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No. 2

A WEEK OF HEARINGS AND ONE BIG ANNOUNCEMENT

The Missouri General Assembly got the legislative process moving by tackling a full week of committee hearings, whittling away at the 2,237 pieces of legislation that have been filed so far. The legislature continued filing bills at a record-breaking pace. The deadline for filing legislation is March 1. Anyone want to make a friendly wager that they surpass 2,500 pieces of legislation filed before the deadline?

On Tuesday, Gov. Kehoe delivered his second State of the State address. During his address to the legislature, the governor laid out an expansive policy agenda touching nearly every sector of state government, with major implications for the months of legislative work ahead. He emphasized his call for spending reductions, warning of long-term budget pressures and proposing more than \$600 million in cuts while maintaining core funding for education, Medicaid expansion requirements and disaster relief. Kehoe also renewed his push to phase out Missouri's individual income tax, a change that would require voter approval. This proposal is to be paired with expanded sales taxes that exclude healthcare, real estate and agriculture.

In addition to touting his tax policy ideas, his address included a series of government-efficiency initiatives, new executive orders on AI use in state operations, and proposals to update Missouri's energy policy, including recognition of nuclear power. Additional priorities included public safety funding, juvenile justice changes, and education proposals such as open enrollment and a statewide A–F school grading system. He also urged support for Amendment 3, which would restore Missouri's prior abortion laws and restrict certain medical procedures for transgender minors.

There was little mention of healthcare outside of recognizing Missouri's constitutional obligation to fund Medicaid and touting Missouri's \$216 million Rural Health Transformation Program (RHTP) Award. Missouri is in the top 10 of highest-funded states and is expected to receive more than \$1 billion over the five-year span of the RHTP. Our task moving forward is to ensure physician-led, team-based care remains the standard for patients. We also need to make clear to RHTP decision makers that strengthening the physician pipeline is non-negotiable if Missouri is going to preserve the standard of care patients expect.

EVERYONE GETS A COMPACT

This week, four bills dealing with state compacts received hearings. On Tuesday, the House Economic Development Committee heard [HB 1961](#) that would establish an interstate compact for dietitians. They also heard [HB 1847](#), which is one of a couple of proposals for Missouri to have a compact opportunity for dental professionals. Then on Wednesday, the House Professional Development Committee heard compact bills for athletic trainers ([HB 1844](#)) and speech pathologists ([HB 2591](#)). It is important to note that one of the things Missouri bureaucrats promised in the RHTP application is the passage of the physician assistant compact. We're

betting there's going to be a lot of compact action as session moves forward. There are already lots of vehicles for them to make good on their promise. We're watching to make sure things don't get too hairy.

SMOKE AND MIRRORS

On Wednesday, the [House Commerce Committee](#) heard [HB 2085](#), the so-called “Tobacco 21” bill. We're tired of playing games. We called this bill out for what it is—smoke and mirrors. Big Tobacco has long used “Tobacco 21” legislation as a strategic smokescreen—positioning it as a tough stance on youth access while quietly advancing provisions that weaken broader tobacco regulations. By championing an age increase that lawmakers can easily support, the industry gains political cover to push rollbacks on local control, enforcement authority and retailer penalties. The result is a policy package that looks like a crackdown but ultimately protects tobacco companies' market power far more than it protects public health. Unfortunately, it seems as though the committee can't or won't see through the smoke on this one. If you feel an advocacy tug to help us stop the number one cause of preventable death, please contact members of the Commerce Committee and tell them the dangers of smoking and vaping.

PHARM STUFF

On Wednesday, the Senate Committee on Families, Seniors and Health met to hear two bills relating to pharmacy issues. The first bill was [SB 878](#), which would expand the scope of practice for pharmacists. We opposed this bill because it hands pharmacists broad new authority to “test and treat” without the clinical oversight that keeps patients safe. The bill would let pharmacists initiate treatment for illnesses that often mask more serious conditions and even prescribe durable medical equipment ...the same equipment they get to sell. We believe these changes fragment care and undermine physician-led medicine.

SB 878 expands pharmacists' scope by allowing them to provide medication therapy services for flu, strep and COVID-19 under Board written rules rather than a physician's standing order, while also widening their prescribing and vaccination powers. For physicians, the concern is simple: this bill trades convenience for continuity, increasing the risk of missed diagnoses and weakening coordinated care across Missouri.

The second bill was [SB 970](#), which aims to make all co-pays count. We love this bill. Cost is a barrier to patients' adherence to care plans. Missouri physicians see firsthand how co-pay accumulator and maximizer programs undermine patient care, and this year's legislation to ensure all co-pays count is designed to stop that harm. These insurer and PBM programs block financial assistance (often provided by nonprofits or drug manufacturers) from counting toward a patient's deductible or out-of-pocket maximum. That means a patient can spend thousands of dollars using legitimate assistance and still be told they “owe” the full deductible again. The result is predictable: delayed treatment, medication abandonment and worsening health outcomes. This bill simply requires insurers to treat all payments the same, regardless of whether

they come from a patient's pocket, a church fundraiser or a manufacturer assistance card. For high-cost, life-saving medications with no generic alternative, this protection is essential.

We support this reform because it protects the most vulnerable patients who are without family resources or financial safety nets. When assistance counts, patients are more likely to stay on therapy, avoid hospitalizations and maintain stability in chronic and complex conditions. Twenty-four states across the political spectrum have already enacted similar protections, and early data show significant reductions in patient financial burden and improved medication adherence. Ensuring all co-pays count restores fairness, prevents insurers from pocketing assistance dollars and keeps patients on the treatments you prescribe.

RESTRICTING RESTRICTIVE COVENANTS

This week, Rep. Bill Hardwick filed The Missouri Rural Doctors Act ([HB 2979](#)). This legislation would place clear, statewide limits on covenants-not-to-compete between physicians and nonprofit hospital employers. The bill allows these agreements only when a physician is practicing in a clinical setting, caps the duration of the contract to no more than 365 days and sets a non-compete radius of no more than five miles from the physician's primary practice location. Research university hospitals are exempt. It is time to make sure restrictive covenants cannot be used to sideline physicians for long periods or across broad geographic regions.

Reforming these restrictive employment contracts is good for both physicians and patients. When doctors are free to continue practicing in their communities, patients maintain continuity of care, rural and underserved areas avoid unnecessary physician shortages, and clinicians can seek better practice environments without fear of being pushed out of the region. Narrowing non-competes strengthens Missouri's physician workforce and keeps care accessible where it's needed most.

NOTEWORTHY NEWS FROM THE JUDICIARY BRANCH

The Missouri Supreme Court unanimously upheld the state's SAFE Act, affirming the 2023 law that restricts gender-affirming medical care for minors. In a [decision](#) authored by Judge Kelly Broniec, the Court codified the provisions enacted in Senate Bill 49, which bans gender-transition surgeries, cross-sex hormones, and puberty blockers for individuals under 18 years of age. Furthermore, the law permits license revocation for providers who violate the statute, prohibits Medicaid coverage of gender-affirming care for both minors and adults, and bars such treatments within correctional facilities.

COME AND ADVOCATE!

[Physician Advocacy Day](#) is Tuesday, March 3, and it will be here before we know it. Register now so you don't miss it.