



AND SO IT BEGINS

They are back! The Capitol is bustling with activity once again. Legislators and their families filled the building this week to usher in the beginning of a new session. On Wednesday, both chambers gaveled in at noon, ringing life into the First Regular Session of the 103rd General Assembly. House and Senate members took their oaths of office, and each chamber elected new leadership. We want to extend a hearty congratulations to Rep. George Hruza, MD, a dedicated MSMA member and Past-President, on being sworn in to serve District 89 in the House of Representatives. We are also elated to announce Rep. Jon Patterson, MD, was elected to serve as Speaker of the House! Speaker Patterson is the first physician to serve as Speaker in 147 years. It is great to have a doctor (or two) in the House! While we still do not have a physician in the Senate, we have been working hard to cultivate champions for our issues among the most effective Senators. Your lobby crew is hopeful for the coming session.

This year's freshman class of legislators shows promise. Nearly one third of House members are taking office for the first time this week. This means we have a lot of new folks to educate and even more to refresh on the importance of physician-led, team-based care as well as good public health policies. We will be getting our steps in to make sure our message is heard.

Since this is the beginning of a new general assembly as well as an inaugural year, it will take them a little longer to start churning bills through the process. Next week, the newly-elected statewide office holders will take office, including Governor-elect Mike Kehoe. Following the inauguration will be the Gubernatorial Ball. Once they finish with the pomp, they will have to address the circumstance of adopting operating rules and establishing committees so that they can begin referring bills. With the shortened weeks for the upcoming festivities and holidays, it will be a few weeks before it is show time.

HERE WE GO AGAIN

This group of legislators has been busy the past couple of months drafting and pre-filing legislation. As we expected, they continue to set a record pace on the number of bills they've filed. The large numbers are undoubtedly the result of low numbers of bills to actually become law in the past few years. It is safe to say most of the bills filed so far are retreads of bills that have failed to make it past the finish line for years. Legislators will have the ability to file bills until March 1.

Like nearly everyone else last session, the legislative agenda for the House of Medicine was stymied by sheer dysfunction in the Senate. Also, like everyone else, we are coming back to the legislature this year with all of our great ideas from last session as well as a few new ones! We might sound like a broken record repeating our priorities, but we're going to rock it out and see if we can't make it through session with a few hits! A few of the things we are working on include: prior authorization reform, ending covenants-not-to-compete for nonprofit entities, title protection, and tort reform.

We're also taking action on lessons learned. More and more legislators are clamoring for ideas to fix the issue of access to healthcare. Unfortunately, some consider scope-of-practice expansion for non-physicians to be a good place to start. As usual, pretty much all associations for our non-physician

caregiving team members have brought forward legislation to remove physicians from the care of Missouri patients. So far this session we have seen scope expansion bills for APRNs, CRNAs, optometrists, dentists, naturopaths, and augmented intelligence. While we adamantly disagree with these proposals, we are answering with viable solutions to increase the physician workforce, instead of simply saying “No.” One potential solution is graduate medical education (GME) funding. For the past two sessions, we have secured general revenue to fund new residency slots. We will continue this effort and attempt to make the program more secure by codifying it in statute instead of relying on budget items. Additionally, we believe requiring facilities with an emergency department (ED) to have a physician on staff whenever the ED is open will guarantee access to a physician, especially in an emergency, and in rural areas. Patients expect it, and last session law makers were shocked to learn it is often the case for EDs to operate without a physician present.

There will be more to come on all these issues and a litany of others as we make our way through session. Stay tuned in the coming weeks as we will be delving into the details of all the bills we love as well as those we don't love and want to make better for the practice of medicine and patient safety.

DO YOUR PART

If you would like to participate in the Doctor of the Day program let Executive Director Brian Bowles know and he will set it up with the lobbyists. The legislators love seeing physicians in the building on a regular basis. Legislators rely on experts to advise them on how things really are in all the different industries and professions they are tasked with regulating.

If you have not done so already, please save the date and register [here](#) for Physician Advocacy Day on Tuesday, March 4, 2025. This is our day to show the legislature that physicians care about what is happening at the Capitol ... strength in numbers!