COMMITTEE ON LEGISLATIVE RESEARCH
OVERSIGHT DIVISION

FISCAL NOTE

L.R. No.: 4546-04
Bill No.: CCS for HCS for SB 677
Subject: Emergencies; Health Care; Pharmacy; Physicians
Type: Original
Date: May 3, 2016

Bill Summary: This proposal modifies laws relating to health care.

FISCAL SUMMARY

ESTIMATED NET EFFECT ON GENERAL REVENUE FUND			
FUND AFFECTED	FY 2017	FY 2018	FY 2019
General Revenue	($105,724 or $171,854)	($10,899 or $83,088)	($11,226 or $84,189)
Total Estimated Net Effect on General Revenue	**($105,724 or $171,854)**	**($10,899 or $83,088)**	**($11,226 or $84,189)**

ESTIMATED NET EFFECT ON OTHER STATE FUNDS			
FUND AFFECTED	FY 2017	FY 2018	FY 2019
Insurance Dedicated	Up to $65,250	$0	$0
Professional Registration (various)	$0 or (Unknown)	$0 or (Unknown)	$0 or (Unknown)
MoPHS	Could exceed $54,761	Could exceed $60,645	Could exceed $48,214
Total Estimated Net Effect on Other State Funds	**Could exceed $54,761 to (Unknown)**	**Could exceed $60,645 to (Unknown)**	**Could exceed $48,214 to (Unknown)**

Numbers within parentheses: ( ) indicate costs or losses.
This fiscal note contains 16 pages.

ESTIMATED NET EFFECT ON FEDERAL FUNDS			
FUND AFFECTED	FY 2017	FY 2018	FY 2019
Federal*	$0	$0	$0
Total Estimated Net Effect on All Federal Funds	**$0**	**$0**	**$0**

* Income, costs and transfers-out net to $0.

ESTIMATED NET EFFECT ON FULL TIME EQUIVALENT (FTE)			
FUND AFFECTED	FY 2017	FY 2018	FY 2019
General Revenue	0 or 1	0 or 1	0 or 1
MoPHS	2	2	2
Total Estimated Net Effect on FTE	**2 or 3**	**2 or 3**	**2 or 3**

☒ Estimated Net Effect (expenditures or reduced revenues) expected to exceed $100,000 in any of the three fiscal years after implementation of the act.

ESTIMATED NET EFFECT ON LOCAL FUNDS			
FUND AFFECTED	FY 2017	FY 2018	FY 2019
Local Government	**$0**	**$0**	**$0**

FISCAL ANALYSIS

ASSUMPTION

§167.638, 174.335 and 198.054 - Vaccinations

In response to similar legislation (HB 2616), officials from **Missouri State University (MSU)** assumed there will be a negative fiscal impact, the amount and extend of which cannot be determined at this time.

Oversight notes that the current law in §174.335 requires every public institution of higher education to require all students who live on campus to have the meningococcal vaccine. This proposal requires the vaccine be given to the student no more than five years prior to the enrollment of the student at the institution. Oversight assumes the proposal will not have a significant fiscal impact on MSU.

Officials from the **Department of Higher Education** assume the proposal would not fiscally impact their agency.

§191.332 - Newborn Screening for SCID

Officials from the **Department of Health and Senior Services (DHSS)** provide the following assumptions:

Division of Community and Public Health
Based on information from states that have implemented severe combined immunodeficiency (SCID) screening, it is predicted that by adding SCID to the newborn screening panel, Missouri would have a total of 120 - 267 abnormal screenings annually that would need to be followed up on for a repeat screen or to coordinate with the treatment centers for confirmation of the disorders. Thus, it is assumed that the tracking and follow-up of SCID would exceed the current capacity of the newborn screening program.

Due to the nature of SCID, it would not be appropriate to add funding to the existing genetic contracts because newborns referred for follow-up after an abnormal SCID newborn screen would not be seen or followed in the genetic clinics. These newborns would be seen by immunologists and, if necessary, transplant teams. Therefore, the newborn screening program would require one (1) Public Health Senior Nurse ($49,788 annually) to conduct and coordinate all follow-up activities for SCID newborn screening.

ASSUMPTION (continued)

The Public Health Senior Nurse responsibilities would include:

- Coordinating and facilitating a SCID Newborn Screening Task Force to advise the Newborn Screening program in the implementation of adding SCID to the newborn screening panel;
- Coordinating directly with the primary care provider, the family, and the specialists to confirm or rule out the disorder and assure treatment as appropriate;
- Developing any necessary parent educational materials on SCID;
- Revising the newborn screening pamphlet to include information on SCID;
- Collaborating with the Missouri State Public Health Laboratory to develop procedures for calling out high risk SCID newborn screening results;
- Collaborating with physicians, nurses, and other medical professionals to ensure all newborns with a high risk SCID newborn screen are followed-up appropriately including all necessary evaluations and tests to confirm or rule out a disorder;
- Ensuring all confirmatory results and diagnoses are received and documented in order to close out the cases;
- Responding to calls from families that receive letters regarding SCID or are calling to find out more about newborn screening;
- Continually evaluate and monitor SCID newborn screening to ensure policies and procedures are in alignment with best practice and evidence-based standards of care; and
- Any additional tasks or duties related to SCID newborn screening.

The newborn screening pamphlet would need to be revised to include information on SCID. This would be a one-time cost of $6,000 to revise and reprint the pamphlet (100,000 pamphlets X $.06 each = $6,000).

State Public Health Laboratory (SPHL):

The State Public Health Laboratory (SPHL) will need to hire one (1) additional FTE Senior Public Health Laboratory Scientist ($41,940 annually) to be responsible for the oversight, analytical testing, interpreting of results, and reporting of approximately 375 newborn screening samples per working day for the SCID testing section.

The job description for Senior Public Health Laboratory Scientist includes:

- Opening daily samples received and assessing for quality and suitability;
- Processing samples into split samples for the SCID testing platforms;
- Comprising work lists, making necessary solutions, and performing instrument preparations;

ASSUMPTION (continued)

- Performing the molecular amplification and detection procedures for the presence of T-Cell Receptor Excision Circles (TRECs) to detect SCID;
- Reviewing and interpreting test results, and conducting necessary re-testing of abnormal results;
- Assessing the risk of abnormal results and contacting appropriate genetic referral center for confirmation and follow-up testing.
- Reviewing and approval of daily instrument controls for accuracy;
- Monitoring QC results for shifts and trends, and performing corrective and preventive actions;
- Oversight of instrument performance, maintenance, and troubleshooting;
- Conducting and oversight of regular proficiency testing to assure accuracy and proficiency certifications;
- Training and cross-training new scientists to be proficient in the SCID section;
- Ordering testing reagents and maintaining good inventory of items necessary for continuation of operations; and,
- Compiling monthly, annual, and as-needed reports for the newborn screening manager.

All laboratory equipment and expense costs associated with SCID testing are based upon vendor quotes for technology currently available. The DHSS assumes the proposal will have a cost to the MoPHS Fund of $657,801 for FY 2017; $761,285 for FY 2018 and $777,560 for FY 2019.

DHSS currently has the authority to set the fee per 191.331, RSMo. It will be necessary to raise the newborn screening fee to add SCID testing. These fund would be deposited into the Missouri Public Health Services (MoPHS) Fund. DHSS estimates that the fee will increase by $9.00 when testing begins.

Based on previous years, it is estimated the DHSS will perform 95,640 screens annually - 80,640 will be billed to the submitters (hospitals) and approximately 15,000 will be submitted to Medicaid. 15,000 X $9 (can only claim Medicaid for the lab portion) X 60% (Federal Medical Assistance Percentage rate) = $81,000; 80,640 X $9 = $725,760; total annual income $806,760 ($81,000 + $725,760).

The net estimated fiscal impact to the MoPHS Fund is expected to be $148,959 for FY 2017; $45,475 for FY 2018; and $29,200 for FY 2019.

Oversight assumes the DHSS does not need additional space for 2 FTE.

Oversight assumes the provisions of this proposal will take effect on January 1, 2017 when the state employee health insurance plan year goes into effect. In addition, Oversight assumes, based on the Department of Social Services, MO HealthNet response a 3.0% growth rate in Medicaid reimbursements for newborn screening expenses.

Oversight notes, per DHSS officials, that approximately $650,000 has been appropriated in the TAFP'd CCS SCS HCS HB 2010 for SCID newborn screening for FY 2017.

ASSUMPTION (continued)

Officials from the **Department of Social Services (DSS), MO HealthNet Division (MHD)** state by January 1, 2017, the Department of Health and Senior Services (DHSS) shall, subject to appropriations, expand the newborn screening requirements in section 191.331 to include severe combined immunodeficiency (SCID), also known as bubble boy disease.

Currently, newborn screenings are reimbursed by the MHD for the federal portion only. The general revenue portion is included in the DHSS budget.

In State Fiscal Year (SFY) 2014, the MHD was billed for approximately 15,000 newborn screenings by the State Health Lab. For this calculation, it is assumed the same number of screenings would be billed in SFY 2017 as billed in SFY 2014.

At this time the rate for the additional newborn screenings is unknown. Using DHSS' estimates that the rate will be $9.00, the result would be $135,000 ($9 increase X 15,000 newborn screenings).

Fiscal Impact: Unknown, but at least:

FY 2017 (calculated for 6 months): Total Federal Funds $42,679;
FY 2017 (3.0% trend factor): Total Federal Funds $87,919; and,
FY 2018 (3.0% trend factor): Total Federal Funds $90,556.

There is no fiscal impact on the Division of Legal Services.

§§195.206 and 338.205 - Naloxone /Opioid Antagonist

Officials from the **Department of Social Services (DSS), MO HealthNet Division (MHD)** state the proposal allows physicians to prescribe and pharmacists and pharmacy technicians to dispense, naloxone to an individual to administer, in good faith, to another individual suffering from an opiate-induced drug overdose. The intra-nasal Naloxone was not approved by the Federal Drug Administration (FDA) last year and, therefore, is not MO HealthNet eligible. Naloxone hydrochloride, an opioid overdose blocker was only recently approved by the FDA for intra-nasal use, and therefore, is now eligible for MO HealthNet reimbursement.

Participants with a diagnosis of opioid abuse or opioid dependence would be eligible to receive this opioid antagonistic drug/device. This drug/device would be covered if it met the MHD criteria that would promote appropriate utilization of the drug.

ASSUMPTION (continued)

There are currently 10,697 MHD participants who have a diagnosis of opioid or opioid dependence.

MHD assumed that 50% of the participants (10,697 X 50% = 5,349 rounded) with a relevant diagnosis would receive the opioid antagonistic in the first year. MHD further assumed that there would be 90% utilization (5,349 X 90% = 4,814) for the intra-nasal and 10% utilization (5,349 X 10% = 535) for the injectable for participants with an opioid abuse/opioid dependence diagnosis. The current cost for the injectable is $87.50 and $50.00 for the intra-nasal. MHD assumes a 3% increase each year in costs. The impact in the first year would be $287,513 ((4,814 x $50) + (535 x $87.50)) ($181,789 Federal; $105,724 State). In subsequent years, MHD assumed that there would be 10% growth in the FY17 claims (5% due to new individuals seeking the opioid antagonistic and 5% due to participants accessing a drug refill, so the participant count for the injectable would be 54 (535 X 10%) and 481 (4,814 X 10%) for intra-nasal for each year. Therefore, in FY18 there will be an impact of $4,876 for the injectable and $24,772 for the intra-nasal ($18,740 Federal; $10,899 State); for FY19 there will be an impact of $5,013 for the injectable and $25,515 for the intra-nasal ($19,302 Federal; $11,226 State). Costs are split Federal/State 63.228%/36.772% , respectively.

§196.990 - EPI Auto Injectors

In response to the previous version of this bill, Officials from the **Columbia/Boone County Department of Public Health and Human Services (DPHHS)** state the proposal will cause the DPHHS to incur unknown training costs. The bill requires expected epinephrine auto-injector users to receive training in recognizing symptoms of severe allergic reactions including anaphylaxsis and the use of epinephrine auto-injectors from a nationally recognized organization experienced in training laypersons in emergency health treatment or other entity or person approved by the department of health and senor services. Since the training entities are not yet established in regulation, it is impossible to know the cost associated with the training.

In response to the previous version of this proposal, officials from the **University of Missouri Health System** stated the proposal could have a substantial impact on the organization based on the cost of the injectors. The cost could be in excess of $100,000 annually depending on how the distribution, required availability and management of the injectors is ultimately administered.

In response to the previous version of this proposal, officials from the **Marion County Health Department** assumed they would experience a negative fiscal impact as a result of the increased expense of acquiring EPI pens and providing training but no estimate of the costs were provided.

Oversight assumes since section 196.660.3 provides that an authorized entity may, but is not required to, acquire a stock of EPI pens that the provisions of this proposal are permissive and that the DPHHS, the University of Missouri and Marion County Health Department will not incur additional costs unless they choose to do so.

ASSUMPTION (continued)

Officials from the **Department of Social Services (DSS), MO HealthNet Division (MHD)** state this section of the proposal has no fiscal impact on the MHD. MHD does not pay entities to stock items. Furthermore, it is likely that ambulances already have epinephrine auto-injectors in the ambulance. Additionally, Division of Youth Services (DYS) personnel currently authorized to administer epinephrine auto-injectors are trained by a company meeting the criteria put forth in the proposed legislation.

§324.001 - Collect and Analyze Workforce Data

Officials from the **Department of Health and Senior Services (DHSS)** state the proposed legislation duplicates an existing program. The Missouri Healthcare Workforce Registry and Exchange (MoHWoRx) is an information system developed by DHSS to help health professionals meet state registration requirements and to provide comprehensive and timely information on health care access statewide. MoHWoRx currently supports the Missouri Health Professionals Registry and the Bureau of Narcotics and Dangerous Drugs (BNDD) online registration. The Missouri Health Professionals Registry is a voluntary registration tool that provides the foundation for a comprehensive Missouri health care workforce information system and the Division of Professional Registration provides data to MoHWoRx to provide a more complete registry of health care professionals in Missouri. A data warehouse for MoHWoRx has been built to facilitate data quality assurance and analytics. Currently reports are being written to provide information on health care shortage areas and demographic, geographic and practice characteristics.

Section 324.001 of the proposal allows state boards to collaborate with the DHSS to collect and analyze workforce data to assess the availability of qualified health providers.

It is assumed that the MoHWoRx platform for the collection of information on the healthcare workforce will continue to be utilized and that additional resources will be added to ensure data quality, identify data gaps and provide the advanced analytics necessary to provide the information on the workforce to the various boards.

The Division of Community and Public Health (DCPH) will assist with data collection, data quality, reporting and identification of application issues and enhancements. In addition, since the information is self-reported, it is critical that data collected is systematically and routinely reviewed to assure quality and accuracy of the data reported -- particularly in regards to practice locations (satellite sites) and hours of operation. With the proposed legislation, it is anticipated the number of professionals registered and their practice information will increase substantially. DCPH will require additional FTE to assure technical support/assistance to the health care

ASSUMPTION (continued)

professionals as well as assure data quality and analysis. To perform these additional duties, DCPH will need one FTE Research Analyst III ($40,380 annually). Total costs to the General Revenue Fund are estimated to be $69,484 for FY 2017; $76,315 for FY 2018; and $77,192 for FY 2019.

Oversight assumes the DHSS does not need rental space for one FTE.

In addition, **Oversight** assumes the language of the proposal is permissive since it states in 324.001.14(1) that the state boards "may individually or collectively enter into a contractual agreement with the department of health and senior services..." (emphasis added). Therefore, the DHSS may or may not need additional resources to collect and analyze workforce data. As a result, Oversight will range DHSS costs from $0 to the amount provided by DHSS less rental space costs.

Officials from the **Department of Insurance, Financial Institutions and Professional Registration (DIFP)** state this legislation would have an unknown cost to various Professional Registration funds until contracts are established for the purpose of data collection.

The boards would incur minimal costs to collect the data. If the board(s) entered into a third party contract to analyze the data, the cost of the contract(s) would be based on the Request For Proposal (RFP).

Oversight assumes the language of the proposal is permissive since it states in 324.001.14(1) that the state boards "may individually or collectively enter into a contractual agreement with the department of health and senior services, a public institution of higher education, or a nonprofit entity..." (emphasis added). Therefore, the DIFP's Professional Registration boards may or may not need additional resources to collect and analyze workforce data. As a result, Oversight will range DIFP's various Professional Registration board costs from $0 to unknown.

Officials from the **Department of Social Services (DSS), MO HealthNet Division (MHD)** state MHD assumes that the amount of revenue collected from the sales tax will be comparable to what is currently collected under the property taxes; therefore, no fiscal impact to MHD.

§§376.379 and 376.388 - Medication Synchronization and Pharmacy Benefit Managers' Maximum Allowable Cost Lists

Officials from the **Department of Insurance, Financial Institutions and Professional Registration (DIFP)** state the department estimates up to 3 amendments per licensed company in the non-comprehensive market. At the end of 2015 there were 435companies writing non-

ASSUMPTION (continued)

comprehensive plans licensed in Missouri. Policy amendments must be submitted to the department for review along with a $50 filing fee. One time additional revenues to the Insurance Dedicated Fund are estimated to be up to $65,250.

Additional staff and expenses are not being requested with this single proposal, but if multiple proposals pass during the legislative session which require policy form reviews the department will need to request additional staff to handle increase in workload.

Officials from the **Department of Social Services (DSS)** states these provision require health carriers or managed care plans to offer medication synchronization services and defines procedures to be used by pharmacy benefit manager with regard to maximum allowable cost lists. Since the language in the section (Chapter 376, RSMo) refers only to patients of private health insurance, this would not impact MO HealthNet or its contracted health plans as the pharmacy benefits are carved out of the Managed Care benefit package. MO HealthNet reimburses the pharmacy benefit for all enrollees through fee-for-service.

Bill as a Whole

Officials from the **Office of Attorney General (AGO)** assume any potential costs arising from this proposal can be absorbed with existing resources. The AGO may seek additional appropriations if the need arises.

Officials from the **Joint Committee on Administrative Rules (JCAR)** state the legislation is not anticipated to cause a fiscal impact to JCAR beyond its current appropriation.

Officials from the **Department of Mental Health**, the **Missouri Consolidated Health Care Plan**, the **Missouri Department of Conservation**, the **Missouri Department of Transportation**, the **Office of Administration, General Services Division** and the **Office of State Courts Administrator** each assume the proposal would not fiscally impact their respective agencies.

Officials from the **Department of Public Safety, Missouri State Highway Patrol** defer to the Missouri Department of Transportation (MoDOT), Employee Benefits Section for response on behalf of the Highway Patrol. Please see MoDOT's fiscal note response for the potential fiscal impact of this proposal.

In response to the various similar proposals included in this current proposal, officials from the **Office of the Secretary of State (SOS)** stated many bills considered by the General Assembly include provisions allowing or requiring agencies to submit rules and regulations to implement

ASSUMPTION (continued)

the act. The SOS is provided with core funding to handle a certain amount of normal activity resulting from each year's legislative session. The fiscal impact for this fiscal note to the SOS for Administrative Rules is less than $2,500. The SOS recognizes that this is a small amount and does not expect that additional funding would be required to meet these costs. However, the SOS also recognizes that many such bills may be passed by the General Assembly in a given year and that collectively the costs may be in excess of what the office can sustain with the core budget. Therefore, the SOS reserves the right to request funding for the cost of supporting administrative rules requirements should the need arise based on a review of the finally approved bills signed by the governor.

Oversight assumes the SOS could absorb the costs of printing and distributing regulations related to this proposal. If multiple bills pass which require the printing and distribution of regulations at substantial costs, the SOS could request funding through the appropriation process.

FISCAL IMPACT - State Government	FY 2017 (10 Mo.)	FY 2018	FY 2019
GENERAL REVENUE FUND			
Costs - DSS (§ 195.206)			
Program expenditures	($105,724)	($10,899)	($11,226)
Costs - DHSS (§324.001)	$0 or...	$0 or...	$0 or...
Personal service	($33,650)	($40,784)	($41,192)
Fringe benefits	($17,603)	($21,234)	($21,346)
Equipment and expense	($14,877)	($10,171)	($10,425)
Total Cost - DHSS	$0 or ($66,130)	$0 or ($72,189)	$0 or ($72,963)
FTE Change - DHSS	0 or 1 FTE	0 or 1 FTE	0 or 1 FTE
ESTIMATED NET EFFECT ON THE GENERAL REVENUE FUND	**($105,724 or $171,854)**	**($10,899 or $83,088)**	**($11,226 or $84,189)**
Estimated Net FTE Effect on the General Revenue Fund	0 or 1 FTE	0 or 1 FTE	0 or 1 FTE

FISCAL IMPACT - State Government	FY 2017 (10 Mo.)	FY 2018	FY 2019
INSURANCE DEDICATED FUND			
Income - DIFP (§376.379)			
Form filing fees	Up to $65,250	$0	$0
ESTIMATED NET EFFECT ON THE INSURANCE DEDICATED FUND	**Up to $65,250**	**$0**	**$0**
PROFESSIONAL REGISTRATION FUNDS (various)			
Costs - DIFP (§324.001)			
Data collection costs	$0 or (Unknown)	$0 or (Unknown)	$0 or (Unknown)
ESTIMATED NET EFFECT ON PROFESSIONAL REGISTRATION FUNDS (various)	**$0 or (Unknown)**	**$0 or (Unknown)**	**$0 or (Unknown)**
MoPHS FUND (§191.332)			
Income - DHSS			
Increase in infant screening fees	$362,880	$725,760	$725,760
Transfer-in from DSS Federal Fund			
Reimbursement for screening costs	At least $42,679	At least $87,919	At least $91,556
Total Income and Transfers-in - DHSS	At least $405,559	At least $813,679	At least $817,316
Costs - DHSS			
Personal service	($41,715)	($92,645)	($93,572)
Fringe benefits	($21,489)	($45,495)	($45,748)
Equipment and expense	($287,594)	($614,894)	($629,782)
Total Costs - DHSS	($350,798)	($753,034)	($769,102)
FTE Change - DHSS	2 FTE	2 FTE	2 FTE
ESTIMATED NET EFFECT ON THE MoPHS FUND	**Could exceed $54,761**	**Could exceed $60,645**	**Could exceed $48,214**
Estimated Net FTE Change on the MoPHS Fund	2 FTE	2 FTE	2 FTE

FISCAL IMPACT - State Government	FY 2017 (10 Mo.)	FY 2018	FY 2019
FEDERAL FUNDS			
Income - DSS (§191.332)			
Increase in reimbursement for SCID newborn screening expenses	At least $42,679	At least $87,919	At least $90,556
Income - DSS (§195.206)			
Increase in program reimbursements	$181,789	$18,740	$19,302
Costs - DSS (§195.206)			
Increase in program expenditures	($181,789)	($18,740)	($19,302)
Transfer-out - DSS (§191.332)			
Transfer-out to DHSS MoPHS Fund for SCID newborn screening expenses	(At least $42,679)	(At least $87,919)	(At least $90,556)
ESTIMATED NET EFFECT ON FEDERAL FUNDS	**$0**	**$0**	**$0**

FISCAL IMPACT - Local Government	FY 2017 (10 Mo.)	FY 2018	FY 2019
	$0	**$0**	**$0**

FISCAL IMPACT - Small Business

Small business birthing centers, midwives and any other entities that purchase newborn screening collection forms would have to pay an additional fee. However, this cost may be recovered by the fees charged. There would also be additional administrative costs. (§191.332)

The proposal may have a minimal fiscal impact on small business pharmacies. (§195.206)

This proposal may have a minimal administrative impact on small business pharmacies. (§376.379)

FISCAL DESCRIPTION

This bill requires the Department of Health and Senior Services, subject to appropriations, to add severe combined immunodeficiency (SCID), also known as the bubble boy disease to the list of newborn screening requirements. (§191.332)

This bill allows any licensed pharmacist or pharmacy technician to sell and dispense intranasal naloxone under physician protocol to any person who is at least 18 years old with a valid Missouri identification or driver license. The licensed pharmacist or pharmacy technician must record specified information pertaining to the sale.

The bill creates immunity from criminal prosecution, disciplinary actions from a professional licensing board, and civil liability for an individual who, acting in good faith and with reasonable care, administers an opioid antagonist to an individual whom he or she believes is suffering an opioid-related drug overdose. Any individual or organization may store and dispense an opioid antagonist without being subject to the licensing and permitting requirements in Chapter 338, RSMo, if he or she does not collect a fee or compensation for dispensing the opioid antagonist when the person or organization is acting under a standing order issued by a health care professional who is authorized to prescribe an opioid antagonist. (§195.206)

This bill authorizes the State Board of Nursing, Board of Pharmacy, Missouri Dental Board, State Committee of Psychologists, State Board of Chiropractic Examiners, State Board of Optometry, the Missouri Board of Occupational Therapy or the State Board of Registration for the Healing Arts within the Department of Insurance, Financial Institutions and Professional Registration to individually or collectively enter into a contractual agreement with the Department of Health and Senior Services, a public institution of higher education, or a nonprofit entity for the purpose of collecting and analyzing workforce data. Information may be obtained from each board's licensees, registrants, or permit holders for future workforce planning and to assess the accessibility and availability of qualified health care services and practitioners in Missouri. The boards must work collaboratively with other state governmental entities to ensure coordination and avoid duplication of efforts. The boards may expend appropriated funds necessary for operational expenses of the program and each board is authorized to accept grants to fund the collection or analysis authorized in these provisions. Any funds received under these provisions must be deposited in the respective board’s fund.

Data collection must be controlled and approved by the applicable state board conducting or requesting the collection. The boards may release identifying data to the contractor to facilitate data analysis of the health care workforce including, but not limited to, geographic, demographic, and practice or professional characteristics of licensees. The state board must not request or be authorized to collect income or other financial earnings data.

Data collected under these provisions must be deemed the property of the state board requesting the data and must be maintained by the state board in accordance with Chapter 610, RSMo, the Open Meetings and Records Law, provided any information deemed closed or confidential must not be disclosed without consent of the applicable licensee or entity or as otherwise authorized by law.

FISCAL DESCRIPTION (continued)

The data must only be released in an aggregate form as specified in the bill and in a manner that cannot be used to identify a specific individual or entity. Data suppression standards must be addressed and established in the contract.

A contractor must maintain the security and confidentiality of data received or collected and must not use, disclose, or release any data without approval of the applicable state board and the contract between the applicable state board and the contractor must establish a data release and research review policy. (§324.001)

This act requires a health carrier or managed care plan that provides prescription drug coverage in the state to offer medication synchronization services. A health carrier or managed care plan that provides prescription drug coverage shall not charge any amount in excess of the otherwise applicable co-payment for dispensing a prescription drug in a quantity that is less than the prescribed amount and shall provide a full dispensing fee to the pharmacy that dispenses the prescription drug so long as the terms of the medication synchronization services are met. (§376.379)

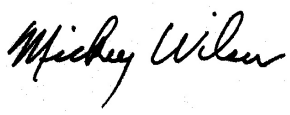
This legislation is not federally mandated, would not duplicate any other program and would not require additional capital improvements or rental space.

SOURCES OF INFORMATION

Office of Attorney General
Department of Higher Education
Department of Health and Senior Services
Department of Insurance, Financial Institutions
and Professional Registration
Department of Mental Health
Department of Public Safety -
Missouri State Highway Patrol
Department of Social Services -
MO HealthNet Division
Joint Committee on Administrative Rules
Missouri Consolidated Health Care Plan
Missouri Department of Conservation
Missouri Department of Transportation

SOURCES OF INFORMATION (continued)

Office of Administration -
General Services Division
Office of State Courts Administrator
Office of Secretary of State
Columbia/Boone County Department of
Public Health and Human Services
Marion County Health Department
University of Missouri



Mickey Wilson, CPA
Director
May 3, 2016

Ross Strope
Assistant Director
May 3, 2016