



MO ACP SUPPORTS ESTABLISHING A GOLD CARDING SYSTEM TO EASE PRIOR AUTHORIZATION BURDENS

SUPPORT SB 897 (B. Brown) & HB 3010 (Stinnett) & HB 1675 (Seitz) - Prior authorization is a common practice of health insurers in which physicians must first secure approval before moving forward with a patient's medications, tests, or procedures to ensure the insurer covers that care. This practice involves paperwork and phone calls, as well as varying data elements and submission mechanisms that can force physicians to enter unnecessary data in electronic health records (EHRs) or perform duplicative tasks outside of the clinical workflow.

- **What patients experience from delays in prior authorization:**
 - 80% of physicians from the AMA study said patients abandoned their recommended course of treatment either sometimes or more often.
 - 33% of physicians had seen a prior authorization requirement lead to a serious adverse event for a patient, including 25% who reported prior authorization leading to a patient's hospitalization.
 - 89% of respondents perceived prior authorization to have a somewhat or significantly negative impact on patient clinical outcomes.
- We ask that you **VOTE YES on SB 897 & HB 3010 & HB 1675** to help ease the burden and costs created by prior authorization.

MO ACP SUPPORTS PHYSICIAN TRUTH IN ADVERTISING

MO ACP asks that you **SUPPORT HB 2556 (Loy) & SB 1254 (Nicola)**

- Patients are often confused about who is providing their care. Is it a medical doctor (MD or DO) or a non-physician clinician (Nurse Practitioner [NP], Physician Assistant [PA], Assistant Physician [AP], Advanced Practice Register Nurse [APRN])?
- Additionally, some non-physician clinician who have received a doctorate degree, not a Doctor of Medicine or Doctor of Osteopathic Medicine degree, will call themselves doctor. This is especially confusing for patients who don't know the difference or don't have access to the clinician's credentials.
- An AMA Scope of Practice study showed that only around half of respondents felt it was easy to tell if the person providing their care was a physician or a non-physician clinician.
- We ask that you **VOTE YES ON HB 2556 and SB 1254**, which will establish guidelines for all medical professionals to display their credentials and capabilities, allowing patients to make informed choices about their healthcare.

MO ACP OPPOSES WORK REQUIREMENTS FOR MO HEALTHNET PARTICIPANTS

MO ACP asks that you **OPPOSE HCS HJR154 (Chappell) and SJR108 (Hudson)**

- The implementation of work requirements has been shown to increase the administrative burdens and costs, diverting funds from patient care to administrative staff, new systems, and compliance monitoring. (US Government Accountability Office Report, Sept. 2025, <https://www.gao.gov/assets/gao-25-108160.pdf>)
- For Missouri, implementation costs are projected at approximately \$131 million in the first year, with an estimated 130,000 individuals losing Medicaid coverage over ten years.
- Medicaid enrollees are already working. In 2023, nearly two-thirds of adults aged 19-64 covered by Medicaid were working, and nearly 3 in 10 were not working because of caregiving responsibilities, illness or disability, or due to school attendance. (Understanding the Intersection of Medicaid and

Work: An Update; May 2025, Kaiser Family Foundation, <https://www.kff.org/medicaid/understanding-the-intersection-of-medicare-and-work-an-update/#4661e386-74bf-4324-877f-f3b4f941bca0>)

- For clinicians and health systems, coverage churn resulting from work requirements disrupts continuity of care, worsens management of chronic conditions, and increases avoidable emergency department use and uncompensated care. These effects shift costs to hospitals, clinics, and patients without improving workforce participation.
- Missouri's administrative capacity further heightens these concerns. The state has consistently struggled to meet federal Medicaid processing timelines, with periods where 50–72% of applications exceeded the 45-day federal requirement. These administrative failures have resulted in violations of federal Medicaid requirements and ongoing scrutiny from the Centers for Medicare & Medicaid Services.
- Missouri ACP asks that you **VOTE NO ON HCS HJR154** and **SJR108**