

THE SHOW HAS BEGUN

It was a short week due to the Martin Luther King, Jr., holiday on Monday, though you wouldn't have known it by how fast committees noticed up the first hearings this session. Holding hearings in week 3 is exceptionally fast considering it is a first regular session during an inaugural year with new leadership in both chambers. Historically things don't really kick off until the last week of January, as the real work is impeded by legislative fribble. This year they are sparing no time! You can tell a lot about priorities by paying attention to the first few bills that receive hearings.

PBM DISECTED

The Senate Committee on Families, Seniors and Health met first thing Wednesday morning to hear a couple of bills relating the pharmacy and PBMs.

First up was [SB 45](#) relating to payments for prescription drugs. This legislation allows patients to take back control over where they fill their prescriptions. Patients are often required to get their much-needed medicines from cherry picked locations often owned by PBMs, or directly through their PBM. The bill also tackles the issue of copay accumulators. This section would make all expenditures (including assistance programs) made on behalf of a patient count toward that patient's copay. Prescription cost is a major barrier to patient adherence. It is critical for patients to have the ability to receive their medication regimen as prescribed by their physicians at a reasonable cost. We joined a number of patient advocacy groups to testify in favor this bill.

The second pharmacy-related bill was [SB 13](#). This legislation addresses insurance coverage of pharmacy services for healthcare facilities, mostly hospitals, commonly known as the 340B program. Last year the hospitals were able to pass legislation to alleviate their concerns related to the distribution of 340B drugs. It appears SB 751 from last was not enough to satisfy their needs. This year's bill would require health carriers and PBMs to cover biosimilar products when reference products are covered. Furthermore, it would put additional restrictions on PBMs ability to impose penalties and deny prescription deemed appropriate by providers. We're keeping an eye on this one.

CANNABINIODES

The Senate Committee on Families, Seniors and Health also heard a bill related to unregulated cannabis ([SB 54](#)). This bill was brought forward to regulate intoxicating cannabinoids derived from hemp and sold in convenience stores across the state. The state does not currently regulate hemp-derived THC products, for public health reasons we think they should.

SCOPE BILL ROUNDUP

Both the House and the Senate have had bills introduced ([HB 929](#) and [SB 219](#)) that would allow optometrists to perform surgery and deliver injectables to the eye. The APRNs and CRNAs have introduced their bills reducing physician oversight and collaboration. And let's not forget about the

naturopaths, who have a renewed desire for licensure after an almost 20-year hiatus. Scope-of-practice expansions are typically referred to the professional registration committees. The House committee will be meeting on Wednesday mornings at 9:00 a.m. The Senate committee is scheduled to meet Tuesdays at 10:00 a.m. this year. We will be working to move hearings on scope bills out as far as possible, but we will need physicians to testify against these bills. If you are interested in testifying on legislation when it is before committee, please contact Brian Bowles at brianb@maops.org.

PRIOR AUTH BILL REFERRED

The House version of our prior authorization reform bill ([HB 618](#)) was referred to the Insurance Committee this week. Early referral makes it more likely this legislation will get legs and move early. This language passed the House with only one dissenting vote last year. We're hoping for an early hearing. Have a bone to pick with prior auth? Have an anecdote about prior auth disrupting patient care? Reach out to us...physicians will be needed to testify in this hearing.

DOCTOR OF THE DAY

You may remember our successful D.O.c-A-Day program, now MAOPS and MSMA are collaborating to help get physicians into the Capitol through the Doctor of the Day Program. We direct a warm round of applause toward **Steven Shields, MD**. He served as our first Doctor of the Day for 2025. Dr. Shields is an Ophthalmologist from the St. Louis area. Please consider making time in your schedule on a Tuesday or Wednesday to join us at the Capitol as Doctor of the Day. Legislators love the chance to speak with experts! We must make sure physicians are driving the healthcare discussion in the Capitol! If interested in participating, contact Brian Bowles directly and he will get you set up!

YOUR INVOLVEMENT DETERMINES OUR SUCCESS

Speaking of discussing healthcare...if you have not already done so, please register [here](#) for our annual Physician Advocacy Day at the Capitol, which will occur on March 4. Held in collaboration with the Missouri State Medical Association, this is our largest grassroots lobby day. We have the opportunity to show the legislature that physicians are actively engaged in the legislative process. You'll also be able to hobnob with physicians from across the state. Make sure you bring your white coat!

Of special note: in each of our first two years collaborating with MSMA on this event, DOs and DO medical students have outnumbered our MD colleagues! This is a phenomenal showing considering DO's are outnumbered by about 5 to 1 in the state! This year, current registration trends show MAOPS members are showing up in force with nearly all registrants at this time! [If you have not registered, please do so](#) now. We are setting up appointments for those registered by February 15. **The profession's turnout for our this event leaves an impact. Make sure that impact is a positive one by being part of it!** Oh, by the way, the nurses have conveniently scheduled their advocacy day for March 5. Let's be sure to send a message to legislators that physicians mean business!