

MISSOURI

ADDRESS CONSOLIDATION AND PROMOTE COMPETITION	Consolidation Oversight	Facility Fee Limits	Anti-Competitive Contract Provisions		
MEDICAL DEBT PREVENTION	Balance Billing and Short-Term Insurance	Charity Care and Community Benefit	Reducing Financial Consequences		
IMPROVE OVERSIGHT, ACCOUNTABILITY AND TRANSPARENCY	Health Care Spending Oversight	Prescription Drug Affordability Board	All-Payer Claims Database	Price Transparency	
MEDICAID SERVICES AND IMMIGRANT COVERAGE	Medicaid Administration	Medicaid Covered Services	Medicaid Eligibility	Immigrant Coverage	
CURB EXCESS COSTS IN THE SYSTEM	Premium Rate Review	Hospital Price Regulation	Affordable Coverage	Prescription Drug Pricing	Medicaid Costs
REDUCE COST-SHARING FOR PATIENTS	Prescription Drugs	Behavioral Health	Preventive Care	Maternal and Reproductive Health Care	Cancer Screening and Testing Services

The Health Care Value Hub (“the Hub”) is proud to launch the 2025 Health Care Affordability Policy Snapshot (“Affordability Snapshot”). The Affordability Snapshot provides legislators, consumer advocates, regulators and other interested parties a tool to compare their state’s health policies across other states.

The categories examined in this resource explore a variety of policy options that impact health care affordability. Policies were examined for whether they were active, implemented to a limited degree, or not active as of June 1, 2025. Sources for this information can be found in the downloadable [Data and Source Document](#) available on the [Dashboard](#) page. Definitions and descriptions for each policy category can be found in the Glossary.

The Hub offers online and hands-on support with staff dedicated to understanding health care policy and connecting advocates and other interested parties together to help build a patient-centered, high-value healthcare system. As a research-based organization, the Hub takes a comprehensive approach to improving affordability through policy analysis, translation, visualization, and collaborative engagement. We encourage advocates, legislators, and other stakeholders to share our findings to improve consumer health care affordability across the states.

Address Consolidation and Promote Competition

Consolidation Oversight

Policy	Status as of June 2025	Summary
Transaction Notification Required	 Requires health systems or providers to notify the state of consolidation transactions	The Missouri Attorney General must be notified of any mergers involving nonprofit, public benefit corporations at least twenty days before the transaction is finalized.
Authority to Modify or Reject Consolidation Transactions	 Does not have authority to approve, set conditions, or disapprove consolidation transactions	
Affordability Criteria included in Transaction Review	 Does not include consumer affordability or price growth in review criteria, approval conditions, or both	



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Address Consolidation and Promote Competition

Facility Fees

Policy	Status as of June 2025	Summary
Prohibits Facility Fees	 State does not prohibit providers from charging any facility fees	
Facility Fee Transparency Laws	 State does not require providers to disclose facility fees to consumers, requires off-campus outpatient departments to identify the physical location where care was provided on claims forms, or both	
Limits Cost-Sharing for Facility Fees	 The state has no laws that limit the amount a patient may be billed out-of-pocket for facility fees	



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Address Consolidation and Promote Competition

Anti-Competitive Contract Provisions

Policy	Status as of June 2025	Summary
Restricts All-or-Nothing Contract Provisions	 No law restricting All-or-Nothing contract provisions	
Restricts Anti-Tiering and Anti-Steering Contract Provisions	 No law restricting Anti-Tiering or Anti-Steering contract provisions	
Restricts Physician Noncompete Clauses	 Non-competes for physicians limited by statute	Missouri law allows noncompete agreements only to protect trade secrets or customer relationships, not to restrict general competition, and agreements under one year are presumed reasonable. The state has introduced legislation that would prohibit non-competes for physicians, but the bill have not passed.
Restricts Most-Favored Nation Contract Provisions	 No law restricting Most Favored Nation contract provisions	



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Medical Debt Prevention

Balance Billing and Short-Term Insurance

Policy	Status as of June 2025	Summary
Prohibits Balance Billing for Ground Ambulance Services	Does not prohibit balance billing for out-of-network ground ambulance services	
Prohibits Short-Term, Limited Duration Health Plans	Short-term, limited duration health plans are not prohibited or eliminated	

Medical Debt Prevention

Charity Care and Community Benefit

Policy	Status as of June 2025	Summary
Mandated Hospital Charity Care	✗ State law does not require hospitals to provide free or discounted care to low-income patients	
Hospital Charity Care Screening Requirements	✗ State does not require health care providers to screen patients for Medicaid, Marketplace, or charity care eligibility before collecting payment	
Hospital Charity Care Notification Requirement	✗ State does not require health care providers to notify patients of charity care options before collecting payment	
Hospital Community Benefit Reporting Requirement	● State law requires hospitals to annually report the amount of charity care provided	Hospitals in Missouri are required to report financial data, including information related to charity care, to the Department of Health and Senior Services at least annually.

Medical Debt Prevention

Reducing Financial Consequences

Policy	Status as of June 2025	Summary
Mandates Waiting Prior to Collections	✗ State law does not require a waiting period before sending medical debts to collections	
Limits on Liens or Foreclosures due to Medical Debt	✗ State law does not prohibit initiating a lien or foreclosure to collect medical debt	
Limits Wage Garnishment due to Medical Debt	✗ State law does not exceed federal wage garnishment protections for residents with medical debt	Missouri generally follows the federal minimum standard for wage garnishment protections. However, if the person subject to garnishment is the head of a household, state law increases the protection to 90% of their wages.
Limits on the Amount of Interest Charged to Medical Debt	✗ The state has not enacted a law to limit interest rates for medical debt	

Curb Excess Costs in the System

Premium Rate Review		
Policy	Status as of June 2025	Summary
Effective Rate Review per Centers for Medicare and Medicaid Services (CMS)	Has an effective rate review process	
Authority to Modify or Reject Premium Rate Increases	Does not have the authority to modify or reject premium rate increases	Missouri does not have the authority to approve or deny rate filings in the individual, small group, or large group market. If a proposed rate is found to be excessive, inadequate, unjustified, or unfairly discriminatory, the health carrier may amend its rates, request reconsideration based upon additional information, or implement the proposed rates.
Affordability Criteria Included in Premium Rate Review	Does not incorporate affordability criteria into premium rate review	

Curb Excess Costs in the System

Hospital Price Regulation

Policy	Status as of June 2025	Summary
Medicare Reference-Based Pricing	State does not use reference-based pricing tied to Medicare rates to regulate hospital pricing	
Hospital Global Budgets	State has not implemented hospital global budgets	

Curb Excess Costs in the System

Affordable Coverage

Policy	Status as of June 2025	Summary
Public Option	 State does not offer an active public option insurance plan	
Public Option Includes Provider Participation Mandate	 State does not does not offer a public option, with or without a participation mandate	
Basic Health Plan	 State does not operate a Basic Health Plan	
State-Based Premium Subsidies	 State does not offer supplementary state-funded premium subsidies	

Curb Excess Costs in the System

Prescription Drug Pricing

Policy	Status as of June 2025	Summary
Biologic Substitution Laws: Prescriber Permission Requirements	 State does not require express authorization for biologic substitution	
Biologic Substitution Laws: Prescriber Notification Requirements	 Pharmacists are required to notify prescribers of biologic substitution	Pharmacists in Missouri are required to notify the prescribing physician of a substitution within five business days.
Drug Purchasing Consortium	 State does not participate in a drug purchasing consortium*	
Drug Coupon Prohibitions	 State does not prohibit the use of drug manufacturer coupons*	
Medicaid Managed Care Organization (MCO) Carve Out	 State Medicaid does not carve out any drug classes from their MCO benefits*	
Mandatory Generics in Medicaid Fee-for-Service (FFS)	 Medicaid Fee-for-Service (FFS) programs and pharmacists are required to substitute a generic version of a drug	Missouri has policies or tools to promote mandatory generics.



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Curb Excess Costs in the System

Prescription Drug Pricing		
Policy	Status as of June 2025	Summary
Supplemental Rebate Programs	Medicaid Pharmacy Supplemental Rebate Agreement (SRA) in place	
Drug Rebate Transparency and Reporting Requirements	Pharmacy benefit managers are not required to report rebate data to the state	
Spread Pricing Restrictions	State does not prohibit pharmacy benefit managers from engaging in spread pricing	
Pharmacy Benefit Manager Reimbursement and Clawbacks	State does not prohibit PBMs from retroactively reducing reimbursement to pharmacies (“clawbacks”)	
Cost-Disclosure and Gag Clause Restrictions	State law prohibits gag clauses in pharmacy contracts	
Prohibits Copay Accumulator Programs	State does not prohibit copay accumulator programs	

Curb Excess Costs in the System

Medicaid Costs

Policy	Status as of June 2025	Summary
Medical Loss Ratio Remittances (MLR) for Medicaid Managed Care Population	State requires MLR remittances for its Medicaid managed care population	
Medicaid Site Neutral Payments	State has not enacted Medicaid site neutral payment legislation*	

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Medicaid Services and Immigrant Coverage

Medicaid Administration		
Policy	Status as of June 2025	Summary
Medicaid Managed Care (MCO)	State partners with MCOs to operate their Medicaid program	Missouri MCOs provide coverage to Medicaid recipients in the following programs: MO HealthNet for Families, Children’s Health Insurance Program, MO HealthNet for Kids, MO HealthNet for Pregnant Women, Show Me Healthy Babies, and recipients who are 19 to 64 without disabilities. Additionally, children in or who were in foster care and those in the care and custody of the Department of Social Services are covered by MCOS.
Medicaid Vendor — Eligibility and Enrollment	State contracts with a vendor for Medicaid enrollment or eligibility*	
Integrated Medicaid-Medicare	State does not integrate Medicare-Medicaid to coordinate care for the dually eligible population	

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Medicaid Services and Immigrant Coverage

Medicaid Covered Services

Policy	Status as of June 2025	Summary
Medicaid Coverage for Fertility Services	 State Medicaid program does not cover infertility treatments or fertility preservation services	
Medicaid Coverage for Doula Services	 State Medicaid program actively reimburses for doula services	
Medicaid Coverage for Abortion Care	 State Medicaid program does not cover abortion care in their benefits package	
Medicaid Coverage for Transition-Related Care	 State Medicaid program explicitly excludes coverage of transition-related care for adults	
Medicaid Coverage for Hearing Aids	 State Medicaid program covers hearing aids for some, but not all, adults (see note)	Hearing services are not covered for adults unless they are enrolled in the MO HealthNet for Pregnant Women coverage group.
Medicaid Coverage for Eye Exams and Glasses	 State Medicaid program covers only eye exams or eyeglasses but not both, or biannually or less frequently, or restricts coverage based on age or health condition (see notes)	Exams and glasses covered biannually, with some exceptions.
Medicaid Coverage for Dental Services	 State Medicaid program covers some dental services for adults (see notes)	Missouri Medicaid does not offer coverage for root canals, dentures, or crowns.



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Medicaid Services and Immigrant Coverage

Medicaid Eligibility

Policy	Status as of June 2025	Summary
Medicaid Expansion	 State has expanded Medicaid eligibility to 138% of the federal poverty level (FPL)	
Retroactive Medicaid	 State retroactively extends Medicaid benefits 90 days prior to application date for all adult enrollees	
Adult Medicaid Continuous Eligibility	 State has not authorized 12-month continuous eligibility for non-pregnant adult Medicaid enrollees*	
12-Month Postpartum Coverage	 State has authorized 12-month postpartum Medicaid coverage	
Medicaid Available to People who are Incarcerated	 State has not authorized Medicaid coverage for justice-involved individuals while they are in a correctional setting*	
Medicaid Aged, Blind and Disabled (ABD) Asset Limits	 State has expanded the asset limit for Medicaid for the Elderly and Disabled eligibility beyond \$2,000 for an individual applicant and \$3,000 for joint applicants	Missouri Medicaid has expanded its asset limit to \$6,068 for individual applicants and \$12,137 for joint applicants.
Medicaid Aged, Blind and Disabled (ABD) Life Insurance Exemption	 Life insurance exemption limits do not exceed \$1,500	
Medicaid Aged, Blind and Disabled (ABD) Retirement Account Exemptions	 State does not exempt retirement savings from Medicaid eligibility determinations	



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Medicaid Services and Immigrant Coverage

Immigrant Coverage

Policy	Status as of June 2025	Summary
From Conception to End of Pregnancy (FCEP)	 Covers pregnancy-related services through the CHIP From-Conception-to-End-of-Pregnancy (FCEP) Option, but does not include post-partum coverage	
Immigrant Children without a Five-Year Bar	 State does not offer coverage for lawfully residing immigrant children without a five-year bar	
Pregnant Immigrants without a Five-Year Bar	 Does not offer coverage for lawfully residing pregnant immigrants without a five-year bar	
State-Funded Coverage for Children Regardless of Citizenship Status	 Does not offer coverage for children regardless of immigration status	
State-Funded Coverage for Adults Regardless of Citizenship Status	 Does not offer coverage for adults regardless of immigration status	



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Improve Oversight, Accountability, and Transparency

All-Payer Claims Database

Policy	Status as of June 2025	Summary
Established an All-Payer Claims Database (APCD)	 State has a(n) all-payer or multi-payer claims database	
All-Payer Claims Database (APCD) Operated by the State	 APCD is not operated by the state	Missouri has a voluntary APCD maintained by the Midwest Health Initiative.

Prescription Drug Affordability Board

Policy	Status as of June 2025	Summary
Established Prescription Drug Affordability Board (PDAB)	 The state has not established or passed legislation to establish a prescription drug affordability board	
Prescription Drug Upper Payment Limits	 The state has not established Upper Payment Limits for prescription drugs	



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Improve Oversight, Accountability, and Transparency

Price Transparency

Policy	Status as of June 2025	Summary
Service Cost Price Transparency Tool	 State operates a public-facing price transparency tool that reports chargemaster rates, but not negotiated rates	
Prescription Drug Price Reporting Requirement	 Organizations are not required to report prescription drug price information to a state entity	

Health Care Spending Oversight

Policy	Status as of June 2025	Summary
Health Care Spending Benchmark	 State has not established a health care spending benchmark for providers, insurance carriers, or both	
Authority to Enforce Health Care Spending Benchmark	 State has not established a health care spending benchmark, with or without enforcement mechanisms	
Hospital or Primary Care Spending Oversight Entity	 State does not monitor and report hospital spending, primary care spending, or both	



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Reduce Cost-Sharing for Patients

Reduce Cost-Sharing: Prescription Drugs

Policy	Status as of June 2025	Summary
Waives or Reduces Cost-Sharing for Diabetes Medications	 State has not enacted legislation limiting cost-sharing for insulin, diabetes related equipment, or both	Missouri legislators introduced two bills to cap the consumer cost of insulin in 2025; however, both bills died in committee.
Waives or Reduces Cost-Sharing for Asthma Inhalers	 State has not enacted legislation limiting cost-sharing for asthma inhalers	In 2025, Missouri legislators introduced a bill to cap the cost of diabetes drugs and devices, but the bill died in committee.
Waives or Reduces Cost-Sharing for Epinephrine Auto-Injectors	 State has not enacted legislation to limit cost-sharing for prescription epinephrine auto injector(s)	In 2025, Missouri legislators introduced a bill to cap the cost of epinephrine delivery devices, but the bill died in committee.
Waives or Reduces Cost-Sharing for Specialty Drugs	 State has enacted legislation to limit cost-sharing for specialty drugs	Missouri caps cost-sharing for a 30-day supply of oral anticancer medication at \$75.00, subject to annual adjustments based on changes in the Consumer Price Index.

Reduced Cost-Sharing: Behavioral Health

Policy	Status as of June 2025	Summary
Waives or Reduces Cost-Sharing for an Annual Behavioral Health Office Visit	 State does not require private insurers to cover at least one annual mental health wellness exam without cost-sharing	



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Reduce Cost-Sharing for Patients

Reduced Cost-Sharing: Preventive Care

Policy	Status as of June 2025	Summary
Waives Cost-Sharing for Preventive Services Recommended by the U.S. Preventive Services Task Force (USPSTF)	 State does not mandate private insurers cover USPSTF recommended preventive services without cost-sharing	

Reduced Cost-Sharing: Maternal and Reproductive Health Care

Policy	Status as of June 2025	Summary
Individual and Small Group Health Plans Required to Cover Fertility Treatment	 The state requires individual and small group health plans to offer coverage for in-vitro fertilization alone or in addition to fertility preservation services	Missouri requires state employee insurance policies (PPO 750 Plan, PPO 1250 Plan, and Health Savings Account Plan) to provide coverage for fertility preservation for patients undergoing medical treatments that may cause iatrogenic infertility and coverage for 2 cycles of in-vitro fertilization for those diagnosed with infertility.
Individual and Small Group Health Plans Required to Cover Doula Services	 State does not require private health insurers to cover doula services for enrollees	
Individual and Small Group Health Plans Required to Cover Abortion Services	 The state does not require individual and small group health plans to cover abortion services	



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Reduce Cost-Sharing for Patients

Reduced Cost-Sharing: Cancer Screening and Testing Services

Policy	Status as of June 2025	Summary
Waives or Reduces Cost-Sharing for Colorectal Cancer Screenings	 State law requires insurers to cover colorectal cancer screening but allows cost-sharing	
Waives or Reduces Cost-Sharing for Follow-Up Colorectal Cancer Screening Exams	 State law does not require coverage or waive cost-sharing for follow-up colorectal cancer screening exams	
Waives or Reduces Cost-Sharing for Lung Cancer Screenings	 State law does not require coverage or waive cost-sharing for lung cancer screening exams*	

Reduce Cost-Sharing for Patients

Reduced Cost-Sharing: Cancer Screening and Testing Services

Policy	Status as of June 2025	Summary
Waives or Reduces Cost-Sharing for Cervical Cancer Screenings	State law requires insurers to cover cervical cancer screening but allows cost-sharing	
Waives or Reduces Cost-Sharing for Breast Cancer Screenings	State law requires insurers to cover breast cancer screening with no cost-sharing	
Waives or Reduces Cost-Sharing for Supplementary Breast Cancer Screenings	State law requires insurers to cover supplementary breast cancer screening with no cost-sharing	



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Reduce Cost-Sharing for Patients

Reduced Cost-Sharing: Cancer Screening and Testing Services

Policy	Status as of June 2025	Summary
Waives or Reduces Cost-Sharing for Prostate Cancer Screenings	 State law requires insurers to cover prostate cancer screening but allows cost-sharing	
Waives or Reduces Cost-Sharing for Ovarian Cancer Screening	 State law does not require coverage or waive cost-sharing for ovarian cancer screening exams	Legislation that would require health insurance carriers in Missouri to cover genetic testing for genes which are associated with an increased risk of ovarian cancer was introduced in 2025, but the bills died in committee.
Waives or Reduces Cost-Sharing for Biomarker Testing for Cancer	 State does not require coverage or waive cost-sharing for biomarker testing	