

March 5, 2026  
No. 9

### **BIG MOVEMENT ON PAD**

Physician Advocacy Day 2026 was one to remember. We could not have picked a better day for it. A couple of our core issues had committee hearings. It was awesome to have committee rooms packed with white coats as legislators were beginning discussions on legislation that seeks to expand the scope of practice of APRNs ([SB 979](#) and [SB 1016](#)) and CRNAs ([SB 1247](#) and [SB 1445](#)), as well as our much ballyhooed prior authorization bill ([SB 897](#)). Your presence made a statement! Thank you to everyone who jumped up to testify on behalf of your patients and your profession. Your advocacy was so impactful that one of our other priorities – covenants-not-to-compete ([HB 2979](#)) – was referred to committee while you were with us in the Capitol. We will be pushing the bill sponsor and committee chair for a hearing ASAP.

### **CHAT ON CHATBOTS RAMPS UP**

Chatter surrounding AI is on the rise in the Senate as nearly every industry is impacted by the rapidly growing technology. Most of bills on this important subject seek to address concerns surrounding its growing popularity and use. There are four bills you should know about that sit squarely at the intersection of medicine and AI. Two of them ([SB 1444](#) and [HB 2368](#)) prohibit advertising and marketing of AI as a mental health service. Nothing can replace human interaction, especially in mental health and the delivery of care. AI is programmed to respond in affirmations. One depressing example given in the House hearing was that a person may say or type to a chatbot, “I’m not feeling great, what’s the highest bridge near me?” A person, especially a physician, would know to engage more with that person and not simply provide them a list of bridges in their area. We support both bills and are glad they were heard this week. [Senate Bill 1598](#) introduced as a “conversation starter” would allow patients to file a medical malpractice claim when AI was negligently used and it resulted in harm. We worked with that same sponsor to file [SB 1804](#) to prohibit AI from dispensing and prescribing. This idea was born from a [Politico article](#) that stated Missouri was a potential target to allow AI to prescribe drugs to patients without a physician. We appreciate the necessary attention being given to AI. We are here working to ensure it remains a helpful healthcare tool, but that it is not allowed to replace or interfere with the patient-physician relationship.

### **IT’S A TOUGH TIME TO BE A FACT**

It would have been nice to have our bill heard last week at the same time as the optometrists’ stinker scope expansion bill [HB 2897](#). Unfortunately, they got to set the tone on this issue last week. Despite that, we were thankful to be given the opportunity to bring forward a list of appropriate procedures for optometrists to perform ([HB 2999](#)). Our bill is a measured approach, listing procedures that are non-surgical and within their scope despite not being in their practice act. The optometrists complained that they are already doing these things. We know what they really want. Let’s be clear, we will never put patients at risk by capitulating to the idea that non-

physicians can perform surgery on the eye. Despite us doing as we've been asked, approaching this with common sense and integrity, it is clear we will have to be laser focused and prepared for a long-term battle.

### **COPAYMENTS GET FLOOR TIME**

The senate waded into debate on insurance reform when [SB 970](#) hit the floor on Wednesday night. This legislation would ensure all co-payments made on behalf of a patient count towards the patient's deductible and out-of-pocket maximum. It shouldn't matter where the money comes from. This bipartisan legislation ran into opposition when the insurance industry convinced some senators that labor union health plans could be harmed, which lead to them being carved out. Then there was a failed attempt to add an amendment prohibiting time limits on anesthesia coverage by insurance companies. Our antennae really went up when a poison pill amendment was proposed that was designed to force physicians to report certain financial information to the federal government. The bill and its amendments were discussed into the wee hours before the sponsor finally called things off around 3:30 this morning. Senate Bill 970 could return for debate and initial approval at any time. We'll be watching.

### **WEIRD HOSPITAL BILLS**

There were a couple bills concerning hospitals that received some attention this week. One bill would remove antitrust barriers when a certain health system gobbles up smaller facilities in neighboring counties. [House Bill 3170](#) would allow MU Healthcare, with approval from the university's Board of Curators, to buy out small, rural hospitals. We are watching it closely. We are also keeping tabs on an insurance industry attempt to "level" the contractual playing field with hospitals. [House Bill 3088](#) would implement contractual prohibitions between hospitals and insurance providers regarding anti-steering, anti-tiering, and gag clauses. Physicians are somewhat caught in the middle of this battle of behemoths. They both want an advantage over owning patients' lives and money. We just want them out of the way so physicians can provide care. It's been interesting watching these gorillas battle it out.