

COMMITTEE ON LEGISLATIVE RESEARCH
OVERSIGHT DIVISION

FISCAL NOTE

L.R. No.: 4679-01
Bill No.: HB 1898
Subject: Health Care; Department of Health and Senior Services
Type: Original
Date: February 23, 2010

Bill Summary: This legislation establishes the Women's Heart Health Program to provide heart disease risk screening to uninsured and underinsured women.

FISCAL SUMMARY

ESTIMATED NET EFFECT ON GENERAL REVENUE FUND			
FUND AFFECTED	FY 2011	FY 2012	FY 2013
General Revenue	(Unknown but Greater than \$1,402,698)	(Unknown but Greater than \$1,653,289)	(Unknown but Greater than \$1,702,889)
Total Estimated Net Effect on General Revenue Fund	(Unknown but Greater than \$1,402,698)	(Unknown but Greater than \$1,653,289)	(Unknown but Greater than \$1,702,889)

ESTIMATED NET EFFECT ON OTHER STATE FUNDS			
FUND AFFECTED	FY 2011	FY 2012	FY 2013
Total Estimated Net Effect on <u>Other</u> State Funds	\$0	\$0	\$0

Numbers within parentheses: () indicate costs or losses.
This fiscal note contains 7 pages.

ESTIMATED NET EFFECT ON FEDERAL FUNDS			
FUND AFFECTED	FY 2011	FY 2012	FY 2013
Total Estimated Net Effect on <u>All</u> Federal Funds	\$0	\$0	\$0

ESTIMATED NET EFFECT ON FULL TIME EQUIVALENT (FTE)			
FUND AFFECTED	FY 2011	FY 2012	FY 2013
General Revenue	3.5 FTE	3.5 FTE	3.5 FTE
Total Estimated Net Effect on FTE	3.5 FTE	3.5 FTE	3.5 FTE

Estimated Total Net Effect on All funds expected to exceed \$100,000 savings or (cost).

Estimated Net Effect on General Revenue Fund expected to exceed \$100,000 (cost).

ESTIMATED NET EFFECT ON LOCAL FUNDS			
FUND AFFECTED	FY 2011	FY 2012	FY 2013
Local Government	\$0	\$0	\$0

FISCAL ANALYSIS

ASSUMPTION

Section 191.425:

Officials from the **Department of Social Services** assume since this program is administered by the Department of Health and Senior Services (DHSS) and targets uninsured women, there is no fiscal impact to the Department of Social Services. Women receiving MO HealthNet benefits are generally considered to be insured. Within the limit of appropriations, DHSS would be expected to service non-Medicaid eligible women.

Officials from the **Department of Health and Senior Services (DHSS)** assume Section 191.425.1 would result in a portion of DHSS existing FTE working with the federally funded WISEWOMAN cardiovascular program would assist in implementation of the proposed Women's Heart Health Program. All WISEWOMAN clients must be enrolled in the Show Me Healthy Women Program. New FTE would be needed because the number of women and type of services will increase under the proposed legislation.

Two Health Educator III (A25, step B) would work directly with providers and patients in the program to implement the lifestyle education component of the program. One-half (0.5) Senior Office Support Assistant (A12, step F) would be to provide clerical support to the program staff, prepare correspondence to health care providers, arrange travel for the staff, type provider participation agreements, and maintain provider databases.

Section 191.425.2: The estimated number of women eligible for the program only includes women between the ages of 40 and 64, who are uninsured or underinsured, and with a gross family income of 200 percent or below of the federal poverty level. Section 191.425.2.(4) specifies eligibility for women with a gross family income at or below two hundred fifty percent of the federal poverty level and Section 191.425.2.(2), says that women in the Missouri Show Me Healthy Women Program are eligible. However, women with incomes of 201 to 250 percent, are not eligible for Show Me Healthy Women Program and therefore would not be eligible for the heart health screening services in the proposed legislation. For fiscal note purposes DHSS assumed the income level to be the 200 percent or below poverty level and estimates 9,400 women would be eligible, which is 6,400 more than the estimated 3,000 women now served yearly by WISEWOMAN.

ASSUMPTION (continued)

Section 191.425.3: The Women's Heart Health Program would be integrated with the existing federal WISEWOMAN cardiovascular program within DHSS. The new state funds would increase the number of screening tests offered as compared to the WISEWOMAN program, resulting in more women getting screening, and receiving appropriate follow-up health care services.

Screening under the existing program would be expanded to include the specific tests in Section 191.425.3. of the proposed legislation. The tests listed in the proposed legislation are not screening tests and are normally conducted as diagnostic tests when symptoms of heart disease are present. It is unknown how many women would need the diagnostic tests listed in the legislation. Also, heart disease screenings are now conducted as part of the existing WISEWOMAN program along with an assessment of health history, measurement of height and weight, blood pressure check, completion of a fasting blood lipid test, and education about making changes to reduce risks for heart disease. Finally, it is unknown how many women will need the follow-up services, which can include items such as medications, therapy, and/or surgery listed in Section 191.425.3 of the proposed legislation. Many of the existing Show Me Healthy Women health care providers (many are local public health agencies) could not offer these tests due to the need for specialized medical care and the costs may range from hundreds to hundreds of thousands of dollars per patient; therefore DHSS is unable to estimate the fiscal impact.

DHSS estimates provider contracts for screening services costs to General Revenue would be \$1,158,400 to an unknown cost. Currently, the WISEWOMAN Program pays health care providers approximately \$181 per client to screen women for heart disease and conduct lifestyle education. There are about 3,000 women currently being served. The additional 6,400 women to be served under this legislation would require an additional \$1,158,400 in basic screening costs (6,400 women x \$181 per woman = \$1,158,400). The cost to expanded diagnostic tests for the entire 9,400 eligible population is unknown.

<u>Service</u>	<u>Cost Per Client</u>	<u>Number of Patients</u>	<u>Total Cost</u>
Initial Screening	\$83.00	6,400	\$531,200
Lifestyle Education	\$98.00	6,400	\$627,200
Follow-up & diagnostic	unknown	9,400	unknown

Approximately \$37,000 in federal funds for the WISEWOMAN Program will be used to cover part of the printing client and provider material (\$228,080 - \$37,000 = \$191,080).

ASSUMPTION (continued)

<u>Item</u>	<u>Number</u>	<u>Cost Per Item</u>	<u>Total Cost</u>
Patient Lifestyle Manual	9,400	\$22.29	\$209,526
Binders for Manual	9,400	\$1.61	\$ 15,134
Patient History Forms	9,400	\$0.05	\$ 470
Educational Handouts	9,400	\$0.05	\$ 470
Screening Brochures	9,400	\$0.10	\$ 940
Client Newsletter	9,400	\$0.10	\$ 940
Provider Manual	100	\$6.00	\$ 600
		Subtotal	\$228,080
		Less Federal Share	<u>(\$37,000)</u>
		Total	\$191,080

It would be necessary for ITSD to provide the programming and/or application development that is needed to collect the information to support this legislation, create reports on the information identified in this legislation, and maintain the system each year. One Computer Information Technology Specialist I FTE (A30, step H) would be needed to develop the changes in the system in the first year and once the system is developed, provide ongoing maintenance of the system. DHSS assumes funding for 12 months in year one will be needed for this FTE to make system changes prior to implementation of the program. Four hundred and thirty contractor hours will be needed in the first year to develop the reports needed for the system (430 x \$69 = \$29,670). It is assumed that the application will reside at DHSS and be housed on ITSD - DHSS servers.

<u>FISCAL IMPACT - State Government</u>	FY 2011 (10 Mo.)	FY 2012	FY 2013
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GENERAL REVENUE FUND

Costs - Department of Health and Senior Services

Personal Service	(\$125,582)	(\$145,208)	(\$149,564)
Fringe Benefits	(\$65,855)	(\$76,147)	(\$78,431)
Equipment and Expense	(\$57,025)	(\$41,970)	(\$43,230)
Program Costs-Provider contracts	(Unknown but Greater than \$965,333)	(Unknown but Greater than \$1,193,152)	(Unknown but Greater than \$1,228,947)
Program Costs-Printing Cost	(\$159,233)	(\$196,812)	(\$202,717)
Program Costs-ITSD	(\$29,670)	\$0	\$0
<u>Total Costs - DHSS</u>	<u>(Unknown but Greater than \$1,402,698)</u>	<u>(Unknown but Greater than \$1,653,289)</u>	<u>(Unknown but Greater than \$1,702,889)</u>
FTE Change - DHSS	3.5 FTE	3.5 FTE	3.5 FTE

ESTIMATED NET EFFECT ON GENERAL REVENUE FUND	<u>(Unknown but Greater than \$1,402,698)</u>	<u>(Unknown but Greater than \$1,653,289)</u>	<u>(Unknown but Greater than \$1,702,889)</u>
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Estimated Net FTE Change for General Revenue Fund	3.5 FTE	3.5 FTE	3.5 FTE
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<u>FISCAL IMPACT - Local Government</u>	FY 2011 (10 Mo.)	FY 2012	FY 2013
	<u>\$0</u>	<u>\$0</u>	<u>\$0</u>

FISCAL IMPACT - Small Business

No direct fiscal impact to small businesses would be expected as a result of this proposal.

FISCAL DESCRIPTION

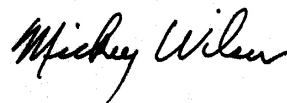
Section 191.425:

Subject to appropriations, the proposed legislation establishes the Women's Heart Health Program within the Department of Health and Senior Services to provide heart disease risk screenings for women who are between 40 and 64 years of age, receive breast and cervical cancer screenings under the Missouri Show Me Healthy Women Program, are uninsured or underinsured, and have a gross family income at or below 250% of the federal poverty level. The Department must contract with providers who currently provide services under the Missouri Show Me Healthy Women Program. Any woman whose screening indicated an increased risk for heart disease must receive the appropriate follow-up health care services.

This legislation is not federally mandated, would not duplicate any other program and would not require additional capital improvements or rental space.

SOURCES OF INFORMATION

Department of Health and Senior Services
Department of Social Services



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Director
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