



Governmental Services Group

This week, Missouri lawmakers returned to the State Capitol in Jefferson City, marking the official beginning of the second half of the 2026 legislative session. After a week-long spring break, both the House and Senate reconvened with a sense of urgency, knowing they have only eight weeks remaining before the constitutional adjournment deadline on May 15th. The final half of session transitions the legislature from committee work to lengthy floor debates as members scramble to advance their priority bills through to the opposite chamber.

The primary focus of the first week back was the state budget which stands as the only constitutionally mandated task for the General Assembly. The House approval a \$50.6 billion state operating budget for fiscal year 2027, a plan designed to address a projected \$2 billion deficit in general revenue. To balance the budget, House Budget Committee Chair Dirk Deaton proposed utilizing nearly all of the state's remaining \$3.6 billion surplus—accumulated largely from federal COVID-19 relief and previous years of strong revenue—while also making strategic spending cuts. Significant points of contention in the budget include a controversial overhaul of higher education funding and a \$52 million reduction in childcare payments compared to Governor Mike Kehoe's original proposal. Additionally, the House version of the budget restores Kehoe's proposed cuts to services for adults with developmental disabilities. While the State Auditor and Democratic lawmakers questioned the long-term sustainability of using one-time surplus funds for recurring expenses, Republican leadership characterized the proposal as a necessary step to align state spending with current revenue trends following recent tax policy changes.

Despite the heavy focus on fiscal matters, legal developments outside the chambers provided a backdrop for the week's return. The Missouri Supreme Court issued a significant ruling upholding the legislature's redistricting authority and maintaining the state's current voter ID laws. This decision solidified the legal landscape for the upcoming 2026 elections and removed a layer of uncertainty that had been looming over the Capitol. Lawmakers cited this as a win for legislative intent, allowing them to focus more clearly on the remaining policy priorities without the immediate threat of court-ordered map revisions.

Looking ahead, the next two months will be a sprint toward the finish line. With the budget now moving toward the Senate for further refinement, Missourians can expect a flurry of activity as hundreds of bills face "do-or-die" deadlines. The calm of this week's limited committee schedule will soon be replaced by late-night sessions and intense negotiations. Whether the legislature can maintain its momentum on infrastructure and education while navigating the fractious political climate of an election year remains the defining question for the 2026 session.

Additionally, a Happy Opening Day to all baseball fans out there! We will continue to keep you updated on the latest from Jefferson City.

Mobile Food Vendors

HB 3157, sponsored by Representative Jones, creates provisions relating to licensing of mobile food vendors. This legislation establishes a standardized framework for the regulation and operation of mobile food units to streamline licensing requirements across different jurisdictions. This bill was brought up for executive session in the House Economic Development Committee.

This bill was voted out of Committee DO PASS.

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 perfected on the House Floor this week.

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, licensure reciprocity, and administration of certain vaccines.

This bill was perfected on the House Floor this week.

Licensure Reciprocity

HB 2974, sponsored by Representative Stinnett, modifies provisions relating to licensure reciprocity. This legislation is designed to simplify the process for professionals licensed in other states to obtain Missouri credentials, thereby supporting workforce development.

This bill was brought up for a hearing in the Senate Economic and Workforce Development Committee.

Testifying in support of the bill was the Missouri Hospital Association, United WE, Burrell Behavioral Health, BJC Health, MO Athletic Trainers, and MO Division of Professional Registration.

There was no testimony in opposition to the bills.

Workplace Violence

HB 3401, sponsored by Representative Phelps, creates provisions relating to workplace violence prevention in health care settings. This bill requires hospitals and health care facilities to implement comprehensive safety plans and reporting systems to protect staff from physical and verbal abuse.

This bill mandates that specific healthcare facilities establish or designate workplace violence prevention committees to develop, adopt, and enforce a comprehensive safety plan. This plan must include a formal definition of workplace violence, a clear process to protect employees from retaliation, and a requirement for the facility to provide workplace violence prevention training or education at least once a year. To ensure the plan remains effective and transparent, the committee is required to conduct annual evaluations and report its findings to the facility's governing body, while also providing electronic or printed copies of the plan to any healthcare professional or employee upon request.

The legislation also establishes strict protocols for the aftermath of a violent incident, requiring facilities to offer post-incident services such as acute medical treatment. It explicitly prohibits facilities from discouraging staff from contacting law enforcement or filing reports, and it protects individuals from discipline or discrimination for reporting incidents in good faith. Enforcement is handled by licensing agencies, which may take disciplinary action against violators. Conversely, facilities and professionals who act in good faith to comply with these regulations are granted immunity from civil or criminal liability. Finally, the bill requires hospitals to post high-visibility signs in emergency and labor and delivery waiting rooms, using all-capital letters to convey the facility's violence prevention policies.

This bill had a hearing in the House Health and Mental Health Committee.

In support of the bill was the Missouri Nurses Association, American College of ER Physicians, MO State Medical Association, MO Rural Health Association, MHA, MO Emergency Nurses Association, Mercy Health Systems, and American Academy of Family Physicians.

There was no opposition to the bill.

Medically Complex Pediatrics

HB 3457, sponsored by Representative Byrnes, creates provisions relating to medically complex pediatric patients. This legislation establishes specific standards of care and coordination services to ensure that children with serious, chronic conditions receive consistent medical support across various settings.

This bill requires hospitals with emergency departments to implement within existing electronic health records systems a clearly visible electronic alert or flag for a medically complex pediatric patient, as that term is defined in the bill. The alert will appear in an immediately identifiable manner, provide rapid, one-click access to the patient's care plan, if available, and function in a manner that does not delay triage or treatment.

A parent or legal guardian may request inclusion of the patient in the alert system, and can submit a care plan for the patient for inclusion in the hospital's electronic health record. Any care plan for a medically complex pediatric patient will be entered into the system in coordination with a licensed health care provider; however, participation in the alert system is voluntary and requires the consent of the parent or legal guardian.

The Department of Health and Senior Services is required to administer the provisions of this bill

within existing appropriations, and can issue model guidelines to assist hospitals in implementation of the bill's requirements

This bill had a hearing in the House Health and Mental Health Committee.

In support of the bill were several citizens and parents of children with complex medical issues.

SSM Health testified for informational purposes.

End Hospital Institutionalization Act

SB 1151, sponsored by Representative Burger, establishes the "End Hospital Institutionalization Act." This act establishes the "End Hospital Institutionalization Act". The juvenile court, upon notification from a hospital that a child under the jurisdiction of the juvenile court is being boarded at a hospital when he or she is medically stable but unable to be discharged for reasons specified in the act, shall immediately intervene to ensure such child is placed in an appropriate setting and afforded proper treatment. For boarded children not under the jurisdiction of the juvenile court, the court shall immediately take custody of the child to ensure that the child is placed in an appropriate setting and afforded proper treatment. For boarded individuals diagnosed with a developmental disability, serious mental illness, or substance use disorder, the Department of Mental Health shall provide case management and treatment without delay and in the least restrictive environment possible.

The state shall reimburse the hospital the actual costs for boarding, or the hospital's full allowable costs under MO HealthNet, whichever is greater, for each day an individual is boarded after the juvenile court or the Department has been notified of the boarding of such individual.

This bill was brought up for a hearing in the in the Senate Families, Seniors and Health Committee.

Testifying in support of the bill was University of Missouri Health Care, Mercy Health systems, MHA, and SSM Health.

There was no opposition to the bill.