2025 LEGISLATIVE GUIDE

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Table of Contents

PRESIDENT'S LETTER 3

MHA LEGISLATIVE PRIORITIES 5

A BETTER SYSTEM WITH FEWER BARRIERS 6

- Prior Authorization Reforms 6
- Access to Medications 7
- Regulatory Reforms 8
- Improvements to the Time Critical Diagnosis System 9
- Patient Boarding 9
- Reimbursement for Psychiatric Care 9
- Notarization Requirements for Civil Detention Proceedings 10
- Sexual Assault Telehealth Network Requirements 10

MONITORING AND SHAPING HEALTH LEGISLATION 11

HEALTH CARE PROFESSIONALS 11

- Advanced Practice Registered Nurses 11
- Certified Registered Nurse Anesthetists 11
- Community Paramedics 11
- Health Professional Loan Repayments 11
- Interference With Licensed Professions 11
- Naturopathic Physicians 11

PATIENT CARE 12

- Abortion Services 12
- Cancer Patients' Bill of Rights 13
- Gender-affirming Care 13
- Health Care Decision-maker 13
- Maternal Care 14
- Multi-dose Medications 14
- Opioid Prescriptions 14
- Telemedicine 14

LIABILITY PROTECTIONS 16

- Collateral Source Payments 16
- Personal and Professional Liability 16
- Statute of Limitations 16

HEALTH PLANS 17

- Cost Sharing 17
- Farm Bureau Health Plans 17
- Medicaid Work Requirements 17
- Opioid Prescriptions 17
- Patients First Act 17

HOSPITAL OPERATIONS 18

- Charitable Donations 18
- Child Care Tax Credits 18
- Forensic Evidence 18
- Hospital Taxes 18
- Peer Review Committees 18
- Public Hospitals 18

SAFEGUARDING HOSPITALS AND THE HEALTH CARE SYSTEM 19

- Certificate of Need 20
- Covenants Not to Compete 20
- Emergency Department Staffing 20
- Honest Billing 20
- Hospital Price Transparency 20
- Hospital Visitation Policies 20

Legislation and policymaking have significant influence on hospitals' ability to deliver on their community-focused missions. Each year, from January to May, Missouri's lawmakers meet in Jefferson City to offer and debate legislation. MHA, hospital partners and health care stakeholders work to ensure these efforts result in an environment supportive of our missions and values.

Issues related to hospitals and health care are always on the agenda during the state's legislative session. MHA assists lawmakers' efforts in crafting legislation and educates them about how proposed bills can improve or harm health in the communities they serve. In addition, MHA evaluates legislation and partners with member hospitals and stakeholders to support beneficial measures and block proposals that harm hospitals and our state's health care system.

MHA's 2025 Legislative Guide provides a framework for this year's agenda — in support of better health and stronger hospitals, and where we expect to defend against harmful legislation.

The convening of Missouri's 103rd General Assembly included many new lawmakers in both chambers and was quickly followed by the inauguration of a new governor. MHA's efforts during the primary and general elections in 2024, which built new relationships and strengthened others, will create opportunities for progress.

In 2025, our agenda includes the following areas of emphasis:

» supporting a better system by removing barriers that harm hospitals' ability to deliver care or that increase the financial burden on hospitals

» evaluating, monitoring and shaping legislation that effects the health care workforce, patient care, liability protections, and holds health plans accountable, while supporting hospital operations

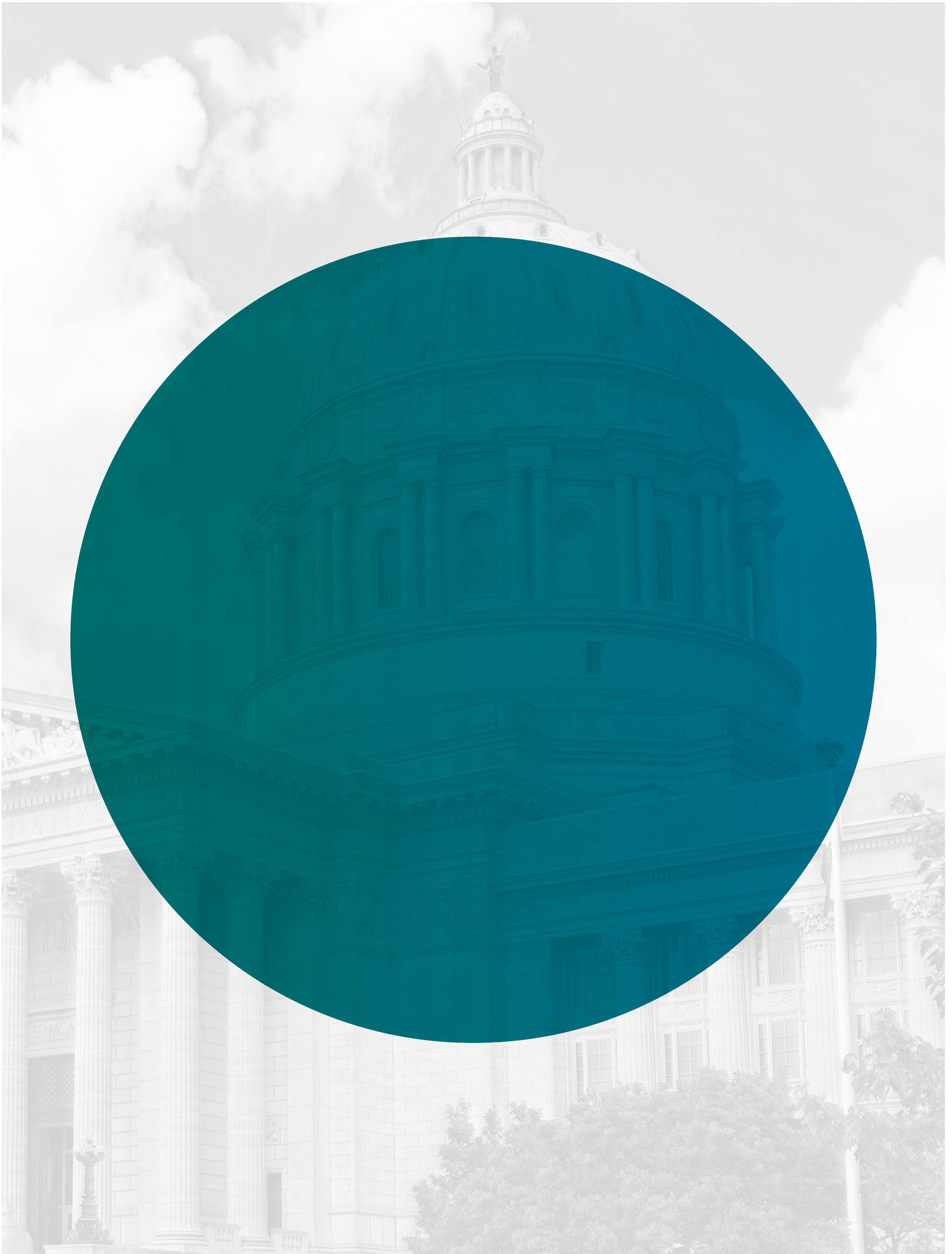
» safeguarding hospitals and the health care system from proposals that would reduce hospitals' ability to deliver on their community-focused missions

There is no guarantee, given the countless influences that shape the session, that lawmakers will have a productive year within our established policy recommendations. However, we have worked to shape an environment that optimizes our chance for success within this framework.

We're also making investments in our advocacy programs outside of the Capitol, including enhanced hospital leader-lawmaker contact in communities throughout the state and digital advocacy on behalf of the hospital agenda. This engagement helps localize and ground the law- and budget-making process.

We're excited to present this agenda to MHA members and the public, and we believe these proposals would support improved care and health in Missouri.

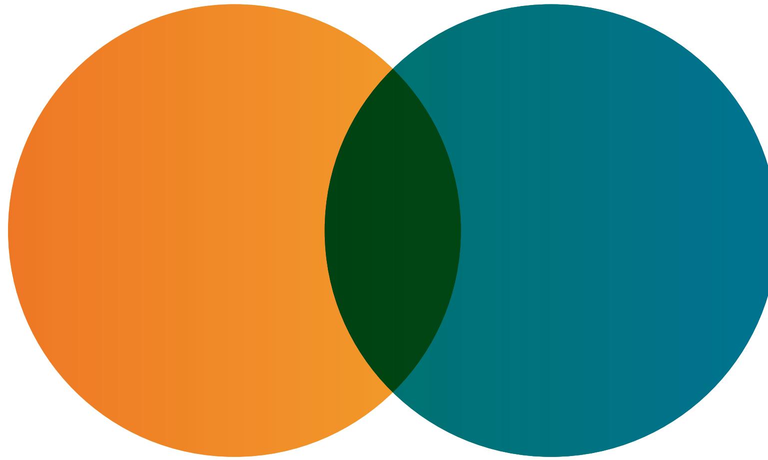
Jon D. Doolittle
President and CEO
Missouri Hospital Association



LEGISLATIVE PRIORITIES

Each legislative session presents opportunities and challenges for Missouri's hospitals. MHA staff pursue board-approved measures designed to improve the operating environment for hospitals and health care professionals, and their delivery of quality, effective care. At the same time, well-intentioned policymakers may pursue initiatives they believe benefit patients without a full appreciation of how they impact hospital operations, financial stability and the ability to provide appropriate care. Each year, MHA advocates for legislation that allows hospitals to thrive and fulfill their missions while opposing bills that impede their ability to serve their patients and communities.

MHA staff identified and the MHA Board of Trustees approved the following as priority issues for passage during the 2025 legislative session.



A BETTER SYSTEM
WITH
FEWER BARRIERS

Prior Authorization Reforms

Large or small, urban or rural, Missouri's hospitals and health systems stand ready to provide effective, quality care to patients when they need it. Delays and denials by payers frustrate those efforts and can cause devastating outcomes. Physicians seek approval for care they believe, in their professional judgment, to be best for their patients. Sophisticated algorithms and artificial intelligence are used to deny hundreds — if not thousands — of requests in a matter of seconds. Physicians are then forced to spend time navigating cumbersome appeals processes instead of caring for people. Often, those requests are ultimately approved. Prior authorization processes must be streamlined for providers with a proven utilization track record to ensure timely treatment for individuals needing care.

SB 230 and HB 618 exempt providers from prior authorization requirements when at least 90% of prior authorization requests submitted by the provider in a defined evaluation period were or would have been approved and streamline the manner in which payers must notify providers of prior authorization determinations.

Access to Medications

The 340B Drug Pricing Program ensures patient access to affordable medication, while allowing certain providers, including safety-net, critical access and disproportionate share hospitals, to realize savings from discounted drugs that can be used to subsidize critical, but under-reimbursed services. The 340B program recently has come under attack by drug manufacturers and insurance companies through unilateral policies and processes that restrict program benefits for participating providers. Contract pharmacy protections for 340B-covered entities were enacted in 2024, but additional legislation is needed to curb discriminatory practices by commercial insurers. SB 13 prohibits payers from engaging in numerous actions intended to deny or restrict access by patients or eligible providers to 340B drugs or the savings derived therefrom. SB 372 contains similar provisions.

Payer practices and regulatory overreach can impede patients from accessing drugs safely and conveniently. For example, insurers frequently impose a practice called white bagging to save money, while undermining hospital safety procedures and jeopardizing patient care. White bagging typically is used for infusion therapies to combat serious and chronic conditions, such as cancer and Crohn's disease, and occurs when the payer requires the drugs to be shipped from its specialty pharmacy (often owned by the insurer). These drugs are compounded to the patient's specific condition at the time of administration, which may have changed from the time the drug was shipped. Frequently, they are not properly labeled or stored before reaching the site of administration and must be wasted. SB 13 also prohibits insurers from compelling providers and patients from accepting white bagged drugs.

SB 13 also requires health carriers and pharmacy benefit managers providing coverage for a reference drug to cover all biological products that are biosimilar to the reference product on the same terms and conditions as the original drug.

Regulatory Reforms

Regulatory burdens create inefficiencies, increase costs and impede access to health care. MHA strives to reduce or remove statutes that hinder effective operations. SB 292 and HB 609 contain several regulatory reforms to create better pathways for effective patient care.

Brown bagging occurs when a medication is delivered directly to the patient to be taken to the physician for administration. Similar to white-bagged medications, improper storage or handling of the drug may compromise its efficacy or safety, and the administering provider may not be able to visually determine whether the drug has been compromised. The risk of diversion increases when controlled substances are brown bagged. SB 292 and HB 609 authorize delivery of controlled substances directly to the clinician administering the drug.

Under existing federal waivers implemented during the COVID-19 pandemic, outpatient providers may prescribe controlled substances for behavioral health conditions and substance use disorders through telehealth. Those waivers have been extended to allow continued flexibility in treating individuals with mental health or substance use issues. Once they expire, patients cannot receive these medications without an in-person visit. Many patients face obstacles to receiving in-person care and may not follow their treatment regimen if they lose access to telehealth services. SB 292 and HB 609 allow outpatient clinics to obtain the appropriate controlled substance registration through the Bureau of Narcotics and Dangerous Drugs to continue to prescribe these treatments via telehealth.

The physician licensure process is cumbersome and time consuming, frequently taking up to 16 weeks to complete. Applicants are required to obtain and submit disparate documents and verifications, many of which can be confirmed through a simple background screening. Hospitals cannot wait that long to onboard a needed physician, regardless of specialty. The application process can and should be streamlined. SB 292 and HB 609 reduce the amount of material that must be submitted with a licensure application and require the Board of Healing Arts to reduce the burden on applicants by verifying much of the required information electronically.

Hospital inpatient pharmacies traditionally have been regulated by the Missouri Department of Health and Senior Services. Changes to Section 338.165, RSMo., in 2014 created unintended ambiguity, suggesting the Missouri Board of Pharmacy had a role in approving regulations governing inpatient pharmacy services. SB 292 and HB 609 clarify that DHSS has sole rulemaking authority and jurisdiction over hospital inpatient pharmacies.

Improvements to the Time Critical Diagnosis System

Stroke, STEMI and trauma designations play an important role in ensuring patients receive the right care, in the right place, at the right time. Inconsistent application of existing regulations and variable survey processes frustrate hospitals and undermine the purpose of the time critical diagnosis system. MHA has advocated for uniformity in survey results and adherence to national standards required at all designation levels, yet hospitals still report overly stringent findings and burdensome corrections to obtain or maintain recognition as a stroke, STEMI or trauma center.

SB 524 and HB 541 require that a hospital certified as a comprehensive cardiac center or a comprehensive heart attack center by The Joint Commission be designated as a Level I STEMI center in accordance with national standards. The bills allow Level III stroke centers to satisfy requirements for physician consultative services using tele-neurology services. They also prohibit the Department of Health and Senior Services from specifying the number of physicians or other licensed practitioners necessary to satisfy coverage or backup requirements for any designation, and require designated facilities to establish protocols or processes to ensure patients are properly assessed, diagnosed and treated. SB 524 and HB 541 also prohibit the department from requiring corrective action or denying a designation based solely on a previously identified and corrected deficiency.

Patient Boarding

Patient boarding is a significant problem for Missouri hospitals. Each year, hundreds of individuals are housed in hospitals because there is no safe place to which they can be discharged. Many of these individuals suffer from mental illness or developmental disabilities and require ongoing care and treatment, but do not need hospital-level care. The lack of available community-based support services results in prolonged hospital stays, during which the patient does not get the right type of treatment, and the hospital does not get paid.

MHA will pursue legislation to end the inappropriate institutionalization of children and adolescents in hospitals. The bill will require the appropriate state agencies, including the Department of Mental Health, the Division of Youth Services and/or the juvenile court system, to take responsibility for individuals who are boarding in hospitals and no longer require acute medical care.

Reimbursement for Psychiatric Care

Estimates suggest that patients seeking behavioral health care are forced to use out-of-network providers at more than three times the rate of patients receiving other medical care. The lack of in-network options has severe consequences for patients and their families. Patients who receive out-of-network care often must travel long distances to receive treatment, resulting in missed appointments, lower adherence to treatment plans, lack of family involvement in care and difficulty coordinating care among providers. The reasons for receiving out-of-network care most often are beyond the patient's control, especially in emergency situations.

During the 2025 legislative session, MHA staff will pursue legislation that requires out-of-network providers to be paid no less than the Medicaid rate and ensures cost-sharing requirements are determined as if the services were provided by a health care provider in the patient's health benefit plan network. The proposal also will deem a payer's behavioral health network inadequate if more than 15% of patients must receive mental health treatment from out-of-network providers and establish an enforcement mechanism to compel insurers to create adequate networks for such care.

Notarization Requirements for Civil Detention Proceedings

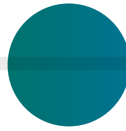
MHA successfully advocated for statutory changes to Section 632.305, RSMo., that allowed applications for 96-hour holds to be processed under penalty of perjury as opposed to requiring notarization. Hospitals initiate the involuntary commitment process at all hours of the day and night, when it can be difficult to secure a notary. Since the changes were enacted, hospitals have faced variable compliance by judges who sign detention orders. At the request of judicial officials, MHA staff have agreed to narrow the scope of the change to detention proceedings initiated by hospital personnel. SB 436 and HB 543 clarify that application materials do not need to be notarized when they have been completed by a health care provider or hospital employee after the patient has been determined in need of commitment for mental health treatment.

Sexual Assault Telehealth Network Requirements

In 2020, the General Assembly created a telehealth network allowing all hospitals to access a certified sexual assault nurse examiner to assist in obtaining forensic evidence from sexual assault victims that present for treatment. Training requirements for health care personnel providing the examinations are overly resource intensive for specialty facilities that rarely receive a sexual assault victim. SB 178, SB 154, SB 143 and HB 398 exempt specialty hospitals from participation in the SANE telehealth network if they have a policy in place for transferring sexual assault victims to a facility with an emergency department.

MONITORING AND SHAPING HEALTH LEGISLATION

MHA monitors numerous health care-related bills throughout the legislative session filed by interested legislators, other health care industry stakeholders and individual member hospitals. MHA's advocacy efforts are focused on measures that affect most of its members. MHA largely remains neutral on legislation sought by individual hospitals unless there are implications for the larger membership. As authorized by the board, MHA may support some health care-related proposals that generally benefit hospitals. Staff also monitor all health care proposals as they progress through the legislature to guard against changes that would cause harm to its members.



HEALTH CARE PROFESSIONALS

Advanced Practice Registered Nurses

Several proposals would impact the scope of practice for APRNs. SB 144 and SB 179 authorize APRNs who have been in a collaborative practice arrangement for 2,000 hours to transition to independent practice and to prescribe, dispense and administer controlled substances. The provisions of the bill do not apply to certified registered nurse anesthetists. HB 327 and HB 392 add Schedule II benzodiazepines and stimulants to the prescriptive authority of an APRN holding a certificate of controlled substance prescriptive authority or working under a collaborative practice arrangement.

Certified Registered Nurse Anesthetists

SB 522 and SB 545 allow a CRNA to select, issue orders for and administer certain controlled substances within licensed facilities.

Community Paramedics

HB 622 contains requirements for ambulance services providing community paramedicine services.

Health Professional Loan Repayments

HB 720 establishes the Missouri State Loan Repayment Program for certain professionals who practice in an area of defined need. The bill provides for loan repayment for numerous health care professionals, including physicians, registered nurses and certified nurse midwives, physician assistants, psychologists, licensed clinical social workers and professional counselors, and pharmacists.

Interference With Licensed Professions

HB 325 prohibits any political subdivision, defined largely as counties and municipalities, from maintaining or enforcing any policies or other measures that regulate, control or direct the practice of certain health care providers, including physicians, physician assistants, nurses, anesthesiologist assistants, licensed therapists, respiratory care therapists, athletic trainers, psychologists, social workers and pharmacists. As originally filed last session, the bill would have included public hospitals. MHA will monitor to ensure it remains limited to nonhospital entities.

Naturopathic Physicians

HB 91 defines the terms, scope, and requirements for the practice of naturopathic medicine and establishes licensure requirements for the profession.

PATIENT CARE

Abortion Services

Amendment 3 was passed by the voters during the 2024 general election, overturning the state's statutory abortion ban. Numerous bills have been filed to clarify, strengthen, restrict or repeal the measure. Several of the proposed measures likely would not survive a legal challenge absent changes to the constitutional provisions added by Amendment 3.

HB 111 provides that unborn children are entitled to the same rights and protections under the law as any other person. HB 194 prohibits a physician from performing an abortion if a fetal heartbeat is present. The bill is exclusively enforced through private civil action. HB 195 mandates that a child born alive during or after an abortion or attempted abortion has the same rights as any Missouri citizen and must be attended to with the same degree of care as any other child born at the same gestational age, including transport and admission to a hospital. HB 163 prohibits any person or entity from using fetal tissue or organs from an elective abortion for any use, including research or therapeutic purposes.

SB 119 criminalizes the possession or delivery of an abortifacient drug with the intent to induce an abortion. SB 180 prohibits medical malpractice insurers from denying coverage to licensed health care professionals solely because they provide or assist in providing abortions. HB 581 revises several provisions in Section 188.015, RSMo., to comport with the text of Amendment 3.

Resolutions to be submitted to Missouri voters include HJR 14, which constitutionally defines a person as every human being with a unique DNA code, including in utero humans from the moment of conception. HJR 30 would amend the constitution to prohibit the abortion of a viable fetus except in cases of medical emergency. HJR 31 and HJR 39 would impose abortion reporting requirements and prohibit abortions when a fetal heartbeat can be detected except in cases involving a medical emergency. They also allow for civil action against anyone who violates the law.

SJR 5 would amend the constitution to state that the right to reproductive freedom does not include the right to abortion, except in cases of medical emergency, fetal anomaly, rape or incest. Abortions performed due to rape or incest may not be performed after 20 weeks gestational age and require a police report of the alleged crime. SJR 33 contains similar restrictions, but limits abortions to 12 weeks gestational age and requires the crime to be reported 48 hours prior to the procedure. SJR 41 would add a provision to the constitution stating that unborn children have the same rights and protections under the law as any other citizen.

SJR 9 prohibits abortions, except in cases of medical emergencies. SJR 17 prohibits abortion except in cases of medical emergencies and contains criminal penalties for abortion providers who violate the statute. SJR 25 prohibits abortions except in the event of a medical emergency or rape. Both SJR 9 and SJR 28 remove the liability protections for health care providers enacted by Amendment 3. SJR 23 prohibits taxpayer-funded abortions, except in cases of medical emergencies. SJR 29 provides that no abortion shall be provided to a minor absent a medical emergency and contains parental consent requirements.

Cancer Patients' Bill of Rights

SB 263 establishes the right of cancer patients to understand their diagnoses and be informed about treatment options, to transparent and timely processes to contract with treatment specialists and testing, to medical treatments for pain management, and to relevant clinical trials and medical research.

Gender-affirming Care

Numerous provisions related to gender-affirming care have been filed, including HB 35 and SB 75, which specify that prescriptions for cross-sex hormones or puberty-blocking drugs provided to minors for gender transition treatment before Aug. 28, 2023, no longer will be valid after March 1, 2026. Legislation passed in 2023 prohibited the use of drugs to provide gender-transitioning care for minors until 2027. HB 35 and SB 75, along with SB 249 and SB 493 remove the sunset date and make such prohibition permanent.

SB 390 provides that the term "reproductive health care," which is used in Amendment 3, shall not be construed to include gender transition treatments, unless clearly and specifically stated otherwise.

In addition to abortion prohibitions, SJR 9 and SJR 25 would bar gender transition treatment for minors. SJR 5, SJR 23 and SJR 27 would revise the constitution to state that the right to reproductive freedom granted by Amendment 3 should not be construed to include the provision of gender transition treatment to minors.

Health Care Decision-maker

SB 386 and HB 747 establish a priority order for health care decision-makers on behalf of an incapacitated patient.

Maternal Care

HB 255 establishes the "Missouri Dignity in Pregnancy and Childbirth Act," requiring providers of prenatal care to implement evidence-based antibias programs. It also establishes data reporting requirements for maternal morbidity and mortality. HB 256 implements a fetal and infant mortality review process for local public health agencies and imposes additional duties on the existing Pregnancy-Associated Mortality Review Board.

SB 260 requires insurance coverage for midwifery and doula services. SB 539 requires MO HealthNet and health insurers providing maternity benefits to provide coverage for a home blood pressure monitoring device and home blood pressure monitoring device services for pregnant and postpartum women.

Multi-dose Medications

HB 187 allows medications in multi-dose containers that were administered to or used for a patient during a hospital stay to be sent with the patient at discharge.

Opioid Prescriptions

SB 17 requires health care providers to counsel a patient on the risks of and alternatives to opioids before providing an initial opioid prescription and the third in a course of treatment.

Telemedicine

SB 94 provides for telemedicine through audiovisual and audio-only technologies. SB 108 authorizes virtual examinations to establish a physician/patient relationship unless an in-person evaluation is required to meet the standard of care. The bill also allows medical evaluations to be conducted via the internet or telephone questionnaires if the information is similar to that obtained during an in-person evaluation and removes the prohibition on prescribing controlled substances through such evaluations, as long as a physician/patient relationship has been established. HB 710 contains similar provisions.

LIABILITY PROTECTIONS

Collateral Source Payments

HB 69, SB 268 and SB 314 prohibit a litigant from introducing evidence of the amount billed for medical treatment if the amount has been discounted, written-off or satisfied by payment of an amount less than the amount billed.

Personal and Professional Liability

HB 666 relieves certain health care providers from criminal liability in the provision of health care services. SB 521 contains liability protections for anyone rendering emergency care or assistance at the scene of an emergency or accident.

Statute of Limitations

HB 68 reduces the statute of limitations for personal injury from five to two years. HB 41 and HB 506 reduce the statute of limitations for certain actions from five to three years.

HEALTH PLANS

Cost Sharing

SB 45, SB 187 and HB 79 contain certain requirements for calculating out-of-pocket expenses by health plans and pharmacy benefit managers for medications for which a generic substitution is not available. SB 45 also establishes freedom of choice for pharmacy services.

Farm Bureau Health Plans

SB 79 and HB 366 authorize Farm Bureau to provide contracts for health care benefits that are not regulated as insurance products. Eligible plans must use a third-party administrator and be subject to processes for benefit determinations and claims payment procedures comparable to those required by law for health carriers and health benefit plans.

Medicaid Work Requirements

SJR 43 would amend the constitution to impose work requirements on able-bodied adult MO HealthNet participants.

Opioid Prescriptions

SB 158 prohibits a health plan from denying coverage of or imposing higher cost-sharing requirements for a non-opioid prescription drug in favor of an opioid when the enrollee has an elevated risk of opioid misuse.

Patients First Act

SB 499, HB 309 and HB 530 establish the "Patients First Act," which prohibit health plans from discriminating with respect to participation or coverage against any health care provider acting within his or her scope of certification or licensure.

HOSPITAL OPERATIONS

Charitable Donations

HB 364 authorizes a tax credit for donations made to local hospital foundations.

Child Care Tax Credits

HB 269 and HB 215 provide a variety of incentives for taxpayers, employers and child care providers to invest in enhanced child care capacity across the state.

Forensic Evidence

HB 646 requires any entity that operates an emergency department to train personnel on the collection of forensic evidence and to maintain secure storage for forensic evidence collected from gunshot or stab wound patients.

Hospital Taxes

SB 492 and HB 727 authorize Bates County to impose a sales tax not to exceed 1% for the purposes of supporting the local hospital.

Peer Review Committees

HB 322 adds physician assistants to the list of eligible health care professionals who may serve on a peer review committee. SB 107 authorizes peer review materials to be shared with emergency medical services providers.

Public Hospitals

HB 271 and SB 244 revise statutory requirements surrounding the manner in which municipal and district hospitals make investments. The bills also allow municipal hospitals to expand operations into areas in which other hospitals already operate.

SAFEGUARDING HOSPITALS AND THE HEALTH CARE SYSTEM

MHA will advocate against bills that create regulatory burden, complicate hospital operations, increase the cost of delivering care and impede access to care. MHA also will defend against any changes attempted by the pharmaceutical industry to 340B contract pharmacy protections passed last year. MHA will oppose the following proposals that have been prefiled before the start of the 2025 legislative session.

Certificate of Need

SB 337 repeals provisions of the certificate of need law relating to hospitals, excluding long-term care beds in hospitals and major medical equipment.

Covenants Not to Compete

SB 383 nullifies noncompete agreements between physicians and nonprofit entities, and limits such contracts between physicians and for-profit health care facilities to one year and a 50-mile radius. HB 448 prohibits any contract that restricts a physician's practice at any time after the termination of his or her employment.

Emergency Department Staffing

SB 520 requires hospital emergency departments to have a physician on site at all times. Providing quality patient care is our members' top priority, but mandated 24-hour physician coverage of the emergency department is an inflexible approach that does not allow hospitals to optimize their staffing resources.

Honest Billing

HB 502 requires hospital outpatient departments to obtain a unique national provider identifier to be used for all claims submitted for reimbursement by that department after Dec. 31, 2025. Payers would not be obligated to reimburse for services that are not billed using the unique NPI. The Department of Health and Senior Services would be authorized to impose penalties for noncompliance.

Hospital Price Transparency

SB 336 prohibits a hospital from pursuing the collection of medical debt when the hospital is not in material compliance with federal hospital price transparency laws. It also allows a patient to sue a hospital for prohibited collection actions.

Hospital Visitation Policies

In 2023, the General Assembly enacted Section 191.1400, RSMo., imposing specific requirements for hospital visitation policies. HB 139 imposes civil penalties of $1,000 per day for violations of the statute.

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