



Summary of the 2026 Session of the Missouri General Assembly

The Missouri General Assembly concluded the 2026 legislative session on May 15, breaking from the practice of the past few years, where at least one chamber has adjourned early. While more than 3,000 bills were filed, the General Assembly ultimately passed 82 bills in addition to the budget.

This issue brief describes action taken on numerous health care proposals during the 2026 legislative session. The governor has until July 14 to sign or veto the bills that were passed during this legislative session. Legislation not vetoed by the governor will take effect on Aug. 28, unless the bill contains an emergency clause or a delayed effective date.

ENACTED HEALTH CARE LEGISLATION

LICENSED PROFESSIONALS

TEMPORARY LICENSES

Allows any person with at least three years' experience in an occupation or profession not required to be licensed in another state to apply for a license in that profession in Missouri. The individual will be required to pass a profession-specific examination, with an optional examination on Missouri laws. The applicable licensure board must determine the individual's qualifications for licensure within 45 days. Applicants will receive a one-time, nonrenewable, two-year temporary license, after which they shall be required to apply for a permanent license, consistent with the requirements of Missouri statute and regulation.

Prohibits a license issued under this act from qualifying for reciprocity with another state or practice through an interstate compact. Certain professions are exempted from this law. (**SB 1233**; Section 324.004, RSMo.)

DIETITIANS

Interstate Licensure Compact

Creates the Dietitian Licensure Compact, allowing dietitians licensed in a compact state to practice in other participating states. (**HB 2974**; Section 324.1800, RSMo.)



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Nonrenewable Temporary Licenses for Dietitians

Establishes a nonrenewable temporary license for dietitians who have not previously taken or passed an examination recognized by the State Committee of Dietitians but who agree to be supervised by a licensed dietitian who has actively practiced in the state for a minimum of one year. (**SB 1233**; Section 324.218, RSMo.)

CHIROPRACTORS

Emergency License Suspensions and Restrictions

Allows the Board of Chiropractic Examiners to apply to the Administrative Hearing Commission for an emergency suspension or restriction of a license if the licensee is the subject of a pending criminal indictment, information, or other charge related to the duties and responsibilities of the licensed occupation, and there is reasonable cause to believe that the public health, safety or welfare is at imminent risk of harm. (**SB 1233**; Section 331.084, RSMo.)

DENTISTS

Corporate Practice of Dentistry in Correctional Facilities

Allows entities contracted with the state to provide dental care in correctional facilities without violating the prohibition on corporate practice of dentistry. (**HB 2372**, **SB 1233**; Section 332.081, RSMo.)

PHYSICIANS

License Application Process

Streamlines the physician licensure process by eliminating many of the materials that currently must be submitted by an applicant. Under this bill, applicants must submit proof of their education and postgraduate training, together with evidence of good moral character, which may be satisfied by submission to a criminal background check. The Board of Healing Arts may require applicants to list all other physician licenses held in other states and disclose any past or pending investigations or discipline against a license. The board also is authorized to screen applicants through the National Practitioner Data Bank or the Federation of State Medical Boards. (**HB 2372**; Section 334.031, RSMo.)

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ATHLETIC TRAINERS

Athletic Trainer Compact

Creates the Athletic Trainer Compact, allowing athletic trainers licensed in a compact state to practice in other participating states. (**HB 2974**; Section 334.730, RSMo.)

RESPIRATORY CARE

Credential Requirements

Changes licensure requirements for respiratory care, allowing applicants to submit an active credential as a registered respiratory therapist through the National Board for Respiratory Care, proof of current licensure or registration in another state with comparable licensure standards or an active credential as a certified respiratory therapist earned prior to Jan. 1, 2027, through the NBRC. (**SB 1233**; Sections 334.870 and 334.880, RSMo.)

PHYSICIAN ASSISTANTS

Physician Assistant Licensure Compact

Creates the Physician Assistant Licensure Compact, allowing physician assistants licensed in a compact state to practice in other participating states. (**HB 2974**; Section 334.1800, RSMo.)

NURSES

Administration of Subcutaneous Injectable Medications

Provides that nursing scope of practice laws shall not prohibit the administration of subcutaneous injectable medications by a technician, nurses' aide, or their equivalent, provided the medications are prescribed by a physician for a long-term care resident. (**SB 1233**; Section 335.081, RSMo.)

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SOCIAL WORKERS

Years of Experience for Supervisory Roles

Reduces, from five to three, the number of years a qualified advanced macro supervisor, qualified baccalaureate supervisor or qualified clinical supervisor must have practiced social work in the field for which he or she is supervising an applicant. (**HB 2372, SB 1233**; Section 337.600, RSMo.)

PRACTICE OF PHARMACY

Administration of Certain Vaccines

Defines the practice of pharmacy to include the ordering and administration of vaccines approved by the U.S. Food and Drug Administration as of Jan. 1, 2026, or thereafter, excluding enumerated vaccines or those not included by joint rules promulgated by the Board of Pharmacy and the State Board of Registration for the Healing Arts. (**HB 2372, SB 878, SB 1233**; Section 338.010, RSMo.)

Medication Therapeutic Plan Authority

Repeals the requirement for certain medication therapy services to be provided pursuant to a statewide order issued by the director or chief medical officer of DHSS and allows the provision of such services pursuant to rules established by the Board of Pharmacy and the State Board of Registration for the Healing Arts. (**HB 2372, SB 878**; Section 338.012, RSMo.)

Dispensing of Ivermectin and Hydroxychloroquine

Authorizes a pharmacist to dispense ivermectin and hydroxychloroquine without a prescription upon the approval of a warning label in accordance with any written, standardized procedures or protocols issued by the Board of Pharmacy.

Requires ivermectin and hydroxychloroquine dispensed by a pharmacist without a prescription to be kept behind the counter or otherwise inaccessible to consumers. (**HB 2372, SB 878**; Section 338.208, RSMo.)

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Licensure of Wholesale Drug Distributors

Authorizes the licensure of out-of-state wholesale drug distributors and third-party logistics providers not required to be licensed in their resident state, provided they have a current and valid drug distributor accreditation from the National Association of Boards of Pharmacy.

(HB 2372, SB 1233; Section 338.333, RSMo.)

Medical Device Prescriptions

Authorizes pharmacists to prescribe medical devices classified as Class I or Class II devices by the U.S. Food and Drug Administration.

Requires joint promulgation of implementing rules by the Board of Pharmacy and the State Board of Registration for the Healing Arts within six months of the effective date of this bill.

(HB 2372, SB 878; Section 338.206, RSMo.)

Pharmacy Emergency Waivers

Authorizes the Board of Pharmacy to waive state regulations for pharmacies dispensing, shipping, or delivering prescription drugs into another state or United States territory experiencing a declared disaster or emergency when certain conditions are met.

(SB 878, SB 1233; Section 338.312, RSMo.)

RX Cares for Missouri Program

Removes the expiration date of Aug. 28, 2026, from the RX Cares for Missouri Program.

(HB 2372, SB 1233; Section 338.710, RSMo.)

SPEECH-LANGUAGE PATHOLOGISTS

Clinical Fellowship Requirements

Modifies the requirements for licensure as a speech pathologist or audiologist by requiring completion of a clinical fellowship under the direct supervision of a licensed speech-language pathologist in good standing in any state, rather than under the direct supervision of a person licensed by the state of Missouri.

(HB 2372, SB 1233; Section 345.050, RSMo.)

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WORKFORCE

Division of Workforce Development

Renames the Division of Workforce Development as the Office of Workforce Development and moves it from the Department of Economic Development to the Department of Higher Education and Workforce Development. (**SB 890**; Section 23.295, RSMo.)

Sex and Human Trafficking Awareness Training

Requires emergency medical technicians, paramedics and psychologists to receive a one-time sex and human trafficking training course as a condition of relicensure from March 31, 2027, until Dec. 31, 2032. (**HBs 2273, 1946, 1814 & 2551**; Sections 190.142 and 337.618, RSMo.)

Workplace Violence

Requires hospitals to display a printed sign in the emergency department and labor and delivery waiting rooms warning that assaulting a health care worker is a serious crime and will be prosecuted. (**HB 2372**; Section 197.708, RSMo.)

Ticket to Work

Removes the sunset date for the Ticket to Work program. (**HB 2372**; Section 208.146, RSMo.)

Mental Health Programs for First Responders

This bill authorizes certain department-provided behavioral or mental health programs to satisfy the current requirement that all peace officers and first responders have a mental health check-in with a program service provider once every three to five years. It also adds commanding officers to the list of individuals approved to receive notification that the check-in requirement has been met. (**HB 2372, HBs 2637 & 3155, SB 975**; Section 590.192, RSMo.)



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HOSPITAL OPERATIONS

Certificate of Need

Requires the Missouri Health Facilities Review Committee to rescind a certificate of need if it obtains evidence within 30 days after granting the same that a material fact was withheld or misrepresented during the original hearing on the application. (**HB 2372**; Section 197.315, RSMo.)

Hospital Investments and Service Areas

Increases the investment authority of certain municipal hospital and hospital district boards to as much as 50% of funds not required for operations or other obligations, with the remaining portion to be invested in any manner in which the state treasurer is allowed to invest. These provisions only apply if the hospital receives less than 3% of its annual revenues from municipal, county, hospital district, or state taxes, or funds appropriated by the municipality in which such hospital is located. The bill further authorizes municipal hospitals in third-class cities to operate in areas where district and county hospitals operate. District hospitals also can operate in areas where other district hospitals, municipal hospitals in third- and fourth-class cities and county hospitals operate. (**HB 2372**, **SB 1019**; Sections 96.192, 96.196, 206.110, and 206.158, RSMo.)

COMPLIANCE

Hospital Price Transparency

Prohibits a hospital from initiating or pursuing a collection action for medical debts for items or services provided when the hospital was materially out of compliance with federal price transparency laws, evidenced by a civil monetary penalty imposed by the U.S. Department of Health and Human Services or an official HHS notification that the hospital has failed to remedy material deficiencies identified by the agency. (**HB 2372**; Section 197.1040, RSMo.)



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Inspections of Long-Term Care Facilities

Allows DHSS to accept written reports of surveys conducted by state or federal agencies or professional accrediting bodies in lieu of conducting its own surveys of residential care facilities and assisted living facilities, so long as the survey or inspection is comparable in scope or to DHSS' inspections and conducted in accordance with Title XVIII of the Social Security Act.

Requires a facility to submit to a full survey by DHSS if it receives one or more violations of any class I standards. (**HB 2372**; Section 198.022, RSMo.)

Fire and Life Safety Standards

Allows the Missouri Division of Fire Safety to adopt minimum standards for fire protection and related safety measures for state-inspected facilities only.¹

Allows the division to incorporate nationally recognized fire and building safety standards without adopting in whole any model code.

Beginning Jan. 1, 2028, the standards adopted by the division shall apply to initial construction, major renovations affecting egress, detection, alarm, or suppression systems, transfer of ownership, and construction or renovations where the total cost equals or exceeds 50% of the facility's pre-improvement market value. (**SB 1421**; Section 320.405, RSMo.)

EMERGENCY MEDICAL SERVICES

Community Paramedicine Services

Defines community paramedic services to mean nonemergent services provided by an entity that employs DHSS-certified community paramedics consistent with the education and training of a community paramedic and the supervisory standard approved by the medical director and documented in the entity's patient care plans or protocols.

Requires DHSS to establish regulations establishing standards for providing community paramedic services. (**HB 2372**; Section 190.098, RSMo.)

¹ Section 197.100, RSMo. states that the Department of Health and Senior Services shall be the only state agency to determine life safety and building codes for hospitals.



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Emergency Medical Service Scope of Practice

Authorizes emergency medical technicians to perform care that is consistent with the current National EMS Scope of Practice Model. (**HB 2372**; Section 190.142, RSMo.)

Ambulance Districts

Allows county commissions to elect board members from designated subdistricts or to allow for at-large elections. It also allows an ambulance district, by a two-thirds vote of its board and after a public hearing, to abolish existing subdistricts if there are no qualified candidates to fill each subdistrict seat. Additionally, ambulance districts may establish subdistricts by a two-thirds vote of its board, with the boundaries to be established by the county commission. The bill provides additional procedures related to vacancies on the board of an ambulance district.

Establishes procedures for the consolidation of ambulance districts, which are intended to ease and expedite such processes. Upon consolidation, a district may impose a tax levy up to the highest tax levy of the consolidating districts, if such tax levy was specified in the ballot language submitted to and approved by the voters of the consolidating districts. If there is no vote taken on consolidation, the district cannot impose a property or sales tax rate that is greater than the lowest of any existing rate within any of the districts to be consolidated. Upon consolidation, all assets and obligations of the existing ambulance districts shall become the assets and obligations of the consolidated district. (**SB 975**; Sections 190.050, 190.051, 190.052, 190.070, 190.089, and 190.090, RSMo.)

TELEHEALTH

Telehealth

Allows the physician-patient relationship to be established without a physical examination unless needed to meet the standard of care.

Allows the use of an internet or telephone questionnaire in a telehealth encounter if the information provided is sufficiently comparable to a medical evaluation performed in person, with a report provided to the patient's primary care provider within 14 days.

Allows prescribing of drugs, including controlled substances without an in-person encounter if a proper provider-patient relationship exists. (**HB 2372**; Sections 191.1146 and 334.108, RSMo.)

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Licensure Reciprocity

This bill provides that individuals who obtain a license in Missouri under a waiver of examination, educational or experience requirements may provide telehealth services in the same manner as a licensee who did not obtain a waiver. (**HB 2974, SB 1233**; Section 324.009, RSMo.)

BEHAVIORAL HEALTH

Applications for Civil Detentions

Obviates the notarization requirement for an application for civil detention, including any affidavits, declarations, or other supporting documents, submitted by a law enforcement officer, physician, mental health professional, registered professional nurse or employee acting on behalf of a hospital. (**HB 2372, HBs 2637 & 3155**; Section 632.305, RSMo.)

Sexually Violent Predators

Allows sexually violent predators to be housed at a secure facility operated by the Department of Corrections.

Allows the Department of Corrections or the Department of Mental Health to contract with licensed professionals or health care providers to provide health care services to such individuals. (**HBs 2637 & 3155**; Sections 632.489, 632.492, 632.495, 632.504, and 632.520, RSMo.)

Assisted Outpatient Treatment

Provides for court-ordered outpatient treatment for adults suffering from mental disorders who will not voluntarily obtain or comply with community-based care. Additional grounds for ordering treatment include the necessity of treatment to prevent a deterioration in the individual's mental condition likely to result in harm to self or others. The court's initial order for treatment may not exceed two years. A case manager will be assigned to the individual, and both must report to the court at least once every 90 days. Current laws exempting certain professionals from civil liability for investigating, detaining, transporting, conditionally releasing or discharging a person will apply to assisted outpatient treatment under this bill.



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Allows a court to order further evaluation or inpatient care if the individual fails to comply with an order for compulsory treatment. (**HBs 2637 & 3155**; Sections 632.580, 632.585, 632.590, 632.593, 632.595, 632.600, 632.605 and 632.610, RSMo.)

WOMEN'S HEALTH

Maternal Health

Allows for the chief medical officer or chief medical director of DHSS, the MO HealthNet Division of the Department of Social Services, or any licensed physician acting with the written consent of any of the aforementioned department directors, to issue nonspecific recommendations for doula services, a medical standing order for prenatal vitamins, or a medical standing order for purposes not related to that of controlled substances or of nonemergency pregnancy termination. (**HB 2372**; Section 191.708, RSMo.)

Expands the Pregnancy-Associated Mortality Review Board and tasks the board with identifying maternity care deserts throughout the state, evaluating the level and timing of pre- and postnatal care, investigating and developing recommendations to reduce or eliminate racial inequities in maternal deaths and evaluating the adequacy of data collection. Data collected shall be demographically disaggregated in a manner that protects individually identifiable information. (**HB 2372, SB 999**; Section 192.990, RSMo.)

Show-Me Healthy Babies

Requires MO HealthNet coverage of childbirth education classes for enrollees. (**HB 2372**; Section 208.662, RSMo.)

(See also Doula Services; Contrast Enhanced Mammography; Contraceptives; Insurance Coverage of Home Blood Pressure Monitoring)

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CHILDREN AND VULNERABLE CITIZENS

Epinephrine Products

Replaces the term “epinephrine auto-injector” to “epinephrine delivery system” and defines the latter as a single-use device or system delivering a premeasured dose of epinephrine. It further permits the possession of epinephrine in schools, nursing homes and child care facilities. (**HB 2372**; Sections 167.627, 167.630, 190.246, 196.990, 321.621, and 335.081, RSMo.)

Born-Alive Abortion Survivors Protection Act

Creates the “Born-Alive Abortion Survivors Protection Act,” which requires a health care provider present in his or her professional capacity during an attempted abortion to provide any child born alive the care necessary to preserve the life, health and comfort of the child as a reasonably diligent provider would render to any other child born at the same gestational age.

Provides that any person who knowingly performs an overt act that kills a child born alive is guilty of first-degree murder and allows a personal right of action for wrongful death or improper health care. (**SB 999**; Section 188.035, RSMo.)

Dementia Services Coordinator

Requires the Division of Senior and Disability Services within DHSS to establish a dementia services coordinator, who shall evaluate the coordination of dementia services within the state, coordinate resources for Missourians with dementia and their caregivers, streamline services and improve quality of care. (**HB 2372**; Section 192.2155, RSMo.)

Multidisciplinary Adult Protection Teams

Authorizes multidisciplinary adult protection teams to access confidential reports of abuse and neglect and case information to the extent necessary to conduct team activities and to share such information with other team members. (**HB 2372**; Sections 192.2400 and 192.2435, RSMo.)



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Children’s Health Screenings

Requires a developmental and medical assessment of abused or neglected children within 72 hours of the child entering custody of the state.

Prohibits the administration of a vaccine to affected children without consent of the biological parent.

Requires referrals to be made for additional needed screenings within 30 days.
(**HB 2372**; Section 210.110, RSMo.)

Food-borne Allergies

Establishes Elijah’s Law, requiring every licensed child care provider to adopt a policy on allergy prevention and response, focused on potentially deadly food-borne allergies by July 1, 2028.
(**HB 2372**; Section 210.225, RSMo.)

Disabled License Plates and Placards

Adds occupational therapists to the list of licensed professionals who can complete a statement allowing a patient to obtain disabled plates or a disabled windshield placard. It also increases the renewal period for disabled windshield placards from four years to eight years and authorizes the Department of Revenue to automatically renew currently valid disabled placards for eight years, or for the duration that correlates with the expiration date of the disabled person’s current physician’s statement, until all permanent disabled placards are on an eight-year renewal cycle.
(**HB 1827**, **HB 2372**; Section 301.142, RSMo.)

Alert System for Persons With Developmental or Other Disabilities

Establishes “Mason’s Law,” allowing an individual with a health condition or disability that impairs their ability to effectively communicate with law enforcement to apply for a designation associated with their license plate number. (**HB 1840**; **SB 1421**; Section 301.287, RSMo.)

Establishes “RJ’s Law,” which creates a “Purple Alert System” within the Department of Public Safety to aid in identifying and locating missing persons with certain developmental disabilities, who are in immediate danger or threat of serious bodily harm. The bill also provides for a



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training program for agencies who may respond to a reported missing person with developmental disabilities. (**HB 1840**; Section 650.535, RSMo.)

(See also Pediatric Disease Task Force)

DECEDENTS

Right of Sepulcher

This bill revises current laws relating to the right of sepulcher. A surviving parent may be considered next-of-kin if the individual is not a minor. A court-appointed guardian may be considered next-of-kin for a deceased minor, unless such person is being investigated for his or her role in the death of the minor. For minors with co-guardians, priority is determined by the guardian specifically granted the right of sepulcher by the court; otherwise, the guardian with whom the minor resides has the superior claim. In the absence of a court-appointed guardian, a surviving parent with custody is considered next-of-kin. Where parents have joint custody, the parent with whom the child primarily resides is considered next-of-kin.

The bill also provides that religious, cultural, family and individual beliefs of the deceased must be considered when exercising the right of sepulcher. (**HB 1696**; Section 194.119, RSMo.)

ORGAN DONATION

MO GIVES

This bill establishes a new program called the “Missouri Guaranteed Inclusive Voluntary Exceptional Service Program” (MO GIVES), providing state active duty orders to Guard members who are living organ donors. The living donation period includes the testing, surgery and recovery phases for a period not to exceed 45 days, unless a medical extension is granted. The program allows the Guard member to be paid while on an active duty order. (**HB 2593**; Section 41.1030, RSMo.)



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PUBLIC HEALTH

Pediatric Disease Task Force

Establishes the Pediatric Disease Task Force within the Department of Higher Education and Workforce Development, which shall report on research focused on genetic or pediatric diseases and provide legislative recommendations. (**HB 2372**; Section 173.690, RSMo.)

Sickle Cell Standing Committee

Creates the Lorna Zena Baker Act, establishing a Sickle Cell Standing Committee, a subcommittee of the Missouri Genetic Advisory Committee within DHSS and tasks it with assessing the impact of sickle cell disease in urban communities and developing recommendations for educational resources on sickle cell disease.

(**HB 2372**; Section 191.117, RSMo.)

Alpha-Gal Syndrome

Adds alpha-gal syndrome to the list of diseases that must be reported to DHSS.

Requires alpha-gal syndrome case reports to be submitted to DHSS within seven days of receiving a positive laboratory confirmation.

Authorizes DHSS to follow up on reported cases of alpha-gal syndrome.

Requires DHSS to submit an annual report to the Centers for Disease Control and Prevention, summarizing its findings related to the reporting and incidence of alpha-gal syndrome.

(**HB 2372**; Section 192.020, RSMo.)

Lyme Disease

Requires the Missouri Consolidated Health Plan to provide coverage for testing, treatment and management of Lyme disease and post-treatment Lyme disease syndrome, including experimental drugs if approved by the U.S. Food and Drug Administration.



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Requires health care providers, laboratories and local health departments to report all confirmed or suspected cases of Lyme disease to the Department of Health and Senior Services within seven days of diagnosis. Individuals must opt into the sharing of their identifiable information.

Establishes the Lyme Research and Eradication Fund to fund grants for the development of improved diagnostics and treatments, studies of novel therapies and eradication strategies.

Establishes the Lyme Disease Task Force to advise the department on disease prevention and surveillance.

Prohibits the discipline of a health care provider's license solely for prescribing, administering or dispensing medically necessary treatments for Lyme disease. ([HB 2372](#), [SB 1019](#); Section 192.026, RSMo.)

Vital Records

Repeals a section of law permitting DHSS to disclose a list of persons who are born or die on a particular date on request. ([HB 2372](#); Section 193.245, RSMo.)

Limits on the Sale of Over-the-Counter Drugs

Increases the amount of ephedrine, phenylpropanolamine, or pseudoephedrine that may be sold or dispensed to the same person over a 12-month period without a valid prescription from 43.2 grams to 61.2 grams.

Requires any manufacturer of any drug product containing any detectable amount of ephedrine, phenylpropanolamine or pseudoephedrine sold in this state to pay monthly fees to the administrator of the real-time electronic pseudoephedrine tracking system, beginning Oct. 1, 2026. ([HB 2372](#), [SB 878](#), [SB 1421](#); Sections 195.417 and 579.060, RSMo.)

Food Is Medicine Act

Creates the Food Is Medicine Act, authorizing the Department of Social Services to submit a waiver to participate in the CMS Food Is Medicine program. ([HB 2372](#); Section 208.270, RSMo.)

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AWARENESS DESIGNATIONS

Creates health care-related awareness designations.

- Blood Donor Awareness Month – January ([HB 2372](#), [HB 2576](#); Section 9.025, RSMo.)
- Brain Aneurysm Awareness Month – September ([HB 2372](#), [HB 2576](#); Section 9.412, RSMo.)
- Pediatric Cancer Awareness Month – September ([HB 2372](#), [HB 2576](#); Section 9.238, RSMo.)
- Infertility Awareness Week – the last full week of April ([HB 2372](#), [HB 2576](#); Section 9.418, RSMo.)
- June’s Week and Rare Pediatric Disease Week – the first full week of September ([HB 2372](#), [HB 2576](#); Section 9.501, RSMo.)
- Frontotemporal Degeneration Awareness Week – the last week of September ([HB 2372](#), [HB 2576](#); Section 9.021, RSMo.)
- Pediatric Acute Onset Neuropsychiatric Syndrome (PANS)/Pediatric Autoimmune Neuropsychiatric Disorder Associated with Streptococcus (PANDAS) Awareness Day – March 26 ([HB 2372](#), [HB 2576](#); Section 9.502, RSMo.)
- Tardive Dyskinesia Awareness Week – first full week of May ([HB 2576](#); Section 9.289, RSMo.)

ELIMINATED BOARDS, COUNCILS, COMMITTEES AND TASK FORCES

Eliminates the Career Readiness Course Task Force ([SB 890](#); Section 167.910, RSMo.)

Eliminates the Missouri Arthritis Advisory Board and the Arthritis Program Review Committee ([SB 890](#); Sections 192.700 to 192.725, RSMo.)

Eliminates the Life Sciences Research Board and assigns its duties to the Department of Economic Development ([SB 890](#); Sections 196.1106 to 196.1127, RSMo.)

Eliminates the Infection Control Advisory Panel ([SB 890](#); Section 197.165, RSMo.)

Eliminates the Commission on the Special Health, Psychological and Social Needs of Minority Older Individuals ([SB 890](#); Sections 208.530, 208.533, and 208.535, RSMo.)

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Eliminates the Missouri Quality Home Care Council
(**SB 890**; Sections 208.850 to 208.871, RSMo.)

Eliminates the Board for Certification of Interpreters and assigns its duties to the Missouri Commission for the Deaf and Hard of Hearing (**SB 890**; Sections 209.285 to 209.322, RSMo.)

INSURERS/PROVIDER REIMBURSEMENT

PRIOR AUTHORIZATION

Requires health carriers to establish and maintain online processes and application programming interfaces that can accept and approve electronic prior authorization requests for prescriptions and health care services beginning Jan. 1, 2028.

Allows health carriers to require health care providers to use an API for prior authorization requests.

Requires health carriers to make statistics available annually regarding prior authorization approvals and denials, excluding drugs, on their websites, which include the percentage of standard prior authorization requested approved and denied, the percentage of prior authorization requests approval after appeal, the percentage of prior authorization requests for which the review period was extended, the percentage of expedited prior authorization requests that were approved and denied, the average and median time that elapsed between submission and determination for standard and expedited prior authorization. All such statistics are to be aggregated for all health care services, excluding drugs.

Requires managed care organizations to provide the Department of Commerce and Insurance annually a complete list of health care services, excluding drugs, for which prior authorization is required and to annually provide aggregated data regarding the total number of prior authorization requests, the number that were approved and denied, the number of prior authorization requests for mental and behavioral health services and substance use disorders, the number that were approved and denied, the number of prior authorization appeals received, the number of adverse determinations reversed on appeal, the 10 health care or mental health services most frequently denied, the five most frequent reasons prior authorization requests were denied and the number of claims that were examined through a post-service utilization review process.

Directs health carriers to reduce the scope of claims subject to prior authorization.



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MO HealthNet managed care organizations shall comply with the requirements of this act as are applicable to health carriers no later than the dates specified in the act. (**HB 2372**; Sections 208.440 and 376.1364, RSMo.)

MO HEALTHNET

MO HealthNet Coverage of Certain Clinical Pathology Services

Requires MO HealthNet to reimburse for the professional component of clinical pathology services provided by a hospital-based pathologist. (**HB 2372**; Section 208.149, RSMo.)

MO HealthNet Third-Party Liability

Requires health benefit plans, third-party administrators, administrative service organizations and pharmacy benefits managers paying medical assistance subrogation claims to respond to any inquiry by the state regarding any claim within 60 days.

Requires health benefit plans, third-party administrators, administrative service organizations and pharmacy benefits managers to accept the state's authorization that an item or service is covered under the state plan or waiver.

Exempts Medicare fee-for-service, Medicare Advantage plans, reasonable cost reimbursement plans, health care prepayment plans and prescription drug plans. (**HB 2372**; Section 208.215, RSMo.)

Doula Services

Creates the Missouri Doula Reimbursement Act, allowing DHSS or the MO HealthNet Division to issue nonspecific recommendations for doula services, a medical standing order for prenatal vitamins, or a medical standing order for any other purpose unrelated to controlled substances or nonemergency pregnancy termination.

Requires MO HealthNet to cover certain doula services, including support sessions, birth attendance, lactation education and support, and community navigation.

Allows doulas who meet standards set forth in the statute to be reimbursed by MO HealthNet. (**HB 2372**; Sections 208.1400 to 208.1425, RSMo.)

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Summary of the 2026 Session of the Missouri General Assembly

COMMERCIAL PAYERS

340B Anti-Discrimination

Prohibits a health carrier, pharmacy benefits manager or their agents or affiliates from discriminating against certain 340B covered entities with respect to reimbursement or the terms and conditions on which 340B drugs are provided.

Allows the Department of Commerce and Insurance to impose a civil penalty for violations of the law. (**HB 2372**, **SB 878**; Section 376.417, RSMo.)

Multi-Employer Self-Insurance Health Plans

Modifies the definition of “multiple employer self-insured health plans” to include plans established for the purpose of offering benefits to two or more self-employed individuals, each with at least one common-law employee, and their dependents.

Modifies the requirements for annual reports required of such plans.

Requires surplus accounts to be equal to the greater of \$600,000 or an amount equal to two times the authorized control level risk-based capital. (**HB 2372**, **HB 2596**; Sections 376.1000, 376.1012, and 376.1017, RSMo.)

Contrast-Enhanced Mammography

Modifies when supplemental breast exams may be necessary to include when factors are present that may increase the risk of breast cancer, to include heterogeneous or extremely dense breasts.

Includes contrast-enhanced mammography within the definition of diagnostic breast examinations that must be covered without cost-sharing provisions. (**HB 2372**; Section 376.1183, RSMo.)

State-Based Health Exchanges

Repeals the prohibition on establishing a state-based health benefit exchange. (**HB 2372**; Section 376.1186, RSMo.)

Contraceptives

Extends to one year the period of time for which a health benefit plan must cover self-administered hormonal contraceptives. (**HB 2372**, **HB 2596**; Section 376.1240, RSMo.)

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Anesthesia Services

Prohibits health carriers or health benefit plans, including excepted benefits plans, from imposing a time limit for anesthesia services provided during a medical or surgical procedure.

Exempts anesthesia services provided in connection with dental procedures and oral and maxillofacial surgery. (**HB 2372**; Section 376.1245, RSMo.)

Coverage of Nonopioid Prescription Drugs

Prohibits health benefit plans from denying coverage for a nonopioid prescription drug in favor of an opioid prescription drug, requiring an enrollee to try an opioid prescription drug before covering a nonopioid prescription drug or requiring a higher level of cost-sharing for a nonopioid prescription drug than for an opioid prescription drug beginning Jan. 1, 2027. (**SB 878**; Section 376.1280, RSMo.)

Insurance Coverage of Home Blood Pressure Monitoring

Creates “Nora’s Law,” requiring health benefit plans to cover prescribed home blood pressure monitoring devices and monitoring services for pregnant women and women within 12 months postpartum. (**HB 2372**, **SB 878**; Section 376.1960, RSMo.)

MEDICAL MALPRACTICE INSURANCE

Joint Underwriting

Authorizes the directors of a medical malpractice joint underwriting association to suspend operations of the association upon a determination that medical malpractice liability insurance is reasonably available in the voluntary market. (**HB 2372**; Section 383.155, RSMo.)

TORTS/LIABILITY

Liability for Employment of Unauthorized Aliens

This bill imposes liability when a general contractor or subcontractor has knowledge that its direct subcontractor has unlawfully employed an unauthorized alien. It further requires the general contractor or subcontractor to cooperate in any investigation conducted by the attorney general relating to an alleged violation. If a court determines that an employer has knowingly hired an unauthorized alien, it must enter a judgment in favor of the state and award penalties in

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an amount consistent with that sought in the petition. The bill provides that any employer self-reporting an alleged violation of the law to the attorney general will be relieved of liability. (**HBs 2366 & 2511**; Sections 285.530, 285.535, 285.543, and 285.550, RSMo.)

Act Against Abusive Website or Web Content Access Litigation

Creates the “Act Against Abusive Website or Web Content Access Litigation,” authorizing the attorney general to bring an action contesting litigation that alleges any website or web content access violation as abusive litigation. In deciding whether an action is abusive, the court must determine whether the primary purpose of the suit was to force payment from the defendant due to the costs of defending the litigation. A defendant who takes substantial steps in good faith to remedy any alleged website or web content access violation within 90 days shall have a rebuttable presumption that any subsequent claim on the same subject is abusive.

The court may award attorney's fees, costs and punitive damages to the party defending against the abusive litigation. This act applies and the 90-day correction period shall apply to litigation pending on Aug. 28, 2026. Its provisions of this act shall expire if the U.S. Department of Justice issues standards concerning website or web content accessibility under the Americans with Disabilities Act. (**SBs 907, 1154 & 1272**; Section 537.1250, RSMo.)

TAXATION

Proposes to amend the constitution to authorize the General Assembly to reduce and ultimately eliminate the state individual income tax and expand state and use taxes to replace lost revenue. The proposal contains a five-year window for the legislature to impose new taxes. The measure requires any political subdivision that imposes a sales and use tax to adjust one or more specified tax rates or levies to reduce revenue generated in an amount equal to 97% of the additional revenue produced by any expansion enacted by the legislature. Beginning 12 months after the effective date of any law expanding the sales and use tax base, most sales and use taxes imposed directly by the Missouri Constitution must be reduced to offset the additional revenue generated by the expansion, as determined by the state auditor.

This measure must be submitted to the voters at the August primary or November general election. (**HJR 173 & 174**; Mo. Const. Art. X, Sections 4(d) and 26)



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Pharmaceutical Sales Tax Exemption

Adds critical pharmaceuticals to the definition of products eligible for a sales tax exemption. (**SB 1553**; Section 144.054, RSMo.)

DEFEATED OR UNSUCCESSFUL HEALTH CARE LEGISLATION

WORKPLACE VIOLENCE PLANS (HB 3401, SB 1719)

Would have required hospitals to develop and implement a written workplace violence prevention plan, offer post-incident services and adopt certain policies, as described in the act.

This language was developed in cooperation with the sponsor and was made to be as nonburdensome as possible.

EMERGENCY DEPARTMENT STAFFING MANDATE (HB 2557, HB 2935)

Would have required every hospital with an emergency department to have a physician on site and on duty at all times the emergency department is open. MHA successfully halted this legislation and negotiated for the language to be replaced with reporting requirements on staffing practices and workforce concerns, which also did not pass.

TRAUMA CENTER DESIGNATIONS (HB 1805, HB 1810)

Would have prohibited the Department of Health and Senior Services from denying trauma center status to a hospital based on its distance from another trauma center.



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MEDICALLY COMPLEX CHILDREN (HB 2513, HB 3457)

Would have created a framework for medically complex pediatric patients, as defined in the act, to have individualized care plans filed with emergency departments in the state for inclusion in electronic medical records systems. The initial version of the bill (HB 2513) additionally required certain recordkeeping, reporting, corrective action plans and staff training.

ANTI-TIERING/ANTI-STEERING (Health Care Provider Networks) (HB 3088)

Would have prohibited health care providers from offering certain contract terms for inclusion in provider network contracts.

MEDICAID WORK REQUIREMENTS (HJR 154, HJR 188, SJR 103, SJR 108)

If approved by voters, these constitutional amendments would have imposed work requirements for the Medicaid expansion population or allowed the state to impose the work requirements through other action.

Various versions of these constitutional amendments also may have allowed for the expansion population to be funded or defunded separately from the fee-for-service population.

HOSPITAL VISITATION POLICY ENFORCEMENT (HB 2275)

Would have enacted a civil penalty of \$1,000 for violations of a statute governing hospitals' visitation policies and given specific enforcement authority to the Department of Health and Senior Services and the attorney general.

340B REPORTING LEGISLATION (SB 1213, SB 1178, HB 2081)

Would have imposed highly burdensome reporting requirements on hospitals with regard to proceeds of the 340B program and how they are expended.

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SITE-NEUTRAL PAYMENTS (“Honest Billing Act”) (SB 1664, HB 3152)

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.

PHYSICIAN NONCOMPETES (HB 2979, HB 2184, HB 2821)

Would have severely restricted covenants not to compete between a physician and nonprofit employer (HB 2979) or barred all noncompete clauses between employers and physicians (HB 2184 and HB 2821).

ADVANCED PRACTICE REGISTERED NURSES (SBs 979 & 1016)

Would have allowed advanced practice registered nurses other than certified registered nurse anesthetists to prescribe Schedule II controlled substance stimulants to behavioral health patients in accordance with a collaborative practice agreement.

Would also have extended advanced practice registered nurses’ prescriptive authority to controlled substances and provided for independent practice and prescriptive authority for advanced practice registered nurses, other than certified registered nurse anesthetists, who have been under a collaborative practice arrangement for at least 2,000 hours.

CERTIFIED REGISTERED NURSE ANESTHETISTS (SBs 1247 & 1445)

Would have allowed certified registered nurse anesthetists to select, issue orders for, and administer Schedule II, III, IV and V controlled substances during the course of providing anesthesia care in a licensed health care facility.

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COLLABORATIVE PRACTICE ARRANGEMENTS/APRN SCOPE OF PRACTICE **(HB 1635, HB 1636, HB 1981, HB 1989, HB 2391, HB 3065, HB 3099)**

A number of other House bills were filed that would have modified prescriptive authority and collaborative practice arrangements for advanced practice registered nurses in a variety of ways, including with regard to geographic restrictions on physician supervision requirements, and independent practice after a certain number of hours of practice under a collaborative practice agreement.

COLLATERAL SOURCE RULE (SB 1180, HB 1646, HB 2405)

Would have prohibited the introduction, at trial, of evidence of the amount billed for medical care or treatment if the amount billed has been discounted pursuant to a contract, price reduction or write-off. Evidence of the actual cost to the patient would be admissible as being relevant to the potential cost to the plaintiff of future treatment of the same type or kind.

STATUTES OF LIMITATIONS (HBs 1664, 1610, 1645 & 2182, SB 1799)

Would have shortened the statute of limitations for tort claims for personal or bodily injury from five years to two years (House bills), or a broader array of tort claims from five years to three years (SB 1799).

EXPERT WITNESSES (SB 918, SB 1309, HB 2255)

Would have modified provisions regarding admissibility of expert testimony to mirror the Federal Rules of Evidence. The testimony would not be admissible unless it is more likely than not that the testimony meets knowledge, testimony and reliability requirements. The reliability requirement would be modified to require that the expert's opinion reflects a reliable application of, rather than that the expert has reliably applied, the principles and methods to the facts of the case.

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PUBLIC HEALTH CONTRACTING (HB 1783, SB 1037, SB 1525)

Would have authorized the Department of Health and Senior Services to contract with a designated affiliate of the National Network of Public Health Institutes, or a similar or successor entity, to assist in carrying out its duties, including for assistance in delivering health care services throughout the state and the administration of grant funds and related programs.

KRATOM (SB 927, SB 1605, HB 2652, HB 2700, HB 2850, HB 2894, HB 3067, HB 3147)

A number of bills were filed this legislative session to regulate the sale of kratom in Missouri. One such bill (SB 927) was voted out of committee, but it was not reported to the floor.

OPERATION OF HEALTH CARE FACILITIES BY THE UNIVERSITY OF MISSOURI BOARD OF CURATORS (SB 1602, SB 1696, HB 3170)

Would have provided that that the Board of Curators of the University of Missouri may acquire, manage, lease, purchase, sell, contract for, or otherwise acquire an interest in or participate in the ownership or operation of hospital, medical, or other health care facilities or providers. The Board of Curators and any public or private entities or individuals with which the Board of Curators collaborates for these purposes shall not be subject to penalties for violating state law prohibiting trade monopolies in the 25 counties specified in the act.

340B-COVERED ENTITY NONDISCRIMINATION - HOSPITALS (SB 846; Section 376.416)

Would have prohibited health insurers from discriminating against 340B-covered entities and pharmacies, including, but not limited to, by varying reimbursements, contract terms, cost-sharing obligations or other requirements.

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PHARMACY BENEFITS MANAGERS (SBs 984 & 968, HB 1850)

Would have enacted regulations on frequency and scope of pharmacy audits, pharmacy network participation contracts, and critical access pharmacies as described in the act, and given the Department of Commerce and Insurance state-level enforcement authority with regard to the federal H.R. 7148, the Consolidated Appropriations Act.

INSURANCE COVERAGE FOR MENTAL HEALTH TREATMENTS (PSYCH PATIENT TRANSFERS) (SB 1147)

Would have allowed hospitals to receive the in-network rate for individuals transferred to an out-of-network facility for psychiatric care.

END HOSPITAL INSTITUTIONALIZATION ACT (SB 1151)

Would have required juvenile courts to take action to end the boarding of children in hospitals, and for the Department of Mental Health to take action for boarded individuals with mental health conditions.

Because it was heard in committee, the bill received a fiscal note MHA will use to illustrate the substantial costs currently borne by hospitals.

HEALTH CARE DECISION-MAKERS (SB 1536, HB 1886)

Would have allowed a health care provider or facility to rely on good faith and reasonable medical judgment for health care decisions made by designated health care decision-makers if two physicians determine that the patient is incapacitated. The physician or the physician's designee shall make reasonable efforts, as described in the act, to inform potential designated health care decision-makers of a patient's incapacitation.

HEALTH INSURANCE COMPANY MALFEASANCE (HB 2775)

In addition to the anesthesia payment provisions that passed on other legislation, this act would have prohibited health insurers from imposing penalties on in-network providers based on the



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patient also seeing an out-of-network provider. The act also would have required health insurers to disclose any contract term or internal policy to which participating providers will be bound, and restricted unilateral modification of the contracts and policies as described in the act.

CONCLUSION

The 2026 legislative session was a standout in terms of both volume and complexity of legislation. Despite significant resistance by other interest groups, including the insurance industry and certain legislators, MHA achieved many of its priorities, and blocked or neutralized a tremendous amount of potentially harmful legislation.

The 2027 legislative session will see significant turnover in both chambers of the General Assembly, with the Senate to have a minimum of 10 new members due to term limits and decisions not to run for re-election, and the House to have a minimum of 30. The outcomes of these elections and the ensuing leadership races will, to an extent, shape our legislative strategy in the coming years.

As we prepare for the 2027 legislative session, please don't hesitate to reach out to our team.

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