan must include clear instructions for emergency care and identification of the child's primary specialist responsible for the plan's oversight. The child's providers must review and make any necessary changes to the plan annually, as well as after any hospitalization of the child. The bill requires hospitals and emergency services providers to maintain logs of their adherence to individualized care plans, protocol deviations, and handoffs between emergency services providers and hospital care teams for children with rare or medically complex conditions. Hospitals and emergency service providers are additionally required to create reporting procedures to provide documentation of any significant protocol deviations within 24 hours to the child's primary specialist and the quality and safety officer designated by the hospital. The bill requires the Department of Health and Senior Services to audit health care providers for compliance with the provisions of this bill following any receipt of reports of noncompliance, and may order the provider to implement a corrective action plan if violations are determined to have occurred. This bill requires each health care provider to offer required training on rare diseases for all pediatric health care professionals, and encourages health care providers to maintain a centralized registry of individualized care plans for all children with rare or medically complex conditions that is accessible to authorized health care professionals and emergency services personnel. The bill prohibits retaliation against a caregiver for advocating for adherence to the individualized care plan or for reporting protocol deviations. Additionally, if systemic failures in implementation of an individualized care plan occur and a poor outcome would have been avoidable, the bill requires hospital leadership to meet with the child's caregiver, upon his or her request, for any review of the individualized care plan. This bill has a delayed effective date of March 1, 2027.

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## **HB2514 - Rep. Tricia Byrnes (R) - Creates provisions relating to medical documentation**

### **Summary**

This bill establishes the "Missouri Medical Documentation and Patient Recording Accountability Act". It requires all clinical communication influencing patient care to be documented within the same calendar day or within 24 hours if occurring outside the regular business hours of a health care provider, and provides that no clinical decision, diagnosis, exclusion, refusal of testing, psychiatric attribution, or change in care plan for a patient is valid unless documented. Any electronic communication related to patient care must be automatically retained and incorporated into the patient's medical record, and cannot be stored outside of the medical record. The bill prohibits a health care professional from attributing a patient's symptoms to psychiatric or psychosomatic causes or making a diagnosis of functional neurological disorder, conversion disorder, or somatic symptom disorder unless the professional performs a differential diagnosis, orders testing to rule out other conditions, performs a physical examination and documents the findings, and documents the rationale for the attribution or diagnosis in the patient's medical record. The bill allows a patient or a patient's



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family to request documentation or clarification of any clinical communication, which must be provided within 72 hours of the request being made. The bill prohibits a health care provider from: (1) Making or relying on undocumented clinical decisions; (2) Delaying care based on undocumented psychiatric assumptions; (3) Using internal messaging as a substitute for documentation in the patient's medical record; (4) Deleting, auto-purging, or concealing internal communications; or (5) Creating systems bypassing documentation requirements. A health care provider that violates the provisions of this bill will be punished as follows: (1) For the first violation, the provider is guilty of a class D misdemeanor; (2) For the second violation, the provider is guilty of a class A misdemeanor; and (3) For the third or subsequent violation, or any violation resulting in harm to a patient, the provider is guilty of a class E felony. Additionally, a provider that intentionally deletes internal communications in violation of the provisions of this bill will be guilty of a class D felony, and a health care facility that enables undocumented communication in violation of this bill will be subject to a civil penalty of up to \$50,000 for each violation. The bill allows a patient or the patient's advocate to audio record, video record, or live stream any part of the patient's medical encounter. A health care provider is prohibited from interfering with any recording or live streaming except to protect the privacy of other patients, prevent the obstruction of a procedure, or maintain sterile environments. Unless the patient refused recording or live streaming, the patient's advocate can record even if the patient is unconscious, sedated, mentally impaired, or under psychiatric evaluation. A health care facility is prohibited from retaliating or taking certain actions based on a patient's or advocate's exercise of the right to record or live stream the encounter. A provider that interferes with any recording or live streaming is guilty of a class A misdemeanor, unless the provider interfered for the purpose of concealing the medical encounter, in which case the provider is guilty of a class E felony. Each health care facility must post a printed sign with the following text: "Patients have the right to record communications and care involving their treatment." Any health care provider that retaliates against an employee for reporting a violation of the provisions of this bill will be guilty of a class D felony.

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## **HB2556 - Rep. Cathy Jo Loy (R) - Specifies that certain medical titles or specialty designations are reserved for the use of licensed physicians**

### **Summary**

This bill lists the medical titles or specialty designations that are only to be used by physicians licensed under Chapter 334, RSMo. The bill additionally provides that any patient who receives health care services from a non-physician health care provider who uses a medical title or specialty designation reserved for physicians in violation of the provisions of this bill shall have a private cause of action against the non-physician health care provider. This bill is similar to HB 1130 (2025).

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## **HB2560 - Rep. George Hruza (R) - Modifies provisions relating to epinephrine delivery devices**

### **Summary**

This bill changes the term "epinephrine auto-injector" to "epinephrine delivery device" throughout statute, defined as a single-use device used for the delivery of a pre-measured dose of epinephrine



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into the human body. This bill adds epinephrine delivery devices to provisions of statute that permit the possession and self-administration of the medication to treat a student's chronic health condition, such as asthma or anaphylaxis. The bill authorizes each board of education in this State to grant permission to pupils, as well as each school board in this State to grant permission to school nurses to use this medication. This bill additionally modifies existing provisions for epinephrine possession, use limitations, and stock supply by adding epinephrine delivery devices as eligible products in nursing homes and facilities, as well as child care facilities, to the list of authorized entities. Current law authorizes qualified first responders, as defined in the bill, to administer epinephrine auto-injectors to a person who is suffering from an apparent anaphylactic reaction. This bill extends that authorization to epinephrine delivery devices. This bill is similar to HB 1826 (2026).

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## **HB2570 - Rep. David Tyson Smith (D) - Creates provisions relating to insurance coverage of anesthesia services**

### **Summary**

This bill prohibits health carriers or health benefit plans from establishing or implementing any policy or practice that imposes a time limit for the payment of anesthesia services provided during a medical or surgical procedure. Moreover, health carriers or health benefit plans are prohibited from establishing or implementing any policy that restricts or excludes all anesthesia time in calculating the payment of anesthesia services. Excepted benefit plans will be subject to the requirements of this bill. This bill contains an emergency clause. This bill is similar to HCS HBs 1126 & 932 (2025).

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## **HB2591 - Rep. Melanie Stinnett (R) - Modifies provisions relating to clinical fellowships required for licensure as a speech-language pathologist**

### **Summary**

HB 2591 -- LICENSURE REQUIREMENTS FOR SPEECH-LANGUAGE PATHOLOGISTS (Stinnett) Currently, a requirement for licensure for speech-language pathologists and audiologists is submitting evidence of completion of a clinical fellowship from supervisors. The period of employment must be under the direct supervision of a person who is licensed by the State of Missouri in the profession in which the applicant seeks to be licensed. This bill changes the period of employment to be under the direct supervision of a speech-language pathologist in good standing in any state. This bill is similar to HB 765 (2025).

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## **HB2594 - Rep. Bill Hardwick (R) - Creates provisions relating to over-the-counter medications**



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## Summary

This bill authorizes ivermectin tablets and hydroxychloroquine tablets to be available to the public for purchase as over-the-counter drugs in the State without the need for a prescription or a consultation with a pharmacist or other health care professional. This bill has an emergency clause. This bill is similar to HB 2293 (2026) and HB 1448 (2025).

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## **HB2601 - Rep. Melanie Stinnett (R) - Repeals provisions relating to suspension of professional licenses for failure to pay state taxes or file state tax returns**

### Summary

Currently, all government entities issuing licenses, certificates, registrations, or permits in Missouri must provide the Director of the Department of Revenue with the name and Social Security number of each applicant for licensure or licensee of such entities within one month of the initial application or the renewal application. If the licensee is delinquent on any state taxes or has failed to file state tax income tax returns in the last three years, the Director of the Department of Revenue must send notice to the government entity and licensee. In the case of such delinquency or failure to file, the licensee's license will be suspended within 90 days after notice of such delinquency or failure to file, unless the Director of the Department of Revenue verifies that such delinquency or failure has been remedied or arrangements have been made to achieve such remedy. This bill repeals those provisions. This bill is similar to HB 766 (2025).

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## **HB2606 - Rep. Carolyn Caton (R) - Creates provisions relating to the privacy rights of patients**

### Summary

This bill provides that a patient retains ownership rights over the patient's health records, and that while health care providers are custodians of the records, providers shall not disclose, transmit, or use a patient's records without the patient's informed consent, unless specifically authorized by state law, or without a documented representation from another health care provider holding a valid informed consent under state law. A health care provider may disclose a patient's health records during a medical emergency to the extent necessary for the immediate care and treatment of the patient. A health care provider is prohibited from conditioning treatment of a patient on the patient's decision to grant or withhold consent for the release of his or her health records. The bill prohibits patient health records, including any de-identified data or limited data sets, from being used for research purposes unless the patient has provided informed consent specifically authorizing such use. A patient whose rights under the provisions of this bill are violated may bring a civil action for damages, injunctive relief, and reasonable attorney's fees and court costs. Additionally, a prevailing patient may also recover liquidated damages of no less than \$1,000 and up to \$10,000 for each occurrence of unauthorized disclosure or failure to obtain proper informed consent.



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## **HB2618 - Rep. Jamie Gragg (R) - Establishes the "Respiratory Care Interstate Compact"**

### **Summary**

This bill establishes the "Respiratory Care Interstate Compact". Respiratory therapists licensed in a state that participates in the Compact can practice in other participating states without additional requirements. The bill also enhances the ability of participating states to protect the public health and safety and cooperate in regulating the practice of respiratory therapy. The bill specifies the conditions for a state to join and continue as a participating state, such as enacting a compact that is not materially different from the model compact, implementing a criminal background check requirement, accepting certain examinations and accreditations, and paying a participation fee to the Respiratory Care Interstate Compact Commission. The bill also defines the qualifications and obligations of a licensee who seeks to obtain and exercise a compact privilege in a remote state, such as having a qualifying license, meeting any jurisprudence requirement, reporting any adverse action, and complying with the scope of practice of the remote state. The bill establishes the "Respiratory Care Interstate Compact Commission", composed of one commissioner from each participating state, to administer and enforce the Compact. The Commission will have the power to adopt rules and bylaws, maintain a data system, charge fees, conduct investigations, take disciplinary actions, issue subpoenas, and initiate legal proceedings. The bill also outlines the procedures and standards for the Commission's meetings, financial review, executive board, and annual report. This bill is similar to HB 2644 (2026).

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## **HB2642 - Rep. Melanie Stinnett (R) - Creates provisions relating to insurance coverage of alternatives to opioid drugs**

### **Summary**

HCS HBs 2642, 2296, 1966 & 1680 -- INSURANCE COVERAGE OF ALTERNATIVES TO OPIOID DRUGS (Stinnett) COMMITTEE OF ORIGIN: Standing Committee on Health and Mental Health This bill requires that when a licensed health care professional acting within the scope of his or her license prescribes a nonopioid medication for the treatment of acute or chronic pain to an enrollee, it will be unlawful for a health benefit plan to: (1) Deny coverage of the nonopioid prescription drug in favor of an opioid prescription drug; (2) Require the enrollee to try an opioid prescription drug before providing coverage of the nonopioid prescription drug; or (3) Require a higher level of cost-sharing for the nonopioid prescription drug than for an opioid prescription drug. This will apply to health benefit plans delivered, issued for delivery, continued, or renewed on or after January 1, 2027. This bill is similar to HB 1680 and SB 902 (2026).

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## **HB2649 - Rep. Travis Wilson (R) - Establishes licensure reciprocity for licenses issued by licensing authorities in the United Kingdom**

### **Summary**



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Currently, any person who holds a valid current license issued by another state, a branch or unit of the military, a territory of the United States, or the District of Columbia, and who has been licensed for at least one year in such other jurisdiction, can submit an application for a license in Missouri in the same occupation or profession, and at the same practice level, for which he or she holds the current license, along with proof of current licensure and proof of licensure for at least one year in the other jurisdiction, to the relevant oversight body in this state. This bill adds the United Kingdom to the list of locations where the applicant could have previously held a professional license.

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## **HB2702 - Rep. Jeff Knight (R) - Modifies provisions relating to telemedicine**

### **Summary**

Currently, the establishment of a physician-patient relationship for purposes of telehealth includes an interview and a physical examination. Under this bill, an evaluation is still required, but a physical examination is required only if needed to meet the standard of care. Current law prohibits the use of an internet or telephone questionnaire completed by a patient from constituting an acceptable medical interview for the provision of treatment by telehealth. This bill permits such questionnaires if the information provided is sufficient as though the medical evaluation was performed in person, and provided that the physician is employed or contracted with a business entity licensed to provide health care in this state. When a health care provider uses an online or telephone questionnaire, the provider must send a written report to the primary care provider if the patient provides his or her primary care provider information. The report must be sent within 14 days of the appointment and contain specified information, including the diagnosis and any treatment provided. Current law requires a physician-patient relationship for purposes of telehealth to include a sufficient dialogue with the patient regarding treatment. This bill changes the term "dialogue" to "exchange" with the patient regarding treatment. Additionally, current law prohibits a health care provider from prescribing any drug, controlled substance, or other treatment to a patient based solely on an internet request or questionnaire. Under this bill, a health care provider must not prescribe any drug, controlled substance, or other treatment to a patient in the absence of a proper provider-patient relationship. Medical records of any drug, controlled substance, or other treatment prescribed through telemedicine must be collected, stored, and maintained in accordance with the Federal Health Insurance Portability and Accountability Act of 1996. This bill is similar to HCS HB 710 (2025).

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## **HB2735 - Rep. Eric Woods (D) - Creates provisions relating to the use of reproductive or sexual health application information**

### **Summary**

This bill prohibits the sharing, selling, or use of any reproductive or sexual health application information by a health digital service, as both terms are defined in the bill, for any purpose without obtaining affirmative consent from the consumer for each instance of sharing, selling, or using the information. A government entity is prohibited from requiring a reproductive or sexual health digital service to release any application information, except for the purpose of a criminal investigation, as specified in the bill. In order for reproductive or sexual health application information to be released to



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a government entity without the affirmative consent of the consumer, certain conditions must be satisfied, as specified in the bill. This bill is similar to HB 703 (2025).

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## **HB2749 - Rep. Bishop Davidson (R) - Modifies provisions relating to collaborative practice arrangements between physicians and physician assistants**

### **Summary**

COMMITTEE ACTION: Voted "Do Pass" by the Standing Committee on General Laws by a vote of 8 to 4, with 1 member voting Present. Currently, a physician can enter into a collaborative practice arrangement with a physician assistant. The physician is responsible for providing a written collaborative practice arrangement with specific criteria. Within 30 days of any change to the arrangement and on each renewal of the arrangement, the State Board of Registration for the Healing Arts requires every physician to identify whether the physician is engaged in any collaborative practice arrangement, including collaborative practice arrangements delegating the authority to prescribe controlled substances, and also report to the Board the name of each physician assistant with whom the physician has entered into such arrangement. This bill allows a licensed hospital to perform the administrative duties associated with any collaborative practice arrangement between a physician or physicians and a physician assistant or physician assistants for services delivered in that hospital as long as the hospital has identified in the collaborative practice arrangement one or more physicians affiliated with the hospital who will serve as the collaborating physician or physicians and established practice parameters for the physician assistant or physician assistants listed in the collaborative practice arrangement. A single collaborative practice arrangement can be between multiple physicians and physician assistants if a hospital has agreed to perform the administrative duties associated with the collaborative practice arrangement. If a hospital is performing the administrative duties associated with a collaborative practice arrangement, the hospital, rather than the physician, must report to the Board the information required at the time of any change to the arrangement and on each renewal of the arrangement. This bill is similar to HB 1567 (2025).

PROPOSERS: Supporters say that this bill allows a hospital to cosign collaborative agreements so that they can continue to operate when a physician leaves the hospital. It does not change how the physicians operate, but it keeps the agreements from standing in limbo. It does not reduce the relationship-building; it only reduces the paperwork. Healthcare has changed, but the credentialing process is not changing. The bill does not affect access to care and physicians will still be responsible for chart reviews. Testifying in person for the bill were Representative Davidson; Missouri Hospital Association; and Paul Winter, Missouri Academy of Physician Assistants. OPPOSERS: Those who oppose the bill say that physicians generally support administrative burdens being lifted, but this bill goes too far. This bill is supposedly for physicians, but it may increase their liability. Physicians may disagree with the hospital whether a certain physician assistant is best for a patient. It is unclear whether this will increase or decrease liability generally. Testifying in person against the bill were Missouri State Medical Association, Missouri Association of Osteopathic Physicians & Surgeons; and Arnie C. Dienoff. Written testimony has been submitted for this bill. The full written testimony and witnesses testifying online can be found under Testimony on the bill page on the House website.

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## **HB2750 - Rep. Bishop Davidson (R) - Modifies provisions relating to testing performed by the department of health and senior services laboratories**

### **Summary**

This bill requires the Department of Health and Senior Services to destroy the results of newborn screening tests after one year from the date the results were finalized. Currently, specimens are retained by the Department for a period of five years. This bill changes that time frame to one year. Additionally, current law provides that in certain circumstances biological specimens may be released for purposes of anonymous scientific study. This bill repeals that authorization. The bill changes current law relating to newborn infant screenings to provide that an infant can not be tested for certain diseases unless the parent or guardian of the infant consents to the testing. This bill specifies the criteria required for any consent to be deemed valid. Currently, the parents of any child who refuse screening for their infant must document the refusal in writing. This bill repeals that requirement, and provides that all hospitals seeking the consent of the parent or guardian must provide a written packet of educational information developed by the Department. Current law allows the Department to charge a reasonable fee for the use of specimens for public health research and preparing and supplying specimens for research proposals. This bill removes that authorization.

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## **HB2757 - Rep. Sean Pouche (R) - Modifies provisions relating to access to medical products**

### **Summary**

**DISPENSATION OF INSULIN (Sections 338.010 and 338.740)** This bill expands the practice of pharmacy to include the dispensing of an emergency supply of insulin. A pharmacist may dispense an emergency supply of insulin to a patient without a current, valid prescription if: (1) The pharmacist attempts but is unable to obtain authorization to refill the prescription from the prescribing provider; (2) The pharmacist has a record of prescription or has been presented proof of a recent prescription, or in the pharmacist's judgment the refusal to dispense an emergency supply of insulin will endanger the patient's health; (3) The amount of insulin dispensed does not exceed the amount of the most recent prescription or the standard quantity or unit- of-use package of the drug; and (4) The prescriber of the drug has not indicated that no emergency refills are authorized. A pharmacist, the pharmacist's employer, and the original prescriber are not civilly liable for an act or omission in connection with dispensing insulin under the provisions of this bill unless the act or omission constitutes negligence, recklessness, or willful or wanton misconduct. The Board of Pharmacy, in consultation with the State Board of Registration for the Healing Arts and the State Board of Nursing, must adopt rules to establish standard procedures for pharmacists to follow in dispensing insulin, as specified in the bill.

**PHARMACY BENEFIT MANAGERS (Section 376.681)** This bill prohibits pharmacy benefits managers from reimbursing pharmacies less than the actual acquisition cost of a drug for each drug dispensed by the pharmacy. In addition to the reimbursement amount, the bill requires pharmacy benefits managers to pay to the pharmacy a dispensing fee of at least \$15 for each dispensed prescription drug.

**COST OF PRESCRIPTIONS (Sections 376.687 and 376.689)** This bill requires insurers that provide coverage for diabetes devices, epinephrine delivery devices, or prescription insulin drugs to limit the total amount that an insured is required to pay for the following: (1) For a 30 day supply of covered and prescribed insulin drugs, not more than \$35; (2) For one covered and prescribed diabetes device, not more than \$100; and (3) For one covered epinephrine delivery device, not more than \$100. The limit can increase yearly based on a percentage equal to the percentage



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change from the preceding year in the medical care component of the Consumer Price Index. The Department of Commerce and Insurance, in conjunction with the Department of Health and Senior Services, and the Department of Social Services, must make a report available to the public of findings from each department, as specified in the bill, by October 31, 2026. This provision terminates on January 1, 2027. This bill is similar to HCS HB 1195 (2025).

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## **HB2775 - Rep. George Hruza (R) - Creates provisions relating to health insurance**

### **Summary**

The bill prohibits health carriers from imposing any penalty or fee on in-network health care providers based on the provision of a health care service by an out-of-network health care provider. This bill enacts provisions governing the determination of health insurance reimbursement amounts for anesthesia services, as described in the bill. The bill also prohibits health carriers from imposing maximum durations for covered anesthesia. Under the bill, no health carrier will restrict or exclude all anesthesia time, as defined in the bill, from reimbursement for a health care service for which anesthesia is covered. Additionally, this bill prohibits contracts from authorizing health carriers to modify or add to a contract, unless certain conditions are met, as specified in the bill. No manual, policy, protocol, procedure, program, or other document is considered binding upon the provider or enrollee unless it is referred to in the contract, is in effect at the time the contract is signed, and is made readily available to each party in an electronic format at or before the time the contract is signed and for the duration for which claims can be submitted for reimbursement under the contract.

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## **HB2783 - Rep. Marlon Anderson (D) - Modifies provisions for providing copies of medical records**

### **Summary**

This bill prohibits health care providers from charging a fee for medical records for use in supporting an application for Workers' Compensation, Veterans, or Disability benefits. It does allow health care providers to give the records in the most cost-effective format, provided that electronic records are given in a universally accessible format. This bill is similar to HB 1001 (2025).

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## **HB2817 - Rep. Matthew Overcast (R) - Creates provisions relating to ibogaine treatment**

### **Summary**

COMMITTEE ACTION: Voted "Do Pass with HCS" by the Standing Committee on Emerging Issues by a vote of 8 to 1, with 2 voting present. The following is a summary of the House Committee



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Substitute for HBs 2817 & 2961. This bill establishes the "Veterans Mental Health Innovation Act." The bill requires the Department of Health and Senior Services to award grants to conduct certified clinical drug development trials overseen by the United States Food and Drug Administration on the use of ibogaine for the treatment of opioid use disorder, co-occurring substance use disorder, or any other neurological or mental health condition for which ibogaine demonstrates efficacy. The Department must award grants only to an entity that satisfies criteria specified in the bill. The Department must begin accepting grant applications before November 1, 2026. This bill creates the "Ibogaine Study Fund", which will consist of moneys appropriated to it by the General Assembly and any gifts, contributions, grants, or bequests received from Federal, private, or other sources. The State Treasurer will be custodian of the Fund. The State Treasurer may approve disbursements. The Fund will be used solely to award grants to conduct the certified clinical drug development trials. An applicant selected to conduct ibogaine drug development clinical trials must quarterly prepare and submit to the Department: (1) A report on the progress of the drug development clinical trials conducted ; and (2) A financial status report, including information to verify expenditures of State funds and required matching funds. The Department must submit a report to the General Assembly on the progress of the drug development clinical trials conducted and the financial status of the trials before December 1st of each year. This bill creates the "Ibogaine Intellectual Property Fund", which will consist of all revenue attributable to all intellectual property rights and other commercial rights that may arise from drug development clinical trials during the period for which the trials are funded and any following period of commercialization. The State Treasurer will be custodian of the Fund. The State Treasurer may approve disbursements. The Fund will be used solely for programs that assist veterans or other at-risk populations in this state. Intellectual property rights and other commercial rights arising from the drug development clinical trials conducted include any of the following as related to the trials: (1) Intellectual property, technology, and inventions; (2) Patents, trademarks, and licenses; (3) Proprietary and confidential information; (4) Trade secrets, data, and databases; (5) Tools, methods, and processes; (6) Treatment models or techniques; (7) Administration protocols; and (8) Works of authorship. If ibogaine is approved by the United States Food and Drug Administration to treat a medical condition, no person will prescribe ibogaine for a patient except a licensed physician. The physician must supervise the administration of ibogaine at a hospital or other licensed health care facility to ensure patient safety. This bill is similar to HB 2961 (2026). The following is a summary of the public testimony from the committee hearing. The testimony was based on the introduced version of the bill. PROPONENTS: Supporters say that this bill provides a regulated structure through which veterans can find better approaches to mental health. Supporters further state that many of our vets are lost to suicide each year. With only one or two treatments of ibogaine, vets can begin to see a major difference in their well- being, but in order to receive these treatments, they must travel to places like Canada. Supporters also state that drugs currently used to treat vets for PTSD can be highly addictive and cause suicidal ideation. In order for ibogaine to become FDA-approved, clinical trials and studies must be conducted to prove its efficacy, which is precisely what this bill seeks to do. Testifying in person for the bill were Representative Overcast; Haley Fox; William "Trey" Warren Iii, Phd, Veterans Exploring Treatment Solutions; Americans For Ibogaine, Modern Health Coalition; Edward Russo; Alina Vera Love; Dale Morgan, Psychedelic Society Of Kansas City; Dr. Christine Ziemer, Psychedelic Society Of Kansas City; Dr. Haley Fox, Solo Practitioner; Ron Hicks, Transcend Ibogain Clinic; Walter D. Disney; and William Wisner, Grunt Style Foundation. OPPONENTS: Those who oppose the bill say that the use of drugs and other substances that have not yet been approved by the FDA should be prohibited. Opponents further state that physicians want to make use of all proper medications in the treatment of their patients, including vets and first responders, but prescribing something like ibogaine should not be a part of the regimen. Testifying in person against the bill were Jacob Scott, Missouri State Medical Association; and Rachel Bauer, Missouri State Medical Association. Written testimony has been submitted for this bill. The full written testimony and witnesses testifying online can be found under Testimony on the bill page on the House website.

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## **HB2888 - Rep. Dane Diehl (R) - Establishes provisions relating to actions brought for medical monitoring**

### **Summary**

This bill provides that no standalone cause of action for medical monitoring exists under the laws of this state. In any civil action, no defendant is required to pay damages or provide any other type of relief for a plaintiff's future medical surveillance, screening tests, or monitoring procedures unless the plaintiff proves the following: (1) That the future medical surveillance, screening tests, or monitoring procedures being sought are directly related to, and necessitated by, a presently existing and diagnosable physical disease or injury; (2) That the future medical surveillance, screening tests, or monitoring procedures are distinct from medical surveillance, screening tests, or monitoring procedures recommended in the absence of the preexisting physical disease or injury and related exposure; and (3) That the plaintiff's presently existing physical disease or injury was caused by the defendant's conduct. The presence of a toxic substance in the bloodstream does not constitute a presently existing and diagnosable physical disease or injury.

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## **HB2897 - Rep. Jeff Farnan (R) - Provides that the practice of optometry shall include the use of injectable agents and surgical procedures for certain purposes**

### **Summary**

Currently, the practice of optometry does not include the provision of surgical procedures, including the use of lasers, and does not include the use of injectable agents. This bill modifies the practice of optometry by including the use of injectable agents for the purpose of treatment of the eye and adnexa and surgical procedures, except as otherwise specified and limited by the Board of Optometry. Additionally, specific procedures are added to the practice of optometry. The procedures added include: (1) The removal of nonpenetrating foreign bodies from the cornea, conjunctiva, or eyelids; (2) The removal of eyelashes; (3) The scraping of the cornea for diagnostic tests, smears, or cultures; (4) The dilation, probing, irrigation, or closure of the tear drainage structure of the eye; (5) The expression of conjunctival follicles or cysts; (6) The debridement of the corneal epithelium; (7) The incision and curettage of a chalazion; (8) The removal and biopsy of skin lesions without known malignancy; (9) Laser capsulotomy; (10) Laser trabeculoplasty; and (11) Laser peripheral iridotomy. This bill is similar to HB 929 and SB 219 (2025); and SB 956 and HB 1963 (2024).

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## **HB2922 - Rep. Jeff Myers (R) - Modifies provisions relating to alternative therapies**

### **Summary**

COMMITTEE ACTION: Voted "Do Pass" by the Standing Committee on Emerging Issues by a vote of 12 to 0. This bill modifies current law on the use of investigational drugs and devices for individuals with terminal illnesses to include those individuals with life-threatening or severely debilitating



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conditions or illnesses. Currently, investigational drugs do not include Schedule I controlled substances. This bill repeals that prohibition. This bill is similar to SB 1454 (2026). PROPONENTS: Supporters say that allowing the medical establishment to provide their patients with the fullest possible range of drugs and medications is beneficial for all involved, especially those patients who are suffering from severe and debilitating conditions. Testifying in person for the bill were Representative Myers; and Arnie Dienoff. OPPONENTS: There was no opposition voiced to the committee. Written testimony has been submitted for this bill. The full written testimony and witnesses testifying online can be found under Testimony on the bill page on the House website.

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## **HB2960 - Rep. Lisa Durnell (R) - Creates provisions relating to over-the-counter purchase of ivermectin**

### **Summary**

This bill provides that ivermectin tablets will be available to the public for purchase as over-the-counter drugs in the State without the need for a prescription or a consultation with a pharmacist or other health care professional. This bill is similar to HB 2581 (2024).

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## **HB2961 - Rep. Richard West (R) - Creates provisions relating to ibogaine treatment**

### **Summary**

This bill establishes the "Veterans Mental Health Innovation Act". This bill requires the Department of Health and Senior Services to award grants to conduct certified clinical drug development trials overseen by the United States Food and Drug Administration on the use of ibogaine for the treatment of opioid use disorder, co-occurring substance use disorder, or any other neurological or mental health condition for which ibogaine demonstrates efficacy. The Department must award grants only to an entity that satisfies criteria specified in the bill. The Department must begin accepting grant applications before November 1, 2026. The bill creates the "Ibogaine Study Fund", which consists of moneys appropriated to it by the General Assembly and any gifts, contributions, grants, or bequests received from Federal, private, or other sources. The State Treasurer will be custodian of the Fund and can approve disbursements. The Fund will be used solely to award grants to conduct the certified clinical drug development trials. An applicant selected to conduct ibogaine drug development clinical trials must quarterly prepare and submit to the Department: (1) A report on the progress of the drug development clinical trials conducted ; and (2) A financial status report, including information to verify expenditures of State funds and required matching funds. The Department must submit a report to the General Assembly on the progress of the drug development clinical trials conducted and the financial status of the trials before December 1st of each year. This bill creates the "Ibogaine Intellectual Property Fund", which will consist of all revenue attributable to all intellectual property rights and other commercial rights that may arise from drug development clinical trials during the period for which the trials are funded and any following period of commercialization. The State Treasurer will be custodian of the Fund and can approve disbursements. The Fund will be used solely for programs that assist veterans or other at-risk populations in this state. Intellectual property rights and other commercial rights arising from the drug development clinical trials conducted include any of the following as related to the trials: (1) Intellectual property, technology, and inventions; (2) Patents, trademarks,



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and licenses; (3) Proprietary and confidential information; (4) Trade secrets, data, and databases; (5) Tools, methods, and processes; (6) Treatment models or techniques; (7) Administration protocols; and (8) Works of authorship. If ibogaine is approved by the United States Food and Drug Administration to treat a medical condition, no person will prescribe ibogaine for a patient except a licensed physician. The physician must supervise the administration of ibogaine at a hospital or other licensed health care facility to ensure patient safety. This bill is similar to HB 2817 (2026).

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## **HB2974 - Rep. Melanie Stinnett (R) - Modifies provisions relating to licensure reciprocity**

### **Summary**

HCS HB 2974 -- LICENSURE RECIPROCITY (Stinnett) COMMITTEE OF ORIGIN: Standing Committee on Professional Registration and Licensing This bill specifies that a health care provider who has received his or her licenses to practice in Missouri via our license reciprocity law can provide telehealth services within the profession's scope of practice.

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## **HB2976 - Rep. Brandon Phelps (R) - Modifies provisions relating to the licensure of physicians**

### **Summary**

Currently, candidates for licenses as physicians and surgeons must provide: (1) Evidence of their good moral character; (2) A certificate of graduation from an accredited high school or its equivalent; (3) Evidence of completion of preprofessional education consisting of a minimum of 60 semester hours of college credits in acceptable subjects leading toward the degree of bachelor of arts or bachelor of science from an accredited college or university; and (4) Evidence of having attended throughout at least four terms of 32 weeks of actual instructions in each term and of having received a diploma from some reputable medical college or osteopathic college that enforces requirements of four terms of 32 weeks for actual instruction in each term, including, in addition to class work, such experience in operative and hospital work during the last two years of instruction as is required by the American Medical Association and the American Osteopathic Association before the college is approved and accredited as reputable. This bill replaces that list of documents the candidates are required to submit with the following documents: (1) Evidence of good moral character by submitting to a criminal background check ; (2) Either: a. A diploma and academic transcripts from a school accredited by the Liaison Committee on Medical Education, the Commission on Osteopathic College Accreditation, or a similar accrediting agency or from some reputable medical college or osteopathic college; or b. A valid certificate from the Educational Commission for Foreign Medical Graduates (ECFMG); and (3) Evidence of having successfully completed such postgraduate training in hospitals or medical or osteopathic colleges. An applicant who holds a valid certificate issued by the ECFMG shall submit satisfactory evidence of successful completion of two years of such training. This bill provides that the State Board of Registration for the Healing Arts may require applicants to list all licenses to practice as a physician currently or previously held in any other state, territory, or country and to disclose any past or pending investigations, discipline, or sanctions against each such license. Additionally, the Board may obtain a report on the applicant from the National Practitioner Data Bank or the Federation of State Medical Boards.



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## **HB2979 - Rep. Bill Hardwick (R) - Creates provisions relating to covenants not to compete involving physicians**

### **Summary**

This bill establishes the "Missouri Rural Doctors Act". It prohibits covenants not to compete between a physician and a nonprofit employer unless: (1) The physician is providing services in a clinical setting; (2) The covenant not to compete does not restrict the physician's competitive activities for more than one year; and (3) The covenant not to compete does not restrict the physician's competitive activities in a geographic area of more than five miles from the address of the facility in which the physician is providing services. The bill does not apply to any covenant not to compete between a physician and a research university hospital. This bill is similar to HB 913 (2025).

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## **HB3008 - Rep. Bennie Cook (R) - Modifies provisions relating to the practice of pharmacy**

### **Summary**

This bill adds to the practice of pharmacy the prescribing of drugs and devices for any of the following conditions: (1) A condition that does not require a new diagnosis; (2) A condition that is minor and generally self-limiting; (3) A condition for which a test waived under the Clinical Laboratory Improvement Amendments of 1988 is used to guide diagnosis or clinical decision-making; or (4) A condition that is an emergency for the patient in the professional judgment of the pharmacist; This bill specifies that, in order to determine whether a specific act is within the scope of the practice of pharmacy in or into this state, or whether an act can be delegated to other individuals under the supervision of a licensee or registrant, the licensee or registrant must independently determine whether the act is: (1) Expressly prohibited by: (a) State laws for pharmacists; or (b) Any applicable state or federal laws; (2) Consistent with the education, training, and experience of the licensee or registrant; and (3) Within the accepted standard of care that would be provided in a similar setting by a reasonable and prudent licensee or registrant with similar education, training, and experience.

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## **HB3010 - Rep. Melanie Stinnett (R) - Creates provisions relating to prior authorization of health care services**

### **Summary**

HCS HB 3010 -- PRIOR AUTHORIZATION OF HEALTH CARE SERVICES (Stinnett) COMMITTEE OF ORIGIN: Standing Committee on Health and Mental Health Currently, provided a patient is an enrollee of a health benefit plan, a utilization review entity is prohibited from revoking, limiting, conditioning, or otherwise restricting a prior authorization for a health care service within 45 working



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days of the date the health care provider receives the prior authorization. This bill changes the time frame to be the lesser of six months after the date the health care provider receives the prior authorization approval or the length of treatment as determined by the patient's health care provider. Additionally, if a health carrier requires a prior authorization for a recurring health care service or maintenance medication for the treatment of a chronic or long-term condition, the approval will remain valid for the lesser of 12 months from the date the health care provider receives the prior authorization approval or the length of treatment as determined by the patient's health care provider. Failure of a health carrier to comply with these provisions will result in any health care services subject to prior authorization to be automatically deemed authorized by the health carrier for a duration of time of at least the time frames described above. Currently, any utilization review entity performing prior authorization review must provide a unique confirmation number to a provider upon receipt from that provider of a request for prior authorization. This bill requires a timestamp to be provided to a provider as well. Prior to January 1, 2021, health carriers utilizing prior authorization review were required to develop a single secure electronic prior authorization cover page for all of its health benefit plans utilizing prior authorization review, which would be used by the carrier or its utilization review entity to accept and respond to, and which providers would use to submit, requests for prior authorization. This bill repeals that provision and instead provides that for plan years beginning on or after January 1, 2027, health carriers or utilization review entities are required to implement and maintain a prior authorization application programming interface (API) to respond to requests for prior authorization for health care services, excluding prescription drugs. If the API cannot be implemented in time, the carrier must notify the Department of Commerce and Insurance requesting an extension. Health care providers must use the API to submit requests for prior authorization for health care services, excluding prescription drugs. The bill requires contracts between health carriers and participating health care providers entered into or renewed on or after January 1, 2027, to include a provision requiring health care providers to submit prior authorization requests via the API; failure to do so will result in the enrollee not being subject to cost sharing in excess of the in-network cost-sharing amount. Additionally, the bill requires that health carriers utilizing prior authorization make available statistics regarding prior authorization approvals and denials for health care services in a readily available format. Carriers must submit the URL to the Department, which must publish the website locations in a central location on the Department's website. The bill specifies what information must be included. This bill requires that health carriers offering health benefit plans with a managed care component report to the Department a complete list of the health care services for which prior authorization is required. The bill requires health carriers to reduce the scope of claims subject to prior authorizations. To promote consistency among carriers, the Department is required to review the submitted reports and compile an annual report to be published on the Department's website. The bill also requires the reporting by health carriers to the Department of aggregated data related to certain practices, including, but not limited to, the number of prior authorization requests, the number of requests approved or denied, and the number of requests for mental health services, behavioral health benefits, and substance use disorders. The bill lists the data required to be reported. The bill requires that contracts between health carriers and health care providers include a provision for the continuation of prior authorization approvals for enrollees from a previous health carrier for at least 180 days from the effective date of the enrollee's coverage under the new health benefit plan, subject to the terms of the certificate of coverage. At any time during this 180-day period, the new health carrier can perform its own review to grant a prior authorization approval subject to the terms of the certificate of coverage. Additionally, if there is a change in coverage or approval criteria for a previously authorized health care service, the change in coverage or approval criteria must not affect an enrollee who received prior authorization approval before the effective date of the change through the remainder of the enrollee's plan year. Beginning January 1, 2027, prior authorization is not required unless a determination is made that less than 90% of prior authorization requests submitted by the health care provider in the previous evaluation period, as defined in the bill, were or would have been approved. Entities exempt from these prior authorization requirements may be audited, up to a maximum of two times per year, and exemption may be revoked under specific conditions, such as approval rates dropping below 90%. Additionally, exemptions are void if providers are found guilty of fraud or abuse. Online portals may be required for prior authorization submissions, and no adverse determinations are to be finalized unless reviewed by



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a clinical peer. The bill specifies requirements for notifying the provider of determinations in the bill, requires carriers and utilization review entities to maintain an online portal giving providers access to certain information, and provides that a health carrier or utilization review entity must notify the health care provider no later than 25 days after a determination has been made. Lastly, no health carrier or utilization review entity can deny or reduce payments to a health care provider who had a prior authorization, unless the provider made a knowing and material misrepresentation with the intent to deceive the carrier or utilization review entity, or unless the health care service was not substantially performed. This bill does not apply to MO HealthNet, except with regard to a Medicaid managed care organization as defined by law. The bill also does not apply to providers who have not participated in a health benefit plan offered by the carrier for at least one full evaluation period. This bill should not be construed to authorize providers to provide services outside the scope of their licenses, nor to require health carriers or utilization review entities to pay for care provided outside the scope of a provider's license.

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## **HB3030 - Rep. Bill Hardwick (R) - Modifies provisions for providing copies of medical records**

### **Summary**

This bill prohibits health care providers from charging a fee for medical records for use in supporting an application for Workers' Compensation, Veterans, or Disability benefits. The bill does allow health care providers to give the records in the most cost-effective format, provided that electronic records are given in a universally accessible format. This bill is similar to HB 2783 (2026) and HB 1226 (2025).

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## **HB3055 - Rep. Ben Keathley (R) - Modifies provisions relating to the ordering and administration of ketamine for mental health purposes**

### **Summary**

This bill prohibits physicians from delegating the authority to order ketamine hydrochloride for mental health purposes to any other individual, and any physician who performs such a delegation to a certified registered nurse anesthetist must be on site and immediately available to supervise and respond to patient needs. Additionally, intravenous ketamine hydrochloride treatment is prohibited from being administered without a documented diagnosis and treatment plan from a physician licensed under Chapter 334 of RSMo. This bill is the same as HB 1043 (2025).

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## **HB3065 - Rep. Matthew Overcast (R) - Modifies provisions relating to the requirements for collaborative practice arrangements between physicians and advanced practice registered nurses**



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## Summary

Currently, if a collaborative practice arrangement is used in clinical situations where a collaborating advanced practice registered nurse provides health care services that include the diagnosis and initiation of treatment for acutely or chronically ill or injured persons, the collaborating physician or any other physician designated in the collaborative practice arrangement must be present for sufficient periods of time, at least once every two weeks, except in extraordinary circumstances that must be documented, to participate in a chart review and to provide necessary medical direction, medical services, consultations, and supervision of the health care staff. This bill exempts urgent care settings where a collaborating advanced practice registered nurse utilizes telehealth consultations with a collaborating physician from having to be present for the chart review and to provide necessary medical direction, medical services, consultations, and supervision of the health care staff.

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## HB3099 - Rep. Marty Joe Murray (D) - Modifies provisions relating to the prescriptive authority of advanced practice registered nurses

### Summary

Currently, an advanced practice registered nurse who holds a certificate of controlled substance prescriptive authority from the Board of Nursing, within the Department of Professional Registration, and who is delegated the authority to prescribe controlled substances under a collaborative practice arrangement can prescribe any controlled substances listed in Schedules III, IV, and V and may have restricted authority in Schedule II. This bill removes the restriction authority for Schedule II substances and gives full prescribing authority for Schedule II substances to the advanced practice registered nurse.

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## HB3117 - Rep. Stephanie Hein (D) - Enacts provisions relating to insurance coverage for prescription insulin drugs

### Summary

This bill prohibits health benefit plans from imposing cost-sharing on an enrollee in excess of \$30 per 30-day supply of a prescription insulin drug. This bill also requires health benefit plan enrollees' cost-sharing for prescription insulin drugs to be calculated at the point of sale, and based on a price that is reduced by an amount equal to at least 100% of all rebates received, or to be received, in connection with the dispensing or administration of the drug. Nothing in the bill will prohibit copayments not based on the price of a drug, provided that the copayment does not exceed the reduced price of the drug. The bill does not require a health carrier or its agents to reveal information regarding the actual amount of rebates a carrier receives on a product, manufacturer, or pharmacy-specific basis. The bill also provides confidentiality protections, as specified in the bill, which the carriers must follow as well as impose on any third party that performs health care or administrative services on behalf of the carrier and may receive or have access to rebate information. This bill applies to health benefit plans delivered, issued, continued, or renewed in the State on or after January 1, 2027. This bill is similar to SB 1156 (2026) and SB 175 (2025).



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## **HB3129 - Rep. Ben Keathley (R) - Establishes the "Physician Assistant Licensure Compact"**

### **Summary**

COMMITTEE ACTION: Voted "Do Pass with HCS" by the Standing Committee on Professional Registration and Licensing by a vote of 14 to 0 with 2 members voting present. The following is a summary of the House Committee Substitute for HB 3129. The bill creates the "Physician Assistant Licensure Compact". Physician assistants licensed in states that are participating in the interstate compact can practice in other participating states without additional requirements. The bill defines the qualifications and obligations of a licensee who seeks to obtain and exercise a compact privilege in a remote state, such as having a qualifying license, meeting any jurisprudence requirement, reporting any adverse action, and complying with the scope of practice of the remote state. Participating states have the authority to impose adverse actions against qualifying licenses. Remote states can take adverse actions against compact privileges within that state's jurisdiction. States can take necessary legal actions to protect citizens' health and safety. States can issue subpoenas for hearings and investigations, which must be enforced by courts in other participating states. Subpoenas cannot be used to gather evidence for lawful conduct in another state to take adverse action against a licensee's compact privilege. States cannot impose discipline for lawful practice in another state. States must treat reported conduct from other states as if it occurred within their own jurisdiction. States can take adverse actions based on findings from other states, following their own procedures. States can participate in joint investigations and share materials. Adverse actions against a qualifying license result in the deactivation of the compact privilege in all remote states for two years after restrictions are removed. States must notify the compact data system administrator promptly of any adverse actions. The bill establishes the "Physician Assistant Compact Commission", composed of one commissioner from each participating state, to administer and enforce the compact. The commission will have the power to adopt rules and bylaws, maintain a data system, charge fees, conduct investigations, take disciplinary actions, issue subpoenas, and initiate legal proceedings. The bill also specifies the procedures and standards for the Commission's meetings, financial review, purchasing, borrowing, executive board, and annual report. This bill specifies how commission meetings can be held and legal actions the commission can take. This bill is similar to HB 1388 (2025). The following is a summary of the public testimony from the committee hearing. The testimony was based on the introduced version of the bill. PROPONENTS: Supporters say that this would provide a two-way license reciprocity with other states in the compact. This will help provide more healthcare to underserved areas especially rural areas. This would help recruit physician assistants for our state but also allow current physician assistants in Missouri to offer services across state lines. Testifying in person for the bill were Representative Keathley; Andrea Applegate, Missouri Academy Of PA's; Sam Panettiere, United WE; Wesley Sutton, Missouri Division of Professional Registration; and SSM Health Care. OPPONENTS: There was no opposition voiced to the committee. Written testimony has been submitted for this bill. The full written testimony and witnesses testifying online can be found under Testimony on the bill page on the House website.

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## **HB3151 - Rep. Brad Christ (R) - Modifies the definition of food to authorize a reduced sales tax on the purchase of dietary and nutritional supplements**

### **Summary**



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Currently, a tax is levied on the retail sale of food at a rate of 1%. This bill changes the definition of food for this purpose to also include all "dietary and nutritional supplements", as defined in the bill. This bill is similar to HB 3247 (2026) and HCS HB 1107 (2025).

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## **HB3206 - Rep. Lane Roberts (R) - Modifies provisions related to the regulation of certain tobacco products, alternative nicotine products, and vapor products**

### **Summary**

This bill modifies provisions related to the regulation of certain tobacco products, alternative nicotine products, and vapor products. **DEFINITIONS -- CIGARETTE TAX (Section 149.011)** This bill creates new definitions for the terms "alternative nicotine product", "nicotine analogue", and "vapor product". **WHOLESALE LICENSE (Section 149.035)** Currently, every wholesaler of cigarettes or tobacco products and every person making a first sale of tobacco products who does not have a wholesaler license must secure such a license from the Department of Revenue. This bill adds alternative nicotine products and vapor products to the list of products for which wholesalers or persons making a first sale of such products must secure a license from the Department. **TOBACCO PRODUCTS MANUFACTURER LICENSE (Section 149.036)** On or before February 15th of each year, every manufacturer of cigarettes, alternative nicotine products, vapor products, or tobacco products must secure a tobacco products manufacturer license from the Department and pay an annual fee of \$1,000. **VAPOR PRODUCTS MANUFACTURER LICENSE (Section 149.037)** Every manufacturer of vapor products must secure a vapor product manufacturer license from the Department. The application for a license must include certain information, as specified in the bill. The applicant must pay a \$100 fee for each type or model of vapor product included on its list of certified products and cannot sell vapor products that have not been certified without first following certain procedures, as specified in the bill. The Director of the Department must maintain a list of all certified vapor products. Beginning September 1, 2026, vapor products not included on the list will not be sold. **NONRESIDENT OR FOREIGN MANUFACTURER OF VAPOR PRODUCTS (Section 149.038)** Any nonresident manufacturer of vapor products that has not registered as a foreign corporation must appoint an agent to receive process servicing of legal actions before receiving a manufacturer license. The Department will require certain information, notifications, and surety bonds before licensing, as specified in the bill. **APPROVED PURCHASES (Section 149.039)** Wholesalers and retailers may purchase cigarettes, alternative nicotine products, vapor products, and tobacco products only from manufacturers and wholesalers who have obtained proper licensing. Manufacturers and wholesalers may sell cigarettes, alternative nicotine products, vapor products, and tobacco products only to manufacturers and wholesalers who have obtained proper licensing. Confirmation of valid licensing must be done before the purchase or sale of the products; any such products sold without proper licensing will be considered contraband and may be seized and destroyed. **TOBACCO PRODUCTS TAX (Section 149.160)** Currently, a tax is levied on the first sale of tobacco products other than cigarettes. Beginning January 1, 2027, this tax will include alternative nicotine products and vapor products. **PENALTIES FOR UNLICENSED ENTITIES (Section 149.190)** Currently, the Department may conduct an investigation into whether a person not possessing a valid tobacco products license sold tobacco products at retail when such products were not purchased from a licensed wholesaler and the Department will assess appropriate penalties. This provision applies to persons not possessing a valid manufacturer or wholesaler license, tobacco retail license, or any other license required by the Department and who is selling tobacco products, alternative nicotine products, vapor products within the state and to any person who possesses a valid license or licenses and is selling these products at retail within the state. **REDUCING TOBACCO USE BY MINORS (Section 407.924)** Currently, the Division of Alcohol and Tobacco, within the Department of Public Safety, administers



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programs to reduce tobacco possession by minors. This bill includes all tobacco products, alternative nicotine products, and vapor products to reduce possession and use by minors. DEFINITIONS -- TOBACCO SALES TO MINORS (Section 407.925) This bill creates a new definition for the term "nicotine analogue" and adds to the existing definition for "vapor product". AGE RESTRICTIONS (Section 407.926) Currently, alternative nicotine and vapor products may be sold only to persons 18 years of age or older and are subject to local and state sales tax but will not otherwise be taxed or regulated as tobacco products. This bill subjects such products to both tax and licensing requirements and ensures that alternative nicotine and vapor products are taxed and regulated as tobacco products. REGULATIONS ON SALES (Section 407.928) Currently, packs of cigarettes may be sold only under certain conditions. This bill includes tobacco products, alternative nicotine products, and vapor products. REGULATION ON ADVERTISING (Section 407.930) This bill states that no person will market, advertise, sell, or cause to be sold a "tobacco substitute", as that term is defined in the bill, that depicts cartoon characters, celebrities, or anything that appeals to minors. Tobacco substitutes may not be sold with entertainment features, games, music, or video, nor anything that contains or is mixed with cannabinoids, alcohol, or other such substances. CRIMINAL PENALTIES (Section 407.931) Currently, any owner of an establishment where tobacco products, alternative nicotine products, or vapor products are available for sale must not sell, provide, or distribute such products to any minor. This bill states that upon the fourth and any subsequent violations per location within two years, the Division must issue a citation prohibiting the outlet from selling tobacco products, alternative nicotine products, or vapor products for a five-day period. The owner of the establishment where the products are sold will not be penalized if the owner documents certain items, as specified in the bill. TOBACCO RETAIL LICENSE (Section 407.934) All persons selling, providing, or distributing tobacco products, alternative nicotine products, or vapor products must apply for a tobacco retail license from the Department. A separate license is required for each retail location and is valid for 12 months before its annual renewal for a fee of \$200. An initial inspection of the retail location within 90 days of receipt of the license will be conducted, followed by at least two unannounced inspections. The Department may deny applications for certain reasons, as specified in the bill. Any commissioned law enforcement officer may inspect such products sold by a retailer and must seize any products not in compliance with these provisions.

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## **HB3217 - Rep. Matthew Overcast (R) - Modifies provisions relating to collaborative practice arrangements with physicians**

### **Summary**

Currently, a collaborating physician cannot enter into a collaborative practice arrangement with more than six full-time equivalent assistant physicians, full-time equivalent physician assistants, or full-time equivalent advance practice registered nurses, or any combination of the three professions. This bill raises the number of full-time equivalent assistant physicians, full-time equivalent physician assistants, or full-time equivalent advance practice registered nurses from six to ten.

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## **HB3352 - Rep. Melanie Stinnett (R) - Modifies provisions relating to physician licensure**

### **Summary**



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Currently, the Board of Registration of the Healing Arts may grant a temporary license to any otherwise qualified physician to teach or lecture and provide patient care services related thereto in a program sponsored by an accredited medical school in the state of Missouri or any accredited hospital. This bill allows the physician to also provide patient care services in the program with the temporary license. This bill specifies that the Board may issue a transitional license to a physician sponsored by an accredited medical school in Missouri. Two categories of physicians may qualify for the temporary license. Those physicians are either: (1) A physician who was previously licensed in Missouri who: (a) Practiced at least two year in Missouri or another state; (b) Is in good standing and has not had his or her license suspended or revoked or otherwise had any disciplinary action taken against him or her for any reason; and (c) Has let his or her license lapse for no more than 10 years; or (2) A foreigntrained physician who: (a) Has practiced at least two years abroad as a licensed physician in good standing; (b) Is certified by the Educational Commission for Foreign Medical Graduates; (c) Has completed at least three years of postgraduate training in a country with requirements comparable to or stricter than this State; and (d) Has this training verified by the sponsoring medical school. The transitional license lasts no more than three years and it terminates automatically. The transitional licenses cannot be used for locum tenens or other itinerant medical practices. The Board may waive certain licensing requirements and grant a permanent license if the applicant: (1) Has held a transitional license for at least three years; (2) Has been employed by the sponsoring medical school for at least three years; (3) Meets all Boardimposed rules; and (4) Holds a valid license in another U.S. state, territory, D.C., or a foreign country allowing full physician practice. Before granting a waiver, the Board may require the applicant to pass the Federation of State Medical Boards' Special Purpose Examination. If a waiver is granted, the permanent license may be restricted to the physician?s specialty. The Board cannot grant a waiver to anyone who has failed a licensing exam three or more times in any jurisdiction.

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## **HB3401 - Rep. Brandon Phelps (R) - Creates provisions relating to workplace violence prevention in health care settings**

### **Summary**

COMMITTEE ACTION: Voted "Do Pass with HCS" by the Standing Committee on Health and Mental Health by a vote of 16 to 0. The following is a summary of the House Committee Substitute for HB 3401. This bill requires certain facilities to establish workplace violence prevention committees or authorize existing committees to develop a workplace violence prevention plan. The bill specifies the committee's required membership. The plan must be adopted and enforced to protect health care professionals and employees from violent behavior and threats of violent behavior occurring at the facility. The bill specifies what the plan must accomplish, including, but not limited to, adopting a definition of workplace violence, including a process to protect health care professionals and employees from retaliation, and requiring the facility to offer at least annually workplace violence prevention training or education. The committee is required to annually review and evaluate the workplace violence prevention plan and report the evaluation's results to the facility's governing body. Additionally, each facility is required to make available, on request, an electronic or printed copy of the workplace violence prevention plan to each health care professional or employee of the facility. Following an incident of workplace violence, a facility is required to offer post-incident services, including any necessary acute medical treatment, and no facility will discourage a health care professional or employee from exercising his or her right to contact or file a report with law enforcement regarding an incident of workplace violence. Moreover, no person will discipline, discriminate against, or retaliate against another person who in good faith reports an incident of workplace violence or advises a health care professional or employee of his or her right to report an incident of workplace violence. An agency that has jurisdiction over the license of a facility or health



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care professional may take disciplinary action against any person who violates the provisions of this bill as if the person violated an applicable licensing law. Additionally, a facility or health care professional participating in good faith in complying with the provisions of this bill will be immune from civil or criminal liability that may otherwise be incurred or imposed. This bill also requires hospitals to display a printed sign in the waiting rooms of the emergency department and the labor and delivery department with the following text in all capital letters: "WARNING: ASSAULTING A HEALTH CARE PROFESSIONAL WHO IS ENGAGED IN THE PERFORMANCE OF HIS OR HER OFFICIAL DUTIES, INCLUDING STRIKING A HEALTH CARE PROFESSIONAL, IS A SERIOUS CRIME AND WILL BE PROSECUTED TO THE FULLEST EXTENT OF THE LAW." The following is a summary of the public testimony from the committee hearing. The testimony was based on the introduced version of the bill. PROponents: Supporters say that this bill takes a meaningful step toward addressing the real and growing problem of violence against health care workers. A variety of statistics were shared indicating the prevalence of physical, verbal or psychological, and sexual abuse against health care workers in their workplaces, and many shared that they feel it is simply part of the job nowadays. Health care provider shortages and burnout will continue to worsen unless action is taken. Testifying in person for the bill were Representative Phelps; Mercy Healthcare Systems; Arnie Dienoff; American College of Obstetricians & Gynecologists; Missouri College of Emergency Physicians; Missouri Hospital Association; Missouri State Medical Association; Missouri Association of Osteopathic Physicians & Surgeons; Missouri Nurses Association; Missouri Rural Health Association; Missouri Academy of Family Physicians; and David Barnes, Missouri Emergency Nurse Association. OPPONENTS: There was no opposition voiced to the committee. Written testimony has been submitted for this bill. The full written testimony and witnesses testifying online can be found under Testimony on the bill page on the House website.

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## **HB3418 - Rep. Sherri Gallick (R) - Modifies provisions relating to prescription drug coverage**

### **Summary**

This bill prohibits a pharmacy benefits manager from requiring an enrollee who has been taking a particular prescription drug for more than one year and who received coverage of that drug under his or her health benefit plan to take a different drug in order to receive coverage under the health benefit plan.

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## **HB3422 - Rep. LaKeySha Bosley (D) - Requires insurance coverage of kidney function screening services**

### **Summary**

This bill requires "health carriers" and "health benefit plans", as those terms are defined, to provide coverage for annual kidney function screening services designed to identify patients at risk for chronic kidney disease. This bill does not apply to supplemental insurance policies.

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## **HB3457 - Rep. Tricia Byrnes (R) - Creates provisions relating to medically complex pediatric patients**

### **Summary**

This bill requires hospitals with emergency departments to implement within existing electronic health records systems a clearly visible electronic alert or flag for a medically complex pediatric patient, as that term is defined in the bill. The alert will appear in an immediately identifiable manner, provide rapid, one-click access to the patient's care plan, if available, and function in a manner that does not delay triage or treatment. A parent or legal guardian may request inclusion of the patient in the alert system, and can submit a care plan for the patient for inclusion in the hospital's electronic health record. Any care plan for a medically complex pediatric patient will be entered into the system in coordination with a licensed health care provider; however, participation in the alert system is voluntary and requires the consent of the parent or legal guardian. The Department of Health and Senior Services is required to administer the provisions of this bill within existing appropriations, and can issue model guidelines to assist hospitals in implementation of the bill's requirements.

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## **HB3484 - Rep. Jeff Coleman (R) - Modifies provisions relating to the unauthorized practice of medicine and surgery**

### **Summary**

Currently, it is illegal for any person who isn't a registered physician to practice medicine or perform a surgery or practice medicine across state lines. This bill specifies that the term "surgery" means any: (1) Structural alteration of the human body by the incision or destruction of tissues; (2) Localized alteration or transposition of live human tissue that: (a) Is a diagnostic or therapeutic treatment of a condition or disease process; (b) Is accomplished through the use of any instrument including, but not limited to, lasers, ultrasound, ionizing radiation, scalpels, probes, and needles; and (c) Involves cutting, burning, vaporizing, freezing, suturing, or probing the tissue; manipulating the tissue by closed reductions for major dislocations or fractures; or otherwise altering the tissue by mechanical, thermal, light-based, electromagnetic, or chemical means; or (3) Injection of diagnostic or therapeutic substances into body cavities, internal organs, joints, sensory organs, and the central nervous system. This paragraph shall not include the administration of subcutaneous, intramuscular, and intravenous injections by a licensed nurse when ordered by a physician and within the scope of practice of the nurse.

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## **HJR142 - Rep. Elizabeth Fuchs (D) - Proposes a constitutional amendment establishing the right to make medical decisions, including decisions on gender-affirming care**

### **Summary**

Upon voter approval, this constitutional amendment provides that every individual has the right to make and carry out his or her own medical decisions, without government interference, so long as



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those decisions are made freely by the individual, are supported by a licensed physician, and are consistent with widely accepted and evidence-based standards of care. The State is prohibited from burdening, penalizing, prohibiting, interfering with, or discriminating against the voluntary exercise by an individual of the right established in this amendment, or a person or entity assisting in the exercising of the right. The right established in this amendment includes the right for individuals who are 18 years of age or older to make and carry out their own decisions relating to gender-affirming care, including, but not limited to, decisions on the administration of cross-sex hormones and gender-affirming medical procedures, which include, but are not limited to, chest or top surgeries, facial feminization or masculinization surgeries, genital or bottom surgeries, voice or airway surgeries, reproductive surgeries, hairline advancement, and body hair removal. This bill is similar to HJR 69 (2025).

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## **HJR154 - Rep. Darin Chappell (R) - Proposes a constitutional amendment relating to MO HealthNet work requirements**

### **Summary**

HCS HJR 154 -- MO HEALTHNET (Chappell) COMMITTEE OF ORIGIN: Standing Committee on Legislative Review If approved by voters, this constitutional amendment would require the Department of Social Services, MO HealthNet Division to implement work requirements for applicable individuals, as defined in the bill. Applicable individuals must demonstrate compliance with the work requirements for the month preceding the month during which the individual applies, and no applicable individual will remain enrolled in MO HealthNet unless compliance has been demonstrated. The bill specifies that those seeking an exemption from the work requirements must provide documentation for the exemption sought. The Department is prohibited from seeking or implementing any additional optional exemptions provided for by federal law, unless a general statute law expressly authorizes the implementation of the exemption. Additionally, the Department is prohibited from accepting exemption designations, approvals, or determinations by a managed care organization. Currently, the Department is required to take all actions necessary to maximize federal financial participation in funding medical assistance. This bill repeals that requirement. Currently, no greater or additional burdens or restrictions on eligibility or enrollment standard, methodologies, or practices can be imposed on persons eligible for MO HealthNet services than on any other population eligible for medical assistance. This bill repeals that restriction.

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## **SB841 - Sen. Mike Bernskoetter (R) - Modifies provisions relating to health care**

### **Summary**

SCS/SB 841 - This act modifies several provisions relating to health care, including: (1) awareness days; (2) hospital investments and service areas; (3) epinephrine products; (4) community paramedic services; (5) doula services; (6) telehealth; (7) Department of Health and Senior Services contracts for public health; (8) limits on the sale of over-the-counter drugs; (9) administration of medications; (10) hospital workplace violence; (11) inspections of long-term care facilities; (12) MO HealthNet coverage of certain clinical pathology services; (13) food-borne allergies; (14) the practice of dentistry in correctional centers; (15) the administration of certain vaccines; (16) licensure of wholesale drug



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distributors; (18) the “RX Cares for Missouri Program”; (19) insurance coverage of anesthesia services; and (20) insurance coverage of alternatives to opioid drugs. AWARENESS DAYS (Sections 9.412 and 9.418) This act designates each September as “Brain Aneurysm Awareness Month” in Missouri and the last full week of April each year as “Infertility Awareness Week” in Missouri. HOSPITAL INVESTMENTS AND SERVICE AREAS (Sections 96.192, 96.196, 206.110, and 206.158) This act modifies the investment authority of boards of trustees of municipal hospitals in third class cities and hospital district hospitals. Current law permits investment of up to 25% of funds not required for operations of the hospital or other obligations. This act permits investment of up to 50% of funds not required for operations or other obligations in a manner described in the act, with the remaining portion to be invested into any investment in which the state Treasurer is allowed to invest. These provisions shall only apply if the hospital receives less than three percent of its annual revenues from municipal, county, hospital district, or state taxes or appropriated funds from the municipality in which such hospital is located. Under this act, municipal hospitals in third class cities may operate in areas where hospital district hospitals and county hospitals operate. Hospital district hospitals may operate in areas where municipal hospitals in third class cities and county hospitals operate. These provisions are identical to provisions in SCS/HCS/ HB 943 (2025) and SCS/SB 317 (2025) and substantially similar to SB 244 (2025). EPINEPHRINE PRODUCTS (Sections 167.627, 167.630, 190.246, 196.990, and 321.621) This act changes “epinephrine auto-injector” to “epinephrine delivery device” throughout statute. These provisions are similar to provisions in HB 165 (2025) and HB 553 (2025). COMMUNITY PARAMEDIC SERVICES (Sections 190.098) This act modifies provisions relating to certification of community paramedics and the provision of community paramedic services. Community paramedic services shall mean those services provided by an entity that employs licensed paramedics certified by the Department of Health and Senior Services as community paramedics for services that are provided in a nonemergent setting, consistent with the education and training of a community paramedic and the supervisory standard approved by the medical director, and documented in the entity’s patient care plans or protocols. Any ambulance service that seeks to provide community paramedic services outside of its service area shall have a memorandum of understanding (MOU) with the ambulance service of that area if that ambulance service is already providing those services or shall notify the ambulance services of that area if that ambulance service is not providing community paramedic services. Emergency medical response agencies (EMRAs) may provide community paramedic services in a ground ambulance service’s service area. If the ground ambulance service is already providing those services, then the EMRA and ground ambulance service may enter into a MOU for the coordination of services. If the ground ambulance service provides those services after the EMRA begins to provide them, then the ground ambulance service and EMRA shall enter into a MOU for the coordination of services. The Department shall establish regulations for the purpose of recognizing community paramedic services entities that have met the standards necessary to provide such services. The Department shall endorse such entities to provide community paramedic services for a period of 5 years. These provisions are similar to a provision in SCS/HCS/ HB 943 (2025) and SCS/SB 317 (2025), SB 548 (2025), SB 206 (2025), and SCS/SB 1382 (2024). DOULA SERVICES (Sections 191.708, 208.152, 208.662, and 208.1400-1425) This act creates the “Missouri Doula Reimbursement Act”. Under this act, the chief medical officer or chief medical director of the Department of Health and Senior Services, the Department of Mental Health, or the MO HealthNet Division of the Department of Social Services may issue nonspecific recommendations for doula services, a medical standing order for prenatal vitamins, or a medical standing order for a purpose promulgated in rule, to terminate as specified in the act. Additionally, this act adds doula services and childbirth education classes for pregnant women and a support person to the list of covered MO Healthnet and “Show-Me Healthy Babies Program” services, to be reimbursed as described in the act. The Department of Social Services shall study the impact of the childbirth education classes on infant and maternal mortality and shall submit a report to the General Assembly prior to January 1, 2028. These provisions are identical to provisions in HCS/SB 94 (2025) and HCS/ HB 1095 (2025). TELEHEALTH (Sections 191.1146, and 334.108) Currently, the establishment of a physician-patient relationship for purposes of telehealth shall include an interview and a physical examination. Under this act, an evaluation is required, but a physical examination shall be required only if needed to meet the standard of care. Current law



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prohibits the use of an internet or telephone questionnaire completed by a patient from constituting an acceptable medical interview for the provision of treatment by telehealth. This act permits such questionnaires if the information provided is sufficient as though the medical evaluation was performed in person, with a report to be provided to the patient's primary health care provider within fourteen days of evaluation, as described in the act. Additionally, current law requires a physician-patient relationship for purposes of telehealth to include a sufficient dialogue with the patient regarding treatment. This act changes "dialogue" to "exchange" with the patient regarding treatment. Finally, current law prohibits a health care provider from prescribing any drug, controlled substance, or other treatment to a patient based solely on an internet request or questionnaire. Under this act, a health care provider shall not prescribe any drug, controlled substance, or other treatment to a patient in the absence of a proper provider-patient relationship. These provisions are substantially similar to SB 108 (2025) and SB 851 (2024) and similar to SCS/SB 418 (2023) and HB 710 (2023).

**DEPARTMENT OF HEALTH AND SENIOR SERVICES CONTRACTS FOR PUBLIC HEALTH (Section 192.021)** This act authorizes the Department of Health and Senior Services to contract with an entity on a qualified vendor list comprised of Missouri affiliates of national public health associations or public health institutes in order to assist in carrying out its duties to promote the health and well-being of Missouri residents. Such contracts may include efforts to assist in the delivery of health services throughout the state and the administration of grant funds and related programs. The Department and the designated affiliate shall provide a report to the General Assembly as specified in the act. This provision is substantially similar to a provision in HCS/SB 94 (2025) and SB 549 (2025).

**LIMITS ON SALE OF OVER-THE-COUNTER DRUGS (Sections 195.417 and 579.060)** Current law prohibits the sale, purchase, or dispensation of ephedrine, phenylpropanolamine, or pseudoephedrine to the same individual in a twelve-month period in any total amount greater than 43.2 grams without a valid prescription. This act changes the total amount to 61.2 grams. These provisions are identical to provisions in SB 548 (2025), SB 143 (2025), SCS/HCS/HB 943 (2025), SCS/SB 317 (2025), SS/SCS/HCS/HB 1659 (2024), and SCS/SB 1485 (2024) and similar to HB 2824 (2024). Beginning October 1, 2026, any manufacturer of any drug product containing any detectable amount of ephedrine, phenylpropanolamine, or pseudoephedrine sold in this state shall pay fees to the administrator of the real-time electronic pseudoephedrine tracking system, as specified in the act. A manufacturer who fails to knowingly pay such fee shall have committed the offense of unlawful sale, distribution, or purchase of over-the-counter methamphetamine precursor drugs, which is a Class A misdemeanor. These provisions are identical to a provision in SB 725 (2025) and HB 1036 (2025).

**ADMINISTRATION OF MEDICATIONS (Sections 196.990 and 335.081)** This act adds licensed long-term care facilities and child care facilities to the definition of "authorized entity" in current law permitting such entities to stock a supply of epinephrine delivery devices for use in an emergency. Additionally, the administration by technicians, nurses, aides, or their equivalent in long-term care facilities of epinephrine delivery devices and subcutaneous injectable medications to treat diabetes shall not be prohibited by nurse licensing laws. These provisions are similar to provisions in SCS/HCS/HB 943 (2025), SB 548 (2025), SCS/SB 317 (2025), and HCS/HB 2824 (2024).

**HOSPITAL WORKPLACE VIOLENCE (Section 197.708)** Under this act, each hospital shall prominently display a printed sign, in all capital letters, warning that assaulting a health care professional is a serious crime which may be punishable as a class A misdemeanor. This provision is identical to a provision HCS/SB 94 (2025) and HCS/HB 1213 (2025) and substantially similar to SB 791 (2025).

**INSPECTIONS OF LONG-TERM CARE FACILITIES (Sections 198.022 and 198.070)** Under this act, the Department of Health and Senior Services may accept, in lieu of an inspection conducted by the Department, a written report of a survey or inspection conducted by any state or federal agency, provided the survey or inspection is comparable in scope or method to the Department's inspections and conducted in accordance with Title XVIII of the Social Security Act. A residential care or assisted living facility shall be subject to an inspection by the Department if the facility fails to maintain an accredited status by a recognized accreditation entity. Finally, if a facility exempt from an annual inspection under this act has one or more violations of any class I standards, then the facility shall be subject to a full inspection by the Department. This provision is substantially similar to a provision in SCS/HCS/HB 943 (2025) and similar to SB 689 (2025).

**MO HEALTHNET COVERAGE OF CERTAIN CLINICAL PATHOLOGY SERVICES (Section 208.149)** This act requires that the fee for the professional



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component of clinical pathology services shall be paid by MO HealthNet for professional services provided by a hospital-based pathologist for inpatient clinical pathology services rendered to MO HealthNet patients. The reimbursement shall be set at thirty percent of the approved outpatient simplified fee schedule based on Medicare's clinical laboratory fee schedule, as described in the act. This provision is identical to a provision in HCS/SB 94 (2025) and SCS/HCS/HB 943 (2025). FOOD-BORNE ALLERGIES (Section 210.225) This act establishes "Elijah's Law". Before July 1, 2028, each licensed child care provider shall adopt a policy on allergy prevention and response with a focus on potentially deadly food-borne allergies, as specified in the act. The Department of Elementary and Secondary Education shall develop a model policy or policies before July 1, 2027. This provision is substantially similar to SB 783 (2025) and HB 580 (2025). PRACTICE OF DENTISTRY IN CORRECTIONAL CENTERS (Section 332.081) Current law provides that no corporation shall practice dentistry unless that corporation is a nonprofit corporation or a professional corporation under Missouri law. This act provides that such provision shall not apply to entities contracted with the state to provide care in correctional centers. This provision is identical to a provision in SCS/HCS/HB 943 (2025), SB 143 (2025), SB 548 (2025), SCS/SB 317 (2025), SS/SCS/HCS/HB 1659 (2024), SB 1287 (2024), and HB 2280 (2024). ADMINISTRATION OF CERTAIN VACCINES (Section 338.010) This act provides that the practice of pharmacy shall include the ordering and administering of vaccines, except for the vaccine for chikungunya and those vaccines approved by the U.S. Food and Drug Administration after January 1, 2026, instead those after January 1, 2023. This provision is substantially similar to a provision in SCS/HCS/HB 943 (2025), SB 548 (2025), SCS/SB 317 (2025), SB 1455 (2024), SCS/HB 2280 (2024), and HB 2879 (2024). LICENSURE OF WHOLESALE DRUG DISTRIBUTORS (Section 338.333) Under this act, the Board of Pharmacy may permit an out-of-state wholesale drug distributor or third-party logistics provider to be licensed in this state despite not having a license issued by the distributor's or provider's resident state if the distributor or provider has a current and valid drug distributor accreditation from the National Association of Boards of Pharmacy. This provision is identical to a provision in SCS/HCS/HB 943 (2025), HCS/SB 94 (2025), and HB 1465 (2025). RX CARES FOR MISSOURI PROGRAM (Section 338.710) This act removes the expiration date of August 28, 2026, from the "RX Cares for Missouri Program". This provision is identical to HB 1445 (2025). INSURANCE COVERAGE OF ANESTHESIA SERVICES (Section 376.1245) Under this act, no health carrier or health benefit plan shall establish, implement, or enforce any policy that imposes a time limit for the payment of anesthesia services provided during a medical or surgical procedure, as described in the act. This provision is identical to a provision in SCS/HCS/HB 943 (2025), HCS/SB 94 (2025), and HCS/HBs 1126 & 932 (2025). INSURANCE COVERAGE OF ALTERNATIVES TO OPIOID DRUGS (Section 376.1280) This act provides that if an enrollee has an elevated risk of opioid misuse, as defined in the act, the enrollee's health benefit plan shall not deny coverage of a non-opioid prescription drug in favor of an opioid drug, require the enrollee to try an opioid drug before covering the non-opioid prescription drug, or require a higher level of cost-sharing for a non-opioid prescription drug than for an opioid drug. This act shall apply to health benefit plans delivered, issued for delivery, continued, or renewed in this state on or after January 1, 2027. This provision is substantially similar to SB 902 (2026) and substantially similar to SB 158 (2025). SARAH HASKINS

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## **SB846 - Sen. Justin Brown (R) - Enacts provisions relating to insurance coverage of health care services**

### **Summary**

SB 846 - This act enacts provisions relating to insurance coverage of pharmacy services. CLINICIAN-ADMINISTERED DRUGS (Section 376.411) This act provides that a health carrier or pharmacy



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benefits manager (PBM) shall not impose any penalty, impediment, differentiation, or limitation on participating providers for providing medically necessary clinician-administered drugs, regardless of whether the participating provider obtains the drugs from an in-network provider, including but not limited to refusing to approve or pay, or reimbursing less than the contracted payment amount.

Carriers and PBMs shall not impose any penalty, impediment, differentiation, or limitation on a covered person who is administered medically necessary clinician-administered drugs, regardless of whether the participating provider obtains the drugs from an in-network provider, including but not limited to: limiting coverage or benefits; requiring an additional fee, higher co-payment, or higher coinsurance amount; or interfering with a patient's ability to obtain a clinician-administered drug from the patient's provider or pharmacy of choice by any means, including but not limited to inducing, steering, or offering financial or other incentives.

Carriers and PBMs shall not impose any penalty, impediment, differentiation, or limitation on any pharmacy that is dispensing medically necessary clinician-administered drugs, regardless of whether the participating provider obtains the drugs from an in-network provider, including but not limited to requiring a pharmacy to dispense the drugs to a patient with the intention that the patient will transport the medication to a health care provider for administration. These provisions shall not apply if the clinician-administered drug is not otherwise covered by the carrier or PBM.

These provisions are identical to provisions in SB 13 (2025), the introduced SB 751 (2024), HCS/HB 2267 (2024), SB 26 (2023), HCS/HB 198 (2023), SB 1129 (2022), and HB 2305 (2022), and similar to provisions in SB 921 (2022), SB 1129 (2022), and HB 2305 (2022). REFERENCE PRODUCTS AND BIOSIMILARS (Section 376.415) A health carrier or PBM providing coverage for a reference product or a biological product that is biosimilar to the reference product shall provide coverage for the reference product and all biological products that have been deemed biosimilar to the reference product. The scope, extent, and amount of the required coverage shall be the same, including but not limited to any payment limitations or cost-sharing obligations.

These provisions are identical to provisions in SB 13 (2025), the introduced SB 751 (2024), HCS/HB 2267 (2024), SB 26 (2023), HCS/HB 198 (2023), SB 1129 (2022), and HB 2305 (2022), and similar to provisions in SB 921 (2022), SB 1129 (2022), and HB 2305 (2022). 340B DRUG PRICING PROGRAM (Section 376.416) Under this act, no health carrier or pharmacy benefits

manager (PBM) shall discriminate against a covered entity or a pharmacy, as such terms are defined in the act, by:

- Reimbursing a covered entity or pharmacy for a quantity of a 340B drug, as defined in the act, in an amount less than the carrier, PBM, or affiliate would pay to any other similarly situated pharmacy for such quantity of the drug on the basis that the entity or pharmacy is a covered entity or a pharmacy, or that the entity or pharmacy dispenses 340B drugs. (Section 376.416.2(1));

- Imposing any terms or conditions on covered entities or pharmacies which differ from the terms or conditions applicable to other similarly situated pharmacies or entities on the basis that the entity or pharmacy is a covered entity or dispenses 340B drugs, including but not limited to certain terms and conditions described in the act. (Section 376.416.2(2));
- Interfering with an individual's choice to receive a 340B drug from a covered entity or pharmacy. (Section 376.416.2(3));

- Discriminating in reimbursement to a covered entity or pharmacy based on the determination or indication a drug is a 340B drug. (Section 376.416.2(4));

- Requiring a covered entity or pharmacy to identify a 340B drug sooner than 45 days after the point of sale of the drug. (Section 376.416.2(5));

- Refusing to contract with a covered entity or pharmacy for reasons other than those that apply equally to entities or pharmacies that are not covered entities or similarly situated pharmacies, or on the basis that the entity or pharmacy is a covered entity as described under federal law, or on the basis that the entity or pharmacy is described as a covered entity under provisions of federal law. (Section 376.416.2(6));
- Denying the covered entity the ability to purchase drugs at 340B program pricing by substituting a rebate discount. (Section 376.416.2(7));

- Refusing to cover drugs purchased under the 340B drug pricing program. (Section 376.416.2(8)); or
- Requiring a covered entity or pharmacy to reverse, resubmit, or clarify a 340B-drug pricing claim after the initial adjudication unless these actions are in the normal course of pharmacy business and not related to the 340B drug pricing, except as required by federal law. (Section 376.416.2(9)).

The Director of the Department of Commerce and Insurance shall impose a civil penalty on any health carrier or PBM violating certain provisions of the act, not to exceed \$5,000 per violation per day. (Section 376.416.3). These provisions are identical to provisions in SB 13 (2025), and similar to provisions in SB 372 (2025), HB 784 (2025), HB 785



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(2025), HB 943 (2025), the introduced SB 751 (2024), SCS/SBs 978 & 1035 (2024), SB 1213 (2024), HCS/HB 2267 (2024), HB 1977 (2024), SB 26 (2023), HCS/HB 198 (2023), SB 426 (2023), HB 197 (2023), SB 921 (2022), HCS/HB 1677 (2022), SB 1129 (2022), and HB 2305 (2022).PRIOR AUTHORIZATION OF HEALTH CARE SERVICES (Sections 376.2100, 376.2102, 376.2104, 376.2106, and 376.2108) This act enacts provisions relating to prior authorization of health care services. Beginning January 1, 2027, 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. Also beginning January 1, 2027, 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 or utilization review entities may elect to have certain hospitals determine which of certain conditions, laid out in the act, the hospital will comply with in order to obtain a prior authorization exemption under the act. Exemptions from prior authorization under the act shall not apply to: pharmacy services, not to exceed the amount of \$100,000; imaging services, not to exceed \$100,000; cosmetic procedures that are not medically necessary; or investigative or experimental treatments. Maximum dollar amounts for these exceptions shall be adjusted annually for inflation as described in the act. The act further specifies certain prior authorization requests that shall not be included in making determinations under the act, specifies identification methods for the providers, includes provisions for the auditing and retraction of determinations under the act, allows for health carriers and utilization review entities to require providers to use an online portal to submit prior authorization requests, requires adverse determinations under the act to be reviewed by a clinical peer of the provider, and requires a grace period for patients who have received prior authorization for a 90-day supply of medication. 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. 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. These provisions 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. These provisions are identical to HCS/SS#2/SB 79 (2025), HB 618 (2025), and similar to SB 230 (2025), SB 983 (2024), HB 1976 (2024), SB 576 (2023), and HB 1045 (2023).TAYLOR MIDDLETON

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## **SB848 - Sen. Justin Brown (R) - Repeals a provision of law relating to state-based health benefit exchanges**

### **Summary**

SB 848 - This act repeals a provision of current law prohibiting the establishment of a state-based health benefit exchange under certain circumstances.TAYLOR MIDDLETON

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## **SB878 - Sen. Travis Fitzwater (R) - Modifies provisions relating to pharmaceutical drugs and devices**

### **Summary**

SS/SCS/SB 878 - This act modifies provisions relating to duties of a pharmacist. PRACTICE OF PHARMACY (SECTION 338.010) Currently, the practice of pharmacy includes the ordering and administration of vaccines approved or authorized by the FDA, but excludes certain vaccines and those vaccines approved after January 1, 2023. This act instead provides that the practice of pharmacy includes the ordering and administration of certain vaccines approved or authorized by the FDA as of January 1, 2026, but excludes certain vaccines and those that are not included by joint rules promulgated by the Board of Pharmacy and the State Board of Registration for the Healing Arts. MEDICATION THERAPEUTIC PLAN AUTHORITY (SECTION 338.012) Currently, a pharmacist with a certificate of medication therapeutic plan authority can provide certain medication therapy services if there is a statewide order issued by the Director or the Chief Medical Officer of the Department of Health and Senior Services if such person is a licensed physician or by a licensed physician designated by the Department. This act repeals this language and authorizes the provision of such medication therapy services pursuant to rules established by the Board of Pharmacy and the State Board of Registration for the Healing Arts. MEDICAL DEVICE PRESCRIPTIONS (SECTION 338.206) This act authorizes pharmacists to prescribe medical devices, as defined in the act. The Board of Pharmacy and the State Board of Registration for the Healing Arts shall jointly promulgate rules to implement this provision within six months of the effective date of this act. DISPENSING OF IVERMECTIN & HYDROXYCHLOROQUINE (SECTION 338.208) Under this act, a pharmacist may dispense ivermectin and hydroxychloroquine to a person, without a prescription order, upon the approval of a warning label for the use and indication in accordance with any written, standardized procedures or protocols issued by the Board of Pharmacy. NONPROFIT PHARMACY EMERGENCY WAIVERS (SECTION 338.312) The Board of Pharmacy shall have the authority to waive compliance with any Missouri rule or regulation for nonprofit pharmacies dispensing, shipping, or delivering prescription drugs into another state or United States territory that is experiencing a declared state disaster or emergency, provided that: (1) The nonprofit pharmacy is a licensed pharmacy in good standing and is authorized to ship prescription drugs into such state or territory; (2) The nonprofit pharmacy is responding to a declared state disaster or emergency; (3) The nonprofit pharmacy complies with all emergency rules and regulations for pharmacies and nonprofit pharmacies established by the state or territory for the duration of the disaster period; (4) The nonprofit pharmacy complies with all applicable federal laws and regulations; and (5) The waiver applies only to prescription drugs dispensed, shipped, or delivered to residents or health care facilities located within the geographic area specified in the declared state disaster or emergency. This provision is identical to SB 1640 (2026). KATIE O'BRIEN

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## **SB884 - Sen. Rusty Black (R) - Provides that the practice of optometry shall include the use of injectable agents and surgical procedures for certain purposes**

### **Summary**

SB 884 - Currently, the practice of optometry does not include the provision of surgical procedures, including the use of lasers, and does not include the use of injectable agents. Under this act, the practice of optometry shall include the use of injectable agents for the purpose of treatment of the eye and adnexa and shall include surgical procedures, except as otherwise specified and limited by the



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Board of Optometry. This act is identical to SB 219 (2025) and HB 929 (2025) and is similar to SB 956 (2024) and HB 1963 (2024).KATIE O'BRIEN

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## **SB887 - Sen. Nick Schroer (R) - Establishes the "Missouri Lyme Disease Eradication Act"**

### **Summary**

SB 887 - This act establishes the "Missouri Lyme Disease Eradication Act". First, Lyme disease is added to the list of diseases that must be reported to the Department of Health and Senior Services by health care providers, laboratories, and local health departments. The Department shall compile an annual report on the incidence and prevalence of Lyme disease in Missouri, as described in the act. The Department shall also collaborate with public four-year institutions of higher education to integrate Lyme disease surveillance data into existing tick-borne disease monitoring programs. Next, this act creates the "Lyme Research and Eradication Fund" in the state treasury. The Department shall use the moneys in the fund to distribute grants for the purposes of developing treatments, studying novel therapies, and researching eradication strategies. Grants shall be prioritized as described in the act, with no less than 20% of funds utilized to support eradication efforts in rural counties. Under this act, a health care provider shall not be subject to any discipline, suspension, or revocation of license or denial of a license renewal, solely for prescribing, administering, or dispensing treatments or therapies for Lyme disease or Post-Treatment Lyme Disease Syndrome (PTLDS), including extended antibiotic therapy or similar treatment deemed medically necessary. Finally, this act requires every health carrier or health benefit plan offering or issuing health benefit plans in the state on or after January 1, 2027, to provide coverage for diagnostic testing, treatment, and management of Lyme disease and PTLDS for insured persons who receive a diagnosis from a licensed health care provider, including testing, antibiotic therapy, supportive therapies, and holistic or herbal supplements and therapies. Coverage shall be subject to the same deductibles, coinsurance, and out-of-pocket maximums as apply to other services covered under the plan for nonpreventative services. The carrier or plan shall not deny or limit coverage for Lyme disease tests or treatments based solely on guidelines that deem extended antibiotic therapy to be experimental, impose step therapy or prior authorization requirements described in the act, or rescind coverage retroactively for related claims without evidence of fraud. By July 1 each year, each carrier and plan shall report certain Lyme disease-related data to the Director of the Department of Commerce and Insurance, who shall share the data with the General Assembly and the Department of Health and Senior Services to inform research priorities.SARAH HASKINS

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## **SB895 - Sen. Ben Brown (R) - Modifies provisions relating to professional licensing**

### **Summary**

SB 895 - Under this act, any person who has at least 3 years of work experience in an occupation or profession in another state or the District of Columbia that does not use a license to regulate that occupation or profession may submit an application for a license in Missouri, with proof of experience and U.S. citizenship, to the relevant oversight body. Within 45 days of receiving the application, the oversight body shall make a determination of qualification. The oversight body shall require an



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applicant to take and pass a profession-specific examination and may require an examination specific to Missouri laws. A license issued under this act shall be a one-time, non-renewable, two-year temporary license. If the applicant is not residing in Missouri, the oversight body shall conditionally approve the application. If an applicant fails to provide proof of domicile in Missouri within 90 days of receipt of temporary license, the oversight body may terminate the temporary license and the applicant may reapply for the temporary license. Upon expiration of the temporary license, individuals shall be required to apply for a permanent license, consistent with the licensure and application requirements of that license as set forth in statute and rule. A license issued under this act shall not be qualified for reciprocity with another state or as part of an interstate compact. The provisions of this act shall not apply to certain specified professions. This act is identical to a provision in SS/SB 61 (2025) and in the perfected HB 478 (2025) and is similar to a provision in SB 817 (2024), in HCS/SS#2/SCS/SB 88 (2023) and HB 1900 (2022). KATIE O'BRIEN

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## **SB897 - Sen. Ben Brown (R) - Enacts provisions relating to prior authorization of health care services**

### **Summary**

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. 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). TAYLOR MIDDLETON

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## **SB929 - Sen. Patty Lewis (D) - Enacts provisions relating to insurance coverage of self-administered hormonal contraceptives**

### **Summary**

SB 929 - Under this act, current law requiring certain health benefit plans to provide coverage for contraceptives lasting up to 90 days, or 180 days for generic self-administered hormonal contraceptives, shall no longer be in effect after December 31, 2026. Instead, certain health benefit plans issued or renewed on or after January 1, 2027, shall be required to cover a supply of self-



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administered hormonal contraceptives, including brand-name and generic contraceptives, intended to last up to one year. This act is similar to a provision in SCS/SB 178 (2025), HCS/SS/SB 7 (2025), HCS/SB 94 (2025), the perfected HCS/HB 2413 (2024), SB 821 (2024), and SB 1321 (2024).TAYLOR MIDDLETON

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## **SB930 - Sen. Patty Lewis (D) - Creates provisions relating to anesthesia services**

### **Summary**

SB 930 - Under this act, no health carrier or health benefit plan shall establish, implement, or enforce any policy that imposes a time limit for the payment of anesthesia services provided during a medical or surgical procedure, as described in the act. This provision is identical to provisions in HCS/SB 94 (2025), HCS/HBs 1126 & 932 (2025), and SCS/HCS/HB 94 (2025).TAYLOR MIDDLETON

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## **SB968 - Sen. Travis Fitzwater (R) - Modifies provisions relating to pharmacy benefits managers**

### **Summary**

SB 968 - Under this act, no pharmacy benefits manager shall prohibit or limit a covered person from selecting a pharmacy or pharmacist of their choice or impose a monetary advantage or penalty that would affect a covered person's choice if a pharmacy or pharmacist has agreed to participate in a covered person's health benefit plan. A pharmacy benefits manager shall not impose upon a pharmacy or pharmacist any course of study, accreditation, certification, or credentialing as a condition of participation that is inconsistent with, more stringent than, or in addition to what is required under state law. Additionally, a pharmacy benefits manager shall not pay or reimburse a pharmacy or pharmacist for an amount less than the most recently published National Average Drug Acquisition Cost (NADAC) for a prescription drug. This act requires a pharmacy benefits manager to reimburse pharmacies for a drug at an amount that is the greater of the maximum allowable cost (MAC) pricing or the current NADAC pricing. Additionally, no pharmacy benefits manager shall retaliate against a contracted pharmacy for exercising its right to appeal a reimbursement dispute to the pharmacy benefits manager. A pharmacy benefits manager shall reimburse any pharmacist or pharmacy located in this state for an amount equal to what the pharmacy benefits manager reimburses a pharmacy benefits manager affiliate for dispensing the same prescription drug. Finally, in addition to the reimbursement amounts determined by the MAC and NADAC, a pharmacy benefits manager shall reimburse a pharmacy or pharmacist a dispensing fee no less than 90% of the MO HealthNet professional dispensing fee in effect on the date of service.TAYLOR MIDDLETON

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## **SB979 - Sen. Nick Schroer (R) - Modifies provisions relating to advanced practice registered nurses**

### **Summary**

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. This act is identical to SB 1016 (2026), provisions in SB 1719 (2026), HB 3040 (2026), SCS/SBs 144 & 179 (2025) and contains provisions identical to provisions in SB 809 (2024) and is substantially similar to HB 1875 (2024).KATIE O'BRIEN

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## **SB1016 - Sen. Patty Lewis (D) - Modifies provisions relating to advanced practice registered nurses**

### **Summary**

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. 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 SB 979 (2026), provisions in SB 1719 (2026), HB 3040 (2026), SCS/SBs 144 & 179 (2025), contains provisions identical to SB 809 (2025), and is substantially similar to HB 1875 (2024).KATIE O'BRIEN



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## **SB1024 - Sen. Karla May (D) - Modifies provisions relating to opioid prescriptions**

### **Summary**

SB 1024 - This act requires practitioners, before an initial opioid prescription and the third in a course of treatment, to consult with the patient as to the risks of taking opioids and alternatives to opioids. The practitioner shall make note of the consultation in the patient's medical record. The provisions of this act shall not apply to those in hospice or palliative care, in a long-term care facility, or receiving treatment for cancer, substance abuse, or opioid dependence. This act is identical to SB 17 (2025), SB 943 (2024), and SB 673 (2023) and substantially similar to a provision in SS/SB 830 (2024).SARAH HASKINS

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## **SB1047 - Sen. Angela Mosley (D) - Enacts provisions relating to insurance coverage for cancer treatment**

### **Summary**

SB 1047 - This act enacts "The Missouri Advanced Stage Cancer Cost Burden Cap". The act provides that no health benefit plan shall impose cost-sharing for treatment of advanced stage cancer, as defined in the act, other than the deductible otherwise applicable under the plan. This act is identical to SB 308 (2025) and SB 1102 (2024).TAYLOR MIDDLETON

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## **SB1064 - Sen. Ben Brown (R) - Modifies provisions relating to tobacco product regulations**

### **Summary**

SB 1064 - Under this act, the state's laws shall preempt any local laws, ordinances, orders, rules, or regulations enacted by a county, municipality, or other political subdivision of the state regulating the sale of tobacco products, alternative nicotine products, or vapor products. Additionally, nothing in this act shall be construed to prohibit counties, municipalities, and other political subdivisions from enforcing ordinances and regulations that prevent the sale of tobacco products, alternative nicotine products, or vapor products to persons under the age of 21. Finally, the provisions of this act shall not be construed to preempt any local laws, ordinances, orders, rules, or regulations relating to tobacco products, alternative nicotine products, or vapor products enacted by a county, municipality, or other political subdivision in effect as of January 1, 2026. This act is substantially similar to SCS/SB 231 (2025) and similar to HCS/HB 344 (2025), SB 911 (2024), SB 522 (2023), HCS/HB 1039 (2023), and SB 1158 (2022).SARAH HASKINS



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## **SB1075 - Sen. Brad Hudson (R) - Creates the "Food is Medicine Act"**

### **Summary**

SB 1075 - This act creates the "Food is Medicine Act". Under this act, the Department of Social Services shall submit a waiver to the Centers for Medicare and Medicaid Services for a "Food is Medicine" program. The program shall be designed to improve health outcomes for MO HealthNet participants with nutrition-related chronic diseases through nutrition services and to reduce the need for medical care for those participants. Covered nutrition services may include case management, nutrition counseling, meals or pantry stocking, nutrition prescriptions, and grocery provisions. When feasible, the MO HealthNet Division shall prioritize the inclusion of community-based organizations and local growers to support the purchase of locally grown food in nutrition prescriptions. SARAH HASKINS

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## **SB1086 - Sen. Joe Nicola (R) - Permits over-the-counter purchase of ivermectin and hydroxychloroquine tablets without a prescription**

### **Summary**

SB 1086 - Under this act, ivermectin and hydroxychloroquine tablets suitable for human use may be sold or purchased as over-the-counter medications in Missouri without a prescription or consultation with a pharmacist or other health care professional. This act is substantially similar to SB 744 (2025) and HB 2581 (2024). SARAH HASKINS

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## **SB1089 - Sen. Maggie Nurrenbern (D) - Requires health benefit plans providing for maternity benefits to cover a home blood pressure monitoring device and associated services for pregnant and postpartum women**

### **Summary**

SB 1089 - This act provides that health benefit plans providing for maternity benefits shall provide coverage for a home blood pressure monitoring device and home blood pressure monitoring device services, as defined in the act, for pregnant and postpartum women. This act contains provisions identical to provisions in SB 539 (2025), substantially similar to provisions in HB 842 (2025), and similar to provisions in SB 498 (2025). TAYLOR MIDDLETON



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## **SB1134 - Sen. Mike Henderson (R) - Establishes provisions requiring health care facilities to display certain signs**

### **Summary**

SB 1134 - Under this act, each health care facility shall prominently display a printed sign, in all capital letters, warning that assaulting a health care professional is a serious crime which may be punishable as a class A misdemeanor. This act is identical to SB 791 (2025) and substantially similar to provisions in HCS/HB 1213 (2025) and HCS/SB 943 (2025).SARAH HASKINS

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## **SB1147 - Sen. Kurtis Gregory (R) - Enacts provisions relating to insurance coverage for mental health treatments**

### **Summary**

SB 1147 - This act provides that health benefit plans shall not impose greater cost-sharing requirements for certain treatment of behavioral or mental health conditions if a hospital is out-of-network, as provided in the act, and that the health carrier shall reimburse the out-of-network hospital for the treatment at the same rate as the hospital would be reimbursed by MO HealthNet or Medicare, whichever is greater. The act also provides that maintaining inadequate behavioral and mental health provider networks, as described in the act, shall be an unlawful practice enforceable under the Missouri Merchandising Practices Act. This act is substantially similar to SB 567 (2025) and similar to SB 550 (2025) and HB 1071 (2025).TAYLOR MIDDLETON

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## **SB1188 - Sen. Mary Elizabeth Coleman (R) - Modifies provisions relating to tax credits**

### **Summary**

SB 1188 - This act modifies provisions relating to tax credits.PROGRAM SUNSETS This act adds a sunset date of August 28, 2032, to the following tax credits and programs:1. Neighborhood Assistance Act (Section 32.125)2. MDFB loan security and contribution tax credit (Section 100.286)3. Jobs Now Act (Section 100.293)4. Business Use Incentives for Large-Scale Development (BUILD) (Section 100.850)5. Investments in Missouri Small Businesses (Section 135.432)6. Youth Opportunities and Violence Prevention (Section 135.460)7. Rehabilitation and Construction of Residences in Distressed Communities (Section 135.487)8. Small Business Expenditures for ADA Access (Section 135.490)9. Community-Based Faculty Preceptor (Section 135.690)10. Residential Treatment Agency Tax Credit (Section 135.1150)11. Developmental Disability Care Provider (Section 135.1180)12. Bank S Corporation Tax Credit (Section 143.471)13. Shared Care Tax Credit (Section 192.2015)14. Family Development Account Contribution Tax Credit (Section 208.770)15. Family Farms Act Tax Credit (Section 348.505)16. Abandoned Property Tax Credit (Section 447.708) This act adds a sunset date of August 28, 2029, to the following tax credits and programs:1. Missouri Working Family Tax Credit (Section 143.177)TAX CREDIT ADMINISTERING AGENCIES This act transfers the administering agency for the following tax credits:1. Surviving Spouses of Public Safety Officers, to the



Department of Public Safety (Section 135.090)2. Adoption Tax Credit Act, to the Department of Social Services (Sections 135.326 and 135.339)3. Champion for Children, to the Department of Social Services (Section 135.341)4. Small Business Expenditures for ADA Access, to the Department of Economic Development (Section 135.490)5. Residential Renovations for Disability, to the Department of Economic Development (Section 135.562)6. Donated Food, to the Department of Social Services (Section 135.647)7. High Ethanol Blend Retailer Tax Credit, to the Department of Agriculture (Section 135.772)8. Biodiesel Blend Retailer Tax Credit, to the Department of Agriculture (Section 135.775)9. Biodiesel Producer Tax Credit, to the Department of Agriculture (Section 135.778)TAX CREDIT ANNUAL LIMITS For the following tax credits, beginning with FY 2027, the act applies an annual limit on the amount of tax credits that may be issued in a fiscal year. The limit shall be equal to the highest amount of tax credits issued for such tax credit during FY 2024-2026 period:1. Surviving Spouses of Public Safety Officers, to the Department of Public Safety (Section 135.090)2. New or Expanded Business Facility (Section 135.110)3. Small Business Expenditures for ADA Access (Section 135.490)4. Residential Treatment Agency Tax Credit (Section 135.1150)5. Developmental Disability Care Provider (Section 135.1180)6. Self-employed Health Insurance Tax Credit (Section 143.119)7. Bank S Corporation Tax Credit (Section 143.471)8. Shared Care Tax Credit (Section 192.2015)9. Abandoned Property Tax Credit (Section 447.708) For the following tax credits, beginning January 1, 2028, the act applies an annual limit on the amount of tax credits that may be issued in a calendar year. The limit shall be equal to the highest amount of tax credits issued for such tax credit during FY 2025-2027 period:1. Missouri Working Family Tax Credit (Section 143.177)TAX CREDIT APPROPRIATIONS (Section 135.835) For all tax years beginning on or after January 1, 2027, this act places a maximum three year carry-forward on all tax credit programs. Additionally, the act subjects all tax credits to appropriations, with the following exceptions:1. Low-Income Housing Tax Credit (Section 135.352)2. Show MO Act (Section 135.750)3. Self-employed Health Insurance Tax Credit (Section 143.119)4. Missouri Working Family Tax Credit (Section 143.177)5. SALT Parity Tax Credit (Section 143.436)6. Bank S Corporation Tax Credit (Section 143.471)7. Bank Franchise Tax Credit (Section 148.030)REPEAL OF TAX CREDITS This act repeals the following tax credit programs:1. Distressed Areas Land Assemblage Tax Credit (Section 99.1205)2. Charcoal Producers Tax Credit (Section 135.313)3. Missouri Certified Capital Company Law (Sections 135.500 to 135.529)4. Distressed Community Tax Credits (Sections 135.535 to 135.546)5. Qualified Beef Tax Credit (Section 135.679)6. Qualified Equity Investment Tax Credit (Sections 135.680 and 135.682)7. Wine and Grape Production Tax Credit (Section 135.700)8. Alternative Fuel Vehicle Refueling Property Tax Credit (Section 135.710)9. Small Business Guaranty Fee Tax Credit (Section 135.766)10. Enhanced Enterprise Zones (Sections 135.950 to 135.973)11. Unmet Health, Hunger, and Hygiene Needs of Children in School Tax Credit (Section 135.1125)12. Higher Education Scholarship Donation Tax Credit (Section 173.196)13. Dry Fire Hydrant Tax Credit (Section 320.093)14. Innovation Center Contribution Tax Credit (Sections 348.300 to 348.318)15. New Enterprise Creation Act (Sections 620.635 to 620.653)16. Missouri Quality Jobs Act (Sections 620.1875 to 620.1890)17. Innovation Campus Tax Credit (Section 620.2600)JOSH NORBERG

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## **SB1190 - Sen. Jill Carter (R) - Modifies provisions relating to medical malpractice actions against health care providers for gender transition services**

### **Summary**

SB 1190 - This act provides that in actions against health care providers where the act of neglect complained of is related to the provision of gender transition surgeries or gender transition services or



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the prescription or administration of cross-sex hormones or puberty-blocking drugs, the action shall be brought within 15 years from the date of discovery of the injury and of the causal relationship between the injury and actions of the health care provider. Additionally, this act establishes a separate cause of action against health care providers for personal injury or death arising out of the rendering or failure to render health care services while in the course of performing a gender transition surgery or other gender transition services or in the course of prescribing or administering cross-sex hormones or puberty-blocking drugs. Any purported waiver of liability by an injured party shall be void and unenforceable. The limitation on damages provided in current law for actions against health care providers shall not apply to actions covered by this act. Rather, a prevailing plaintiff may recover economic, noneconomic, and punitive damages, provided that any award shall include attorney's fees and court costs. Additionally, a prevailing plaintiff shall not recover less than \$500,000 in the aggregate and the judgment against a defendant shall be in an amount of three times the amount of any economic, noneconomic, and punitive damages assessed. KATIE O'BRIEN

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## **SB1233 - Sen. Curtis Trent (R) - Modifies provisions relating to activities requiring licensure**

### **Summary**

COMMITTEE ACTION: Voted "Do Pass with HCS" by the Standing Committee on Professional Registration and Licensing by a vote of 16 to 1. Voted "Do Pass" by the Standing Committee on Rules- Administrative by a vote of 10 to 0. Please see the summary sheet for a description of the House Committee Substitute. The following is a summary of the public testimony from the committee hearing. The testimony was based on the introduced version of the bill. PROPONENTS: Supporters say that this would create a new pathway for someone to become an accountant in Missouri. We currently have a shortage of accountants in Missouri and specifically at the State Auditor's office. This bill could possibly increase the number of accounts in Missouri which could help the recruitment for the State Auditor's office. The bill would also add clarification for where a person seeking to become a speech- language pathologist can do his or her supervised clinical fellowship. Testifying in person for the bill were Senator Trent; Missouri Society of CPAs; Brandon Alexander, Missouri State Auditor's Office; MO-Speech-Language-Hearing Association; National Association Of Social Worker-MO Chapter; and Burrell Behavioral Health. OPPONENTS: There was no opposition voiced to the committee. Written testimony has been submitted for this bill. The full written testimony and witnesses testifying online can be found under Testimony on the bill page on the House website.

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## **SB1236 - Sen. Nick Schroer (R) - Requires physicians to make certain disclosures to patients of benefits received from manufacturers**

### **Summary**

SB 1236 - This act requires physicians to provide to each patient at the patient's office visit a written and verbal notice of the Open Payments database operated by the Centers for Medicare and Medicaid Services pursuant to the federal Physician Payments Sunshine Act, as well as notice of any



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payments the physician is recorded as receiving relating to any pharmaceutical item, drug, or vaccine that the physician is recommending, including any benefits received from the manufacturer of such item, drug, or vaccine. Additionally, the physician, or physician's employer, shall post a specified written notice of the database in each location where the physician practices, as described in the act.

A physician who fails to comply with the provisions of this act shall be subject to discipline by the State Board of Registration for the Healing Arts. The provisions of this act shall not apply to physicians while working in a hospital emergency department. SARAH HASKINS

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## **SB1247 - Sen. Ben Brown (R) - Provides that certified registered nurse anesthetists may select, issue orders for, and administer certain controlled substances**

### **Summary**

SCS/SBs 1247 & 1445 - This act provides that a certified registered nurse anesthetist ("CRNA") may select, issue orders for, and administer certain controlled substances for and while providing anesthesia care to a patient in a licensed facility pursuant to state law. This act shall not be construed as authorizing a CRNA to prescribe such controlled substances and a CRNA shall not be required to obtain a certificate of controlled substance prescriptive authority from the Board of Nursing in order to exercise this prescriptive authority. This act is identical to SB 522 (2025) and SB 545 (2025), is substantially similar to a provision in HB 1981 (2026), in HB 831 (2025), and is similar to a provision in SB 910 (2024), HB 1561 (2024), and HB 1881 (2024). KATIE O'BRIEN

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## **SB1254 - Sen. Joe Nicola (R) - Modifies and creates provisions regarding licensed medical professionals**

### **Summary**

SB 1254 - This act modifies and establishes various provisions relating to licensed medical professionals. TITLES OF PHYSICIANS (SECTION 334.071) This act provides a list of titles and specialty designations that only licensed physicians may use. This provision is identical to HB 1130 (2025). THE PRACTICE OF OPTOMETRY (SECTIONS 336.010 to 336.300) Currently, the practice of optometry includes the removal of superficial foreign bodies from the eye or adnexa, but does not include the use of injectable agents. Under this act, the practice of optometry shall include certain procedures detailed in the act and the use of pharmaceutical agents, including injectable agents other than vaccines, for the purpose of treatment of the eye and adnexa. Additionally, this act provides that an optometrist shall be required to disclose, either verbally or by written communication, to every patient that: (1) The optometrist is not a physician licensed by chapter 334; (2) The patient has the option to seek care from a physician for treatments; and (3) The patient has waived a referral to a physician. Prior to treatment, an optometrist shall be required to obtain informed written consent from a patient, which shall be retained for no less than seven years from the date the written consent was made, and which shall be made available upon request for review by the Board of Optometry and the State Board of Registration for the Healing Arts. Failure to obtain the consent of the patient prior to treatment may result in disciplinary action. Furthermore, this act provides for surgical comanagement, which is defined as the collaboration and sharing of responsibilities among



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ophthalmologists or optometrists with respect to the preoperative or postoperative care of an eye surgery patient. Surgical comanagement is permitted when the following are met:(1) The patient has indicated a preference to have preoperative or postoperative care furnished by an eye care provider other than the operating physician or surgeon; or(2) The distance from the patient's home to the operating physician or surgeon's office would result in an unreasonable hardship; or(3)

Extenuating circumstances exist which prevent the patient from visiting the physician or surgeon's office for routine preoperative or postoperative care and such care can be provided by another qualified eye care provider; or (4) The physician or surgeon chosen by the patient is not available to perform the operation and associated care within reasonable proximity to the patient's home; or(5) The operating physician or surgeon will not be available to provide postoperative care after the surgery, provided that the absence of the operating physician or surgeon does not fall within rules pertaining to patient abandonment or improper itinerant surgery; and(6) The patient chooses to have preoperative or postoperative care furnished by an eye care provider other than the operating physician or surgeon after being fully informed about the proposed comanagement arrangement.

All providers of a surgical comanagement shall be licensed or certified and qualified to perform such services received by the patient. Additionally, none of the comanaging eye care providers shall receive a percentage of the global surgical fee that exceeds the relative value of services provided to an eye surgery patient which are reasonable and necessary for such patient's care. If surgical intervention is required during the postoperative period for medically necessary reasons, an eye surgery patient shall be referred to the original provider or to another provider with comparable skills. Every eye surgery patient shall sign a written notice about the surgical comanagement arrangement and shall be offered a statement acknowledging that the details, as outlined in the act, of the surgical comanagement arrangement have been fully explained to the eye surgery patient. The consent of the comanagement arrangement shall be documented in the patient's medical records maintained by each of the comanaging eye care providers. Furthermore, this act provides that the comanaging eye care providers shall establish protocols governing the manner in which care will be offered and provided to an eye surgery patient. Persons who engage in certain actions shall not receive the protection of the comanagement safe harbor, including fee splitting without providing commensurate medically necessary service, certain actions relating to the referral of care, and actions that are not in the best interest of care for a patient. The State Board of Registration for the Healing Arts and the Board of Optometry shall be responsible for the enforcement of providers covered by this act and may promulgate rules to implement the provisions of this act.

Finally, this act shall not be construed to infringe upon the right of any eye care provider to decide whether to participate in comanagement arrangements nor shall it be construed to limit civil liability of the eye care providers.KATIE O'BRIEN

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## **SB1263 - Sen. Rick Brattin (R) - Establishes "Colton's Law" relating to certain pediatric disorders**

### **Summary**

SB 1263 - This act establishes "Colton's Law." Under this act, MO HealthNet and private health insurance carriers and health benefit plans for plans delivered, issued for delivery, continued, or renewed on or after January 1, 2027, shall provide coverage for medically necessary physician-prescribed treatment for pediatric autoimmune neuropsychiatric disorders associated with streptococcal infections (PANDAS) and pediatric acute-onset neuropsychiatric syndrome (PANS). Coverage shall include antibiotics, medications, behavioral therapies, immunomodulating medicines, plasma exchange, and intravenous immunoglobulin therapy, to the extent described in the act and subject to no greater copayments, coinsurance, or deductibles than similar benefits provided by the health carrier or benefit plan.SARAH HASKINS



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## **SB1275 - Sen. Nick Schroer (R) - Permits over-the-counter purchase of ivermectin and hydroxychloroquine tablets without a prescription**

### **Summary**

SB 1275 - Under this act, ivermectin tablets and hydroxychloroquine tablets shall be available through over-the-counter purchases in Missouri without a prescription or consultation with a health care provider. This act is identical to SB 744 (2025) and substantially similar to HB 2581 (2024).SARAH HASKINS

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## **SB1387 - Sen. Nick Schroer (R) - Modifies provisions relating to autopsies**

### **Summary**

SB 1387 - This act requires coroners and medical examiners, in cases of certain sudden and unexplained deaths involving individuals under 20 years of age, to include microscopic and toxicology studies and a review of the individual's medical and vaccination records in the autopsy. Additionally, the coroner or medical examiner shall report such cases to the Sudden Unexpected Infant Death (SUID) and Sudden Death in the Young (SDY) Case Registry established by the Centers for Disease Control and Prevention and the National Institutes of Health. Failure to do so shall result in the assessment of fines by the Department of Health and Senior Services, as described in the act, and, in the case of continued failures to report cases to the database, the Department shall report those coroners and medical examiners with a professional license to practice to their respective professional licensing boards for discipline.SARAH HASKINS

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## **SB1423 - Sen. Sandy Crawford (R) - Modifies provisions relating to the licensure of physicians**

### **Summary**

SCS/SB 1423 - This act requires a candidate applying for licensure as a physician to submit to a criminal background check and furnish certain educational and experience documents. This act also allows the Board of Registration for the Healing Arts to require applicants to list all licenses to practice as a physician currently or previously held in another state, territory, or country and to disclose any past or pending investigations, discipline, or sanctions for such licenses. The Board may also obtain a report on the applicant from the National Practitioner Data Bank or the Federation of State Medical Boards. This act is identical to HB 2976 (2026), substantially similar to provisions in SCS/SB 292



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(2025), and similar to provisions in SB 1030 (2024), SB 1251 (2024), HB 2349 (2024), HB 2753 (2025), HB 1279 (2023), SB 511 (2023), and SB 538 (2021).SARAH HASKINS

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## **SB1433 - Sen. Barbara Washington (D) - Authorizes a sales tax exemption for diabetic supplies**

### **Summary**

SB 1433 - This act authorizes a sales tax exemption for the sale of all diabetic supplies, as defined in the act.JOSH NORBERG

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## **SB1444 - Sen. Patty Lewis (D) - Creates provisions relating to artificial intelligence in mental health**

### **Summary**

SB 1444 - The act provides that no person or entity that develops or deploys artificial intelligence (AI) shall advertise or represent to the public that the AI is or is able to act as a mental health professional or is capable of providing therapy services. A violation under the act shall be considered an unlawful practice under the Missouri Merchandising Practices Act. The Attorney General shall enforce the provisions of the act. Any individual may report violations of the act to the Attorney General. If the Attorney General finds that a violation occurred, the Attorney General shall commence a civil action. If the court finds that a violation occurred, the court may grant relief as described in the act. JULIA SHEVELEVA

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## **SB1445 - Sen. Patty Lewis (D) - Provides that certified registered nurse anesthetists may select, issue orders for, and administer certain controlled substances**

### **Summary**

SB 1445 - This act provides that a certified registered nurse anesthetist ("CRNA") may select, issue orders for, and administer certain controlled substances for and during the course of providing anesthesia care to a patient in a licensed facility pursuant to state law. This act shall not be construed as authorizing a CRNA to prescribe such controlled substances and a CRNA shall not be required to obtain a certificate of controlled substance prescriptive authority from the Board of Nursing in order to exercise this prescriptive authority. This act is identical to SB 1247 (2026), SB 545 (2025), and SB 522 (2025), is substantially similar to a provision in HB 1981 (2026), in HB 831 (2025), and is similar to a provision in SB 910 (2024), HB 1561 (2024), and HB 1881 (2024).KATIE O'BRIEN



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## **SB1447 - Sen. Nick Schroer (R) - Enacts provisions relating to health care provider participation in health insurance plans**

### **Summary**

SB 1447 - This act creates the "Patients First Act", which directs the Department of Commerce and Insurance to implement and enforce certain provisions of the federal Public Health Service Act. Insurers shall not discriminate with respect to participation under the plan or coverage against any health care provider who is acting within the scope of that provider's license or certification under state law. Health benefit plans shall not discriminate against health care providers based on the providers' licensure with respect to reimbursement or participation in any plan or insurance program. All health care providers shall be reimbursed at the same rate for the same service as long as the service is within the provider's scope of practice. The act shall not be construed as preventing a group health plan or a health insurance issuer from establishing varying reimbursement rates based on quality or performance measures. Nothing in this act shall apply to licensed physicians. This act is identical to HB 1894 (2026), substantially similar to SB 499 (2025), and similar to HCS/HB 530 (2025), HB 309 (2025), HB 2733 (2024), SB 558 (2023), and HB 935 (2023). TAYLOR MIDDLETON

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## **SB1449 - Sen. Nick Schroer (R) - Enacts provisions relating to insurance coverage of alternatives to opioid drugs**

### **Summary**

SB 1449 - This act provides that an enrollee's health benefit plan shall not deny coverage of a nonopioid prescription drug in favor of an opioid drug, require the enrollee to try an opioid drug before covering the nonopioid prescription drug, or require a higher level of cost-sharing for a nonopioid prescription drug than for an opioid drug. This act shall apply to health benefit plans delivered, issued for delivery, continued, or renewed in this state on or after January 1, 2027. This act is identical to SB 902 (2026) and SB 1350 (2026) and similar to SB 158 (2025), HB 804 (2025), and provisions in HCS/SS/SB 7 (2025). TAYLOR MIDDLETON

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## **SB1453 - Sen. Justin Brown (R) - Modifies provisions relating to telemedicine**

### **Summary**

SB 1453 - Currently, the establishment of a physician-patient relationship for purposes of telehealth shall include an interview and a physical examination. Under this act, an evaluation is required, but a physical examination shall be required only if needed to meet the standard of care. Current law prohibits the use of an internet or telephone questionnaire completed by a patient from constituting an acceptable medical interview for the provision of treatment by telehealth. This act permits such



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questionnaires if the information provided is sufficient as though the medical evaluation was performed in person and has been reviewed by the treating health care professional. Any provider that uses a questionnaire to establish a physician-patient relationship through telemedicine shall be employed or contracted with a business entity that is licensed to provide health care in this state.

A health care provider using a medical evaluation questionnaire completed by a patient over the internet or telephone shall provide a written report to the patient's primary health care provider within 14 days of evaluation regarding the diagnosis and treatment of the patient. Additionally, current law requires a physician-patient relationship for purposes of telehealth to include a sufficient dialogue with the patient regarding treatment. This act changes "dialogue" to "exchange" with the patient regarding treatment. Finally, current law prohibits a health care provider from prescribing any drug, controlled substance, or other treatment to a patient based solely on an internet request or questionnaire. Under this act, a health care provider shall not prescribe any drug, controlled substance, or other treatment to a patient in the absence of a proper provider-patient relationship.

Medical records of any drug, controlled substance, or treatment prescribed to a patient through telemedicine shall be collected, stored, and maintained, in compliance with the federal Health Insurance Portability and Accountability Act (HIPAA). This act is substantially similar to HCS/HB 710 (2025) and similar to SB 108 (2025), SB 851 (2024), SCS/SB 418 (2023), and HB 710 (2023).SARAH HASKINS

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## **SB1454 - Sen. Justin Brown (R) - Modifies provisions relating to alternative therapies**

### **Summary**

SB 1454 - This act modifies current law on the use of investigational drugs and devices for individuals with terminal illnesses to include those individuals with life-threatening or severely debilitating conditions or illnesses. Currently, investigational drugs shall not include Schedule I controlled substances. This act repeals that prohibition. This act is substantially similar to a provision of SCS/SB 90 (2025) and SCS/SB 768 (2024).SARAH HASKINS

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## **SB1469 - Sen. Jamie Burger (R) - Establishes provisions for MO HealthNet reimbursement for clinical pathology services**

### **Summary**

SB 1469 - This act requires that the fee for the professional component of clinical pathology services shall be paid by MO HealthNet for professional services provided by a hospital-based pathologist for inpatient clinical pathology services rendered to MO HealthNet patients. The reimbursement shall be set at thirty percent of the approved outpatient simplified fee schedule based on Medicare's clinical laboratory fee schedule, as described in the act. This act is identical to a provision in SB 841 (2026), HB 1599 (2025), HCS/SB 94 (2025), and SCS/HCS/HB 943 (2025).SARAH HASKINS



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## **SB1479 - Sen. Joe Nicola (R) - Authorizes state agencies to incorporate certain Medicaid regulations by reference when promulgating rules**

### **Summary**

SB 1479 - Currently, a state agency may incorporate by reference certain federal or nationally or state-recognized rules, regulations, standards, and guidelines in rules promulgated by the state agency. This act provides that Medicaid regulations promulgated by a state agency may incorporate by reference Medicaid fee schedules, later additions to Medicaid reimbursement methodologies, and later additions to federal rules and regulations needed to administer the Missouri Medicaid program. JIM ERTLE

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## **SB1489 - Sen. Kurtis Gregory (R) - Permits over-the-counter purchase of ivermectin and hydroxychloroquine tablets without a prescription**

### **Summary**

SB 1489 - Under this act, ivermectin and hydroxychloroquine tablets suitable for human use may be sold or purchased as over-the-counter medications in Missouri without a prescription or consultation with a pharmacist or other health care professional. This act has an emergency clause. This act is identical to HB 2293 (2026) and substantially similar to SB 1066 (2026), SB 1275 (2026), HB 1684 (2026), SB 744 (2025), and HB 2581 (2024). SARAH HASKINS

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## **SB1492 - Sen. Jason Bean (R) - Establishes the PA Licensure Compact**

### **Summary**

SB 1492 - This act establishes provisions relating to licensure of physician assistants, including license reciprocity and the Physician Assistant Licensure Compact. RECIPROCITY FOR PHYSICIAN ASSISTANTS (SECTIONS 334.742) Current law provides that any nonresident who enters the state and intends to practice as a physician assistant may apply for a license, provided that the applicant meets the requirements imposed by a certifying entity recognized by the Department of Commerce and Insurance. This act repeals this provision and instead provides that the State Board of Registration for the Healing Arts ("Board") shall waive, within six months, any examination, educational, or experience requirements for licensure to any person who holds a valid physician assistant license issued by another jurisdiction or branch of the Armed Forces of the United States and who has been licensed for at least one year if it determines that the person met the minimum requirements of the other state. The Board may require an applicant to take and pass an examination specific to Missouri law. For military spouses with licensure in another state, the Board shall waive such examination, educational, or experience requirements and issue a license within thirty days.



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The Board shall not waive any examination, educational, or experience requirements for any person who has a revoked license, is currently under investigation or disciplinary action, has a complaint pending, does not hold a license in good standing, has a criminal record which would disqualify the person from licensure in this state, or does not hold a valid current license in the other jurisdiction on the date of receipt by the Board of his or her application. Additionally, any person who is licensed under this act shall be subject to the Board's jurisdiction and all rules and regulations. Finally, this act shall not be construed to waive any requirement for fees of licensure. These provisions are identical to provisions in HB 1388 (2025).PHYSICIAN ASSISTANT LICENSURE COMPACT (SECTION 334.1800) This act establishes the Physician Assistant Licensure Compact ("Compact"), which allows for the interstate licensure of physician assistants. The Compact sets forth the requirements to be met in order for a state to join and maintain membership in the Compact. Additionally, the Compact provides the requirements for a physician assistant to obtain and exercise the ability to practice in the remote participating states. A compact privilege expires when the licensee's qualifying license in the participating state from which the licensee applied for the compact privilege expires. A participating state in which a licensee is licensed shall have exclusive power to impose adverse actions against the license issued by that state. A remote state shall have the authority to take adverse action to remove the compact privilege within that state for a physician assistant. Participating states may also conduct joint investigations with other participating states. Participating states shall report licensure data along with any adverse action and significant investigative information to the data system established in the Compact. Additionally, the Compact creates the PA Licensure Compact Commission ("Commission"), which is a joint government agency of participating states with the power to administer and implement the Compact. Each participating state shall be entitled to one delegate, who shall be selected by the state's licensing authority for physician assistants and who shall either be a current physician assistant, physician, or member or administrator of the licensing board. The Commission shall meet at least once a year. Additionally, there shall be an Executive Committee to act on behalf of the Commission, including on day-to-day activities related to the administration of the Compact. The Executive Committee shall be composed of seven members from the current Commission and two of members from national professional and certification organizations. The Commission may levy and collect an annual assessment from each participating state and impose fees on licensees to whom it grants compact privileges to cover the costs of the operations and activities of the Commission and its staff. Commissioners, officers, executive directors, employees, and agents of the Commission shall be immune from liability, both personally and in their official capacity, for any claim for damages arising out of any acts or omissions that occurred within the scope of the Commission's employment, duties, or responsibilities, except for those damages caused by intentional or willful or wanton misconduct. The procurement of insurance by the Commission shall not limit such immunity. For any actions by or against the Commission, venue is proper in a court of competent jurisdiction where the principal office of the Commission is located. Upon enactment, the Compact shall be reviewed by the Commission to determine if it is materially different from the Model Compact and whether the state qualifies for participation in the Compact. Any state that adopts the Compact subsequent to the Commission's initial adoption of the rules and bylaws shall be subject to the rules and bylaws existing on the date on which the Compact becomes law. Any participating state may withdraw from the Compact by repealing the Compact, but such withdrawal shall not take effect until 180 days after the enactment of the repeal. If a state defaults in the performance of its obligations or responsibilities under the Compact or its rules, the Commission, after notifying state officials and upon a majority vote of the Commission, may terminate membership of the defaulting state. Finally, the Compact shall be binding upon participating states and shall supersede any conflict with state law. This act is identical to HB 1388 (2025).KATIE O'BRIEN

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**SB1525 - Sen. Jamie Burger (R) - Modifies provisions relating to public health services**

May 1, 2026



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## Summary

SB 1525 - This act authorizes the Department of Health and Senior Services to contract with a Missouri affiliate of a national public health association or public health institute, or a similar or successor entity, in order to assist in carrying out its duties to promote the health and well-being of Missouri residents. Such contracts may include efforts to assist in the delivery of health services throughout the state and the administration of grant funds and related programs. The Department and the designated affiliate shall provide a report to the General Assembly as specified in the act.

This act is substantially similar to provisions in SB 841 (2026), SB 1037 (2026), HCS/SB 94 (2025), and SB 549 (2025). SARAH HASKINS

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## **SB1528 - Sen. Jamie Burger (R) - Modifies provisions relating to health care providers in long-term care facilities**

### Summary

SB 1528 - This act permits advanced practice registered nurses and physician assistants to perform admission physical examinations for individuals being admitting or readmitted into assisted living facilities or residential care facilities. Additionally, nurse licensing laws shall not prohibit the administration of subcutaneous injectable medications by a technician, nurses' aide, or their equivalent, provided the medications are prescribed by a physician for a long-term care resident. SARAH HASKINS

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## **SB1536 - Sen. Rusty Black (R) - Establishes the Designated Health Care Decision-Maker Act, which authorizes certain persons to make health care decisions for certain incapacitated persons**

### Summary

SB 1536 - This act establishes the Designated Health Care Decision-Maker Act. Specifically, a health care provider or health care facility may rely on good faith and reasonable medical judgment for health care decisions made by designated health care decision-makers if two physicians determine that an incapacitated patient does not have a guardian with medical decision-making authority, a durable power of attorney for health care, is not a child under juvenile court jurisdiction, nor has any other known person who has the legal authority to make health care decisions. The physician or health care provider shall make reasonable efforts, as described in the act, to inform potential designated health care decision-makers of a patient's incapacitation. Designated health care decision-makers may be selected from the following persons listed by priority:(1) The spouse of the patient;(2) An adult child of the patient;(3) A parent of the patient;(4) An adult sibling of the patient;(5) A grandparent or adult grandchild;(6) The niece or nephew or the next nearest relative;(7) A religious person who is a member of the patient's community;(8) Any nonrelative with a close personal relationship who is familiar with the patient's values; or(9) A person unanimously agreed upon by those in the priority list. Priority shall not be given to those listed if abuse or neglect is reported, the person with priority cannot be reached by the physician, or if the probate court finds that the person with priority is making decisions contrary to the patient's



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instructions. Furthermore, this act does not prevent any person interested in the patient's welfare, a health care provider, or a health care facility from petitioning the probate court for the appointment of a guardian. A designated health care decision-maker shall make reasonable efforts to obtain information regarding the patient's health preferences and make decisions in the patient's best interests. Additionally, a designated health care decision-maker may only authorize the withdrawal or withholding of nutrition or hydration supplied through either natural or artificial means in certain situations as specified in the act. Once a health care decision-maker or physician believes that the patient is no longer incapacitated then the patient shall be reexamined. If the patient's physician determines that the patient is no longer incapacitated, then the physician shall certify the decision and the basis therefor in the patient's medical record and shall notify the patient, the designated health care decision-maker, and the person who initiated the redetermination of capacity. Rights of the designated health care decision-maker shall cease upon the physician's certification that the patient is no longer incapacitated. This act further provides that no health care provider or health care facility that makes reasonable efforts to locate and communicate with potential designated health care decision-makers shall be liable for the effort to identify and communicate with a potential designated health care decision-maker. Additionally, a health care provider or health care facility may decline to comply with the decision of a health care decision-maker if the decision is contrary to the religious beliefs or moral convictions of the provider or facility. If a health care provider declines to comply with a health care decision of the designated health care decision-maker, no health care provider or health care facility shall impede the transfer of the patient to another provider or facility willing to comply with the health care decision. Nothing in this act shall be construed as condoning, authorizing, or approving euthanasia or mercy killing, or as permitting any affirmative or deliberate act to end a person's life. This act is substantially similar to HB 1886 (2026), SB 356 (2025), HB 747 (2025), and HCS/HB 2502 (2016) and is similar to SB 1055 (2024), HCS/HB 144 (2017), the perfected HCS/HB 381 (2017), SB 493 (2017), and SB 493 (2016). KATIE O'BRIEN

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## **SB1571 - Sen. Patty Lewis (D) - Modifies provisions relating to insurance coverage of orthotic, prosthetic, and assistive devices**

### **Summary**

SB 1571 - Under this act, the MO Healthnet program and health benefit plans shall include coverage for orthotic, prosthetic, and assistive devices, supplies, and services furnished under an order by a prescribing physician or licensed health care provider, including those customized to the enrollee's daily living needs and essential job-related activities, including wheelchairs. This coverage shall include repair and replacement, which may be subject to prior authorization, and any denial of coverage shall contain specified language regarding enrollee rights, as described in the act. MO Healthnet managed care plans and health benefit plans shall ensure access to medically necessary clinical care and to prosthetic, custom orthotic, and assistive devices and technology from at least two providers in the plan's provider network in this state or refer the participant to an out-of-network provider and fully reimburse the out-of-network provider at a mutually agreed-upon rate less participant cost sharing determined on an in-network basis. A health benefit plan may limit the benefits for, or alter the financial requirements for, out-of-network coverage of orthotic, prosthetic, and assistive devices, but the restrictions and requirements shall not be more restrictive than the out-of-network financial requirements that apply to other out-of-network coverage for basic health care services provided under the health benefit plan. Coverage shall not be subject to any limitations for preexisting conditions. Before October 1, 2027, each health carrier that issues a health benefit plan providing coverage required under this act shall report to the Director of the Department of Commerce and Insurance certain claims data regarding coverage under this act. The Director shall aggregate the data and submit a report to the General Assembly before December 1, 2027. The



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provisions of this act shall apply to a Medicare supplement policy. This act is substantially similar to HB 2034 (2026).TAYLOR MIDDLETON

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## **SB1580 - Sen. Jason Bean (R) - Modifies provisions relating to ketamine**

### **Summary**

SB 1580 - This act creates a new provision relating to the ordering and administering of ketamine for mental health purposes. The act provides that a licensed physician shall not delegate to any individual the authority to order ketamine hydrochloride for mental health purposes. Further, any licensed physician who delegates the administration of ketamine to a certified registered nurse anesthetist shall be on site and immediately available to supervise and respond during such treatment. Intravenous ketamine hydrochloride treatment for mental health purposes shall not be administered without a documented diagnosis and treatment plan from a physician. This act is identical to SB 830 (2025) and substantially similar to HB 1043 (2025).SARAH HASKINS

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## **SB1581 - Sen. Jason Bean (R) - Establishes the "Veterans Mental Health Innovation Act" relating to ibogaine treatment**

### **Summary**

SB 1581 - This act establishes the "Veterans Mental Health Innovation Act". Under this act, the Department of Health and Senior Services shall, subject to appropriation, award grants to conduct certified clinical drug development trials overseen by the U.S. Food and Drug Administration (FDA) on the use of ibogaine for the treatment of opioid use disorder, co-occurring substance use disorder, or any other neurological or mental health condition for which ibogaine demonstrates efficacy. Grantees shall meet the eligibility requirements set forth in the act, including having signed an agreement with a consortium established by another state that has submitted specified applications and requests with the FDA. This act creates the "Ibogaine Study Fund" in the state treasury for the disbursement of grants under this act. Selected grant applicants shall submit quarterly reports to the Department and the Department shall submit an annual report to the General Assembly on the progress of the trials. This act also creates the "Ibogaine Intellectual Property Fund" for all revenue attributable to all intellectual property rights and other commercial rights that may arise from drug development clinical trials conducted by a multistate consortium under this act during the period for which the trials are funded and any following period of commercialization. The moneys in the fund shall be used solely for programs that assist veterans or other at-risk populations in this state. If ibogaine is approved by the FDA to treat a medical condition, only a licensed physician shall prescribe it for a patient and a licensed physician shall supervise its administration at a hospital or other licensed health care facility. The Department shall begin accepting grant applications before November 1, 2026, but may delay implementation of some or all of the provisions of this act if the Department determines that a waiver or authorization from a federal agency is first necessary. This act is identical to HB 2961 (2026).SARAH HASKINS



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## **SB1598 - Sen. Doug Beck (D) - Modifies provisions relating to medical malpractice for the use of artificial intelligence by health care providers**

### **Summary**

SB 1598 - This act provides that a medical malpractice claim includes when a health care provider negligently uses, selects, or implements or unduly, detrimentally, or erroneously relies upon artificial intelligence, as defined in the act, in the diagnosis, treatment, and care of a patient and such negligence or reliance directly causes or contributes to the plaintiff's injury. In such cases, the action shall be brought within two years from the date of the discovery of such alleged negligence or reliance, or from the date on which the patient in the exercise of ordinary care should have discovered such alleged negligence or reliance, whichever date first occurs. KATIE O'BRIEN

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## **SB1606 - Sen. Patty Lewis (D) - Creates provisions relating to insurance coverage for treatment of obesity in certain persons**

### **Summary**

SB 1606 - This act requires health benefit plans that are delivered, issued for delivery, continued, or renewed in this state on or after January 1, 2027 to provide coverage for the treatment of obesity and severe obesity for persons between the ages of two and twenty years old, and the diseases and ailments caused by obesity and severe obesity. Health care services required by this act shall not be subject to any greater deductible or co-payment than any other health care service provided by the health benefit plan. Provisions of this act shall not apply to a supplemental insurance policy as determined by the director of the Department of Commerce and Insurance. This act is substantially similar to HB 292 (2023). TAYLOR MIDDLETON

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## **SB1636 - Sen. Kurtis Gregory (R) - Modifies provisions relating to infectious disease exposure notification**

### **Summary**

SB 1636 - Under this act, any health care facility that becomes aware that a health care worker or law enforcement officer has been exposed to an infectious disease, as described in the act, in the course of the worker's or officer's duties shall notify the worker or officer as soon as practicable but no later than 48 hours after becoming aware of the exposure. Any first responder who has transported an individual to a health care facility or had contact with an individual during transport may submit a request to the health care facility for information on whether the individual tests positive for certain infectious diseases during the individual's admission or treatment at the facility following transport.

This act is identical to HB 2070 (2026). SARAH HASKINS



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## **SB1672 - Sen. Justin Brown (R) - Establishes provisions relating to the practice of medicine**

### **Summary**

SB 1672 - This act defines the "practice of medicine" as the examination, evaluation, diagnosis, treatment, operation, prescription, recommendation, prevention, cure, dispensing, or surgery for any human injury, disease, pain, deformity, defect, wound, fracture, infirmity, ailment, or physical or mental condition. This act further defines the practice of medicine to include:(1) Evaluating a patient, rendering a medical opinion, or providing testimony for any civil or criminal action; (2) The review, oversight, and rendering of health care decisions by a treating physician;(3) For consulting physicians or specialists who receive referrals, the initial examination, evaluation, diagnosis, and determination of appropriate treatment, which shall not be delegated to any person other than to another consulting physician or specialist; (4) Offering to examine, evaluate, diagnose, treat, operate, prescribe, recommend, prevent, dispense, or perform surgery;(5) Using certain designations as provided in the act indicating or implying that such person is licensed, willing, or able to practice the healing arts; or(6) Offering, conducting, enrolling, performing, or monitoring research involving human subjects unless approved by an institutional review board. Nothing in this act shall prohibit a licensed professional from performing some or all of the activities that may fall within the practice of medicine if the licensed professional is acting within his or her scope of authority, if the physician remains actively involved in the practice of medicine for each patient, and if the physician remains the primary and responsible party, which shall not be delegated to any other person.KATIE O'BRIEN

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## **SB1682 - Sen. Tracy McCreery (D) - Modifies provisions relating to alternative therapies and treatments, including psilocybin**

### **Summary**

SB 1682 - Under this act, any person who acquires, uses, produces, possesses, transfers, or administers psilocybin for the person's own therapeutic use shall not be subject to state or local criminal or civil penalties if the person is a veteran or first responder and is 21 years of age or older and suffers from a condition listed in the act. The person shall be enrolled in a study regarding the use of psilocybin to treat such conditions and shall provide the Department of Mental Health with specified information. A facilitator shall be present during the administration of the psilocybin and the use of psilocybin shall be limited to no more than 150 milligrams of psilocybin analyte during any 12-month period. A person who assists another in any of the acts permitted under this act and any laboratory testing psilocybin under this act shall not be subject to state or local criminal or civil penalties. Subject to appropriation, the Department shall provide grants totaling \$2 million dollars for research on the use and efficacy of psilocybin for the treatment of conditions listed in the act. The Department shall prepare annual reports for the Governor, Lieutenant Governor, and the General Assembly on the implementation and outcomes of psilocybin use under this act. No state agency shall disclose to the federal government or any unauthorized third party the statewide list or any individual information of persons who meet the requirements of this act. Additionally, this act modifies current law on the use of investigational drugs and devices for individuals with terminal illnesses to include individuals with life-threatening or severely debilitating conditions or illnesses.



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Currently, investigational drugs shall not include Schedule I controlled substances. This act repeals that prohibition. This provision is substantially similar to SB 1454 (2026). Finally, this act requires the Department of Mental Health, in collaboration with a Missouri university hospital or contract research organizations conducting FDA-approved trials, to conduct a study on the efficacy of using alternative medicine and therapies, including, but not limited to, the use of psilocybin, for the treatment of veterans and first responders suffering post-traumatic stress disorder, major depressive disorder, substance use disorders, or who require end-of-life care, as described in the act. Such study shall include a study of the use of psilocybin to treat such conditions, as well as a literature review and the submission of various reports. No person participating in the study shall be subject to criminal or civil liability or sanction for participating, except in cases of gross negligence or willful misconduct. This act is substantially similar to HB 1717 (2026) and similar to SCS/SB 90 (2025), SCS/SB 768 (2024), HCS/HB 1830 (2024), HB 1154 (2023), and SB 614 (2023). SARAH HASKINS

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## **SB1691 - Sen. Jamie Burger (R) - Modifies provisions relating to licensure reciprocity for health care professionals providing for telehealth services**

### **Summary**

SB 1691 - Those health care providers, who hold a current license issued by another jurisdiction and are licensed in Missouri with a waiver of examination, educational, or experience requirements, shall be deemed to be fully licensed to practice within the profession's scope of practice in Missouri and may provide telehealth services to the same extent and manner as health care providers who receive a license without a waiver. This act is identical to HCS/HB 2974 (2026). KATIE O'BRIEN

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## **SB1705 - Sen. Patty Lewis (D) - Creates provisions relating to insurance coverage of preventative healthcare services**

### **Summary**

SB 1705 - This act requires health benefit plans issued or renewed on or after January 1, 2026, to provide coverage for certain preventative health care services without cost-sharing. Such services shall be consistent with the recommendations and guidelines of the U.S. Preventative Services Task Force, the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention, and the Health Resources and Services Administration, and related federal rules or guidance issued as of December 31, 2025. The Director of the Department of Commerce and Insurance shall, by rule, adopt regulations to require health benefit plans to provide coverage for preventative health care services without cost-sharing requirements consistent with the recommendations and guidance of such entities issued after December 31, 2025. Additionally, this act establishes the "Health Insurance Preventative Health Care Services Advisory Committee" within the Department, which shall consist of 5 members, three of whom will represent health care providers and two of whom will represent health carriers and health benefit plans. The advisory committee shall meet at least once a year to consider any updates or modifications to the preventative health care services described in this act and shall submit a report of any



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recommendations to the Department, the General Assembly, and the Governor by November 1 each year. TAYLOR MIDDLETON

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## **SB1719 - Sen. Nick Schroer (R) - Establishes provisions relating to health care workplace violence and advanced practice registered nurses**

### **Summary**

SB 1719 - Under this act, each health care facility covered under the act shall establish a workplace violence prevention committee to develop a workplace violence prevention plan. A facility shall adopt and enforce a written workplace violence prevention plan to protect health care professionals and employees from violent behavior and threats of violent behavior occurring at the facility, as described in the act. Following an incident of workplace violence, a facility shall offer immediate post-incident services. No facility shall discourage a health care professional or employee from exercising the health care professional's or employee's right to contact or file a report with law enforcement regarding an incident of workplace violence. No person shall discipline, discriminate against, or retaliate against another person who reports an incident of workplace violence or who advises a health care professional or employee of their right to report an incident. Any person who violates these provisions may be subject to licensure penalties. A facility or health care professional participating in good faith in complying with these provisions and complying with a workplace violence prevention plan adopted under these provisions shall be immune from any civil or criminal liability which may otherwise be incurred or imposed. Additionally, 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.

These provisions are identical to SB 979 (2026), SCS/SBs 144 & 179 (2025), and provisions in SB 809 (2024) and substantially similar to HB 1875 (2024). SARAH HASKINS

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## **SB1737 - Sen. Barbara Washington (D) - Creates provisions related to insurance coverage of annual kidney function screenings**

### **Summary**



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SB 1737 - Health benefit plans delivered, issued for delivery, continued, or renewed in this state on or after August 28, 2026, shall provide enrollees coverage for annual kidney function screening services. TAYLOR MIDDLETON

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