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No. 5

LET'S MAKE A DEAL

Bills began hitting the floor for debate in both Chambers this week. The House is the more responsive chamber by design. They're moving like a pit crew at the Indy 500; every motion crisp, coordinated, and done before you realize it started. They even sent a handful of bills over to the Senate this afternoon. The Senate spent the week untangling its own gridlock, culminating in a rare rules rewrite that promises to end the Democrats' weeks-long efforts to stall gubernatorial appointments. The deal raises the bar for cutting off debate by increasing the "previous question" (PQ) threshold from ten to 18 senators and adds a mandatory one-day cooling-off period before the Senate can vote on bills with House amendments. A legislative laxative, this truce clears the backlog of stalled appointments and gets the chamber moving again. But it also exposes deep fissures within the Republican caucus. Several members openly criticized leadership for conceding leverage to the 10-member Democrat minority. The Senate was able to debate and pass one bill this week. It dealt with conveyance of state properties. High-stakes legislation, especially that which touches on social issues, education, health care, and taxes may now require broader consensus to advance. Longer term, this rules change could reshape the Senate's power dynamics. With new members coming in and several senior Republicans term-limited out, the ability to force votes may hinge less on party math and more on whether individual senators are willing to defy Senate tradition regarding the PQ. That uncertainty could complicate the path for major healthcare legislation this session and beyond.

"PA" COMPACT

The one bill the state promised to pass as part of Missouri's Rural Health Transformation Project application underwent scrutiny this week. On Wednesday, the House Professional Registration Committee heard [HB 3129](#). This bill establishes a compact for the licensure of physician assistants (PAs). We have major concerns with the PA Licensure Compact because, as drafted, it would override Missouri's existing laws, weaken state oversight, and open the door to scope-of-practice expansion without legislative approval. The compact repeatedly elevates the authority of a quasi-governmental, multi-state commission above Missouri's own statutes. It would allow commission rules to supersede state law, limiting Missouri's ability to discipline physician assistants for conduct occurring in other states, and even permitting the commission to sue state licensing boards. It also shifts Missouri's oversight of these individuals from the Board of Healing Arts to the commission, undermining Missouri's physician-led regulation. Several provisions suggest that prescribing authority, disciplinary standards, and even definitions of

lawful practice could default to the physician assistant's home state or to compact-wide rules rather than Missouri's carefully constructed framework.

The compact also creates significant pressure to expand scope of practice, including in emergencies, and requires unanimous agreement from all compact states before Missouri could change or correct problematic provisions. It grants broad immunity to compact administrators, limits Missouri's ability to challenge rules, and suspends any conflicting state law—an extraordinary concession of state authority. Taken together, these provisions risk ceding Missouri's regulatory control, weakening patient-safety protections, and enabling scope expansion through an unelected interstate body rather than through Missouri's legislative process. Furthermore, it is no mistake that physician assistants are referred to as "PAs" throughout the bill. There is even a clause that recognizes that they are seeking a title change to "physician associate." That's not going to fly in Missouri - patients are confused enough. We insist titles matter!

EXPERTS MATTER

Expert witness legislation is moving! This week, the House Judiciary Committee heard [HB 2255](#). Expert witness requirements are one of the most important legal protections physicians have in malpractice litigation. When Missouri law requires that only qualified physicians may testify about the medical standard of care, it prevents unqualified or non-clinical "experts" from second-guessing decisions they've never had to make in real practice. Strong expert witness rules ensure that any critique of a physician's care comes from someone who understands the specialty, the clinical context, and the realities of patient care. This keeps cases grounded in real medicine, not hindsight or junk science.

For physicians, this means fewer frivolous lawsuits, more accurate assessments of care, and a legal process that respects the complexity of medical decision-making. When only true peers can testify, the courtroom becomes a place where clinical judgment is evaluated fairly. Courtrooms should not be distorted by professional "experts" or hired-gun witnesses. Ultimately, strong expert witness standards protect both physicians and patients by ensuring that medical liability cases are decided on sound science, real-world expertise, and the standards of the profession—not speculation. We expect the committee will vote on this bill next week and move it on to the floor for debate soon thereafter. The Senate Judiciary has already voted to advance a similar bill, [SB 918](#). The trial attorneys will have their friends ready for a filibuster.

T-21 HEARD IN SENATE

The Senate Judiciary Committee also heard [SB 1064](#) on Wednesday. This is the infamous T-21 legislation we've been fighting for years. Once again, it's being sold as a tough stance on youth access to harmful tobacco and vaping products. We know the truth. The bill secretly advances Big Tobacco's real agenda to dismantle the local laws that actually work. The industry has perfected this playbook around the country. They offer lawmakers an easy, feel-good age-increase bill, then bury provisions that weaken enforcement, preempt local control, and shield retailers from meaningful penalties. It's a smokescreen, not a public-health win. We're trying to get Senators to see through the haze. The American Red Cross shared data associated with the healthcare cost due to the use of tobacco products on all Missourians. The numbers are staggering! The total health care cost from smoking is \$3.52 BILLION, the total Medicaid cost from smoking is \$692.6 million, and the yearly household tax burden is \$1,158. We're doing our part to clear the air as to what the tobacco industry is really up to with legislation like this.

MAKE ALL COPAYS COUNT

Rep. George Hruza, MD, is advancing legislation that would help ensure all copays count. This morning, the House Health and Mental Health Committee heard two identical bills, [HB 1941](#) and [HB 2279](#), to help patients with this costly hurdle to their care. We support legislation like this because it restores basic fairness for patients who rely on financial assistance to afford essential, often life-saving medications. Copay accumulator and maximizer programs let insurers and PBMs pocket the value of patient-assistance dollars while refusing to count those payments toward a patient's deductible or out-of-pocket maximum. Bills like this simply ensure that when a patient pays for their medication, whether with their own money, a church fundraiser, or a manufacturer assistance card, it counts. That protection keeps patients on therapy, prevents dangerous treatment interruptions, reduces avoidable hospitalizations, and stops insurers from shifting costs onto those least able to bear them.

MEETINGS MATTER

We spent some time this week breaking bread with our covenants-not-to-compete champion, Rep. Bill Hardwick and our adversaries on this issue, the hospitals. It was a productive dinner. Everyone is committed to ongoing discussions to see where we can find common ground.