

Mandatory Reporting Requirements, Law Enforcement, and Patient Confidentiality in Missouri

Note: This resource is up to date as of January 2026.

Why use this fact sheet?

Confidentiality is central to the provider-patient relationship and a core part of medical ethics. In addition, violating patient confidentiality unnecessarily may carry professional or legal penalties. This fact sheet provides an overview of some of the major mandatory reporting requirements and where they intersect with patient privacy – with a specific focus on self-managed abortion. This factsheet does not include reporting requirements that are specific to long-term care facilities. This fact sheet does not contain legal advice, and we recommend that providers who have further questions about their reporting requirements consult an in-state attorney for more information.

Who wrote this guide and why?

If/When/How: Lawyering for Reproductive Justice is a legal advocacy organization. We created this fact sheet in part because the most common cause of the criminalization of people who self-manage their own abortion care is unnecessary reports to law enforcement by medical providers. We also frequently field questions from providers who are concerned about what they may need to report. We know providers share our concern that risk to patients may be high when a report to law enforcement is triggered. In the case of reporting self-managed abortion, the consequences to patients might include jail time, losing custody of their children, a criminal record, or fines – all of which are unjust responses by an overzealous, racially biased system and frequently violate people's rights. Failure to report when it is necessary also carries risk of liability, so we want providers to feel confident in their ability to discern when reporting is legally required, and what must be included.

Providers can also help protect their patients from unjust criminalization.

Know your mandatory reporting obligations, and where they intersect with patient privacy.

This fact sheet covers most mandatory reporting requirements in Missouri law. Your hospital, clinic, or practice may have additional reporting requirements that you should be familiar with. Providers can help patients maintain their agency and confidentiality while fulfilling their mandatory reporting obligations by:

- Not reporting patients if not legally required,
- Not asking patients for information that is not necessary to patient care,
- Informing patients of what the provider may have to report prior to taking patient history or treating the patient, and
- Carefully considering what information is necessary to document in a medical chart.

Providers can also help protect their patients from unjust criminalization by ensuring that their hospital or clinic reporting policies do not conflict with HIPAA or state laws on medical privacy.

Major Mandatory Reporting Requirements in Missouri¹

Crime: Self-managed abortion is not a crime² for abortion seekers in Missouri.

Missouri providers are not required to report crimes other than (1) child abuse or neglect, (2) vulnerable adult abuse or neglect, and (3) certain results of crimes (such as injuries as described elsewhere in this fact sheet).

Child and vulnerable adult abuse: A minor 16 or younger³ or a vulnerable adult⁴ self-managing an abortion is not ordinarily reportable as abuse.

Legal requirements for child abuse reporting are fraught with bias, in particular toward families of color and families struggling to make ends meet. However, all health care providers in Missouri who diagnose, examine, treat, or provide counseling are mandatory reporters for suspected child abuse and neglect.⁵ Health care providers are also mandatory reporters for suspected vulnerable adult abuse or neglect.⁶ Because suspicion naturally stems from our biases, health care providers should thoroughly examine any potential bias at play when deciding whether or not a report is required under the law. Missouri law requires providers to report to the Department of Social Services if anyone (not just a parent or adult responsible for them)⁷ abuses a young person.

Have more questions? Reach out to request technical assistance.

Health care providers should inform adolescent patients about what constitutes reportable child abuse prior to talking to them about care when possible. Missouri providers that deliver a baby or perform an abortion and have evidence that their minor patient has been the victim of statutory rape or sexual abuse are also required to report this as child abuse.⁸ Even if a provider decides to make an abuse report, the fact that a young person or vulnerable adult self-managed their own abortion would not ordinarily need to be included in a report.

Statutory rape: If a provider does need to report a statutory rape, the fact that the patient attempted to end the pregnancy is not relevant to the investigation.

Missouri requires all health care providers to report suspected child sexual abuse/assault, which includes statutory rape.⁹ The age of consent is 17.¹⁰ Sexual activity is only reportable as statutory rape when 1) a minor aged 13 or under is involved or 2) a minor aged 14-16 is having sex with someone who is more than 4 years older than them or who is 21 years of age or older.¹¹ In general, if the patient is 14 or older, unless providers know the age of the patient's partner, they lack the information required to make a report. The age of a minor's sexual partner is rarely clinically significant to care provision. Health care providers should inform adolescent patients about what constitutes reportable sexual conduct prior to talking to them about care where possible.

Certain traumas and injuries: Self-managed abortion is not a reportable injury.

Health care providers in Missouri must notify the police when they treat gunshot wounds.¹² However, allowing law enforcement into a patient's room is often a patient privacy violation, and any patient consent to police presence while suffering from a gunshot wound is likely not true informed consent.¹³ If a reportable injury or condition is somehow connected to self-managed abortion, the health care provider is not required to report the intent behind the injury. Health care providers should inform patients about what constitutes reportable injuries prior to talking to them about care where possible.

Overdoses and drug use during pregnancy: Health care providers are not required to report overdose or drug use during pregnancy.

Missouri providers are not required to report overdoses. Providers are required to refer an infant to the Children's Division¹⁴ if they are affected by prenatal drug or alcohol exposure, but this is not a report of abuse or neglect.

Self-harm: Missouri does not require health care providers to report threats of self-harm.

Missouri does not currently have an active statute governing a duty to protect or warn.¹⁵ However, Missouri does have case law establishing a common law duty to warn when a “patient presents a serious danger of future violence to a readily identifiable victim.”¹⁶ In this case, the provider is required to act either by 1) warning the intended victim or 2) by otherwise communicating the threat to law enforcement.¹⁷ Revealing an intention to self-manage an abortion is not a threat of violent behavior or serious harm, and a fetus has not been established as a “third party” or separate person for the purposes of Missouri’s duty to warn. If a patient indicates they may engage in an unsafe method of self-managed abortion, there are clinical interventions that support patient safety without a report.

Abortion:¹⁸ It is never necessary to report a patient’s intention to self-manage an abortion.

Under Missouri law,¹⁹ a physician who performs an abortion must report information about each abortion to the Department of Health.²⁰ Physicians are also asked to report complications²¹ resulting from an abortion that happened in a health facility or hospital to the Department.²² The intent to self-manage – or the event of self-managing – is not information a physician is required to provide under state law.

Fetal death: Under the current definition of “fetal death,” providers do not have to report abortions.²³

In Missouri, when a fetal death (20 weeks gestation or a weight of 350 grams) occurs in an institution, the person in charge of the institution needs to file the fetal death report with the local registrar within 7 days. When a fetal death occurs outside an institution, the physician in attendance must file the report.²⁴ When a fetal death occurs without medical attendance, the medical examiner/coroner must investigate the cause of death and file the fetal death report within seven days.²⁵ Additionally, Missouri requires providers to report to a medical examiner/coroner if they have “probable cause to suspect that a child who is or may be under the age of eighteen, who is eligible to receive a certificate of live birth,²⁶ has died.”²⁷

HIPAA:

HIPAA generally prevents health care providers and entities from disclosing patient information without patient consent, and the state reporting laws discussed in this fact sheet are exceptions to that rule.²⁸ This means that when a provider is legally required to make a report, HIPAA allows them to share patient information that is specifically required or permitted by the applicable state reporting law. Providing any additional patient information beyond what is specifically required or permitted by state law would likely violate HIPAA.

Accordingly, providers should carefully consider what patient information is necessary for making a report. For example, if a provider treats a minor patient for an injury that gives them cause to suspect physical abuse, the provider could share the records that are relevant to the suspected abuse, but they likely could not share the patient's *entire* medical record without violating HIPAA.

Providers with questions about medical privacy laws in relation to reproductive health care can request technical assistance from If/When/How: <https://ifwhenhow.org/learn/technical-assistance/>.

Citations

1. This fact sheet focuses on mandatory reporting requirements that involve law enforcement or an analogous health authority. It does not include mandatory reporting requirements concerning communicable diseases, childhood blood lead levels, etc. It also does not include reporting requirements specific to long-term care facilities. The fact sheet intends to cover reporting requirements for physicians, nurses, physician assistants, midwives, social workers, mental health professionals, and emergency medical technicians. If you know of a mandatory reporting requirement for these professionals in Missouri involving or potentially involving law enforcement that is not covered on this sheet, please contact info@ifwhenhow.org.
2. In November 2024, Missouri voters approved Amendment 3. Amendment 3 added reproductive freedom as a fundamental right to the state Constitution. The new constitutional amendment adds the following language, “[n]o person shall be penalized, prosecuted, or otherwise subjected to adverse action based on their actual, potential, perceived, or alleged pregnancy outcomes, including but not limited to miscarriage, stillbirth, or abortion.” Mo. Const. Art. I, § 36(5).
3. A minor/child is a person under seventeen years of age. Mo. Rev. Stat. § 565.002(2).

Citations

4. A vulnerable adult includes any person “in the custody, care, or control of the department that is receiving services from an operated, funded, licensed, or certified program,” and any person “sixty years of age or older who is unable to protect his or her own interests or adequately perform or obtain services which are necessary to meet his or her essential human needs or an adult with a disability...between the ages of eighteen and fifty-nine who is unable to protect his or her own interests or adequately perform or obtain services which are necessary to meet his or her essential human needs.” See Mo. Rev. Stat. §§ 630.005(34), 192.2400(6).
5. For a definition of abuse and neglect, see Mo. Rev. Stat. § 568.060(1), (4).
6. Mo. Rev. Stat. §§ 630.162-.163.
7. Mo. Rev. Stat. § 210.115(1).
8. Mo. Rev. Stat. § 188.023.
9. Mo. Rev. Stat. § 589.015(2).
10. Mo. Rev. Stat. § 566.034(1).
11. Mo. Dep’t of Health & Senior Servs., *Missouri Minor Consent Laws*, <https://perma.cc/3TL5-NBVG>.
12. Mo. Rev. Stat. § 578.350(1).
13. Working Grp. on Policing & Patient Rts., *Police in the Emergency Department: A Medical Provider Toolkit for Protecting Patient Privacy* (2021), <https://perma.cc/T8QF-PGY8> (last visited Jan. 21, 2026).
14. Mo. Rev. Stat. § 191.737(2).
15. Mo. Rev. Stat. § 632.300 governed duty to warn, but has since been repealed; no equivalent statute has yet replaced it.
16. *Virgin v. Hopewell Ctr.*, 66 S.W.3d 21, 24 (Mo. Ct. App. 2001).
17. *Id.*
18. Abortion is defined as “(a) [t]he act of using or prescribing any instrument, device, medicine, drug, or any other means or substance with the intent to destroy the life of an embryo or fetus in his or her mother’s womb; or (b) [t]he intentional termination of the pregnancy of a mother by using or prescribing any instrument, device, medicine, drug, or other means or substance with an intention other than to increase the probability of a live birth or to remove a dead unborn child.” Mo. Rev. Stat. § 188.015(1).
19. For more information about Missouri abortion laws, see Abortion Def. Network, *Know Your State’s Abortion Laws A Guide for Medical Professionals: Missouri*, <https://abortiondefensenetwork.org/wp-content/uploads/2025/12/Missouri-October-2025.pdf>.
20. Mo. Rev. Stat. § 188.052(1).
21. Missouri law does not define what would constitute a “complication.”
22. Mo. Rev. Stat. § 188.052(2).

Citations

23. A spontaneous fetal death is defined as a “noninduced death prior to the complete expulsion or extraction from its mother of a fetus, irrespective of the duration of pregnancy; the death is indicated by the fact that after such expulsion or extraction the fetus does not breathe or show any other evidence of life such as beating of the heart, pulsation of the umbilical cord, or definite movement of voluntary muscles.” Mo. Rev. Stat. § 193.015(10). Since the definition says noninduced, an abortion (self-managed or otherwise) would not be reportable as a fetal death.

24. Mo. Rev. Stat. § 193.165(1)-(3).

25. Mo. Rev. Stat. § 193.165(4).

26. Live birth means “the complete expulsion or extraction from its mother of a child, irrespective of the duration of pregnancy, which after such expulsion or extraction, breathes or shows any other evidence of life such as beating of the heart, pulsation of the umbilical cord, or definite movement of voluntary muscles, whether or not the umbilical cord has been cut or the placenta is attached.” Mo. Rev. Stat. § 193.015(7).

27. Mo. Rev. Stat. § 210.115(6).

28. *See, e.g.,* Dep’t of Health & Hum. Servs., *My state law authorizes health care providers to report suspected child abuse to the state department of health and social services. Does the HIPAA Privacy Rule preempt this state law?*, <https://perma.cc/4BUP-ZZDA> (last reviewed Dec. 28, 2022). “[I]f a provision of State law provided for [reporting of disease or injury, child abuse, birth, or death, or for public health surveillance, investigation, or intervention] and was contrary to the [HIPAA] Privacy Rule, the State law would prevail.” *Id.* In other words, HIPAA protects all patient information from disclosure, except for what a state reporting law either requires or permits.