Governmental Services Group

In a week marked by fiscal debates, the Missouri General Assembly made substantial progress on legislation that will shape the state's financial landscape for both the short and long term. The primary focus centered on the Missouri Senate's passage of a $3 billion supplemental budget bill, HB 2014, designed to provide necessary funding for state agencies through the end of the current fiscal year on June 30.

This mid-year adjustment is a routine but critical part of the legislative calendar, ensuring that state operations remain funded and responsive to immediate needs. While the supplemental budget includes broad support for disaster recovery, transportation, and healthcare (most notably $100 million for Rural Health Transformation), it also became a focal point for debate over specific expenditures.

During the process, the Senate opted to remove several key funding requests initially approved by the House. Notably, lawmakers stripped approximately $15 million intended for renovations at the State Capitol and roughly $1 million requested by the Attorney General's office for the establishment of new office space in St. Louis. These cuts reflect ongoing discussions within the chamber regarding the necessity and timing of certain administrative expansions.

In addition to spending priorities, the legislature advanced a fundamental shift in the state's tax structure. HJR 173, sponsored by Representative Davidson, is a proposal that seeks to eventually eliminate Missouri's individual income tax and replace the lost revenue with an expanded sales tax moved forward with a party-line vote in the House Commerce Committee. Supporters of the measure argue that transitioning to a consumption-based tax model will make Missouri more economically competitive with neighboring states and incentivize growth. Conversely, critics have voiced concerns regarding the potential impact on lower-income residents and the overall stability of the state's revenue stream.

As we head towards the legislative break, the House also worked methodically through their calendar sending 18 bills to the Senate for further consideration. The Senate only managed to send 5 bills after Democrats conducted a filibuster Wednesday evening during debate over SB 888, sponsored by Senator Schroer. The bill sought to modify various provisions regarding the criminal and juvenile justice system. The filibuster lasted roughly 6 hours before a compromise was reached, and the bill was perfected.

We anticipate the controversial resolution regarding phasing out the state's income tax to be taken up in the House next week along with the House Committee on Budget to begin the mark-up process on the Fiscal Year 2027 appropriation bills. We will continue to inform you of the latest in Jefferson City.

APRNs
SB 979, sponsored by Senator Schroer, and SB 1016, sponsored by Senator Lewis, both modify provisions relating to advanced practice registered nursing. This act modifies provisions relating to the practice of advanced practice registered nursing. Specifically, prescription medications prescribed by advanced practice registered nurses ("APRNs") may include Schedule II stimulants for behavioral health patients.

Under current law, collaborative practice arrangements between physicians and registered professional nurses may delegate to an APRN the authority to administer, dispense, or prescribe certain controlled substances. These acts provides that the section of law providing for such agreements shall not apply to APRNs, excluding certified registered nurse anesthetists ("CRNAs"), who have been in a collaborative practice arrangement for a cumulative 2000 documented hours with a collaborating physician and whose license is in good standing. APRNs applying for licensure by endorsement may demonstrate to the Missouri State Board of Nursing completion of such hours. Additionally, any such APRN shall not be required to enter into or remain in such arrangement to practice in this state.

These bills also provides that an APRN's prescriptive authority shall include authority to prescribe, dispense, and administer controlled substances as provided in current law. Furthermore, the provision on prescriptive authority shall also apply to good-standing APRNs who have been in collaborative practice arrangements for a cumulative 2000 documented hours with collaborating physicians and who are no longer required to hold collaborative practice arrangement.

Both bills had a hearing in the Senate Emerging Issues and Professional Registration Committee this week.

In support of the legislation was Mercy Health Systems, MO Farm Bureau, Kids Win MO, Pacific Legal Foundation. AARP, MO Hospital Association, Suzanne’s Mental Health Wellness LLC, Missouri Highland Health Care, Campaign Life MO, BJC, MO Rural Health Association, MO Nurse Practitioners Association, Missouri Nurses Association, and several nurses form across Missouri.

In opposition to the legislation was MO Academy of Family Physicians, MO Association of Osteopathic Physicians and Surgeons, and Missouri State Medical Association.

CRNA
SB 1247, sponsored by Senator Brown, provides that certified registered nurse anesthetists may select, issue orders for, and administer certain controlled substances.

This act provides that a certified registered nurse anesthetist ("CRNA") may select, issue orders for, and administer certain controlled substances for and while providing anesthesia care to a patient in a licensed facility pursuant to state law. This act shall not be construed as authorizing a CRNA to prescribe such controlled substances and a CRNA shall not be required to obtain a certificate of controlled substance prescriptive authority from the Board of Nursing in order to exercise this prescriptive authority.

This bill had a hearing in the Senate Emerging Issues and Professional Registration Committee this week.

MOANA and Pacific Legal Foundation were in support of the bill.

In opposition was MO Society of Anesthesiologists, Jefferson City Medical Group, MSMA, and MO Association of Osteopathic Physicians and Surgeons.

CRNA
SB 1445, sponsored by Senator Lewis, provides that a certified registered nurse anesthetist ("CRNA") may select, issue orders for, and administer certain controlled substances for and during the course of providing anesthesia care to a patient in a licensed facility pursuant to state law. This act shall not be construed as authorizing a CRNA to prescribe such controlled substances and a CRNA shall not be required to obtain a certificate of controlled substance prescriptive authority from the Board of Nursing in order to exercise this prescriptive authority.

This bill had a hearing in the Senate Emerging Issues and Professional Registration Committee this week.

MOANA and Pacific Legal Foundation were in support of the bill.

In opposition was MO Society of Anesthesiologists, Jefferson City Medical Group, MSMA, and MO Association of Osteopathic Physicians and Surgeons.

Prior Authorization
SB 897, sponsored by Senator Brown, provides that health care providers shall not be required to obtain prior authorization for a health care service unless the health carrier or utilization review entity determines that in the most recent evaluation period, as defined in the act, less than 90% of the prior authorization requests submitted by that provider for that health care service were approved or would have been approved.

Additionally, health care providers shall not be required to obtain prior authorization for any health care services unless the health carrier or utilization review entity has approved or would have approved less than 90% of all prior authorization requests submitted by that provider for health care services.

Health carriers and utilization review entities shall notify providers within 25 days after a determination is made under the act, shall include in the notification certain information used in making the determination, shall establish an appeals process for the providers, and shall maintain an online prior authorization portal as described in the act.

No health carrier or utilization review entity shall deny or reduce payment to a health care provider for a health care service for which the provider has prior authorization, except as described in the act.

This act shall not apply to MO HealthNet services not provided through a managed care organization, or to providers who have not participated in a health benefit plan offered by the health carrier for at least one full evaluation period.

This bill had a hearing in the Senate Insurance and Banking.

Testifying in support of the bill was Missouri State Medical Association, Missouri Association Of Osteopathic Physicians And Surgeons, Cox Health, Missouri Academy of Family Physicians, Missouri State Medical Association, Missouri Society of Eye Physicians and Surgeons, Missouri State Medical Association, American College of Obstetricians and Gynecologists, Washington University, Missouri Hospital Association, SSM Health, Missouri Chapter of American Academy of Pediatrics, Missouri Rural Health Association, Mercy Health Systems, University of Missouri Healthcare, Missouri Nurses Association, Missouri Occupational Therapy Association, Missouri Ambulatory Surgery Center Association, National Association of Social Workers, Missouri Association of Rural Health Clinics, Golden Valley Memorial Hospital, University Health, Hannibal Regional Health System, Mosaic Life Care, and BJC Health System.

In opposition to the bill was the Missouri Insurance Coalition, Missouri Health Plan Association, and America's Health Insurance Plans.

Care Before Predictable Harm Act
HB 2512, sponsored by Representative Byrnes, establishes the "Care Before Predictable Harm Act".

The Act provides that a "qualified petitioner" or "qualified community petitioner", as such terms are defined in the bill, can file a verified petition for emergency psychiatric evaluation with the circuit court in the county wherein the individual resides. The bill specifies what must be included in the verified petition and requires the circuit court to review the petition within 24 hours of its filing. False material statements in a petition will be punishable as perjury.

The emergency psychiatric evaluation must be conducted by a licensed psychiatrist and include appropriate medical testing; during this period of emergency detention and evaluation, the psychiatrist can administer appropriate antipsychotic medication, including long-acting injectable antipsychotic medication, if certain determinations have been made and documented by the psychiatrist. Additionally, medication administered under these provisions must be recorded in the individual's medical record.

The bill requires a written report to be submitted to the court by the evaluating psychiatrist stating whether the individual has a severe mental illness, presents a danger to self or others or a predictable harm pattern, requires further treatment, and cannot be treated safely through less restrictive means. The court must hold a hearing within seven days of receiving this evaluation and can order assisted outpatient treatment for up to 180 days upon clear and convincing evidence the individual meets the described criteria. The order for assisted outpatient treatment may be renewed only upon a new hearing and findings, and any person who knowingly interferes with the execution of a valid court order is guilty of a class B misdemeanor.

A treatment order made under the provisions of this bill can include community mental health services, therapy and case management, substance use disorder treatment, supportive housing placement, and the administration of long-acting injectable antipsychotic medication, when medically justified and documented in the clinical record.

The bill requires the Department of Mental Health to establish a statewide network of community mental health clinics authorized to administer court-ordered psychiatric treatment. A participating clinic is prohibited from refusing to administer court-ordered long-acting injectable antipsychotic medication if the individual lacks capacity to consent at the time of administration, the medication is medically justified, and the medication represents the least restrictive means available to prevent predictable serious harm. Refusal of a clinic to comply with court-ordered treatment under the provisions of this bill is grounds for removal from the statewide network and can result in the suspension or withholding of state funds.

The bill requires the Department of Mental Health to submit an annual report to the General Assembly summarizing the implementation of this bill's provisions, including the number of petitions filed, the number of emergency evaluations ordered, the number of court-ordered assisted outpatient treatment plans issued and renewed, the number of long-acting injectable administrations performed under court order, outcomes demonstrating reductions in repeated emergency interventions, and data demonstrating the number of cases in which intervention prevented predictable serious harm.

This bill had a hearing in the Legislative Review Committee this week.

In support of the bill was Armorvine and several citizens

There was no opposition to the bill.

Family Mental Health Advocacy and Patient Rights Act
HB 2516, sponsored by Representative Byrnes, establishes the "Family Mental Health Advocacy and Patient Rights Act".

The bill enumerates certain rights afforded to persons admitted, detained, or evaluated for mental health treatment, including but not limited to dignity and humane treatment, participation in care decisions to the fullest extent possible, and safe and coordinated discharge planning. Mental health facilities are required to post these rights in a conspicuous location and provide the rights in writing at the time of admission or evaluation.

Compliance with this provision is required under the licensing regulations applicable to mental health facilities, and a violation of this section will be grounds for any administrative action authorized for violations of such regulations.

The bill provides that any detention of a person for evaluation and treatment as provided by current law automatically entitles a qualified family advocate, as that term is defined in the bill, to: (1) Access to treatment information necessary for safety, medication decisions, discharge planning, and continuity of care; and (2) Participation in treatment team meetings, including care plans, medication changes, risk assessments, and discharge or transfer decisions.

Upon documented restoration of capacity of the respondent, the qualified family advocate's access and participation under this bill's provisions will end, provided that the qualified family advocate must receive notification before the respondent's release from detention.

The bill prohibits a mental health facility from implementing a blanket policy prohibiting family participation or citing confidentiality laws as the basis for denying the qualified family advocate access and participation under the provisions of this bill. Compliance with this provision is required under the licensing regulations applicable to mental health facilities, and a violation of this section will be grounds for any administrative action authorized for violations of such regulations.

This bill was voted out of the House Legislative Review Committee DO PASS.

Health Care Provider Networks
HB 3088, sponsored by Representative Diehl, adds provisions relating to conduct affecting health care provider networks.

It adds definitions of "anti-steering clause", "anti-tiering clause", "covered individual", "enrollee", "facility", "gag clause", "general contracting entity", "health benefit plan", "health care service", "most-favored-nation clause", "provider", and "provider network contract". The bill prohibits providers from the following:

(1) Offering to a general contracting entity a written provider network contract that includes an anti-steering, anti-tiering, gag, or most-favored-nation clause; (2) Entering into a provider network contract that includes an anti-steering, anti-tiering, gag, or most-favored-nation clause; or (3) Amending or renewing an existing provider network contract that has been previously entered into with a general contracting entity so that the contract, as amended or renewed, adds or retains an anti-steering, anti-tiering, gag, or most-favored- nation clause.

Any provision in a provider network contract that is an anti- steering, anti-tiering, gag, or most-favored-nation clause is void and unenforceable.

The bill additionally provides that a health benefit plan issuer that encourages an enrollee to obtain a health care service from a particular provider, including offering incentives, or that introduces or modifies a tiered network plan or assigns providers into tiers, has a fiduciary duty to the enrollee or policyholder to engage in that conduct only for the enrollee's or policyholder's benefit.

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

In support of the bill was the Missouri Insurance Coalition, FGA Action, and Elevance Health.

In opposition to the bill was the Missouri Hospital Association.

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 perfected on the House Floor this week.

Dementia Coordinator
HB 2149, sponsored by Representative Wilson, establishes a dementia services coordinator as a full-time position within the department of health and senior services. This bill was voted out of the House Health Policy Committee DO PASS.

Court-ordered Treatment
HB 3313, sponsored by Representative Caton, allows a petition for an order authorizing involuntary outpatient treatment to be filed by the director, administrator or treating physician of a mental health program or of an emergency receiving center or by the Department of Health and Senior Services, Department of Mental Health, or any local public health agency located within the jurisdiction where the petition is filed. A petition can also be filed by the appointed guardian or limited guardian when the respondent is a ward. The bill provides the procedures for the hearing to determine if the respondent should be required to participate in assisted outpatient treatment and the circumstances under which a court can issue an order. Prior to issuing an order, the court or the jury must consider a number of factors related to the respondent, as specified in the bill.

Alpha-Gal Syndrome
HB 1855, sponsored by Representative Overcast, adds alpha-gal syndrome to the list of diseases that must be reported to the Department of Health and Senior Services. Any alpha-gal syndrome case report must be submitted to the Department within seven days of receiving a positive laboratory confirmation.

This bill was voted out of House Rules DO PASS.

Physician Assistant Licensure Compact
HB3129. Sponsored by Representative Keathley, establishes the "Physician Assistant Licensure Compact". Physician assistants licensed in states that are participating in the interstate compact can practice in other participating states without additional requirements.

The bill defines the qualifications and obligations of a licensee who seeks to obtain and exercise a compact privilege in a remote state, such as having a qualifying license, meeting any jurisprudence requirement, reporting any adverse action, and complying with the scope of practice of the remote state.

Participating states have the authority to impose adverse actions against qualifying licenses. Remote states can take adverse actions against compact privileges within that state's jurisdiction. States can take necessary legal actions to protect citizens' health and safety. States can issue subpoenas for hearings and investigations, which must be enforced by courts in other participating states. Subpoenas cannot be used to gather evidence for lawful conduct in another

state to take adverse action against a licensee's compact privilege. States cannot impose discipline for lawful practice in another state.

States must treat reported conduct from other states as if it occurred within their own jurisdiction. States can take adverse actions based on findings from other states, following their own procedures. States can participate in joint investigations and share materials. Adverse actions against a qualifying license result in the deactivation of the compact privilege in all remote states for two years after restrictions are removed. States must notify the compact data system administrator promptly of any adverse actions.

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

Health Care
HB 1945. Sponsored by Representative Hurza, requires MO HealthNet to pay the fee for the portion of clinical pathology services that involves the pathologist's professional expertise in interpreting and supervising laboratory tests, excluding the technical component of performing the laboratory tests that are provided by hospital-based pathologists for inpatient services. The reimbursement rate is set at 30% of the approved outpatient fee schedule based on Medicare's clinical laboratory fee schedule. Payments are directed to either the hospital or the third-party provider, depending on whether the pathologist is employed by the hospital. The Department of Social Services is responsible for creating necessary rules and regulations for the provisions of this bill.

Currently, no person or outlet can act as a wholesale drug distributor, pharmacy distributor, drug outsourcer, or third- party logistics provider without obtaining a license from the Missouri Board of Pharmacy. Temporary licenses can be granted while an application is being processed. Separate licenses are required for each distribution site. The Board can permit out-of-state entities to be licensed in Missouri if they possess a valid license from another state with comparable standards and if the other state offers reciprocal treatment to Missouri entities.

The bill provides that if a state license is not issued by the out-of-state wholesale drug distributor's resident state, out-of- state wholesale drug distributors and third-party logistics providers with a current and valid drug distributor accreditation from the National Association of Boards of Pharmacy or its successor can be eligible for the license.

The bill 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. Moreover, health carriers or health benefit plans are prohibited from establishing or implementing any policy that restricts or excludes all anesthesia time in calculating the payment of anesthesia services. Excepted benefit plans will be subject to the requirements of this bill.

This bill was voted out of the House Health and Mental Health Policy Committee DO PASS.

Anesthesia Services
HB 2570, sponsored by Representative Smith, 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. Moreover, health carriers or health benefit plans are prohibited from establishing or implementing any policy that restricts or excludes all anesthesia time in calculating the payment of anesthesia services. Excepted benefit plans will be subject to the requirements of this bill. This bill contains an emergency clause.

This legislation was superseded by HB 1945 (Hurza). HB 1945 was voted out of the House Health and Mental Health Policy 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 voted out of the House Rules Committee DO PASS.

Healthcare
HB 2372, sponsored by Representative Peters, modifies several provisions relating to healthcare. The bill contains language modifying the following provisions: 340B drugs, hospital workplace violence signage, insurance coverage of anesthesia Services, doula services, telehealth services,

dental services for prisons alternatives to opioids drugs, community paramedic services, Hospital investments and service areas, sale limits on over-the-counter drugs, and administration of certain vaccines. Link to bill summary: https://documents.house.mo.gov/billtracking/bills261/sumpdf/HB2372I.pdf

During executive session, the committee adopted an amendment that added language from Representative Stinnett's 2974, which 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.

HB 2372 was voted out of the House Rules Committee DO PASS.