

MISSOURI

Minor Consent and Confidentiality

A Compendium of State and Federal Laws

National Center
for Youth Law

teenhealthlaw.org/compendium

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National Center for Youth Law

The National Center for Youth Law (NCYL) is a national, non-profit advocacy organization that has fought to protect the rights of children and youth for more than fifty years. Headquartered in Oakland, California, NCYL leads high impact campaigns that weave together litigation, research, policy development, and technical assistance.

What this compendium is:

This is a compendium of laws that may be relevant when minors wish to access certain types of sensitive health care and/or wish to access care on their own consent. Each state compendium begins with a chart entitled “quick guide.” The topics listed in the quick guide represent the categories of laws most frequently identified across all states. A circle next to a particular category signifies that a relevant state or federal law was found. Where a law was found, those laws are described in the “summary” section. Each state’s compendium ends with a list of resources, including links to a series of Appendices that delve deeper into key topics.

What this compendium is not:

This is not a comprehensive guide to all consent, confidentiality, and disclosure laws in any state. For example, the compendium does not include all laws that allow or require parents or persons acting *in loco parentis* to consent to care. Nor does it summarize disclosure laws that may allow or require disclosure of health information for mandated child abuse or public health reporting.

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Disclaimer

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Quick Guide

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- S** Good Faith Reliance/Immunity from Liability
- S** Minor Parent, Consent for Child's Care
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Key

- S** State law found⁴
- F** Federal/other law may apply

¹ The information in this chapter represents the state of the law as of May 2024 after a diligent search of statutes, regulations, case law, and guidance.

² This chapter does not address all the consent and confidentiality rules that may apply when minors are in special care situations such as living with a relative, in federal or state custody, or under court jurisdiction (including dependency, delinquency, or immigration custody).

³ This category includes parental involvement laws.

⁴ Symbol indicates law found that either allows providers to offer services without parental consent or explicitly gives minors authority to consent.

General

Age of Majority

Mo. Rev. Stat. § 431.055 provides that the age of majority is 18.

Emancipation

No statute expressly defines emancipated minor in general or outlines a legal process by which a minor may emancipate; however, some statutes and case decisions reference emancipation.

For example, *Mo. Rev. Stat. § 452.340* provides that a parent’s obligation to provide child support ends, subject to certain exceptions, when: a minor reaches age 18 years; dies; marries; enters active military service; or becomes self-supporting, if the custodial parent has relinquished the child from parental control by express or implied consent. In *Scruggs v. Scruggs*, 161 S.W.3d 383, 390 (2005), the court

stated that § 452.340 incorporated many of the common law principles of emancipation and that emancipation can be accomplished by express or implied parental consent or by a change in the child’s status in the eyes of society which is usually shown by the child entering the military or marriage; however, it can also be shown when a child, who is able to care for his or herself, voluntarily chooses to leave the parental home and attempts to “fight the battle of life on [his or her] own account.”

Minor Marriage

Mo. Rev. Stat. § 431.090 provides that age 16 years is the minimum age for marriage for both males and females; parent consent is required for minors under age 18 years. Marriage is prohibited between a male or female age 21 years or older and a male or female under age 18 years.

Consent to Health Care

Consent for healthcare refers to granting permission for a healthcare service. A healthcare provider generally must obtain consent before providing care. Adults typically consent to their own healthcare, except in cases of legal incapacity. State and federal laws and court decisions help establish who has the legal authority to provide consent on behalf of minors. Typically, federal and state law require parent or guardian consent for a minor’s care. However, the laws in every state include exceptions that allow or require others to consent, in addition to or instead of a parent or guardian. These exceptions include exceptions that allow minors to consent to some or all health care based on the minor’s “status” (situation in life) and exceptions that allow minors to consent to certain types of care based on the services sought. Sometimes, these laws are written in a way that allows providers to offer services without parental consent; sometimes, they are written in a way that explicitly gives minors the authority to consent. Federal law also allows minors to consent to specific care in some cases. See **Appendix B** for more on consent including the *important role of parents and other adults in minors’ healthcare*.

The following sections summarize the minor consent laws in the state:

Minor Consent—Minor Status**Married Minor**

Mo. Rev. Stat. § 431.061 provides that any minor who has been lawfully married may consent to any surgical, medical, or other treatment or procedures, including immunizations, not prohibited by law.

Mo. Rev. Stat. § 431.065 provides that any minor who has been married is considered an adult for the purpose of entering into a contract for surgical, medical, or other treatment or procedures for himself or herself. *Mo. Rev. Stat. § 431.061(2)* provides that § 431.061 “shall be liberally construed.”

Minor Living Apart from Parent/Guardian

Mo. Rev. Stat. § 431.056 provides that a minor who meets all the following criteria:

- Age 16 or 17 years;
- “homeless” or a “victim of domestic violence” or sexual assault;
- self-supporting, meaning the minor is without the physical or financial support of a parent or legal guardian; and
- has express or “implied parent or legal guardian consent” for living independent of the parents’ or guardians’ control,

is “qualified and competent to contract for” medical and mental health care, admission to a “shelter for victims of domestic violence,” a “rape crisis center,” or a homeless shelter, and may also contract for services as a victim of domestic violence or sexual assault, including, but not limited to, counseling, court advocacy, financial assistance,

and other advocacy services, unless the child is under the supervision of the children's division or the jurisdiction of the juvenile court.

"Implied consent" of a parent or guardian includes any action made by the parent or guardian of the minor that indicates the parent or guardian is unwilling or unable to adequately care for the minor. Such actions may include, but are not limited to: (i) Barring the minor from the home or otherwise indicating that the minor is not welcome to stay; (ii) Refusing to provide any or all financial support for the minor; or (iii) Abusing or neglecting the minor, as defined in *Mo. Rev. Stat. § 210.110*, or committing an act or acts of domestic violence against the minor, as defined in *Mo. Rev. Stat. § 455.010*.

"Implied consent" also may be demonstrated by a letter signed by the following persons verifying that the minor is an unaccompanied youth, as defined in *42 U.S.C. § 11434a(6)*:

- i. A director or designee of a governmental or nonprofit agency that receives public or private funding to provide services to homeless persons;
- ii. A local education agency liaison for homeless children and youth designated under *42 U.S.C. § 11432(g)(1)(J)* (ii), or a school social worker or counselor; or
- iii. A licensed attorney representing the minor in any legal matter.

For purposes of this statute, *Mo. Rev. Stat. § 167.020* defines "homeless child." *Mo. Rev. Stat. § 455.010* includes definitions of "sexual assault" and "domestic violence." *Mo. Rev. Stat. § 455.003* defines "rape crisis center." *Mo. Rev. Stat. § 455.200* contains a definition of "shelter for victims of domestic violence."

Minor Parent

Mo. Rev. Stat. § 431.061 provides that minor parents may consent to any surgical, medical, or other treatment or procedures, including immunizations, not prohibited by law, for themselves and for their child. *Mo. Rev. Stat. § 431.061(2)* provides that *§ 431.061* "shall be liberally construed."

Mo. Rev. Stat. § 431.065 provides that minors who are parents or legal custodians of a child are considered an adult for the purpose of entering into a contract for surgical, medical, or other treatment or procedures for themselves.

Pregnant Minor

Mo. Rev. Stat. § 431.061 provides that any minor "in case of pregnancy, but excluding abortions" is authorized and empowered to consent, either orally or otherwise, to any surgical, medical, or other treatment or procedures, including immunizations, not prohibited by law. *Mo. Rev. Stat. § 431.061(2)* provides that *§ 431.061* "shall be liberally construed."

Minor Consent—Services

Abortion

Abortion is banned in Missouri, except in limited circumstances. *Mo. Rev. Stat. § 188.017* bans abortions except in cases of medical emergency, defined as conditions for which an immediate abortion is necessary to "to avert the death of the pregnant woman or for which a delay will create a serious risk of substantial and irreversible physical impairment of a major bodily function of the pregnant woman[.]" Missouri law contains other abortion restrictions and gestational limits that have not been repealed. *For up to date information on the status of abortion restrictions in Missouri, see Center for Reproductive Rights, After Roe Fell: Abortion Laws by State.*

Within the limited exceptions in which abortion is legal, *Mo. Rev. Stat. § 188.028* provides that an unemancipated minor may not obtain an abortion without the informed written consent of the minor and one parent; the consenting parent must give prior notice to any other custodial parent. The law includes a medical emergency exception and a judicial bypass. *Mo. Rev. Stat. § 188.250(4)* provides that an unemancipated minor does not have capacity to consent to any action in violation of *§ 188.250* or *§ 188.028*. *For up to date information on parent involvement and judicial bypass, find the "under age..." section on your state's link in If When How's Abortion Laws by State.*

In addition, *Mo. Rev. Stat. § 188.250* provides that a person shall not "intentionally cause, aid, or assist a minor to obtain an abortion without the consent or consents required by *§ 188.028*." In *Planned Parenthood of Kan. & Mid-Mo., Inc. v. Nixon*, 220 S.W.3d 732, 2007 Mo. LEXIS 64 (Mo. 2007), the court upheld the statute after applying a narrowing construction: "The phrase 'aid or assist' in *§ 188.250.1* cannot be constitutionally construed to include protected activities such as providing information or counseling. This Court gives the phrase 'aid or assist' in section *§ 188.250.1* a narrowed construction so as not to include speech or expressive conduct. As so construed, it does not bar providing information or counseling and does not violate the First Amendment. This narrowing construction is consistent with this Court's understanding that the legislature would seek to regulate conduct even if regulation of speech and expressive conduct is barred by the First Amendment."

These laws are changing rapidly, so consultation with counsel is also essential. For up to date information on the status of abortion protections and restrictions in all 50 states and DC, see Center for Reproductive Rights, After Roe Fell: Abortion Laws by State. See also Appendix C.

Family Planning/ Contraceptives

No statute expressly authorizes minors to consent for family planning services or contraception services.

See **Appendix I** for information about the Title X Family Planning Program and minor consent for family planning, including contraception services. See **Appendix C** for discussion of contraception and the U.S. Constitution.

Pregnancy-Related Care

Mo. Rev. Stat. § 431.061 provides that any minor “in case of pregnancy, but excluding abortions” is authorized and empowered to consent, either orally or otherwise, to any surgical, medical, or other treatment or procedures, including immunizations, not prohibited by law. *Mo. Rev. Stat. § 431.061(2)* provides that § 431.061 “shall be liberally construed.”

See **Appendix I** for information about the Title X Family Planning Program and minor consent for family planning services, including certain pregnancy-related care.

Sexual Assault Care

Mo. Rev. Stat. § 595.220 provides that a minor who may be a victim of a sexual offense may consent for a forensic examination.

Mo. Rev. Stat. § 431.056 provides that a minor who meets all the following criteria:

- Age 16 or 17 years;
- “homeless” or a “victim of domestic violence” or sexual assault;
- self-supporting, meaning the minor is without the physical or financial support of a parent or legal guardian; and
- has express or “implied parent or legal guardian consent” for living independent of the parents’ or guardians’ control,

is “qualified and competent to contract for” medical and mental health care, admission to a “shelter for victims of domestic violence,” a “rape crisis center,” or a homeless shelter, and may also contract for services as a victim of domestic violence or sexual assault, including, but not limited to, counseling, court advocacy, financial assistance, and other advocacy services, unless the child is under the supervision of the children’s division or the jurisdiction of the juvenile court.

“Implied consent” of a parent or guardian includes any action made by the parent or guardian of the minor that indicates the parent or guardian is unwilling or unable to adequately care for the minor. Such actions may include, but are not limited to: (i) Barring the minor from the home or otherwise indicating that the minor is not welcome to stay; (ii) Refusing to provide any or all financial support for the minor; or (iii) Abusing or neglecting the minor, as defined in *Mo. Rev. Stat. § 210.110*, or committing an act or acts of domestic violence against the minor, as defined in *Mo. Rev. Stat. § 455.010*.

“Implied consent” also may be demonstrated by a letter signed by the following persons verifying that the minor is an unaccompanied youth, as defined in 42 U.S.C. § 11434a(6):

- iv. A director or designee of a governmental or nonprofit agency that receives public or private funding to provide services to homeless persons;
- v. A local education agency liaison for homeless children and youth designated under 42 U.S.C. § 11432(g)(1)(J) (ii), or a school social worker or counselor; or
- vi. A licensed attorney representing the minor in any legal matter.

For purposes of this statute, *Mo. Rev. Stat. § 167.020* defines “homeless child.” *Mo. Rev. Stat. § 455.010* includes definitions of “sexual assault” and “domestic violence.” *Mo. Rev. Stat. 455.003* defines “rape crisis center.” *Mo. Rev. Stat. § 455.200* contains a definition of “shelter for victims of domestic violence.”

Sexually Transmitted Infection/Disease/HIV Care

Mo. Rev. Stat. § 431.061 provides that any minor “in case of venereal disease” is authorized and empowered to consent, either orally or otherwise, to any surgical, medical, or other treatment or procedures, including immunizations, not prohibited by law. *Mo. Rev. Stat. § 431.061(2)* provides that § 431.061 “shall be liberally construed.”

See **Appendix I** for information about the Title X Family Planning Program and minor consent for family planning, including STI/STD/HIV services.

Substance Use Care

Mo. Rev. Stat. § 431.061 provides that any minor “in case of drug or substance abuse including those referred to in chapter 195” is authorized and empowered to consent, either orally or otherwise, to any surgical, medical, or other treatment or procedures, including immunizations, not prohibited by law. *Mo. Rev. Stat. § 431.061(2)* provides that § 431.061 “shall be liberally construed.”

Mo. Rev. Stat. § 195.017 contains a list of the scheduled substances subject to the Missouri Narcotic Drug Act.

Confidentiality & Disclosure

Federal and state laws determine the privacy and confidentiality of medical and health information. Different laws may apply depending on the health services provided, the source of funding, the location of care, the type of provider, and the characteristics of the patient.

One law with overarching importance is the Health Insurance Portability and Accountability Act of 1996 (HIPAA) Privacy Rule, a federal regulation that protects the privacy of patient health information held by health care providers who transmit certain information electronically and other “covered entities.” As a general rule, HIPAA prohibits healthcare providers from disclosing protected health information without a signed authorization. HIPAA specifies who must sign an authorization to release information. When minors have consented for their own care, HIPAA says the minors usually must sign the release. HIPAA includes exceptions that allow or require a provider to disclose protected information without an authorization in some circumstances, such as to meet state child abuse reporting requirements. HIPAA also addresses when parents and guardians may access a minor’s health information: It explains how this HIPAA rule intersects with state law and other federal laws regarding parent access, and includes rules for what to do about parent access when state law is silent, and for authorized limitations on access in some situations.

See **Appendix H** for a detailed discussion of HIPAA. Other appendices address other important federal health privacy laws that may apply in addition to, or instead of, HIPAA. See **Appendix I** (Title X, family planning), **Appendix J** (Part 2, substance use), **Appendix K** (FERPA, education records), **Appendix L** (insurance and billing), and **Appendix M** (21st Century Cures Act Information Blocking, EHI).

The following sections summarize selected state laws related to confidentiality, access to records, and disclosure to parents/guardians:

Confidentiality/Access to Records

Medical Records

Mo. Rev. Stat. § 191.227 provides that “physicians, chiropractors, hospitals, dentists, and other duly licensed practitioners in this state, herein called “providers”, shall, upon written request of a patient, or guardian or legally authorized representative of a patient, furnish a copy of his or her record of that patient’s health history and treatment rendered to the person submitting a written request, except that such right shall be limited to access consistent with the patient’s condition and sound therapeutic treatment as determined by the provider.”

Health Maintenance Organizations

Mo. Rev. Stat. § 354.515 requires that “data or information pertaining to the diagnosis, treatment, or health of any enrollee or applicant obtained from such person, or from any provider, by any health maintenance organization shall be held in confidence and shall not be disclosed” except upon the express consent of the enrollee or applicant or for other specified purposes. The section also requires that mental health records of enrollees must remain confidential.

See **Appendix H** for information about minors’ access to and control of their medical information under HIPAA when they have consented to their own care.

Federal laws that may apply in addition to or in lieu of HIPAA and state laws

See **Appendix K** for information about federal confidentiality protection for education records.

See **Appendix J** for information about federal confidentiality protections for certain substance use treatment records.

See **Appendix I** for information about federal confidentiality protection for information about services delivered using Title X Family Planning Program funding.

See **Appendix M** for information about disclosure of information to parents under the 21st Century Cures Act Information Blocking Rule.

Disclosure of Health Information to Parents/Guardians

HIV

Mo. Rev. Stat. § 191.656 provides that no person is liable for violating any duty or right of confidentiality for disclosing HIV test results to the parents or guardian custodian of an unemancipated minor; however, this does not impose a duty on any person to disclose the results of an individual’s HIV testing to a parent.

Minor Consent Services

Mo. Rev. Stat. § 431.062 provides that whenever minors are examined, treated, hospitalized, or receives medical or surgical care for which they have given their own consent under *Mo. Rev. Stat. § 431.061*, a physician or surgeon may, with or without the minor's consent, advise the parent, parents, conservator, or relative caregiver of the health care given or needed if the provider knows the whereabouts of the parent or guardian. In the event that the minor is found not to be pregnant or not afflicted with a venereal disease or not suffering from drug or substance abuse, then no information with respect to any appointment, examination, test or other medical procedure shall be given to the parent, parents, conservator, relative caregiver or any other person.

Sexual Assault

Mo. Rev. Stat. § 595.220 provides that when a minor consents to a forensic examination for sexual assault, the appropriate medical provider making the examination must give written notice to the parent or guardian of the minor that the examination has taken place.

HIPAA rules relevant to disclosure to parents/guardians

See **Appendix H** for information about minors' access to and control of their medical information under HIPAA when

they have consented to their own care, the HIPAA rule when state law is silent as to parent access, and the HIPAA rule authorizing providers to limit access to records in certain circumstances.

Federal laws that may apply in addition to or in lieu of HIPAA and state laws

See **Appendix K** for information about federal confidentiality protection for education records.

See **Appendix J** for information about federal confidentiality protections for certain substance use treatment records.

See **Appendix I** for information about federal confidentiality protection for information about services delivered using Title X Family Planning Program funding.

See **Appendix M** for information about disclosure of information to parents under the 21st Century Cures Act Information Blocking Rule.

Insurance Claims/Billing

See **Appendix L** for information about confidentiality protection in the billing and insurance claims process under

Other

This section summarizes a range of laws that may not explicitly address minor consent or disclosure of information but that health care providers often have questions about when minors seek care, especially when they seek care on their own.

Domestic Violence, Minor Consent

Mo. Rev. Stat. § 431.056 provides that a minor who meets all the following criteria:

Age 16 or 17 years;

- "homeless" or a "victim of domestic violence" or sexual assault;
- self-supporting, meaning the minor is without the physical or financial support of a parent or legal guardian; and
- has express or "implied parent or legal guardian consent" for living independent of the parents' or guardians' control,

is "qualified and competent to contract for" medical and mental health care, admission to a "shelter for victims of domestic violence," a "rape crisis center," or a homeless shelter, and may also contract for services as a victim of domestic violence or sexual assault, including, but not limited to, counseling, court advocacy, financial assistance, and other advocacy services, unless the child is under the supervision of the children's division or the jurisdiction of the juvenile court.

"Implied consent" of a parent or guardian includes any action made by the parent or guardian of the minor that indicates the parent or guardian is unwilling or unable to adequately care for the minor. Such actions may include, but are not limited to: (i) Barring the minor from the home or otherwise indicating that the minor is not welcome to stay; (ii) Refusing to provide any or all financial support for the minor; or (iii) Abusing or neglecting the minor, as defined in *Mo. Rev. Stat. § 210.110*, or committing an act or acts of domestic violence against the minor, as defined in *Mo. Rev. Stat. § 455.010*.

"Implied consent" also may be demonstrated by a letter signed by the following persons verifying that the minor is an unaccompanied youth, as defined in *42 U.S.C. § 11434a(6)*:

- vii. A director or designee of a governmental or nonprofit agency that receives public or private funding to provide services to homeless persons;
- viii. A local education agency liaison for homeless children and youth designated under *42 U.S.C. § 11432(g)(1)(J)(ii)*, or a school social worker or counselor; or

- ix. A licensed attorney representing the minor in any legal matter.

For purposes of this statute, *Mo. Rev. Stat. § 167.020* defines “homeless child.” *Mo. Rev. Stat. § 455.010* includes definitions of “sexual assault” and “domestic violence.” *Mo. Rev. Stat. § 455.003* defines “rape crisis center.” *Mo. Rev. Stat. § 455.200* contains a definition of “shelter for victims of domestic violence.”

Emergency Care

Mo. Rev. Stat. § 431.063 provides that “consent to surgical or medical treatment or procedures is implied where an emergency exists if there has been no protest or refusal of consent by a person authorized and empowered to consent, or, if so, there has been a subsequent change in the condition of the person affected that is material and morbid, and there is no one immediately available who is authorized, empowered, willing and capacitated to consent.” An “emergency” is defined as “a situation in which, based on competent medical judgment, the proposed surgical or medical treatment or procedures are immediately or imminently necessary and any delay occasioned by an attempt to obtain a consent would reasonably jeopardize the life, health or limb of the person affected, or would reasonably result in disfigurement or impairment of faculties.” *Mo. Rev. Stat. § 431.061(2)* provides that § 431.061 “shall be liberally construed.”

Mo. Rev. Stat. § 334.930 provides immunity for civil damages to a respiratory care practitioner who, in good faith, renders emergency assistance without compensation to any minor involved in an accident (e.g. competitive sports) without first obtaining the consent of the minor’s parent or guardian. The statute does not provide immunity for damages from negligence, or willful or wanton acts, or omissions by the person in rendering emergency care.

Financial Responsibility

Mo. Rev. Stat. § 431.062 provides that when a minor consents for care under *Mo. Rev. Stat. § 431.061*, the parent, parents conservator, or relative caregiver of the minor are not liable for payment for the care of the minor unless they have expressly agreed to pay.

Gender Affirming Care, Restrictions

Enacted in 2023, *Mo. Rev. Stat. § 191.1720* prohibits health care providers from knowingly performing “gender transition surgery,” or prescribing or administering “cross-sex hormones” or “puberty-blocking drugs” for purposes of gender transition on any individual under age 18 years. However, the provisions of this subsection shall not apply to the prescription or administration of “cross-sex hormones” or “puberty-blocking drugs” for any individual under 18 years of age who was prescribed or administered such hormones or drugs prior to August 28, 2023, for the purpose of assisting the individual with a gender transition. The statute includes definitions for key terms such as “gender transition surgery,” “cross-sex hormones” and “puberty-blocking drugs.”

For up to date information on the status of protections and restrictions on gender affirming care for minors, see [Movement Advancement Project’s “Equality Maps: Bans on Best Practice Medical Care for Transgender Youth”](#). These laws are changing rapidly so consultation with counsel is essential.

Good Faith Reliance/Immunity from Liability

Mo. Rev. Stat. § 431.061 provides that any person acting in good faith and not having been put on notice to the contrary shall be justified in relying on the representations of a minor giving consent under *Mo. Rev. Stat. § 431.061* including, but not limited to, identity, age, marital status, and relationship to any other person for whom the consent is purportedly given.

Mo. Rev. Stat. § 537.037 provides that any mental health professional, qualified counselor, physician, certified nurse practitioner, physician’s assistant, or any other person may in good faith render suicide prevention interventions at the scene of a threatened suicide and is not liable for any civil damages for acts or omissions other than damages occasioned by gross negligence or by willful or wanton acts or omissions by such person in rendering suicide prevention interventions.

Mo. Rev. Stat. § 431.056 provides that any legally constituted entity or licensed provider who provides services to a minor after determining they meet the criteria as “homeless” or a “victim of domestic violence” as outlined in the statute shall be immune from any civil or criminal liability based on the entity’s or provider’s determination to contract with the minor; provided that, if an entity’s or provider’s determination of compliance with *Mo. Rev. Stat. 431.056(1)*, or conduct in contracting with the minor, is the result of the entity’s or provider’s gross negligence or willful or wanton acts or omissions, then the entity or provider may be held liable for their gross negligence or willful or wanton acts or omissions. Consent given under this section shall not be subject to later disaffirmance by reason of the minor’s age.

Minor Parent, Consent for Child’s Care

Mo. Rev. Stat. § 431.061 provides that minor parents may consent to any surgical, medical, or other treatment or procedures, including immunizations, not prohibited by law, for their child. *Mo. Rev. Stat. § 431.061(2)* provides that “§ 431.061 “shall be liberally construed.”

Mo. Rev. Stat. § 431.065 provides that minors who are parents or legal custodians of a child are considered to be adult for the purpose of entering into a contract for surgical, medical, or other treatment or procedures for their child and any child in their legal custody.

Vaccinations, Minor Consent

Mo. Rev. Stat. § 431.061 provides that married minors, minor parents, and pregnant minors may consent to immunizations, not prohibited by law, for themselves and for their child; it also provides that “in case of venereal

disease” or “drug or substance abuse” minors may consent for immunizations *Mo. Rev. Stat. § 431.061* provides that § 431.061 “shall be liberally construed.”

Resources

Missouri Statutes <https://revisor.mo.gov/main/Home.aspx>

Missouri Code of State Regulations <https://www.sos.mo.gov/adrules/csr/csr>

Appendices

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Appendix B. Overview of Consent and Confidentiality When Minors Seek Health Care

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Appendix D. Sexually Transmitted Infections, Sexually Transmitted Diseases, and HIV Care for Minors: Consent and Confidentiality Considerations

Appendix E. Mental Health Care for Minors: Consent and Confidentiality Considerations

Appendix F. Substance Use Care for Minors: Consent and Confidentiality Considerations

Appendix G. Gender Affirming Care for Minors: Consent and Confidentiality Considerations

Appendix H. HIPAA Privacy Rule and Confidentiality Implications for Minors' Health Information

Appendix I. Title X Family Planning Program and Family Planning Services for Minors

Appendix J. 42 CFR Part 2 and Confidentiality Implications for Substance Use Care for Minors

Appendix K. FERPA and Confidentiality Implications for School-Based and School-Linked Health Care for Minors

Appendix L. Confidentiality in Health Insurance Claims and Billing

Appendix M. Electronic Health Information, the 21st Century Cures Act, and Confidentiality for Minor Patients

Appendix N. State Law Table: Minor Consent/Access Based on Status

Appendix O. State Law Table: Minor Consent/Access for Specific Services