

Health policy & advocacy

MAOPS STUDENT CHAPTER NEWSLETTER



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Kansas City Community Health Improvement Plan (CHIP)

01

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The Kansas City Health Commission has recently partnered with the city to implement its Community Health Improvement Plan (CHIP) over the next four years. The city itself has a history of disinvestment across neighborhoods that is reflected across present day health disparities. For both current and future healthcare workers in the area, understanding the policies' priorities and implications provide better insight into influences of health among Kansas City residents. CHIP focuses on improving three health challenges: chronic disease, substance use disorder and encouraging community connection and belonging. Initially, the organization will assess these prevalent community health issues through a data-driven approach that combines recent health surveys with engagement from residents to understand what is and isn't working for them, eventually translating these findings into actionable policies that address the community's unique challenges.

The first health challenge addressed by the CHIP is chronic disease. The outlined policy reports Kansas City having higher city rates than national averages of chronic conditions including diabetes, hypertension, obesity, coronary heart disease, and COPD. Some strategies outlined to reduce the prevalence of these conditions include providing chronic disease management classes, encouraging workplace wellness programs, creating opportunities for physical activity, and improving infrastructure that supports walking and biking. These efforts are aimed at addressing particular disparities in ZIP codes identified through historic defunding.

Whether chronic disease results from improper education or lack of accessibility for an individual, CHIP intends to look beyond individual health choices under the premise that a person's environment influences their health and aims to turn community policy into a form of preventative medicine.

The second health challenge addressed by CHIP is substance use disorder. Substance use disorder remains a significant public health challenge in Kansas City, affecting individuals, families, and entire neighborhoods. In 2023 alone, nearly 2,500 emergency department visits were related to drug overdoses, averaging approximately six visits every day. Even more concerning, fentanyl-related emergency visits increased by nearly 50% in just one year, rising from 182 cases in 2022 to 272 in 2023. These numbers represent more than hospital visits, reflecting people experiencing moments of crisis that can have lasting effects on their health, families, finances, and communities. The 2026–2029 Community Health Improvement Plan recognizes these encounters as critical opportunities to connect individuals with care and support. The improvement plan focuses on strengthening prevention, expanding access to treatment and recovery resources, improving coordination among community partners and healthcare systems, and reducing the stigma that can prevent people from seeking help. By using emergency encounters as points of connection and investing in earlier intervention, Kansas City aims to build a more responsive continuum of care that supports

Kansas City Community Health Improvement Plan (CHIP)

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recovery, reduces preventable harm, and addresses substance use disorder as a community health issue. Kansas City's 2024 Mental Health Survey also found that slightly more than half of residents reported medium or high levels of social loneliness, meaning that many Kansas City residents actually lack the broader networks of neighbors, friends, and family that help them feel supported and valued in their own communities. Connection influences how people cope with challenges or recover from difficult experiences, which can contribute to their physical and emotional health. When people feel that they belong, they are more likely to have meaningful sources of support and a stronger sense of community. The 2026–2029 Community Health Improvement Plan identifies Connection & Belonging as a community health priority, with improvement efforts focused on creating more opportunities for residents to build relationships, strengthening connections among individuals and community organizations, and making community spaces and activities more welcoming and accessible. Kansas City's approach recognizes that healthier communities are built when people have meaningful opportunities to connect, participate, and feel that they belong. By investing in stronger social networks and community connections, the plan aims to create a Kansas City where residents feel supported and valued by the communities around them.

Ultimately, the Community Health Improvement Plan demonstrates that improving health in Kansas City requires looking beyond the walls of a hospital or clinic. Chronic disease, substance use disorder, and

connection and belonging are interconnected challenges shaped by access to resources, neighborhood conditions, social support, and opportunities for prevention. The work outlined in the CHIP is intended to lay the foundation for a longer-term effort through Live Well KC, a collective impact initiative that will bring government, healthcare systems, community organizations, schools, businesses, faith communities, neighborhood groups, and residents together around shared health goals, measures, and action. Over the next four years, the Health Commission plans to continue using community feedback and data to evaluate progress and adjust strategies, while building the partnerships needed for lasting change. The plan also acknowledges that its goals cannot be achieved by the Health Department alone, especially given the limited public health funding and the city's financial constraints. Instead, its future depends on organizations and residents across Kansas City contributing their existing strengths and developing new collaborations. As Live Well KC moves toward its official launch and CHIP strategies get underway, the initiative offers an opportunity to turn community health from an individual responsibility into a shared commitment. For current and future healthcare workers, understanding this approach is essential because the health of Kansas City residents will ultimately be shaped by the communities, policies, relationships, and resources that surround patients every day.

Crisis Pregnancy Centers in Missouri

02

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CPCs, or Crisis Pregnancy Centers, are facilities that advertise themselves as reproductive health care clinics that provide care for pregnant individuals but instead attempt to dissuade those individuals from accessing certain aspects of reproductive health care such as abortion care and even contraceptive options according to ACOG. Individuals employed at such centers are not obligated to share accurate information with pregnant individuals and are not bound by law to maintain patient confidentiality. Many of these centers will utilize data that does not have to be verified to intimidate patients who contact them seeking reproductive care. Many centers do not explicitly state their lack of certain care aspects, causing confusion for many patients attempting to receive reproductive health care. Many of these centers report that their target audience are people of color, young individuals, and those who are struggling to afford reproductive health care.

In Missouri, there are currently 92 CPC's listed on crisispregnancycentermap.com. Many of these have names that make it unclear what services are provided at their clinic, making it difficult for resource-limited individuals to glean what care they will receive. Clinics are spread throughout Missouri with high concentrations in urban areas that may have more individuals that have difficulty affording or finding reproductive care organizations that align with their needs.

Since the overturning of *Roe v. Wade* in 2022, support for CPCs in Missouri has been steadily growing. Funding through the Temporary Assistance for Needy Families (TANF) program has increased substantially, rising from \$4.3 million in 2022 to \$10.3 million in 2026.² Legislative efforts have also been proposed to expand funding. One recent example includes House Bill 1785 (HB 1785), which

proposed increasing tax credit for donation to CPCs from 70% to 100%.³ The bill was referred to the House Ways and Means Committee but did not advance beyond that stage during the 2026 legislative session. This proposal follows previous legislation supporting tax incentives and comes amid the passing of Amendment 3 in November of 2024 which guaranteed the right to abortion and other reproductive health decisions in Missouri. Regardless of legislation surrounding tax credits for funding, Missouri remains among national leaders for spending on crisis pregnancy centers.⁴



Tickborne Illness Provisions - HB 2372

03

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Tickborne Illnesses in Missouri

Tickborne illnesses are relatively common nation-wide, but in Missouri, the number of reported instances are extremely high. Perhaps the most likely reason for this phenomenon is the increased presence of disease-carrying ticks in our rural areas, lone star ticks and blacklegged/deer ticks in particular.

The Diseases Themselves

Lone star ticks (*Amblyomma americanum*) are known for causing Alpha-Gal Syndrome, an allergic reaction-like condition leading to an intolerance to red meat caused by alpha-gal, which is a molecule transmitted from these ticks during prolonged attachment. *Borrelia burgdorferi*, the bacteria responsible for Lyme Disease, is carried by blacklegged/deer ticks and is transmitted the same way. Both of these diseases have caught national and state-wide attention in recent years, and the Missouri State Government is doing something about it.

New Reporting Guidelines

On July 13, 2026, Missouri House Bill 2372 was signed into law by Governor Kehoe and took effect on August 26th. Its provisions included new guidelines for reporting cases of Lyme Disease and Alpha-Gal Syndrome, aimed at recognizing the incidence and prevalence of each disease in the state. Confirmed or suspected cases of both

Alpha-Gal Syndrome and Lyme Disease are now to be reported to the Department of Health and Senior Services (DHSS), who will then conduct a thorough review of each case to determine if they meet the standards for these diseases as set by the Centers for Disease Control (CDC). By the end of each year, the DHSS must make a report to the CDC detailing its findings on the incidence and prevalence of Lyme Disease and Alpha-Gal Syndrome in Missouri for the year.

Effect of HB 2372 on Missouri's Communities

Missouri's rural communities, particularly the community surrounding ATSU-KCOM in Northeast Missouri, are hotspots for both Lyme Disease and Alpha-Gal Syndrome. With the new House Bill 2372's provisions in effect, higher rates of reporting to the DHSS and CDC will hopefully give both the government and our healthcare systems a better picture of the prevalence of these diseases in our community, which could lead to an increase in our treatment resources and prevention capabilities. This bill can be viewed as a positive step forward in the overall recognition of our community's health concerns and our state government's willingness to provide support.

04 / CLINICAL AI

Who's Responsible When the Algorithm Is Wrong? A Missouri View

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AI is already in the exam room, but Missouri's rules haven't caught up. The FDA is seeking public feedback on how to regulate generative AI medical devices, with a deadline of October 19, 2026, however, Missouri has no state-level equivalent yet.

Lawmakers took up AI this year, but the 2026 session ended without a comprehensive framework. SB 1012 would have been Missouri's first attempt at one, including assigning human liability for harm caused by AI. A separate bill that would have barred AI developers from advertising chatbots as mental health therapy also failed to pass. Other states have acted on how insurers use AI, but no Missouri law is doing the same.

With no Missouri statute on clinical AI, ordinary malpractice principles apply. No federal law shifts malpractice liability from a clinician to an AI tool or its developer. In practice, the physician who signs off owns the decision.

In 2025, the Missouri State Medical Association adopted a resolution supporting requirements that AI used in health care disclose its capabilities and limitations, which sets up a likely push in the next session.

Many of us will train and practice in Missouri, including its rural communities, where AI tools may expand access. Understanding where responsibility sits, and documenting how AI informs our decisions, is part of being a competent physician.

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