Governmental Services Group

During the final week of February 2026, the Missouri General Assembly advanced measures addressing state fiscal policy, election integrity, and the constitutional amendment process. Early in the week, the Missouri House of Representatives approved a $3.15 billion supplemental spending bill, pushing the total state budget to a historic $55 billion for the current fiscal year. The package included the first-ever allocation of state general revenue to support the voter-approved Medicaid expansion program. While the bill passed with a wide margin, it arrived amidst internal debate regarding future fiscal sustainability, as some budget leaders signaled a desire for multi-billion-dollar cuts in the coming year to anticipate a potential downturn in state revenue.

Additionally, the committee members in the House engaged in debate over the state's initiative petition process. The introduction of a plan to reduce penalties for signature fraud and foreign contributions to ballot measures drew scrutiny. Supporters characterized the move as a necessary technical clarification of the law, while opposition argued the changes would weaken existing safeguards. This legislative push for initiative petition changes coincided with a notable judicial intervention in Cole County where a judge ordered the removal of certain "ballot candy" language from a similar proposal. He ruled that the descriptions were misleading to voters because they cited existing laws as if they were new changes.

Meanwhile, privacy and election security took center stage as a Senate committee evaluated SB 985, a bill that would require the Secretary of State to publish a list of 4.5 million registered Missouri voters on a public website. The proposal, which would include names, addresses, and dates of birth, sparked rare bipartisan concern regarding the potential for identity theft and the exposure of private citizens' data. Although the bill's sponsor suggested the online publication requirement was the result of a drafting error and pledged to revise the language, the discussion highlighted tension between goals of election transparency and protecting personal privacy.

With legislative spring break just two weeks away, we expect a final, heavy push to advance priority bills before the legislature pauses for the short recess. As committees continue to work on advancing bills, the coming days will be dominated by floor debates and negotiations. Once lawmakers return from the break, budget discussions will take center stage for both chambers. Our team will continue to monitor these developments closely and keep you updated as the session unfolds.

Hospital Zones
HB 2753, sponsored by Representative Warwick, authorizes counties and municipalities to establish hospital zones for streets surrounding a hospital as areas where hospital activities are occurring. If a county or municipality determines the boundaries for a hospital speed zone and erects signs reading "Hospital Zone - Fines Doubled", the court may double the amount of a fine

for a traffic violation in the hospital zone. The maximum speed limit in a hospital zone is 30 miles per hour.

The bill creates the offenses of "endangerment of a pedestrian in a hospital zone" and "aggravated endangerment of a pedestrian in a hospital zone.

This bill was scheduled for a hearing this week in the Huse Corrections Committee

In support of the bill was Mosaic Life Care, MHA, and CMH.

There was no opposition to the bill.

Medical Malpractice Insurance
HB 2071, sponsored by Representative Phelps, suspends the operations of a joint underwriting association if medical malpractice liability insurance is reasonably available to health care providers in the voluntary market.

This bill had a hearing in the House Insurance Committee this week.

The Missouri Insurance Coalition was in support of the bill.

Alpha-Gal Disease
HB 1855, sponsored by Representative Overcast, requires the Department of Health and Senior Services to designate noncommunicable diseases that are of public health concern, including Lyme disease and alpha-gal syndrome, and enforce orders, findings, rules, and regulations to prevent the spread of these diseases and to determine their prevalence in the state.

Any required case report for noncommunicable disease must be submitted to the Department within seven days of receiving a positive laboratory confirmation. For any case other than alpha-gal, the entity responsible for submitting the report shall be the health care provider treating the patient. For any case of alpha-gal syndrome, the laboratory finalizing the positive test result is the responsible entity.

The Department is required to follow up on reported cases of alpha-gal syndrome by applying a random sampling method for confirmation that the cases meet the current CDC surveillance case definition of the disease.

The Department is also required to submit an annual report to the CDC summarizing its findings related to the reporting and incidences of the diseases specified under the provisions of this bill.

This bill was brought up for a vote in the House Health Policy Committee hearing this week. The bill was voted out of the Committee DO PASS.

Prior Authorization
HB 3010, sponsored by Representative Stinnett, creates provisions relating to prior authorization of health care services.

the bill introduces a "Gold Carding" system. Starting in 2027, health insurers would be prohibited from requiring prior authorization for providers who have a proven track record. If an insurance company approved 90% or more of a provider's requests during the previous year, that doctor or specialist becomes exempt from the authorization process for those services. Insurers can only reinstate the requirement if they perform an audit and find the approval rate has dropped below the 90% threshold.

The legislation shifts the timeline for medical approvals to favor long-term care. Current laws allow insurers to revoke or limit an approval after 45 days. This bill would extend that window to at least six months or the full length of the treatment as determined by the physician. For chronic conditions or maintenance medications, approvals would remain valid for at least 12 months. If an insurance company fails to follow these timelines, the services are automatically deemed authorized.

Insurers must move away from manual systems and implement a digital interface (API) by 2027. This allows doctors to submit requests and receive decisions electronically. Additionally, insurance companies are required to publicly disclose their statistics for approvals and denials. They must also provide a list of every service that requires prior authorization to the Department of Commerce and Insurance, which will then publish this information in a central location for the public to see.

The bill ensures that patients do not lose access to care when they change insurance plans. A new insurer must honor a previous carrier's authorizations for at least 180 days. Furthermore, the bill prevents "retrospective denials," meaning an insurance company cannot refuse to pay for a service they already authorized unless there was intentional fraud or the service was never actually performed. To ensure medical expertise in the process, any denial of care must be reviewed by a clinical peer in a similar field of medicine.

This bill was brought up for a vote this week in the House Health Policy Committee. The bill was voted out of the Committee DO PASS.

Telehealth
HB 2974, sponsored by Representative Stinnett, specifies that a health care provider who has received his or her licenses to practice in Missouri via our license reciprocity law can provide telehealth services.

This bill was voted out of the House Rules Committee DO PASS

Childcare Tax Credit
HB 2409, sponsored by Representative Shields, authorizes the "Child Care Contribution Tax Credit Act", the "Employer-Provided Child Care Assistance Tax Credit Act", and the "Child Care Providers Tax Credit", relating to tax credits for childcare.

This bill establishes the "Child Care Contribution Tax Credit Act". Beginning January 1, 2027, a taxpayer may claim a tax credit for verified contributions to a childcare provider in an amount up to 75% of the contribution. The tax credit issued must not be less than $100 and must not exceed $200,000 per tax year.

This bill also establishes the "Employer Provided Child Care Assistance Tax Credit Act". Beginning January 1, 2027, a taxpayer with two or more employees may claim a tax credit in an amount equal to 30% of the qualified childcare expenditures paid or incurred with respect to a childcare facility. The maximum amount of any tax credit issued must not exceed $200,000 per taxpayer per tax year.

This bill also establishes the "Child Care Providers Tax Credit Act". Beginning January 1, 2027, a childcare provider with three or more employees may claim a tax credit in an amount equal to the childcare provider's eligible employer withholding tax and may also claim a tax credit in an amount up to 30% of the childcare provider's capital expenditures.

This bill was voted out of the House Rules Committee this week DO PASS.

Mental Health Patients
HB 2516, sponsored by Representatives Byrnes, establishes a comprehensive framework for the rights of individuals receiving mental health treatment and mandates the inclusion of "qualified family advocates" in the care process. Under this legislation, mental health facilities must guarantee patients dignity, humane treatment, and participation in their own care and discharge planning, with these rights prominently displayed and provided in writing upon admission. A significant portion of the bill grants qualified family advocates automatic access to clinical information and participation in treatment team meetings—including decisions regarding medication, risk assessments, and discharge—during a patient's period of detention. These advocate privileges remain in effect until the patient's capacity is formally restored, though the advocate must still be notified prior to the patient's release. To ensure compliance, the bill prohibits facilities from using blanket confidentiality policies to exclude family involvement and classifies violations as grounds for administrative or licensing action.

This bill had a public hearing in the House Legislative Review Committee.

There was one citizen who testified in support of the bill.

There was no opposition.

Worker's Compensation
SB 1052, sponsored by Senator Trent, establishes a maximum fee schedule for services performed pursuant to workers' compensation law. Current law provides that all fees and charges for services under the workers' compensation law shall be fair and reasonable, subject to regulation by the Division of Workers' Compensation or the Labor and Industrial Relations Commission. This act requires the Division to establish by rule a schedule of fees for any service provided pursuant to the workers' compensation law and further requires all fees and charges under such law to be in accordance with the fee schedule.

This bill had a hearing in the Senate General Laws Committee this week.

In support of the bill was MO insurance Coalition and Associated Industries of MO.

In opposition to the bill was Missouri State Medical Association, Missouri Hospital Association, Missouri Ambulatory Surgery Centers, and Missouri Association of Trial Attorneys.

Tobacco Regulations

HB 2085, sponsored by Representative Keathley, modifies provisions relating to tobacco product regulations. This bill specifies that the State of Missouri must preempt the sale of tobacco products, alternative nicotine products, and vapor products. This preemption will include local ordinances that deal with: (1) Ingredients; (2) above; and setting the age to sell or purchase at 21 years of age and (3) Licensing and products bans.

In addition, existing state regulations on the sale of tobacco products to minors found in Sections 407.924 through 407.934, RSMo, will supersede any local laws, ordinances, orders, rules, or regulations enacted by a county, municipality, or other political subdivision regulating the sale of tobacco products, alternative nicotine products, or vapor products.

The bill does not prohibit counties, municipalities, or other political subdivisions from enforcing ordinances or regulations that set the age to sell or purchase tobacco products, alternative nicotine products, and vapor products to individuals under 21 years of age.

This bill will not apply to any local laws, ordinances, orders, rules, or regulations enacted by a county, municipality, or other political subdivision prior to January 1, 2026.

The bill was perfected on the House floor this week. The House then third read and passed the bill 93-43.

Health Benefit Plans

HB 1941, sponsored by Representative Hruza, regulates how health carriers and pharmacy benefit managers (PBMs) account for payments toward an enrollee's cost-sharing requirements. Under the proposed rules, any amount paid toward a medication—whether by the patient or by a third party on their behalf—must be credited toward the enrollee's out-of-pocket maximum or deductible, provided that no generic substitute for the medication is available. This effectively requires insurers to count "co-pay cards" or manufacturer assistance programs as part of the patient's financial contribution to their plan.

Furthermore, the bill prohibits insurers and PBMs from adjusting a patient's cost-sharing totals or designing benefit plans based on the availability of third-party financial assistance for these brand-name drugs. By preventing carriers from "varying" these requirements, the bill aims to standardize how financial progress through a deductible is tracked, regardless of the source of the funds. If passed, these regulations would apply to all health benefit plans established, amended, or renewed on or after August 28, 2026.

During the public committee hearing, proponents argued that the bill is necessary to end "double paying" scenarios where insurers receive payment for a deductible via assistance programs but do not credit the patient, forcing the patient to pay the same amount again later. Supporters emphasize that these medications are often high-cost treatments for complex conditions that significantly impact a patient's quality of life. While the bill seeks to provide financial relief to patients, it focuses specifically on medications where no lower-cost generic alternative exists, narrowing the scope of the mandate to essential brand-name treatments.

This bill was scheduled to be brought up for a vote in the House Rules Committee this week, but the action was postponed.