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No. 4

## KEEPING UP WITH THE DRAMA

We received a good dose of political theater this week when the annual State of the Judiciary address was canceled because Republican leaders in the House and Senate refused to participate. Their boycott stemmed from a Missouri Supreme Court's recent decision striking down a 2024 law that attempted to tighten the state's initiative petition process. The Court flexed its power over the General Assembly when it ruled the legislature had violated the state constitution's single-subject requirement; the legislature added too many unrelated provisions into one bill. This isn't the first time this procedural guardrail has tripped up lawmakers. We don't often see the legislature flex back like they did on Wednesday. It changed the trajectory of the entire week.

The cancellation signals a rift between the legislature and judiciary that could shape the tone of the session. When leadership is focused on inter-branch conflict, committee work often slows and floor time becomes more unpredictable. This kind of political turbulence is worth noting. Distractions like what we saw this week can delay progress and redirect attention away from substantive policy work.

In addition to this new squabble, there is continuing discord within the Senate. Democrats continued to stall gubernatorial appointments for the third week in a row. These nominations must be acted on or withdrawn by February 5. The weekly efforts to stall these appointments is fallout from last year. You may recall Senate Republicans opted to force votes last year on their priorities instead of enduring lengthy filibusters. Rather than simply stalling for time, Senate Democrats are making decisions that carry real consequences. Most Capitol denizens think increasing pressure on the pain points will be how Democrats get revenge for last year's results. Keep in mind this is also an election year, and filing for office begins February 24. People who were once friends can quickly become foes when pitted against each other in an election. It's almost time to pop some popcorn!

## RHTP LEGISLATION

Despite taking a snow day on Monday, the legislature had a significant number of hearings this week. On Wednesday, the House Professional Registration Committee heard [HB 2974](#). This bill updates Missouri's licensure reciprocity laws for healthcare professionals providing telehealth services. In the past few years, Missouri has pushed the boundaries on licensure reciprocity, becoming a trendsetter nationwide on ease of workforce movement. For physicians and other clinicians, the bill reinforces that any healthcare provider licensed in another state for at least one year can receive reciprocity in Missouri and may practice to the same extent as traditionally licensed providers. The legislation specifically allows folks that qualify to use telehealth. The bill

maintains guardrails: Boards may deny applicants with disciplinary actions, unresolved investigations, criminal disqualifications, or revoked licenses. It also preserves Missouri's participation in interstate compacts and clarifies that reciprocity-issued licenses apply only within Missouri and do not grant compact eligibility. The big takeaway from this bill is that it has been identified by the Department of Health and Senior Services as a requirement to fulfilling Missouri's Rural Healthcare Transformation Program (RHTP) promise to expand telehealth. We are working closely with the sponsor to ensure there are no scope of practice infringements or other unforeseen consequences that could come from this proposal.

### GAS STATION OPIOID PROBLEM

Missouri lawmakers are considering new regulations on kratom at a time when alarms are going off about the rapid growth of unregulated psychoactive products sold in gas stations. A number of national organizations have adopted policy emphasizing the public health risks associated with kratom, noting that it has not been reviewed or approved by the FDA for safety or efficacy. Kratom, derived from a Southeast Asian tree, is increasingly used to self-treat pain, anxiety, and opioid withdrawal despite documented risks including respiratory depression, seizures, hypertension, liver injury, and neonatal abstinence syndrome. Of particular concern is 7-hydroxymitragynine (7-OH), a concentrated alkaloid found in many commercial kratom products. The FDA reports 7-OH has opioid-like effects and a potency of more than three times that of morphine. With U.S. kratom use rising and sales exceeding \$440 million in 2025, it's time for states to adopt guardrails and require regulatory review before these products can be marketed or sold to the public. On Wednesday, the Senate Judiciary Committee heard [SB 927](#), which we believe is a good start to adhering to those suggestions. We're hoping to help make the regulations in the bill stronger.

Meanwhile, because we know how slow the legislative process works, MAOPS has developed a resource for you to educate your patients about the [dangers of 7-OH and kratom](#). You can download the resource here or if you would like to order some of these rack cards for your office or clinic, they are available for free by contacting Chris Bowles at [chrisb@maops.org](mailto:chrisb@maops.org). We currently have a similar resource on [Medical Emergency Kits](#) available as well. These kits dispense medications to patients who have yet to be diagnosed. We have an opportunity as physicians to directly advocate for patients by simply educating them on the dangers of kratom, 7-OH, and Medical Emergency Kits.

### EYE DOC DISCUSSIONS

We have been working closely with the Missouri Society of Eye Physicians and Surgeons to push back on bills that would allow optometrists to perform surgery and deliver injectables. You may remember last year when we were told we were going to get run over by the proverbial train

if we didn't bring a list of procedures for optometrists to perform. We've been in deep discussions with our "al-eyes" and are working on legislation that is appropriate given current scope of practice attitudes and the health and safety of patients. We had a couple of critical meetings about our legislation this week with legislators and folks from the optometry trade group.

Rep. Jim Murphy and Sen. Joe Nicola have stepped forward as champions to protect patients needing eye surgery or injectables. Both have emphasized the importance of protecting professional integrity and cautioned against efforts to make complex procedures appear overly simple, noting that such approaches ultimately threaten every profession. Both sides were urged to identify areas where compromise is possible and asked the optometrists to provide a clear list of the procedures they seek to add to their repertoire.

As expected, the optometrists expressed strong objections to our bill, arguing that they already perform the procedures that are listed and that longstanding co-management practices do not require statutory language. They also pushed back on the bill's informed-consent provisions, stating that optometrists already follow the same standards physicians use when performing comparable procedures. Additionally, the optometrists raised a new request: authority to administer vaccinations. They said they were granted temporary permission to give vaccines during COVID. Can you hear our eyes rolling?

If you're interested in taking a gander at either bill, here they are: The optometrist's scope expansion is [HB 2897](#) and our counter proposal is [SB 1254](#).

## OMNIBUS HEALTHCARE BILL HEARING

On Thursday, the House Health and Mental Health Committee heard a slew of bills about epinephrine. These identical bills ([HB 2560](#), [HB 1826](#), [HB 2349](#), [HB 2194](#)) update Missouri law by replacing the term "epinephrine auto-injector" with the broader "epinephrine delivery device" and extend all existing permissions for possession, stock supply, and emergency use to this expanded category. The key takeaway is that schools, child-care facilities, nursing homes, and first responders would all be authorized to stock and administer these devices for anaphylaxis, aligning statute with current clinical practice and available products.

They also heard [HB 2372](#), the first healthcare omnibus bill of the session. This is the same gargantuan, multi-issue bill we told you about numerous times last year. It has a little bit of everything in it, including health awareness designations, hospital investment authority and service area rules, epinephrine delivery, community paramedic services, doula services, telehealth standards, limits on over-the-counter methamphetamine sales, hospital workplace-violence signage requirements, inspections of long-term care facilities, and MO HealthNet

coverage for clinical pathology services. We're good with it as it is, but we're watching it closely to see how it morphs as the session progresses.

## PHYSICIANS AS ADVOCATES

We are just over one month from Physician Advocacy Day. This is our chance to show legislators we speak with a collective voice. Please make plans to attend and let them know physicians care about the healthcare decisions the legislature is making. [Register to join us](#) on Tuesday, March 3. A briefing for the event is scheduled virtually for Sunday, March 1 at 6 PM. [Register for the briefing](#) here. Check out the [logistics for the day](#), and the [schedule of events](#).