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No. 7

PRIOR AUTH BILL HEARD

Yesterday, the House Health and Mental Health Committee heard the super-fantastic [HB 3010](#), our sweeping overhaul of the state's cruddy prior authorization system. Physicians and patients alike know prior authorization use has spiraled far beyond its original purpose and now routinely obstructs timely, medically necessary care. The bill reins in insurers' most abusive practices by imposing strict decision deadlines, requiring real clinical rationale for denials, and automatically approving care when insurers fail to respond in a timely fashion. It prevents insurers from retroactively revoking approvals, mandates year-long authorizations for chronic-care treatments, and forces carriers to modernize their systems with standardized electronic processes and transparent reporting. Most importantly, beginning in 2027, physicians who consistently provide appropriate care, defined as a 90% approval rate, will be exempt from prior authorization altogether.

This bill offers a long-overdue fix to a system that has become a daily administrative grind, siphoning away hours of patient care and burying practices in red tape. Prior authorization has morphed into a cost-avoidance weapon for insurers. HB 3010 restores balance by putting medical decision-making back where it belongs: in the hands of physicians.

DRUGS ARE BAD

On Monday evening, the House Emerging Issues Committee heard testimony on four bills related to psilocybin and ibogaine. These are powerful hallucinogenic substances that currently lack FDA approval, standardized dosing, and established safety protocols. [HB 1717](#) would allow veterans to use psilocybin for certain conditions, relying on non-physician facilitators and offering no clinical oversight. Similarly, [HB 1643](#) would broadly decriminalize personal therapeutic use of psilocybin for individuals with certain mental health or end-of-life conditions. [HB 2961](#) and [HB 2817](#) would create a state-authorized ibogaine treatment framework despite ibogaine's well-documented cardiac and neurologic risks. Allowing hallucinogens without evidence-based review undermines patient safety. We testified in opposition to all four bills because these drugs carry significant risks, including unpredictable psychological effects, dangerous interactions with other medications, and the absence of rigorous clinical oversight.

BOHA LICENSURE REQUIREMENTS

On Tuesday, the Senate Professional Registration Committee heard [SB 1423](#). This bill seeks to modify several provisions relating to health care professionals, including tightening and clarifying physician licensure requirements. The bill removes several current licensure requirements – like providing the Board with a copy of your high school diploma – and attempts to streamline licensure. It still requires applicants to undergo a criminal background check and

provide medical education and training documentation. It authorizes the Board of Healing Arts to require disclosure of all current and prior licenses in other states or countries, along with any past or pending investigations or discipline and to obtain reports from the National Practitioner Data Bank or the Federation of State Medical Boards. We're keeping a close eye on this one.

AP COMPACT BILL MOVES

Wednesday morning, the House Professional Registration Committee approved the physician assistant compact bill ([HB 3129](#)), with changes to make the bill palatable. Our changes will clarify titling for physician assistants, safeguard against scope expansion and ensure Missouri law and rules remain supreme. This is one of the legislative initiatives that is a part of the state's application for the Rural Health Transformation Program. It's being pushed by some heavy hittin' VIPs. We'll need to keep an eye on it as it slithers through the system.

EYE SURGERY UPDATE

We found out this week just how aggressively we're going to have to defend physician-led care this session. Optometry's push for scope expansion escalated when their bill ([HB 2897](#)) sponsor told us he was instructed by the Speaker to make physicians "cut a deal" to accept either surgery or intra-ocular injections. We immediately pushed back! We met with the Speaker Jon Patterson, MD, to confirm the conversation and reinforce that Missouri physicians will not negotiate away surgical standards. Members in Dr. Patterson's district should consider contacting him directly and reminding him of physician education and training and how scope creep like this jeopardizes patient care. At the behest of legislators, we did bring forward legislation that more adequately outlines appropriate scope of practice for optometrists. Our compromise bill is [HB 2999](#). We're hearing rumors that both bills will be heard next Wednesday. We're set to war-plan with our allies tomorrow.

NURSE BILLS ON DECK

Next Tuesday morning, the Senate Professional Registration Committee plans to hear several bills to expand scope of practice for certified registered nurse anesthetists ([SB 1247](#) and [SB 1445](#)) and advanced practice registered nurses ([SB 979](#) and [SB 1016](#)). If you're up to it, come join us for the hearing. Legislators love hearing from physicians on this issue, and you have the firsthand experience that will help legislators understand the importance of physician-led, team-based care.

PHYSICIAN ADVOCACY DAY

It's still not too late to join us for MAOPS and MSMA Physician Advocacy Day on March 3. Come to Jefferson City and hang out with us for the day, visit with your legislators, and chin-wag

with your colleagues. We can't do this stuff without you, so you might as well come visit. Use the link at the top of the page to register.