



JACKSON  
COUNTY  
PUBLIC  
HEALTH

2025

# Missouri Legislative Priorities

COMMUNITY ENGAGEMENT & POLICY DIVISION

# Support Public Health Funding & Capacity

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## Fully Fund DHSS Budget Request, Including Funds For LPHs

In 2021, Missouri ranked 50th in the nation for state per capita public health funding. The state of Missouri allocated only \$7 per person for public health expenditures, lower than any other state in the nation, and only half the amount of the next highest state (Nevada, \$14 per person) (State Health Access Data Assistance Center, 2022).

Insufficient and unstable funding makes it challenging for state and local public health departments to attract, retain, and train employees to build on their capacity. A recent study from the de Beaumont Foundation found that state and local public health departments need an 80% increase in their workforce to provide a minimum set of public health services (de Beaumont, 2021). In fact, only 28% of local health departments nationwide had an epidemiologist or statistician on staff before the COVID-19 pandemic (Weber et al., 2020).

State and local officials must prioritize public health as an essential service and allocate the funding necessary to ensure it can perform its fundamental services. The General Assembly should fully fund DHSS's budget request as Missouri public health agencies continue to combat COVID-19 and its enduring effects on our communities.

## Preserve Evidence Based Vaccine Requirements for School Admission

The Advisory Committee on Immunization Practices (ACIP) recommends vaccine schedules for children, and currently recommends children be immunized against 16 different vaccine preventable diseases (VPD) by the age of six. All 50 states currently require specific vaccines before children can attend school. Forty-four states allow religious exemptions, and 15 states also allow philosophical or conscientious exemptions (Skinner, 2017). Missouri currently allows religious exemptions but not personal belief or conscientious objections; however, legislation has consistently been introduced in recent years to expand allowable vaccine exemptions.

Over the past 20 years, rates of nonmedical exemptions have risen in the US (Phadke et al., 2016). The higher the rate of vaccine exemptions in a community, the more susceptible that community is to disease outbreaks. Measles, for example, is so contagious it requires a 95% vaccination rate to reach herd immunity. A review of measles outbreaks in the United States found that the majority of cases (56.8%) were individuals with no history of receiving a measles (MMR) vaccine (Phadke et al., 2016).

The COVID-19 pandemic exacerbated gaps in vaccination coverage. In the 2020-2021 school year, the nationwide vaccine rate for kindergarteners was 94% for MMR, DTaP, and varicella vaccines, falling just below the target of 95% coverage (Seither et al., 2022). Jackson County has seen a similar trend, with the average vaccination rate for kindergarteners falling from 91.75% in the 2020-2021 school year to only 86.9% in the 2021-2022 school year for MMR, DTaP, and varicella vaccines.

Vaccine requirements for school admission are an important safety net for children who cannot receive certain vaccines because of medical conditions or children who may have missed or fallen behind on their immunizations. Because they are required for admission, immunizations are offered even if the parent or guardian is unable to pay. School requirements increase the likelihood that all communities in Missouri will achieve vaccination rates that will keep them from becoming susceptible to outbreaks.

## **Establish Comprehensive Demographic Data Standards**

A standardized process for collecting comprehensive demographic data across clinics, hospitals, labs, and health departments is crucial for enabling all patients to achieve optimal health outcomes (Berg, 2018). Gathering such data can help identify gaps in care for specific populations, promote culturally competent care, and highlight health disparities. While health-care professionals already collect some demographic data in various settings, implementing a standardized and comprehensive list of data points would lead to a robust amount of data for evaluation purposes.

Standardization of data collection practices improves accuracy, and decreases the proportion of patients identifying as “unknown” or “other” demographic categories. For example, an environmental scan of 37 state policies found that only 3 states require hospitals to report patient sexual orientation and only 2 require gender identity, while 10 states conflate “sex” and “gender” categories or do not collect this data separately. Similarly, while 34 of the included states require hospitals to report race data, only 5 states use the Office of Management and Budget (OMB) categories (Pick et al., 2024).

State legislation setting comprehensive standards would ensure uniform data reporting and collection. The Missouri Department of Health and Senior Services would be responsible for collecting, maintaining, and making this demographic data publicly available. This resource would empower healthcare systems, local health departments, social service agencies, and others to develop targeted interventions, offer appropriate language assistance services, and assess whether their services are effectively reaching the populations with the greatest need.



# Support Missouri Families

## Provide a childcare tax credits for businesses, providers, and families

In Missouri, nearly half of all children aged five and under find themselves in a childcare desert, according to a 2023 investigation (Bates & Bergin, 2023). A childcare desert refers to an area where the demand for childcare exceeds availability, and is defined as a jurisdiction where there are more than three children ages five and under for every licensed childcare slot, or there are no licensed slots at all.

According to Census data compiled by Jackson County Public Health, half of eastern Jackson County's population lives in a childcare desert (U.S. Census Bureau, 2022). The city with the highest ratio of children ages five and under to childcare slots was Grandview with a ratio of nine children to available slots. Additionally, Lone Jack, Sibley, Sugar Creek, and Lake Lotawana were identified as cities with no licensed slots at all.

The scarcity of available childcare slots isn't the only obstacle; the financial burden on families can be equally daunting. Childcare costs, particularly for infant care, often rival monthly mortgage or rent payments, significantly impacting a family's take-home income. For childcare to be considered affordable, it should constitute no more than 7% of a household's income. In Missouri, two-parent households are spending an average of 11% of their income on childcare, while single-parent households bear an even heavier burden, spending an average of 36% (Childcare Aware of America, 2021).

The repercussions of these childcare access and affordability challenges are far-reaching, extending to the workforce. A 2021 report from the Missouri Chamber revealed that 61% of surveyed parents reported missing work due to childcare issues.

City	Childcare Desert Score	Licensed Childcare Desert?
Blue Springs	3.22	Yes
Buckner	6.15	Yes
Grain Valley	1.88	No
Grandview	9.45	Yes
Greenwood	3.11	Yes
Lake Lotawana	No Facilities	Yes
Lake Tapawingo	No Facilities	No
Lee's Summit	2.32	No
Levasy	No Facilities	No
Lone Jack	No Facilities	Yes
Oak Grove	2.32	No
Raytown	4.52	Yes
Sibley	No Facilities	Yes
Sugar Creek	No Facilities	Yes
Unity Village	No Facilities	No

↑ **Table 1.** The Childcare Desert Score shows the number of children ages 5 and under per licensed childcare slot. While parents may seek childcare outside of the city they reside in, if neighboring cities are also deserts there may still be issues with availability. Lake Tapawingo, Levasy, and Unity Village are not considered Childcare Deserts because their population of children ages five and under is less than 50.

**Source:** Missouri Department of Health and Senior Services compiles a list of licensed childcare providers and their total capacity. U.S. Census Bureau estimates for total population under five were compiled for each city.

Furthermore, 28% of respondents noted that someone in their household had either left a job or opted not to take one due to childcare-related challenges (U.S. Chamber of Commerce Foundation).

At the same time, childcare workers in Missouri are paid a mean hourly wage of \$13.50, which falls below the amount they might make at many entry-level jobs (Bureau of Labor Statistics, 2023). This low wage contributes to the persistent struggle of childcare providers to attract and retain qualified staff; however, a wage increase poses a dilemma, as it could translate to additional financial burdens for parents already allocating a substantial portion of their income to childcare. Addressing this complex issue requires a commitment to public investment in childcare infrastructure. By doing so, Missouri can help families secure access to high-quality childcare for their children, empowering parents to confidently participate in the workforce knowing that their child's health and well-being is a priority.

### **Establish a Restaurant Meals Program for Missouri SNAP recipients**

The United States Department of Agriculture (USDA) allows states to opt into its Restaurant Meals Program, designed for certain Supplemental Nutrition Assistance Program (SNAP) recipients. The Restaurant Meals Program allows SNAP recipients who are elderly, disabled, or unhoused to buy prepared meals at restaurants or grocery stores with their SNAP benefits. To take part, restaurants must apply and be approved by the program. As of 2024, only nine states have opted to join the Restaurant Meals Program (USDA, 2024). While legislative efforts to bring Missouri into this program have been introduced since 2022, none have yet been successful.

Currently, Missouri SNAP supports over 675,000 Missourians (Woody, 2024). An estimated 186,000 households in Missouri would qualify for the Restaurant Meals Program, benefiting individuals who face challenges such as physical limitations in food preparation, lack of access to cooking facilities, or insufficient means for safe food storage (Muckerman, 2023). By adopting the Restaurant Meals Program, Missouri could enhance food accessibility for these recipients and help reduce food insecurity without a significant increase in SNAP expenses.

### **Require Healthcare Providers to Screen Perinatal and Postpartum Women for Mental Health Conditions**

Maternal mental health conditions are the most common pregnancy complication in the United States (Maternal Mental Health Leadership Alliance [MMHLA], 2023). In Missouri, mental health conditions, including depression and substance use disorders, are the leading cause of maternal mortality. According to a recent report from Missouri DHSS and the Pregnancy-Associated Mortality Review (PAMR) Board, all maternal deaths resulting from mental health conditions in 2017 – 2019 were considered preventable (Missouri Department of Health and Senior Services [MDHSS], 2022). As a result, the PAMR Boards' top recommendation for preventing deaths due to maternal mental health conditions was assessment. The Board recommends all providers conduct screenings for depression, anxiety, and substance use disorder, and refer patients to appropriate providers such as mental health professionals, social workers, and substance use disorder treatment programs.

Studies have shown that screening mandates can be an effective way to motivate healthcare systems to adopt routine screening practices. Currently, five states in the U.S. mandate screening for maternal mental health conditions during the perinatal and postpartum period. Illinois is the only state which aligns its requirements with the American College of Obstetricians and Gynecology (ACOG) screening guidelines (Tabb et al., 2024). ACOG recommends using standardized and validated screening tools to assess mental health during the initial prenatal visit, again later in pregnancy, and during postpartum checkups (ACOG, 2023). Missouri could benefit from similar legislation mandating healthcare providers involved in prenatal, labor and delivery, and postpartum care to follow ACOG's screening recommendations. While similar bills have been introduced in Missouri in previous legislative sessions, they were not advanced to committee review.

# Increase Access to Harm Reduction Strategies

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## Ensure High Risk Populations Have Access to Naloxone

The combination of Missouri's standing order and increased federal funding for naloxone distribution in recent years has led to increased availability of naloxone in Missouri. To better target high risk individuals, Missouri could expand on its standing order. One approach is to expand naloxone availability in schools. Missouri, through its statewide standing order, allows schools to possess naloxone (DHSS, n.d.). Some states, however, explicitly authorize or even mandate schools to have naloxone on site. Some states go even further by requiring staff and students to be trained on naloxone administration (Legislative Analysis and Public Policy Association [LAPPA], 2023). A bill introduced in the 2024 Missouri legislative session would have required high schools in Missouri to train students and employees on the administration of naloxone, but it did not receive a committee assignment (Missouri 102nd General Assembly, 2024). Mandating that schools maintain a supply of naloxone and training teachers and staff to administer it could greatly enhance the response to potential overdoses and help save lives.

## Legalize Syringe Service Programs

Syringe service programs (SSPs) are prevention programs that can provide access to and disposal of sterile syringes and injection equipment, as well as testing and linkage to infectious disease care and substance use treatment. Research conducted over the last 30 years by the National Institutes on Drug Abuse, the CDC, and others have shown that these programs are safe, effective, and cost-saving ways of preventing HIV transmission and other blood-borne diseases including hepatitis B and HCV (CDC, 2019).

In states like Missouri, where these programs are illegal, people who use injection drugs (PWID) are more likely to obtain syringes from unsafe sources and engage in risky injecting behaviors like reusing or sharing needles. One study found that PWID who lived in a state where SSPs are illegal were 3 times more likely to test seropositive for HIV than those who lived in a state where SSPs were legal (Neaigus et al., 2008). In Jackson County, there were 20.1 HIV diagnoses per 100,000 people in 2021, an increase from 2019 and 2020. This rate was higher than both the state of Missouri (10.6) and the United States overall (12.7) (CDC NCHSTP, 2023).

In addition to reducing the risk of transmission of blood-borne diseases, many SSPs offer a crucial intervention point for access to other services, such as naloxone distribution, HIV and HCV testing, and referrals for substance use treatment and other healthcare (CDC, 2019).

# References

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- Bates, C., & Bergin, D. (2023, April 26). Missouri child care deserts include nearly half of kids 5 and under, new data shows. The Missouri Independent. <https://missouriindependent.com/2023/04/26/missouri-child-care-deserts-now-include-nearly-half-of-kids-5-and-under/>
- Berg, S. (2018). Improve health equity by collecting patient demographic data. American Medical Association. <https://www.ama-assn.org/delivering-care/population-care/improve-health-equity-collecting-patient-demographic-data>
- Binswanger, I. A., Blatchford, P. J., Mueller, S. R., & Stern, M. F. (2013). Mortality after prison release: opioid overdose and other causes of death, risk factors, and time trends from 1999 to 2009. *Annals of Internal Medicine*, 159(9), 592–600. <https://doi.org/10.7326/0003-4819-159-9-201311050-00005>
- Bureau of Labor Statistics. (2023, April). Occupational employment and wage statistics, May 2022. <https://www.bls.gov/oes/current/oes399011.htm>
- CDC National Center for HIV, Viral Hepatitis, STD, and TB Prevention. (2023). Rate of confirmed HIV diagnoses per 100,000 people in 2021. Division of HIV Prevention. <https://www.cdc.gov/nchhstp>
- Centers for Disease Control and Prevention. (2019). Summary of information on the safety and effectiveness of syringe services programs (SSPs). <https://www.cdc.gov/ssp/syringe-services-programsummary.html>
- Childcare Aware of America. (2021). Catalyzing Growth: Using data to change child care. <https://www.childcareaware.org/catalyzing-growth-using-data-to-change-child-care/#ChildCareAffordability>
- de Beaumont Foundation. (2021). Staffing up: Workforce levels needed to provide basic public health services for all Americans. <https://debeaumont.org/wp-content/uploads/2021/10/Staffing-Up-FINAL.pdf>
- Legislative Analysis and Public Policy Association. (2023). Naloxone access: Summary of state laws. <https://legislativeanalysis.org/wp-content/uploads/2023/02/Naloxone-Access-Summary-of-State-Laws.pdf>
- Muckerman, B. (2023). Missouri Senate weighs allowing food stamp recipients to use benefits at restaurants. The Missouri Independent <https://missouriindependent.com/briefs/missouri-senate-weighs-allowing-food-stamp-recipients-use-benefits-at-restaurants/>
- Maternal Mental Health Leadership Alliance. (2023). Key facts: Maternal mental health (MMH) conditions. <https://static1.squarespace.com/static/637b72cb2e3c555fa412eaf0/t/66cdafb417396938445082a0/1724755892680/Maternal+Mental+Health+Overview+Fact+Sheet++MMHLA++Nov+2023.pdf>
- Missouri Department of Health and Senior Services. (2022). A multi-year look at maternal mortality in Missouri, 2017-2019 pregnancy-associated mortality review. <https://health.mo.gov/data/pamr/pdf/2019-annual-report.pdf>
- Missouri Department of Health and Senior Services. (n.d.). Naloxone Toolkit. <https://health.mo.gov/living/families/schoolhealth/pdf/naloxone-toolkit.pdf>
- Missouri 102nd General Assembly. (2024). House Bill 1852 (HB 1852). <https://house.mo.gov/BillContent.aspx?bill=HB1852&year=2024&code=R&style=new>

- Pick, M., Crane, C., & Lahr, M. (2024). State requirements for demographic data reporting upon hospital discharge: An overview for State Flex Programs. Flex Monitoring Team. [https://www.flexmonitoring.org/sites/flexmonitoring.umn.edu/files/media/state\\_requirements\\_for\\_demo\\_data\\_reporting.pdf](https://www.flexmonitoring.org/sites/flexmonitoring.umn.edu/files/media/state_requirements_for_demo_data_reporting.pdf)
- Phadke, V., Bednarczyk, R., Salmon, D., & Omer, S. (2016). Association between vaccine refusal and vaccine-preventable diseases in the United States: A review of measles and pertussis. *Journal of the American Medical Association*, 315(11), 1149-1158. doi:10.1001/jama.2016.1353
- Seither, R., Laury, J., Mugerwa-Kasujja, A., Knighton, C., & Black, C. (2022). Vaccination coverage with selected vaccines and exemption rates among children in kindergarten – United States, 2020-21 school year. *Centers for Disease Control and Prevention Morbidity and Mortality Weekly Report*, 71(16). [https://www.cdc.gov/mmwr/volumes/71/wr/mm7116a1.htm?s\\_cid=mm7116a1\\_w](https://www.cdc.gov/mmwr/volumes/71/wr/mm7116a1.htm?s_cid=mm7116a1_w)
- Skinner, E. (2017) State vaccination policies: Requirements and exemptions for entering school. *National Conference of State Legislatures LegisBrief*, 25(48). <https://www.ncsl.org/research/health/state-vaccination-policies-requirements-and-exemptions-forentering-school.aspx>
- State Health Access Data Assistance Center. (2022). Analysis of per person state public health funding. University of Minnesota. <https://statehealthcompare.shadac.org>
- Tabb, K., Hsieh, W., Ramirez, X., Kopels, S. (2024). State legislations and policies to improve perinatal mental health: A policy review and analysis of the state of Illinois. *Frontiers in Psychiatry*, 15. doi: 10.3389/fpsy.2024.1347382
- The American College of Obstetricians and Gynecologists [ACOG]. (2023). Screening and diagnosis of mental health conditions during pregnancy and postpartum. <https://www.acog.org/clinical/clinical-guidance/clinical-practice-guideline/articles/2023/06/screening-and-diagnosis-of-mental-health-conditions-during-pregnancy-and-postpartum>
- U.S. Census Bureau. (2022). Total population under five census tract estimates, compared to total childcare slots. [Unpublished raw data].
- U.S. Chamber of Commerce Foundation. (2021). Untapped potential in MO: How childcare impacts Missouri's workforce productivity and the state economy. [https://chamber-foundation.files.svdcdn.com/production/documents/EarlyEd\\_MISSOURI\\_2021\\_DIGITAL.pdf?dm=1694110497](https://chamber-foundation.files.svdcdn.com/production/documents/EarlyEd_MISSOURI_2021_DIGITAL.pdf?dm=1694110497)
- United States Department of Agriculture (USDA). (2024). Restaurant Meals Program. <https://www.fns.usda.gov/snap/retailer/restaurant-meals-program>
- Weber, L., Ungar, L., Smith, M.R., Recht, H., & Barry-Jester, A.M. (2020, July 1). Hollowed-out public health system faces more cuts amid virus. *The Associated Press*. <https://khn.org/news/us-public-health-system-underfunded-under-threat-faces-more-cuts-amid-covid-pandemic/>
- Woody, C. (2024). Program Would Make Healthy Meals Accessible to More SNAP Participants. Empower Missouri. <https://empowermissouri.org/restaurant-meals-program>



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