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No. 18

The 2026 legislative session has come to an end. This year ended on a very different note than the last several. Instead of packing up early, lawmakers worked straight through to the 6:00 p.m. constitutional deadline on Friday, May 15. They didn't just stay; they produced, working at a pace we haven't seen in years. When the session began in January, the consensus predicted a tumultuous session. Many believed hard feelings resulting from things that happened in 2025 would derail progress. That speculation turned into a bunch of hype that never manifested any real or long-term problem for progress.

This session, legislators introduced 3,142 bills and resolutions. Of that, over 800 would have some impact on the practice of medicine or public health. By the end of session, the General Assembly sent 100 pieces of legislation to the Governor, a remarkable feat for modern legislature and a testament to just how active and unpredictable this session became. Not many individual bills passed in the healthcare space. Instead, there were a few omnibus bills that combined several bills into one for passage. They passed a massive healthcare omnibus bill as well as a large professional licensure bill. These bills included language we loved and some we made better through compromise and amendments. Even more didn't truly have an impact on physicians or the practice of medicine. Should these bills be signed and survive potential court challenges, many of the healthcare bills they have been working on for years will be checked off the to-do list. We will be working during the interim to ensure that scope of practice expansions aren't next on the list.

Below, in alphabetical order by category, is a first look at just a few of the more high-profile issues we kept a watchful eye on this session.

BILLS THAT PASSED

Abortion (SB 999 & HB 1667) – Creates the "Born-Alive Abortion Survivors Protection Act" requiring healthcare providers present, if a baby is born alive during or after an abortion, to perform all possible life-saving measures on the baby. Not doing so would be first-degree murder. Failure to report such inaction can result in five years imprisonment, a fine, or both.

Alpha-gal Surveillance (HB 2372) – Requires that positive tests for alpha-gal be reported to the Department of Health and Senior Services.

Anesthesia Services (HB 2372) – Prohibits health carriers or health benefit plans from establishing or implementing any policy or practice that imposes a time limit for the payment of anesthesia services provided during a medical or surgical procedure.

Board of Healing Arts (SB 1019) – Streamlines licensure requirements for the Board of Healing Arts.

Community Paramedics (HB 2372) – Language was put in several bills to modify provisions relating to community paramedic services. We worked with stakeholders to ensure physician orders would not be superseded by paramedics going door-to-door doing wellness checks.

Physician Assistant Compact (HB 2974) – Passing a licensure compact for physician assistants is one part of the Rural Health Transformation Program promise made by the state to receive federal funds. As filed,

this bill advanced their agenda to change their title to “physician associate” and would have allowed for scope expansion. It would have also given the compact commission more authority over these licensees than the Board of Healing Arts. We worked to make it more palatable for patients and physicians and were successful in getting our concerns addressed. Other compacts relating to athletic trainers, dietitians, and speech-language pathologists passed on this same bill.

Divorce Proceedings (HB 1908) – This important update to family law allows for the dissolution of marriage during a pregnancy. It will get victims of domestic abuse away from their abusers. It passed and was signed by the Governor early in session.

Disabled Placards and License Plates (HB 2372) – Adds occupational therapists to the list of healthcare professionals authorized to issue statements for the issuance of disabled placards and license plates.

Epinephrine Delivery System (HB 2372) – This bill updates Missouri law by replacing the term “epinephrine auto-injector” with the broader “epinephrine delivery system,” and adds these devices to all existing statutes governing possession, self-administration, and stock supply in schools, childcare facilities, nursing homes, and other authorized entities. It also expands current authority so that school personnel, qualified first responders, and other permitted providers may administer any approved epinephrine delivery system during an anaphylactic emergency.

Healthcare Omnibus (HB 2372) – This omnibus bills modifies several provisions relating to healthcare, including: ambulance boards and districts; emergency services administration; community paramedics; increasing the amount of ephedrine, phenylpropanolamine, or pseudoephedrine to be sold over the counter to 61.2 grams; long-term care facilities; right to try investigational drugs; alpha-gal surveillance; telehealth-adaptive questionnaires; OTC Ivermectin; hospital workplace violence; handicapped placards; pharmacy scope and administration of vaccines ... just to name a few. Provisions relating directly to physicians and patients are enumerated throughout this report.

Hospital Pricing Transparency (HB 2372) – Modifies provisions relating to hospital price transparency laws. The legislation seeks to give patients the ability to know what something will cost prior to receiving care.

Opioid Alternatives (SB 878) – Requires insurance coverage of opioid alternative drugs.

Intoxicating Cannabinoids (HB 2641) – Regulates intoxicating cannabinoids derived from hemp products in the same manner as those derived from marijuana. This bill has already been signed by the Governor.

Long-term Facilities (HB 2372) – Removes provisions for potential employees of long-term care facilities to be assessed by a physician prior to employment.

Lyme Disease Eradication Act (HB 1019) – This bill requires mandatory reporting of Lyme cases, expands surveillance and research funding, and protects clinicians who provide medically necessary Lyme treatments. It also mandates insurance coverage for diagnostic testing and extended treatment for Lyme and post-treatment Lyme disease syndrome.

Ivermectin/Hydroxychloroquine (SB 878) – Allows for the over-the-counter sale of Ivermectin and Hydroxychloroquine. The passed versions include additional safeguards requiring it to be behind the counter.

Pharmacist Scope-of-Practice (SB 878) – Allows pharmacists to test and treat via medication therapy services for things like strep and Covid. This bill will also allow pharmacists to prescribe some medical devices as agreed upon by both the Board of Pharmacy and Board of Healing Arts.

Prior Auth Reform (partially passed on HB 2372) – Although gold carding for physicians who have high prior authorization success rates did not pass, a different prior authorization bill did. It mandates that all plans participate in API monitoring through the Department of Insurance. As part of negotiations, a provision requiring plans to adopt real-time electronic prescription approval was also added. The API provisions as well as the real-time prescription approval passed on the healthcare omnibus bill. We will continue the fight for gold carding in 2027.

Professional Licensing Reciprocity (SB 1233) – Extends a temporary license to all professionals, except those with compacts or physician assistants.

Tax Proposal (HJR 173) – This proposal will put a ballot question before voters. The question will ask voters if they want a complete repeal of the state income tax. The caveat to that is it would also allow lawmakers the ability to “modernize the tax base,” a.k.a. raise other taxes to offset the loss in revenue from the income tax repeal. As passed, there are no exemptions for what could be taxed, including healthcare services. This was passed and signed by the Governor during session.

Telemedicine (HB 2974) – As part of the Rural Health Transformation Program, Missouri promised to expand telemedicine. This bill authorizes healthcare professionals who receive a Missouri license through reciprocity to deliver telehealth services within their existing scope of practice.

Workplace Violence (partially passed on HB 2372) – There were two ideas moving this session to address workplace violence in a healthcare setting. One sought to increase the penalty for assault on healthcare workers by declaring them “special victims.” The other would establish administrative structures to prevent violence before it starts, such as special committees and education regarding workplace violence. It would also require signage in emergency departments and obstetrics waiting rooms reminding people that it is a crime to assault a healthcare worker. This is the version that passed.

BILLS THAT DIED

Alternative Therapies (HB 2643) – This bill would have allowed patients with life-threatening illness the right to try investigational drugs.

APRNs (SB 1016 & HB 1635) – Would have allowed for independent practice for APRNs. Also extends APRN prescribing privileges to Schedule II drugs. The Senate bills were heard and approved in committee. This language was a part of nine different bills this year. There was no action taken in the House.

Artificial Intelligence (SB 1012) – The bill would have created Missouri’s first attempt at a comprehensive legal framework for artificial intelligence. Components of the bill focused on defining AI as non-sentient, assigning human liability for AI-caused harm, regulating AI use in political advertising, and criminalizing sexually explicit deepfakes.

Artificial Intelligence in Mental Health (SB 1444 & HB 2318) – These bills would have prohibited AI chatbots from being advertised or described as mental health resources or replacement for mental health professionals.

Artificial Intelligence, Medical Malpractice (SB 1598) – Allowed for medical malpractice claims to be included when AI is negligently used and causes injury.

Artificial Intelligence, Prescriptions (SB 1804) – This bill would have prevented AI from diagnosing and prescribing.

Collateral Source (SB 1180 & HB 2405) – This legislation would have changed the law regarding the admissibility of evidence to exclude the amount billed for the plaintiff's healthcare services. Instead, only the amount actually paid by the plaintiff would be allowed as admissible evidence.

Copay Accumulator Reform (SB 970 & HB 1941) – Would have enacted provisions relating to cost-sharing for prescription drugs. This legislation attempted to ensure that all copayments count for patients, no matter who pays. It would prohibit insurance companies from using copay accumulator programs to capture copay assistance payments and not apply the payment to patients' copays and out-of-pocket maximums.

Covenants-not-to-compete (HB 2979) – The "Missouri Rural Doctors Act," aimed to limit when nonprofit employers can use non-compete agreements with physicians. It allowed a non-compete only if the restriction lasts no more than one year and covers no more than a five-mile radius. Research university hospitals were exempt. We will be back at it next session with this as a top priority. This is a great issue for physicians to discuss with their legislators during the off-session!

CRNAs (SB 1247) – Would've allowed certified registered nurse anesthetists to administer anesthesia without physician supervision. This bill was heard and approved by committee in the Senate.

Daylight Saving Time (HB 1758) – This bill would have established daylight saving time as the constant time for Missouri if the federal government enacts it.

Emergency Department Staffing (HB 2557) – This bill required hospitals with emergency departments to have a physician on staff in the emergency department when the department is open.

Expert Witnesses (SB 918 & HB 2255) – These reform measures would bring state law more in line with the federal standards for expert testimony.

Hospital Anti-steering and Anti-tiering Reform (HB 3088 & SB 1644) – This bill bans anti-steering, anti-tiering, gag, and most-favored-nation clauses in physician employment contracts.

Illicit Drugs (HB 1717 & SB 1682) – These bills would have allowed veterans experiencing PTSD or other mental illnesses to access psilocybin or ibogaine. We do not support the use of substances prior to FDA approval.

MU Anti-trust Repeal (SB 1602) – This bill authorized the University of Missouri's Board of Curators to acquire, own, or operate hospitals and other healthcare facilities within a 25-county region, even if those

activities reduce market competition. It also granted the University and its partners broad antitrust immunity for these activities, except for per se violations like price-fixing or bid-rigging.

Naturopaths (HB 2159) – If passed, this legislation would have created a Board of Naturopathic Medicine and established a pathway to licensure for naturopaths. This bill never moved.

Optometry (HB 2897 & HB 2999) – HB 2897 sought to expand the practice of optometry to include the use of injectable agents and surgical procedures. HB 2999 would've established title protection for physicians in a clinical setting. It also set forth a list of reasonable procedures to be included in the scope of practice for optometrists while prohibiting surgery. Neither bill passed.

PBM Reform (SB 984) – Would have created provisions relating to payments for prescription drugs. These bills would've allowed patients to choose where they want to fill prescriptions and not be forced to fill at PBM preferred pharmacies. It also included copay accumulator language, which would allow all payments for prescriptions to count toward the patient's out-of-pocket cost.

Peer Review Expansion (HB 1980 & SB 940) – This legislation would have extended peer review committee utilization and protections to paramedics.

Physician Assistant Master Collaborative Practice Agreement (HB 2749) – This is one of our least favorite bills of the year. This bill would've allowed hospitals to take over collaborative practice agreements between physicians and PAs. Instead of physicians choosing who they collaborate with, they would be forced to collaborate with all the employed physician assistants at the hospital under one master CPA. These agreements are more than just paperwork. They are covenants between physicians and other professionals. This terrible bill was heard and voted on in the same week. Thankfully, it saw no further movement. It is likely to return next year.

Statute of Limitations (SB 1799 & HB 1664) – This bill would have modified the statute of limitations for personal injury claims based on ownership of a facility from five years to three years.

Title Protection (HB 2556) – 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. This bill was referred to committee with one month left in session. It never received a hearing.

Tobacco (SB 1064 & HB 2085) – This legislation would have allowed a state preemption on anti-tobacco policies that have been enacted by local governments. There is evidence that these products are being marketed and sold to youth, which is very problematic.

Transgender Care (HB 2033 & SB 1200) – These bills would have removed the sunset on the current prohibition on gender transition procedures. The sunset is set to go into effect in 2027 unless they are repealed or extended this session.

THAT'S ALL FOLKS

And just like that, the 2026 legislative session has gone poof. A lot moved this year. More than we've seen in several years. Through it all, we stood firmly grounded in truth and science. It is an honor to wear the white hat, working to protect the practice of medicine and the patients who depend on you.

With so many healthcare issues checked off the list this year, we fully expect scope expansion to take center stage next year. We've already been put on notice. The incoming Speaker intends for optometry scope expansion to be the first bill out of the House in 2027. Your voice and your engagement will matter more than ever.

Thank you for staying plugged in to our weekly updates this session. It's an honor to represent you, your profession, your patients, and your commitment to physician-led care in the Capitol and across the state. Your membership truly makes a difference, and we're grateful for everything you do to keep MAOPS strong as the voice of osteopathic medicine in Missouri.