

March 26, 2026
No. 11

BACK AT IT

Forget easing into the pool from the steps. The House and Senate returned from spring break cannonballing straight into last half of session. Both chambers continued to give initial approval to bills during floor debate. They even sent a few pieces of legislation across the rotunda to start the process all over again in the other chamber. The House finalized its version of the budget, and they drastically reduced general revenue funding to our fledgling GME program. It was eerie to see this legislature successfully chug along all week. For now, there seems to be renewed fervor to push bills along through the process. We're watching with a cautious side-eye for amendments that would turn uninteresting bills into ones that are downright crazy. If history is a guide, we'll start seeing a decrease in relevant committee work, and floor discussions should become increasingly more tenuous as the weeks tick away.

THE EMPATHETIC HOUSE

In addition to the tight budget, the House also gave initial approval to some bills we've been watching all year. The large House omnibus healthcare bill, [HB 2372](#), took on several amendments. It was like watching a rerun of Oprah...you get an amendment, and you get an amendment, everyone gets an amendment! We're wondering, can an omnibus bill become more omnibus?

The House also debated and approved with little opposition - except from the Rep. George Hruza, MD - [HB 1717](#), a bill that would allow veterans and others to use psilocybin and ibogaine. Things are getting a little too trippy for us. We're going to have to make sure the Senate will still say no to drugs!

Moments earlier, the House approved [HB 1855](#). This bill was filed as an attempt to increase awareness of the growing prevalence of the tickborne disease, alpha-gal. The bill got the "simple one-word amendment" treatment during debate, a change that fundamentally changed the bill. Now, the bill would require the Missouri Department of Health and Senior Services to follow up on all reported cases of alpha-gal to ensure the cases meet the most current surveillance case definition of alpha-gal syndrome from the Centers for Disease Control and Prevention (CDC). One-word changes from "may" to "shall" are hardly simple. The sponsor says we need the data; the department says they already have it. We don't want this potentially unnecessary government mandate to get in the way of patient care. It might need a spritz of repellent.

PHYSICIANS NOT TOP OF MIND

On Tuesday night, the House Crime Prevention Committee heard [HB 3434](#). This bill creates a statewide Sexual Assault Response Task Force. As filed, the task force brings together law enforcement, prosecutors, victim advocates, hospitals, nurses, and state agencies (but not physicians) to develop legislative proposals. For Missouri doctors, this is a critical moment. The state is designing the future of sexual assault care, and physicians must insist on having a voice to ensure survivors receive trauma-informed, medically sound, and ethically grounded care. We told the sponsor we wanted to help, and we were welcomed to the group with open arms. This is what a solid relationship with a legislator can do!

TITLE PROTECTION

We are still waiting for a very important patient protection bill to be referred to committee. [House Bill 2556](#) strengthens physician title protection by reserving core medical titles such as: “physician,” “surgeon,” and dozens of other specialty designations for use only by physicians in clinical and telehealth settings. Furthermore, the bill creates a private cause of action and disciplinary consequences for misuse of these titles by non-physicians. This bill draws a clear, enforceable line against title inflation, ensuring patients know exactly who is responsible for their care. When non-physicians use physician titles, patients assume a level of training, education, and clinical responsibility that simply isn’t equivalent. We hope this bill will reinforce with patients the training, accountability, and expertise that define physician-led medicine. This important bill reinforces the integrity of medical titles that reflect years of medical school, residency, and specialty training. Patients deserve to know exactly who is diagnosing, treating, and making medical decisions about their care. Clear title protection prevents confusion. We can’t wait to hear why this isn’t an important protection for patients.

WORKPLACE VIOLENCE

The House Health and Mental Health Committee heard [HB 3401](#) this morning. This bill establishes comprehensive workplace violence prevention requirements for hospitals, including written safety plans, annual staff training, post-incident support, and strong anti-retaliation protections. This legislation is a critical step toward safeguarding physicians and other frontline caregivers. We are actively working to strengthen these protections so physicians can focus on caring for patients without fear of threats, intimidation, or violence.

EYE SURGERY GETS A VOTE

The House Professional Registration Committee voted to pass [HB 2897](#). This bill would allow optometrists to perform surgery and deliver injectables to the eye. Prior to the vote, we received a communication from the sponsor that next year he will hold nothing back - he will go for everything, "laser, lumps and bumps, injectables," and there would be no opportunity to negotiate. We have assurances that this bill will not advance this session; however, we will still need to remain on high alert for amendments that pose this patient safety risk for the remainder of the session.

ANNUAL CONFERENCE IS COMING UP!

We hope you can join us April 24 -25 at Old Kinderhook Lodge in Camdenton for the MAOPS Annual Conference. This year, we have a healthy group of students from ATSU-KCOM, KCU-Joplin, and KCU-KC (over 30!) joining us in hopes of mentorship and networking opportunities from our practicing physicians. Help us meet their needs and join us for an evening and a day of camaraderie. There is still time to [register!](#)