





Missouri



State and Local Health Equity Policy Checklist

MAY 2021



KEY

-  = state requires/mandates
-  = some local and/or state policies, but there is room for improvement
-  = no state/local requirements
-  = n/a

Legislative Reform

POLICY	SCORE	NOTES
Implement Racial Equity Impact Statements for legislation at the state or local levels, including environmental, health and criminal justice areas.		
Expand Health Impact Assessments attached to state and local legislation to include equity considerations.		Missouri does not require Health Impact Assessments to assess the disparate impact of a proposed action on various populations. Nevertheless, periodic Community Impact Assessments conducted by the Department of Transportation specifically seek to ensure that proposed activities avoid, minimize or mitigate adverse health and environmental effects on minority and low-income populations. ¹

State Health Planning & Programs

POLICY	SCORE	NOTES
Declare racism a public health crisis and implement steps to address it.	 <i>One or more cities/counties within a state has declared racism a public health crisis and has implemented steps to address it, but this has not been done at the state level</i>	The Columbia/Boone County Health Department and Kansas City Council declared racism a public health crisis and are taking steps to address it. ² In February 2021, Missouri state legislators introduced legislation (HCR 27) to declare racism a public health crisis. As of May 2021, the bill had not been passed. ³
Develop a 'Health in All Policies' strategy at the state or local level.		Missouri's 2015-2016 TeamWork: Leadership for Healthy States program brought together individuals from different departments within the state government to pilot a project to improve health and advance health equity. Health in All Policies was a guiding framework for this work. ⁴



Summary and scoring methodology reports are available at www.HealthValueHub.org/Health-Equity-Checklist.

If you know of a policy we overlooked, please contact hubinfo@altarum.org.





State Health Planning & Programs *(continued)*

POLICY	SCORE	NOTES
<p>Establish Health Equity Zones to better address social determinants of health.</p>	<p></p>	
<p>Create an Equity Strategic Plan to lay out how the state (or local entity within the state) will reduce health disparities.</p>	<p></p>	<p>Missouri does not have an Equity Strategic Plan identifying strategies to reduce health disparities in the state. However, the state Department of Mental Health has multiple Mental Health Equity & Inclusion Alliance Workgroups, including:</p> <ul style="list-style-type: none"> • A Racial Equity Impact Analysis Workgroup to examine equity, inclusion and fairness in policies, processes and procedures; • An Organizational Assessment Workgroup to provide research, recommendations and frameworks to draft an equity-focused assessment of the Department and an equity and inclusion plan; and • A Data Gathering and Analysis Workgroup to collect and analyze data on race and other demographic factors to examine access, outcomes and patient satisfaction with programs funded by the Department.⁵
<p>Fund community-driven health equity action plans.</p>	<p></p>	
<p>Implement participatory budgeting at the state and/or local level for initiatives that focus on health and social determinants of health.</p>	<p></p>	<p>In June 2020, St. Louis County residents participated in the Department of Public Health’s participatory budgeting project to decide how \$7 million of the Coronavirus Aid Relief and Economic Stimulus (CARES) Act funding should be spent.⁶</p> <p>In 2016, the St. Louis County Department of Public Health, the City of St. Louis Department of Health and the St. Louis Mental Health Board received a 5-year, \$4.7 million grant from the federal Substance Abuse and Mental Health Services Administration (SAMHSA) to fund community projects through a participatory budgeting process. Grant-funded projects focused on violence prevention, youth engagement, peer support, mental health and trauma-informed care.⁷</p>
<p>Emphasize health disparities and equity when developing State Health Assessments & State Health Improvement Plans.</p>	<p></p>	<p>A guiding principle for Missouri’s 2013-2018 Health Improvement Plan is ensuring that all people in Missouri have access to comprehensive, quality and affordable healthcare.⁸</p> <p>Clay County, Eastern Jackson County and Columbia/Boone County each have a Strategic Plan or Community Health Improvement Plan that focuses on health equity.^{9,10,11}</p>
<p>Fund community-based organizations operating in the state to reduce disparities and/or provide culturally competent health-related supports.</p>	<p></p>	<p>Missouri uses the Community Services Block Grant from the U.S. Department of Health and Human Services to fund community action agencies that provide services to low-income individuals and families, such as employment and training activities, case management, health services, housing development and rental assistance.¹²</p>


State Health Planning & Programs *(continued)*

POLICY	SCORE	NOTES
Implement strategies to address specific health outcomes related to inequality in social determinants of health, such as asthma, diabetes, heart disease and maternal mortality, among others.		Missouri's 2013-2018 Health Improvement Plan identified strategies to address health outcomes related to social determinants of health, such as obesity, smoking and mental health/substance abuse. ¹³ Missouri's Pregnancy-Associated Mortality Review board published its first annual maternal mortality report in 2020, which highlighted disparities that exist among the state's Black and publiclyinsured communities. The report included recommendations to improve maternal mortality by addressing social determinants of health. ¹⁴
Participate in the Government Alliance on Race & Equity (GARE), a national network of local and regional governments to address racial equity.		Kansas City, Columbia and Cape Girardeau participate in GARE . ¹⁵





Data & Reporting

POLICY	SCORE	NOTES
Create equity reporting requirements for state and local government agencies.		Missouri's Department of Health and Senior Services is required to compile information and issue reports on vital and mortuary statistics, diseases and hygiene. The reports must include information and statistics on Black health and the mortality of minority groups. ¹⁶
Use the state's Office of Health Equity/Disparities/Minority Health to analyze and report on existing health disparities and/or equity concerns within the state.		Missouri's 2008 Health Disparities Report described disparities for numerous health outcomes, such as infant mortality, asthma and diabetes, in the state. ¹⁷ In 2013, Missouri reported on African American Health Disparities and Hispanic Health Disparities in the state. ^{18,19}
Require nonprofit hospitals to incorporate an equity component into their Community Health Needs Assessments and Community Health Improvement Plans and/or establish a minimum percentage of nonprofit hospitals' Community Benefit that must be invested in programs targeted at reducing health disparities by addressing root causes.		
Increase the validity, use and standardization of data on race, ethnicity and/or languages spoken for state reporting requirements.		


Data & Reporting *(continued)*





POLICY	SCORE	NOTES
Include socioeconomic status, race, ethnicity and/or languages spoken in All-Payer Claims Database (APCD) data.		Missouri has a voluntary APCD that is maintained by the Midwest Health Initiative. ²⁰ As of May 2021, no information on reporting by socioeconomic status, race, ethnicity and/or languages spoken is publicly available.

Health Reform – Coverage

POLICY	SCORE	NOTES
Expand Medicaid eligibility requirements to include all adults with incomes at or below 138 percent of the federal poverty level.		Missouri has adopted but not implemented Medicaid expansion as of April 2021. ²¹
Provide high-quality, affordable coverage options for people whose incomes are too high to qualify for Medicaid, e.g., Basic Health Plan, reinsurance or augmented premium subsidies.		
Provide one-year continuous eligibility for Medicaid and CHIP.		
Provide coverage options to undocumented and recent immigrants.	 <i>The state provides coverage options for undocumented children, undocumented pregnant women, or undocumented adults.</i>	<p>Missouri’s Show-Me Healthy Babies program provides health coverage for pregnant women who are undocumented or do not meet qualifying immigration criteria and have incomes less than or equal to 300% of the Federal Poverty Level. Coverage ends on the date of discharge after delivery and one post-partum visit is covered.²²</p> <p>Missouri also covers emergency services for individuals who meet all eligibility criteria for Medicaid except they are undocumented or do not meet qualifying immigration criteria.²³</p>

Health Reform – Delivery

POLICY	SCORE	NOTES
Develop Medicaid Managed Care Organization (MCO) contract options for advancing health equity and recommend or require MCOs to complete specific health equity responsibilities.		The Missouri Department of Social Services requires Medicaid MCOs to develop and implement a cultural competency plan to ensure that MCOs provide culturally competent services to all its members. MCOs must ensure providers receive ongoing education and training on culturally and linguistically appropriate service delivery; ensure that data on race, ethnicity and spoken/written languages are collected for each member; and facilitate community and member involvement in designing and implementing culturally appropriate services. ²⁴

Health Reform – Delivery <i>(continued)</i>		
POLICY	SCORE	NOTES
Encourage or require Accountable Care Organizations (ACOs) and/or Coordinated Care Organizations (CCOs) to collect equity-focused data, adopt culturally appropriate programs, implement partnerships with community-based organizations in areas with larger minority populations and/or focus on addressing social determinants of health.		According to the National Academy for State Health Policy, Missouri does not have ACOs or CCOs in the Medicaid program. ²⁵ Kaiser Family Foundation reports that Missouri had at least one Medicaid ACO in place during fiscal years 2017, 2018 and 2019; however, limited information on the ACO is publicly available. ²⁶
Employ Medicaid 1115 and/or 1915 waivers to better address the social determinants of health.		Missouri's Targeted Benefits for Pregnant Women Section 1115 Demonstration provides non-emergency medical transportation services, among other supports, to eligible women to increase access to substance use disorder and mental health services, as well as reduce the rate of maternal morbidity and mortality in the state. ²⁷ Missouri has used 1915(c) waivers to address social determinants of health for individuals who have physical disabilities, intellectual disabilities, developmental disabilities and/or autism. The waivers are used to provide services such as employment assistance, career planning, community transition and transportation. ²⁸
Require or incentivize providers participating in Medicaid value-based programs to report on measures related to health equity/disparities.		
Hold providers participating in Medicaid value-based programs responsible for reducing health disparities by evaluating/scoring performance in this area.		
Create or expand Accountable Communities for Health with a focus on increasing health equity.		Missouri's Community Mental Health Center Healthcare Homes program , established through a State Plan Amendment, provides referrals to community and social support services, care coordination, patient/family support and other services to adults and children with Medicaid coverage who have a mental health condition and/or substance use disorder. ²⁹ No organizations in Missouri participate in the federal Accountable Health Communities Model initiative as of 2021. ³⁰

Health Reform – Delivery *(continued)*

POLICY	SCORE	NOTES
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Prioritize funding for communication infrastructure development, including broadband and cellular access, in underserved rural and urban areas.



Missouri established a **Broadband Grant Program** in 2018 to help develop broadband infrastructure in unserved and underserved areas of the state.³¹

In 2020, Missouri used Coronavirus Aid, Relief and Economic Security (CARES) Act funding to support a \$50 million **Rapid Broadband Deployment Initiative** to accelerate connectivity and improve resiliency for Missourians affected by the COVID-19 pandemic.³² The initiative supports **telehealth connectivity** for vulnerable populations, among other investments.³³

Subsidize internet access to expand opportunities for telehealth.



Expand coverage for telehealth services.



The state has a partial coverage parity requirement for telehealth.

Missouri has a **partial coverage parity requirement** that prohibits health insurers from denying coverage of healthcare services because they are provided through telehealth rather than in-person. However, health insurers can limit coverage of healthcare services provided through telehealth to in-network providers.³⁴

Establish or strengthen telehealth reimbursement parity laws to incentivize providers to deliver these services.



The state has a partial payment parity requirement for telehealth.

Missouri has a **partial reimbursement parity requirement** that requires health insurers to reimburse providers for healthcare services delivered through telehealth at the same rate as comparable in-person services, but does not require them to reimburse providers for site origination fees or costs for the provision of telehealth services.³⁵

Establish cost-sharing parity for telehealth services.



Missouri has a **cost-sharing parity requirement**, which prohibits health insurers from charging a deductible, copayment or coinsurance for healthcare services delivered via telehealth that exceeds the deductible, copayment or coinsurance for the comparable in-person service.³⁶

Adopt a global budget system for paying hospitals to better enable them to focus on prevention, care coordination, community-based integration and social determinants of health.








Require workplace-based cultural competency and implicit-bias training for clinicians and other providers.



Missouri lawmakers considered, but did not pass, legislation (**SB 352**) in 2019 that would have required certain healthcare professionals to complete up to two hours of cultural competency training per year.³⁷

COVID-Specific Reforms

POLICY	SCORE	NOTES
Collect racial equity data to better understand the disparate impact of COVID-19.		Missouri collects and reports COVID-19 case data and vaccine administration data by age, gender, race and ethnicity. ^{38,39}
Implement changes to Medicaid or Marketplace enrollment, including but not limited to presumptive eligibility, cost-sharing provisions, Marketplace special enrollment periods, increased enrollment assistance and improvements to application processing in response to COVID-19.		Missouri extended the reasonable opportunity period to verify immigration status for Medicaid enrollment and waived the Children's Health Insurance Program (CHIP) waiting period and requirement to provide proof that a child does not have access to other affordable coverage in response to COVID-19. ⁴⁰
Leverage the Emergency Medicaid program to extend COVID-19 testing, evaluation and treatment coverage to undocumented immigrants.		
Waive or limit cost-sharing for COVID-19 testing and treatment by private insurers.		In March 2020, the Missouri Department of Commerce and Insurance encouraged private health insurers to waive or limit cost-sharing for COVID-19 testing and treatment; however, it is not required. ⁴¹
Provide COVID-19 testing to residents free of charge.		The Missouri Department of Health and Senior Services hosts free community testing events across the state each week. ⁴²

Notes

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ABOUT ALTARUM'S HEALTHCARE VALUE HUB

With support from the Robert Wood Johnson Foundation and Arnold Ventures, the Healthcare Value Hub provides free, timely information about the policies and practices that address high healthcare costs and poor quality, bringing better value to consumers. The Hub is part of Altarum, a nonprofit organization that creates and implements solutions to advance health among at-risk and disenfranchised populations.

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