

Is It March?

Whoa, what a week! Both the House and Senate committees are in full swing working at a pace akin to early March. We followed over a dozen bills this week and provided testimony on a handful. Somehow among all the hearings they found time to pause and gather for the annual State of the State (SOTS) address from the governor. This was Gov. Kehoe's first SOTS, and he focused on introducing himself, his family, his cabinet and outlining his legislative priorities to the General Assembly. The governor delineated several goals he wants to see in the areas of public safety, education, economic development, and government efficiency. Noticeably absent to us from the list was healthcare. That might not be a terrible thing, especially considering the current hot topics in our space at the federal level.

Alternative Therapies

Monday evening, we kept tabs on a couple of committees looking at bills related to opioid alternatives for patients. First the House Insurance Committee heard [HB 804](#) which would require insurance providers to cover nonopioid prescription drugs for patients who are at an elevated risk of opioid abuse. Rep. Melanie Stinnett, district 133, is the sponsor of this bill. As expected, the insurance companies launched a full attack on the bill. They dedicated most of their time bashing prior authorization reform, a separate bill filled by the same sponsor. We kept our powder dry for the time being, but now we know where the traps have been set in that committee for [HB 618](#).

****RED ALERT** We have been told HB 618 our prior authorization reform effort will be heard on Monday, February 3, at 1:00 pm. We need physicians to come and share their experiences with how burdensome prior authorization tactics have become and how insurance companies are harming their patients. If you are able to join us please reach out to Rachel or Jacob at rbauer@msma.org or jscott@msma.org. You can also call Brian Bowles at 573.690.7605 to discuss coming to town for the festivities!**

Later that evening the House Veterans Committee heard [HB 262](#) related to alternative therapies for veterans, sponsored by Rep. Chris Brown, district 16. This bill would establish the Brain Injury Treatment and Recovery Act establishing a fund to pay for hyperbaric oxygen treatment for veterans with PTSD and traumatic brain injuries. Though there were questions as to how exactly the program would work the committee seems supportive and sympathetic to the many issues our veterans face, especially with their mental health and recovery from injuries their bodies sustain. We will keep you posted.

Hearings, Hearings and More Hearings

On Tuesday, the Senate Committee on Emerging Issues and Professional Registration met. We testified in favor of [SB 107](#), sponsored by Sen. Justin Brown, district 16. This bill is related to peer review committees. Physicians are already utilizing this practice, but other medical professionals cannot. This bill would extend peer to peer review to physician assistants so they, like physicians, can discuss cases and learn without fear of disclosure to lawyers and civil liability. Of course, the trial attorneys were foaming at the mouth to testify against the bill.

Right after that, the House Health and Mental Health Committee heard Rep. Tara Peters' [HB 943](#). This is a healthcare omnibus bill that we pretty much like. It has some of the good women's health provisions we support like expedited partner therapy, and additional prenatal tests. It also has a ton of provisions for ambulance districts and community paramedics. We are working closely with the sponsor to finetune a few words to make it even better.

At the same time as the health committee, the Senate Committee on Progress and Development met to hear [SB 111](#) which would establish September as "Ovarian Cancer Awareness Month" in Missouri. This bill would align Missouri with the national ovarian cancer awareness efforts. We were there to lend some love. We hope that it won't be long before people associate "teal" with ovarian cancer awareness.

First Scope Skirmish

We've made mention of the emergence of an effort to eliminate collaboration for APRNs employed by child advocacy centers across the state who perform SAFE CARE Act exams on children who are suspected victims of abuse. Proponents of this change hid the language in [SB 83](#), an omnibus bill related child protection. It is unusual to see new language like this stuck in an omnibus bill filled with other well-vetted provisions. Tricky, tricky. This bill was added at the last minute to the hearing docket first thing Wednesday morning in the Senate Committee on Families, Seniors, and Health. We were the only testimony against the bill. We would like to see this provision, which is actually related to scope of practice expansion and not child protection, removed from the bill. Administrators for the child advocacy centers contend they cannot find collaborators and they want out of collaboration to alleviate their efforts to find a physician. We do not believe that is an acceptable solution for these most vulnerable children. We know all patients and especially kids who are undergoing these exams need a physician directing their care. We are working closely with the sponsor, committee chair and committee members to make sure they understand the nuances of this complicated issue. If you have a passion for this type of work and are interested in collaborating with a SAFE CARE Act APRN, please let us know! Let's show them there are physicians willing to answer the call!

Doctors of the Day

We were lucky to have two official volunteers as Doctor of the Day as well as two bonus members lending a hand in the effort. We want to extend a big shoutout to Tim Swearingen, DO and Jim Kelly, MD, for helping out while they were in the Capitol for the anthropologists' advocacy day. We also tip our hat to Kathy Perryman, MD and Matt Brown, DO for joining in on the fun. If interested, please contact Brian at brianb@maops.org or Rachel or Jacob at rbauer@msma.org or jscott@msma.org.

A Final Thought

As I continue to hear the arguments from the APRNs regarding being "unable to find a collaborating physician," I thought, "Wouldn't it be nice to have a list of all the physicians available and willing to collaborate?" This could be powerful ammo at hearings and legislative appointments when we hear the nurses tout this as the reason for wanting independent practice. They used this to gain more independence in the prisons a few years ago, and now for child advocacy centers described above. It'd be nice (and fun!) to be able to provide committees (during hearings where this argument is used) a list of docs we know would collaborate but haven't been approached. Curious as to your thoughts on this idea. [Send me an email](#) and let me know.