



Issue Brief

STATE ISSUE BRIEF



Summary of the 2025 Session of the Missouri General Assembly

The Missouri General Assembly concluded the 2025 legislative session on May 15, one day earlier than the date mandated by the state constitution. The legislature passed 67 bills – 16 appropriations bills, three resolutions and 48 substantive pieces of legislation. The Senate ended its session by employing a seldom-used procedural motion to end debate and force a vote on two bills, after which the body adjourned for the session. The House spent an additional day passing bills that did not require Senate action.

Gov. Mike Kehoe called a special session that began June 2 requesting the legislature to consider relief funds for residents of St. Louis impacted by the recent tornado; incentives for the Kansas City Chiefs and Royals to remain in Missouri; and several spending measures that the House failed to take up, including funding for upgrades to the University of Missouri's nuclear research reactor. Of note, the Senate approved in extraordinary session \$48.16 million from the Federal Earnings Fund to construct a 200-bed mental health facility in conjunction with a non-state governmental acute care hospital operating inpatient behavioral health beds in a state-owned facility. However, all bills perfected by the Senate must still be debated and passed by the House when it reconvenes the week of June 9 to complete the special session.

This issue brief describes action taken on numerous health care proposals during the 2025 legislative session. The governor has until Monday, July 14, to sign or veto legislation passed during the 2025 legislative session. Legislation signed by the governor will take effect Aug. 28, unless it includes an emergency clause prompting earlier enactment.

Budget Wins For Missouri Hospitals

The Missouri General Assembly delivered several significant hospital-related appropriations during the 2025 legislative session. These appropriations reflect strong support for Missouri's health care infrastructure, mental health initiatives and long-term Medicaid planning. Among the key budget victories are the following:

- Nurse Education Incentive Program – \$5 million
- Hospital reimbursement for boarding behavioral health clients of the Department of Mental Health – \$2 million
- Hospital reimbursement for boarding developmentally disabled clients of the Department of Mental Health – \$8.7 million
- Additional Medicaid waiver slots for individuals with developmental disabilities – \$74.4 million
- Enhanced reimbursement for inpatient psychiatric care – \$25 million
- Federal Reimbursement Allowance (FRA) enhancement – \$20 million
- ACE Kids Program – \$1,145,038

These investments demonstrate a commitment to addressing workforce shortages, behavioral health capacity and the specialized needs of children with medically complex conditions.

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Enacted Health Care-Related Legislation

Workforce/Licensed Professionals

The legislature made substantial investments in the health care workforce, passing numerous provisions intended to streamline professional licensure, enhance professional development opportunities and increase the pipeline of health care workers in Missouri.

STEM Career Awareness (SB 68 and SB 150)

Section Affected: 161.264, RSMo.

- Creates the “STEM Career Awareness Activity Fund” to facilitate STEM educational activities for high school students

Career-Tech Certificate Program (SB 150)

Section Affected: 173.836, RSMo.

- Reimburses students for the cost of tuition, books and fees for certain training programs, including CNAs, CMTs, Level 1 medication aides, EMTs and paramedics

Missouri State Loan Repayment Program (SB 150 and HB 419)

Sections Affected: 191.600, 191.603, 191.605, 191.607, 191.611, 191.614 and 191.615, RSMo.

- Renames and expands the Health Professional Student Loan Repayment Program

Higher Education Core Curricula (SB 150)

Section Affected: 178.786, RSMo.

- Requires the Coordinating Board for Higher Education to approve a 60 credit-hour, transferable, common core block for business, psychology, nursing and biology majors

Social Workers (SB 150)

Sections Affected: 337.600, 337.604, 337.615, 337.627, 337.628, 337.644 and 337.645, RSMo.

- Expands the educational institutions from which an applicant may receive a degree to be eligible for licensure

EMS Recruitment and Retention (HB 225 and HB 419)

Sections Affected: 173.2655 and 173.2660, RSMo.

- Provides free college tuition for certain public safety personnel with at least six years of service, including EMTs

Licensure Waivers (SBs 81 and 174 & SB 150)

Section Affected: 324.009, RSMo.

- Allows professional licensure boards to waive the licensure process for resident and nonresident spouses of Missouri law enforcement officers who otherwise meet the qualifications for licensure

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Criminal Background Checks (SB 71 and SBs 81 & 174)

Sections Affected: 43.546, 168.014, 190.106, 208.222, 209.324, 210.482, 210.487, 301.551, 324.055, 324.129, 324.246, 324.488, 324.1105, 326.257, 330.025, 331.025, 332.015, 334.015, 334.403, 334.501, 334.701, 334.739, 334.805, 335.022, 335.042, 336.025, 337.018, 337.308, 337.501, 337.605, 337.702, 338.052, 339.015, 339.510, 345.016, 374.711, 436.225, 443.702, 476.802, 484.125, 590.060 and 640.011, RSMo.

- Allows regulating agencies or boards to require fingerprint checks of certain professionals, including EMTs, occupational therapists, perfusionists, podiatrists, chiropractors, dentists, physicians, assistant physicians, anesthesiologist assistants, physical therapists, athletic trainers, physician assistants, respiratory care practitioners, nurses, psychologists, counselors, social workers, pharmacists and providers seeking enrollment as MO HealthNet providers

Prop A Repeal (HB 567, 546, 758 & 958)

Sections Affected: 290.502, 290.600, 290.603, 290.606, 290.609, 290.612, 290.615, 290.618, 290.621, 290.624, 290.627, 290.630, 290.633, 290.636, 290.639 and 290.642, RSMo.

- Repealed sections or other changes to Prop A (effective May 1, 2025) would take effect Aug. 28
- Repeals mandatory sick leave provisions
- Terminates indexing provisions that provide for future minimum wage increases
- Requires public employers to comply with minimum wage requirements

Workplace Violence

The General Assembly considered several measures to combat workplace violence, including hospital signage and grants for hospital-based safety programs. Ultimately, only two measures passed.

First Responders (HB 225)

Section Affected: 574.207, RSMo.

- Creates the offense of interference with a first responder, which includes impeding or interfering with the responder's ability to perform his or her duties, threats and conduct that intentionally causes emotional distress and serves no legitimate purpose

Missouri Violent Crime Clearance Grant Program (HB 225)

Section Affected: 650.040, RSMo.

- Creates a program to improve law enforcement strategies and initiatives aimed at increasing violent crime clearance rates, including funds for partnerships between law enforcement and hospital-based violence intervention programs

Emergency Medical Services

Several measures intended to improve the operations of the state's emergency medical services agencies passed during the 2025 legislative session.

Ambulance District Operations (SB 271 and HB 225)

Sections Affected: 190.053, 190.076 and 190.112, RSMo.

- Modifies training requirements for ambulance district board members
- Requires audit of ambulance districts every three years

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- Requires ambulance districts to identify an administrator responsible for operations and staffing of the ambulance service, with attendant training requirements for the administrator

Ambulance Service Licensure ([SB 271](#) and [HB 225](#))

Sections Affected: 190.109 and 190.166, RSMo.

- Provides additional grounds for the Department of Health and Senior Services to discipline the license of an ambulance service

State Advisory Council on EMS ([SB 271](#) and [HB 225](#))

Section Affected: 190.101, RSMo.

- Modifies the composition of the council

Ambulance District Taxes ([SB 271](#), [HB 199](#) and [HB 594](#))

Sections Affected: 321.552, 321.554 and 321.556, RSMo.

- Increases the tax levy that can be imposed by ambulance and fire districts, and authorizes a petition by the voters to repeal such tax

Ground Ambulance Service Reimbursement Allowance ([SB 271](#) and [HB 225](#))

Section Affected: 190.800, RSMo.

- Authorizes a provider tax to be levied on ambulance services owned and operated by the State of Missouri, including the University of Missouri

Medical Records ([SB 71](#))

Section Affected: 191.227, RSMo.

- Requires patient records created by an emergency care provider or emergency dispatch be made available to the patient or the patient's representative upon written request

Patient Care

The legislature enacted several provisions to enhance patient care. Many of those proposals are found in SB 79, the only health care omnibus bill that passed during the 2025 legislative session.

Prenatal Blood Testing ([SB 79](#))

Section Affected: 210.030, RSMo.

- Expands testing requirements during pregnancy and post-delivery to include HIV and hepatitis C
- Removes advisory committee role and relies on FDA-approved protocols

Expedited Partner Therapy ([SB 79](#))

Section Affected: 191.648, RSMo.

- Expands the designated sexually transmitted infections for which a physician can engage in expedited partner therapy without a patient/physician relationship

Telehealth ([SB 79](#))

Section Affected: 191.1145, RSMo.

- Recognizes audio-only and audiovisual platforms for the provision of telehealth services, which shall not be limited to services delivered via select third-party platforms

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[Alternative Therapies for Veterans \(HB 262\)](#)

Sections Affected: 191.2600, 191.2605, 191.2610, 191.2615, 191.2620, 191.2625 and 191.2630, RSMo.

- Creates a fund to reimburse facilities for providing hyperbaric oxygen therapy to veterans diagnosed with post-traumatic stress disorder or traumatic brain injury

[Abortion \(HJR 73\)](#)

Section Affected: Section 36(a), Article I, Missouri Constitution

- Proposes a constitutional amendment repealing Amendment 3 and replacing it with provisions prohibiting abortion except in cases of medical emergencies, fetal anomalies, rape or incest
- Allows the government to regulate abortions
- Prohibits gender-transition treatment for minors
- Requires passage by the voters

Vulnerable Individuals

Several statutes relating to care for vulnerable individuals, including sexual assault victims, infants and individuals with behavioral health conditions were enacted during the 2025 legislative session.

[SANE Exemptions \(SB 79, SB 271 and HB 225\)](#)

Section Affected: 192.2521, RSMo. (SB 79) or 197.135, RSMo. (SB 271 and HB 225)ⁱ

- Exempts specialty hospitals from participation in the Sexual Assault Nurse Examiner Telehealth Network

[Newborn Safety Incubators \(SB 43 and HB 121\)](#)

Section Affected: 210.950, RSMo.

- Increases the age from 45 to 90 days at which a newborn may be relinquished to a safety incubator without legal penalty
- Creates the Safe Place for Newborns Fund and allows hospitals to qualify for funding to install Safe Place Newborn Incubator Surrender sites

[Youth Services \(SB 43 and HB 737 & 486\)](#)

Section Affected: Section 210.119, RSMo.

- Requires the Department of Social Services to establish a comprehensive system of service delivery, education and residential care for youth with severe behavioral health challenges

[Treatment Courts \(SB 218\)](#)

Section Affected: 478.001, RSMo.

- Establishes mental health treatment courts

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Healthy Schools

Schools were a focus of legislators, who passed an omnibus bill focused on school safety and health.

Cardiac Response Plans ([SB 68](#))

Sections Affected: 160.482 and 167.624, RSMo.

- Requires all schools to implement a cardiac emergency response plan for school personnel to respond to cardiac arrests or other life-threatening emergencies on school property
- Requires school districts to train all employees on CPR

Stop the Bleed ([SB 68](#))

Section Affected: 160.485, RSMo.

- Requires the Department of Elementary and Secondary Education to develop protocols for schools to follow in the event of a serious injury and outlines requirements for bleeding control kits in schools

Cell Phones ([SB 68](#))

Section Affected: 162.207, RSMo.

- Requires school districts to develop policies prohibiting student use of cell phones during school hours

Recovery High Schools ([SB 68](#))

Section Affected: 167.850, RSMo.

- Expands the entities that may establish a recovery high school for students with substance use disorder

Insurance Coverage

Very few insurance reforms were passed this session. Minimal coverage reforms were enacted, and the General Assembly authorized Farm Bureau to offer health plans that are not regulated as insurance products.

Contraception ([SB 79](#))

Section Affected: 376.1240, RSMo.

- Requires insurers to cover a 90-day supply of name brand contraceptives or a 180-day supply for generic substitutions

Medicaid Coverage of Hearing Devices ([SB 79](#))

Section Affected: 208.152, RSMo.

- Requires MO HealthNet to cover medically necessary cochlear implants and hearing devices

Farm Bureau Health Plans ([SB 79](#))

Section Affected: 376.1850, RSMo.

- Authorizes Farm Bureau to offer health plans to its members that are not regulated as insurance products

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Health Maintenance Organizations ([SB 79](#))

Section Affected: 354.465

- Repeals the requirement that the Department of Commerce and Insurance examine health maintenance organizations at least once every five years

Legal Reforms

Tort reforms are increasingly difficult to pass in the legislature. A few liability protections were enacted in 2025.

[State Loper Bright \(SB 221\)](#)

Section Affected: 536.140, RSMo.

- Requires de novo review of agency action and, after applying customary tools of statutory interpretation, directs the courts to decide any remaining doubt in favor of a reasonable interpretation that limits agency power

[Class Action Reform \(SB 47\)](#)

Sections Affected: Supreme Court Rule 52.08

- Revises the state rule on class action procedure to mirror federal standards

[Good Samaritan Law \(SB 271 and HB 225\)](#)

Section Affected: 537.038, RSMo.

- Expands liability protections for laypeople responding to emergencies

Awareness Designations

[SB 348](#) created several health care-related awareness designations:

- Ovarian Cancer Awareness Month – September
- Human Trafficking Awareness Week – Second Tuesday of April
- Believe in Gianna Day (Sanfilippo Syndrome) – Nov. 13
- Amyloidosis Awareness Day – May 8
- End Neighborhood Gun Violence Day – June 17
- Alpha Gal Syndrome Awareness Month – May

Unsuccessful Health Care Legislation Supported by MHA

[Prior Authorization Reform \(SB 230 and HB 618\)](#)

- MHA's prior authorization reform bill aimed to dramatically reduce the administrative burden of prior authorization requirements for high-performing hospitals and providers. Had it passed, providers with a prior authorization approval rate of at least 90% would have been exempt from PA requirements after a six-month evaluation period beginning Jan. 1, 2026.
- HB 618 received an overwhelmingly favorable vote in the House, but the legislation failed to receive a floor vote after progressing through Senate committees.

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Regulatory Reform ([SB 292](#) and [HB 609](#))

- MHA successfully amended its physician licensure reform language on to SB 61, which was debated by the Senate on the last day it convened. Unfortunately, the bill was filibustered by Senate Democrats in anticipation of Republican leadership using a parliamentary maneuver to stop debate and force a vote on HJR 73 (abortion) and HB 767 (Prop A repeal). As a result, the bill was withdrawn from debate.

Notarization Requirements for Civil Detentions ([SB 436](#) and [HB 543](#))

- The commonsense measure was sanctioned by the Office of State Courts Administrator in an attempt to achieve greater judicial compliance with the notarization language previously supported by MHA. It was well positioned on several vehicles during the legislative session but did not receive final approval.

FRA Sunset Language ([SB 10](#))

- SB 10 would have removed the sunset provision on the federal reimbursement allowance, allowing it to exist in perpetuity. House opposition to many other provisions in the bill led to its demise.

340B Nondiscrimination ([SB 13](#) and [SB 372](#))

- These bills contained the payer antidiscrimination language that did not pass in 2024. 340B-related issues got little attention in the 2025 legislative session.

End Hospital Institutionalization Act ([SB 557](#))

- These bills were intended to address patient boarding. The legislature expressed renewed interest in this issue during the 2025 legislative session. Rep. Melanie Stinnett (R-Springfield), chair of the House Health and Mental Health Committee, held a series of hearings focused on behavioral health issues and the problems of patient boarding. Several enacted bills direct the Department of Social Services to establish a comprehensive system of service delivery, education and residential care for youth with severe behavioral health challenges, which provisions are similar to the intent of the End Hospital Institutionalization Act. The legislature also provided nearly \$75 million in additional funding to create additional waiver slots for individuals with developmental disabilities to increase access to home and community-based services for individuals at risk for boarding in hospitals.

Reimbursement for Psychiatric Transfers ([SB 550](#), [SB 567](#) and [HB 1071](#))

- This legislation would have allowed hospitals to receive the in-network rate for individuals transferred to an out-of-network facility for psychiatric care. SB 567 was heard in the Senate Insurance and Banking Committee and HB 1071 was heard in the House Insurance Committee, but neither bill received further action.

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Threats to Hospitals Defeated by MHA

340B Drug Pricing Program Restrictions ([HB 781](#))

- This bill would have restricted the use of 340B savings and imposed heavy reporting requirements on covered entities participating in the federal 340B program. MHA successfully organized opposition, resulting in the bill being voted down in committee twice. Language was offered as an amendment on the House floor and after debate, was later withdrawn from floor debate.

Emergency Department Staffing Mandate ([SB 520](#) and [HB 1013](#))

- These bills would have required a physician to be on-site and on-duty at all times in emergency departments. While well-intentioned, the bills would have created substantial burden on rural hospitals by imposing an unworkable staffing standard. MHA strongly opposed this bill and successfully prevented this legislation from advancing.

Honest Billing Act ([HB 502](#))

- This proposal would have forced off-campus outpatient departments to obtain separate NPIs and submit all claims through those identifiers. Facilities in violation would face state penalties and be subject to the Missouri Merchandising Practices Act. MHA helped ensure the bill did not pass.

Price Transparency Enforcement ([SB 336](#) and [SB 724](#))

- These bills proposed severe financial penalties and legal liability for hospitals not in material compliance with federal price transparency laws. SB 336 was voted “Do Not Pass” by the Senate Families, Seniors and Health Committee, defeating the bill. MHA testified in opposition to the bill. SB 724 received no action after referral to committee.

Hospital Visitation Policy Enforcement ([HB 139](#))

- This bill would have imposed penalties on hospitals that are not compliant with the visitation policy requirements in Section 191.1400, RSMo. It was referred to committee at the end of the legislative session, receiving no further action in 2025.

Covenants Not to Compete ([SB 383](#), [HB 448](#) and [HB 913](#))

- Bills prohibiting noncompete contracts have been introduced every session in recent years. All three bills were referred to committee with no further action in 2025.

Nursing Staffing Ratios ([HB 1370](#))

- This bill proposed minimum nurse staffing ratios. Based on previous opposition by MHA, the sponsor did not actively pursue the legislation.

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Conclusion

While 2025 saw notable budget victories for the hospital community, legislative progress on priority reforms like prior authorization was obstructed by political tradeoffs and procedural breakdowns. Nevertheless, MHA successfully blocked harmful legislation, protected essential funding streams like the 340B program and secured key regulatory improvements. We are poised to continue the fight in 2026 to reduce administrative burdens, preserve access and expand the workforce hospitals need.

ⁱ The [Missouri Revisor of Statutes](#) is responsible for resolving conflicts between statutory citations.

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