COMMITTEE ON LEGISLATIVE RESEARCH
OVERSIGHT DIVISION

FISCAL NOTE

L.R. No.: 4556-07
Bill No.: HCS for SS for SB 621
Subject: Health and Senior Services Department; Health Care; Health Care Professionals; Medicaid/MO HealthNet; Mental Health Department; Public Assistance; Social Services Department
Type: Original
Date: April 14, 2016

Bill Summary: This proposal modifies provisions relating to telehealth services.

FISCAL SUMMARY

ESTIMATED NET EFFECT ON GENERAL REVENUE FUND				
FUND AFFECTED	FY 2017	FY 2018	FY 2019	Fully Implemented (FY 2020)
General Revenue	($480,005 to $568,007)	($411,451 to $502,093)	($377,423 to $470,814)	($371,281 to $467,443)
Total Estimated Net Effect on General Revenue	**($480,005 to $568,007)**	**($411,451 to $502,093)**	**($377,423 to $470,814)**	**($371,281 to $467,443)**

ESTIMATED NET EFFECT ON OTHER STATE FUNDS				
FUND AFFECTED	FY 2017	FY 2018	FY 2019	Fully Implemented (FY 2020)
Total Estimated Net Effect on Other State Funds	**$0**	**$0**	**$0**	**$0**

Numbers within parentheses: ( ) indicate costs or losses. This fiscal note contains 17 pages.

ESTIMATED NET EFFECT ON FEDERAL FUNDS				
FUND AFFECTED	FY 2017	FY 2018	FY 2019	Fully Implemented (FY 2020)
Federal *	$0	$0	$0	$0
Total Estimated Net Effect on All Federal Funds	**$0**	**$0**	**$0**	**$0**

* Income and expenditures could exceed $700,000 annually and net to $0.

ESTIMATED NET EFFECT ON FULL TIME EQUIVALENT (FTE)				
FUND AFFECTED	FY 2017	FY 2018	FY 2019	Fully Implemented (FY 2020)
General Revenue	1.5	1.5	1.5	1.5
Federal	1.5	1.5	1.5	1.5
Total Estimated Net Effect on FTE	**3**	**3**	**3**	**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	Fully Implemented (FY 2020)
Local Government	**$0**	**$0**	**$0**	**$0**

FISCAL ANALYSIS

ASSUMPTION

§§9.154, 191.594, and 191.596 - Show-Me Compassionate Medical Education

Officials at the **Department of Higher Education**, the **Department of Mental Health (DMH)** and the **Department of Social Services** each assume there is no fiscal impact from this proposal to their respective organizations.

Oversight notes this proposal creates the Show-Me Compassionate Medical Education Act that allows medical schools in Missouri to conduct a single center or multi-center study to facilitate the collection of data to minimize stress and reduce the risk of depression and suicide for medical students. Oversight did not receive a response from the University of Missouri or Truman State University. These Universities have medical schools that may be impacted by the proposal. Oversight assumes this allows them to conduct a study but does not require it. Oversight assumes this would not have a fiscal impact.

§208.152 - MO HealthNet Reimbursement of New Behavior Assessment and Intervention Codes

Officials from the **Department of Social Services (DSS), MO HealthNet Division (MHD)** state if the proposed legislation is enacted, MHD would reimburse for behavior assessment and intervention codes 96150 to 96154 for all psychologists regardless of any accreditation or specific training. MHD does not currently reimburse for these codes for psychologists without specific training in this intervention; therefore, a cost would be incurred. MHD anticipates the reimbursement for these codes would be $20.00 per unit. Medicare does reimburse for codes 96150 to 96154 and MHD pays for the Medicare deductible and coinsurance related to these codes for dual (Medicare and Medicaid) enrolled individuals. In FY 2015, MHD paid the coinsurance and deductibles on 1,983 units of service. The number of dual enrolled participants in October 2015 was 146,444. The number of claims billed per dual enrolled is 0.014 (1,983 / 146,444). The number of MHD participants who are eligible for these services covered by codes 96150 to 96154 was 805,666 in October 2015. The estimated number of units which would be billed to MHD is 11,279 (805,666 X 0.014 claims/dual enrolled) annually. The estimated FY 2015 cost would be $225,580 (11,279 x $20.00). The FY 2015 cost was inflated by 3% annually to arrive at the FY 2017 through FY 2020 cost.

ASSUMPTION (continued)

Because this section is subject to appropriation, a range will be used from $0 to the total estimated cost for each year for this subsection only.

FY 2017: Total $0 to $239,317 (GR $0 to $88,002; Federal $0 to $151,315);
FY 2018: Total $0 to $246,497 (GR $0 to $90,642; Federal $0 to $155,855);
FY 2019: Total $0 to $253,892 (GR $0 to $93,361; Federal $0 to $160,531), and
FY 2020: Total $0 to $261,509 (GR $0 to $96,162; Federal $0 to $165,347).

Officials from the **Department of Mental Health** assume the proposal would not fiscally impact their agency.

§§208.670, 208.671, 208.673, 208.675, 208.677, and 208.686 - Telehealth and Telemonitoring

Officials from the **DSS, MHD** provide the following assumptions:

Section 208.670.5 adds the use of asynchronous store-and-forward technology to the practice of telehealth.

In 2015 there were 17,432 telehealth visits. MHD estimates that 10% of the telehealth visits will be the amount of asynchronous store-and-forward visits for new users resulting in 1,744 (17,432 * 10%) visits. MHD estimates that the costs to transmit the data from the patient site to the distant site will be $14.60 per transmission for a total cost for new users of $25,463. MHD estimates that 5% of the telehealth services will be existing telehealth users who will use this new service resulting in 872 (17,432 * 5%) visits. MHD estimates that the costs to transmit the data from the patient site to the distant site will be $14.60 per transmission for a total cost for existing users of $12,732. The total estimated cost to transmit the data from the patient site to the distant site is $38,195 ($25,463 + $12,732).

MHD estimates that 1,308 (1,744* 75%) store-and-forward visits will require additional care. MHD estimates that it will costs $67 for each additional care visit for a total cost of $87,636 (1,308 * $67).

The total cost for asynchronous store-and-forward in SFY 17 is $125,831 ($25,463 + $12,732 + $87,636). MHD assumes there will be only 10 months in SFY 17 at a cost of $104,859 ($125,831 * 10/12). A 3% inflation factor was used to calculate SFY 18 and beyond.

With existing users utilizing store-and-forward there would be a Non-Emergency Medical Transportation (NEMT) savings of $25 per visit for a total savings of $21,800 ($25 * 872). MHD doesn't expect to see these savings until SFY 19 due to rate development methodologies in

ASSUMPTION (continued)

NEMT capitation payments. The $21,800 was trended using a 3% inflation factor to get to the savings for SFY 19. MHD assumes it will see 75% of the SFY 19 savings due to SFY 17 costs only being for 10 months.

A State Plan Amendment (SPA) is required for the asynchronous store-and-forward services.

Section 208.671 will require MMIS costs to update the system. MHD estimates that it will cost $200,000 in system work and $75,000 in staff time to do the work for a total of $275,000. These costs will be split 50/50 between General Revenue (GR) and Federal Funds.

MHD estimates it will need 1.25 additional FTEs at the Management Analysis Specialist II position for system work, integration, evaluation, and to establish guidelines.

Section 208.673 establishes the "Telehealth Services Advisory Committee."

MHD estimates it will need 1 additional FTE at the Program Development Specialist level to coordinate the new advisory committee, plan agendas, attend meetings, take minutes, oversee filling vacancies, etc.

Section 208.675 lists eligible health care providers.

13 CSR 70-3.190 describes MO HealthNet's (MHD) telehealth services and does not include Clinical Social Workers, Licensed Professional Counselors, Assistant Physicians, Physicians Assistants, and Optometrist as eligible health care providers. (**Oversight** notes these providers are not currently eligible MO HealthNet providers.)

Clinical Social Workers - In 2015 there were 17,432 telehealth visits. MHD estimates that 20% of the telehealth visits will be the amount of new Clinical Social Worker telehealth visits for new users resulting in 3,487 (17,432 * 20%) new visits. MHD estimates that the telehealth originating fee will be $14.60 per transmission for a cost for new users of $50,910. MHD estimates the provider will charge $48 per visit for new users resulting in costs of $167,376 (3,487 * $48). The total cost for new users is $218,286 ($50,910 + $167,376). MHD estimates that 5% of the telehealth services will be existing Clinical Social Worker users who will now use telehealth services resulting in 872 (17,432 * 5%) visits. MHD estimates that the costs to transmit the data from the patient site to the distant site will be $14.60 per transmission for a total cost for existing users of $12,731.

The total estimated cost for Clinical Social Workers in SFY 17 is $231,017 ($218,286 + $12,731). Since there will be only 10 months in SFY 17 the cost will be $192,514 ($231,017 * 10/12). A 3% inflation factor was used to calculated SFY 18 and beyond.

ASSUMPTION (continued)

With existing users utilizing Clinical Social Workers via telehealth, there would be an NEMT savings of $25 per visit for a total savings of $21,800 ($25 * 872). MHD doesn't expect to see these savings until SFY 19 due to rate development methodologies in NEMT capitation payments. The $21,800 was trended using a 3% inflation factor to get to the savings for SFY 19. MHD assumes it will see 75% of the SFY 19 savings due to SFY 17 costs only being for 10 months.

Licensed Professional Counselors - In 2015 there were 17,432 telehealth visits. MHD estimates that 10% of the telehealth visits will be the amount of new Licensed Professional Counselor telehealth visits for new users resulting in 1,744 (17,432 * 10%) new visits. MHD estimates that the telehealth originating fee will be $14.60 per transmission for a cost for new users of $25,462. MHD estimates the provider will charge $48 per visit for new users resulting in costs of $83,712 (1,744 * $48). The total cost for new users is $109,174 ($25,462 + $83,712). MHD estimates that 5% of the telehealth services will be existing Licensed Professional Counselor users who will now use telehealth services resulting in 872 (17,432 * 5%) visits. MHD estimates that the costs to transmit the data from the patient site to the distant site will be $14.60 per transmission for a total cost for existing users of $12,731.

The total estimated cost for Licensed Professional Counselors in SFY 17 is $121,905 ($109,174 + $12,731). Since there will be only 10 months in SFY 17 the cost will be $101,588 ($121,905 * 10/12). A 3% inflation factor was used to calculated SFY 18 and beyond.

With existing users utilizing Licensed Professional Counselors via telehealth, there would be an NEMT savings of $25 per visit for a total savings of $21,800 ($25 * 872). MHD doesn't expect to see these savings until SFY 19 due to rate development methodologies in NEMT capitation payments. The $21,800 was trended using a 3% inflation factor to get to the savings for SFY 19. MHD assumes it will see 75% of the SFY 19 savings due to SFY 17 costs only being for 10 months.

Assistant Physicians - In 2015 there were 17,432 telehealth visits. MHD estimates that 5% of the telehealth visits will be the amount of new Assistant Physician telehealth visits for new users resulting in 872 (17,432 * 5%) new visits. MHD estimates the telehealth originating site fee will be $14.60 per transmission for a cost for new users of $12,731. MHD estimates the provider will charge $48 per visit for new users resulting in costs of $41,856 (872 * $48). The total cost for new users is $54,587 ($12,731 + $41,856). MHD estimates that 5% of the telehealth services will be existing Assistant Physician users who will now use telehealth services resulting in 872 (17,432 * 5%) visits. MHD estimates that the costs to transmit the data from the patient site to the distant site will be $14.60 per transmission for a total cost for existing users of $12,731.

ASSUMPTION (continued)

The total estimated cost for Assistant Physicians in SFY 17 is $67,318 ($54,587 + $12,731). Since there will be only 10 months in SFY 17 the cost will be $56,098 ($67,318 * 10/12). A 3% inflation factor was used to calculated SFY 18 and beyond.

With existing users utilizing Assistant Physicians via telehealth, there would be an NEMT savings of $25 per visit for a total savings of $21,800 ($25 * 872). MHD doesn't expect to see these savings until SFY 19 due to rate development methodologies in NEMT capitation payments. The $21,800 was trended using a 3% inflation factor to get to the savings for SFY 19. MHD assumes it will see 75% of the SFY 19 savings due to SFY 17 costs only being for 10 months.

Physicians Assistants - In 2015 there were 17,432 telehealth visits. MHD estimates that 10% of the telehealth visits will be the amount of new Physician Assistant telehealth visits for new users resulting in 1,744 (17,432 * 10%) new visits. MHD estimates that the telehealth originating site fee will be $14.60 per transmission for a cost for new users of $25,462. MHD estimates the provider will charge $48 per visit for new users resulting in costs of $83,712 (1,744 * $48). The total cost for new users is $109,174 ($25,462 + $83,712). MHD estimates that 5% of the telehealth services will be existing Physician's Assistant users who will now use telehealth services resulting in 872 (17,432 * 5%) visits. MHD estimates that the costs to transmit the data from the patient site to the distant site will be $14.60 per transmission for a total cost for existing users of $12,731.

The total estimated cost for Physicians Assistants in SFY 17 is $121,905 ($109,174 + $12,731). Since there will be only 10 months in SFY 17 the cost will be $101,588 ($121,905 * 10/12). A 3% inflation factor was used to calculated SFY 18 and beyond.

With existing users utilizing Physicians Assistants via telehealth, there would be an NEMT savings of $25 per visit for a total savings of $21,800 ($25 * 872). MHD doesn't expect to see these savings until SFY 19 due to rate development methodologies in NEMT capitation payments. The $21,800 was trended using a 3% inflation factor to get to the savings for SFY 19. MHD assumes it will see 75% of the SFY 19 savings due to SFY 17 costs only being for 10 months.

Optometrists - In 2015 there were 17,432 telehealth visits. MHD estimates that 10% of the telehealth visits will be the amount of new Optometrists telehealth visits for new users resulting in 1,744 (17,432 * 10%) new visits. MHD estimates that the telehealth originating site fee will be $14.60 per transmission for a cost for new users of $25,462. MHD estimates the provider will charge $48 per visit for new users resulting in costs of $83,712 (1,744 * $48). The total cost for

ASSUMPTION (continued)

new users is $109,174 ($25,462 + $83,712). MHD estimates that 5% of the telehealth services will be existing Optometrist users who will now use telehealth services resulting in 872 (17,432 * 5%) visits. MHD estimates that the costs to transmit the data from the patient site to the distant site will be $14.60 per transmission for a total cost for existing users of $12,731.

The total estimated cost for Optometrists in SFY 17 is $121,905 ($109,174 + $12,731). Since there will be only 10 months in SFY 17 the cost will be $101,588 ($121,905 * 10/12). A 3% inflation factor was used to calculated SFY 18 and beyond.

With existing users utilizing Optometrists via telehealth, there would be an NEMT savings of $25 per visit for a total savings of $21,800 ($25 * 872). MHD doesn't expect to see these savings until SFY 19 due to rate development methodologies in NEMT capitation payments. The $21,800 was trended using a 3% inflation factor to get to the savings for SFY 19. MHD assumes it will see 75% of the SFY 19 savings due to SFY 17 costs only being for 10 months.

Section 208.677 defines the term originating site and gives a list of sites that can be an originating site.

13 CSR 70-3.190 describes MO HealthNet's (MHD) telehealth services and does not include school, MHD participant's home, clinical designated area in a pharmacy, or child assessment centers as originating sites.

MHD assumes this legislation does not include all services provided at a school-based clinic, but rather only behavioral health provided under an IEP (Individual Education Plan). MHD further assumes school-based telehealth services under an IEP would likely increase the utilization of Behavioral Health counseling services. Behavioral health counseling is currently considered the only allowable service through telehealth that can be billed by schools. MHD reimburses schools for the federal share of costs incurred. The current FY15 spend for Behavioral Health counseling is $368,000 with 9,751 annual visits. Assuming a 5% increase in number of visits to the school based originating site, this would add $4,504 in originating fees in FY17 (488 visits x $9.23 federal portion of originating site fees per visit as schools pay the state share). Since there will only be 10 months in FY 17, the cost will be $3,753 ($4,504 * 10/12). A 3% inflation factor was used to calculate FY 18 and beyond.

There is also a resulting savings to NEMT costs for providing this service in schools. Due to NEMT capitation rate methodologies, there is a two year lag to incorporate the lower NEMT utilization in to the rates. Initially, MHD would see increased costs in SFY 17 and SFY 18 and NEMT savings would begin to occur in SFY 19 and be fully implemented into the rates by SFY 20.

ASSUMPTION (continued)

MHD assumes that the requirements for adding a clinical designated area in a pharmacy for telehealth services would be cost prohibitive to the pharmacy and will not have a fiscal impact on MHD.

According to missourikidsfirst.org, Missouri Child Advocacy Centers serve around 7,000 children each year. Assuming 5% of these children will utilize telehealth, there will be 350 telehealth visits (7,000 * 5%). At a cost of $14.60 a visit, the total cost will be $5,110 (350 * $14.60) in FY 17. Since there will only be 10 months in FY 17, the cost will be $4,258 ($5,110 * 10/12). A 3% inflation factor was used to calculate FY 18 an beyond.

13 CSR 70-3.190 Telehealth Services requires the telehealth service to be performed on a "private, dedicated telecommunications line approved through the Missouri Telehealth Network (MTN). The telecommunications line must be secure and utilize a method of encryption adequate to protect the confidentiality and integrity of the Telehealth service information. The Missouri Telehealth Network must also approve the equipment that will be used in Telehealth service." It further states that both a distant and originating site shall use authentication and identification to ensure confidentiality. In addition, the CSR specifies that the originating site (patient location) must ensure immediate availability of clinical staff during a Telehealth encounter in the event a participant requires assistance.

Based on these requirements, MHD assumes in-home telehealth would be cost prohibitive to MHD participants and there would be no fiscal impact.

Section 208.686, subject to appropriations, requires the department to establish a statewide program that permits reimbursement under the MHD program for home telemonitoring services. Continuation of funding for such a program is dependent upon a review of cost effectiveness.

MHD is currently running reports to see if telemonitoring is cost effective. Assuming that it is cost effective, there will be no impact to MHD. This bill would make telemonitoring a state plan service which would require a State Plan Amendment (SPA).

MHD estimates it will need 1 FTE at the Social Services Band 2 position for evaluation of the cost effectiveness of the service.

Section B includes an emergency clause which applies to Sections 9.154,191.594, 191.596, 191.1145 and 208.152.

ASSUMPTION (continued)

The total costs for this bill are:

SFY17 (10 months): Total $1,163,313 (GR $492,145; Federal $671,168) to $1,402,630 (GR $580,147; Federal $822,483;

SFY18: Total $1,066,387 (GR $422,558; Federal $643,829) to $1,312,884 (GR $513,199; Federal $799,765;

SFY19: Total $ 973,717 (GR $388,745; Federal $584,972) to $1,227,609 (GR $482,106; Federal $745,503); and

SFY20: Total $956,873 (GR $382,820; Federal $574,053) to $1,218,382 (GR $478,982; Federal $739,400) fully implemented.

Oversight assumes MHD would not hire 0.25 FTE and that the duties of that part-time FTE would be absorbed by existing personnel. In addition, Oversight assumes MHD would not need rental space for a total of 3 FTE.

Officials from the **West Plains Schools** assume the proposal will have no cost to their school district. It is possible for the proposal to result in potential savings as a result of the tele-health options, but any savings are unknown at the present time.

Oversight assumes potential savings to the school district to be speculative at this time and is not including the potential unknown savings in the fiscal note.

Officials from the **Office of the Governor (GOV)** state Section 208.673 establishes the Telehealth Services Advisory Committee which is comprised of nine gubernatorial appointees. There should be no added cost to the GOV as a result of this measure. However, if additional duties are placed on the office related to appointments in other Truly Agreed To and Finally Passed (TAFP) legislation, there may be the need for additional staff resources in future years.

§334.108 - Prescribing Drugs

Officials from the **DSS, MHD** provide that section 334.108.3 states no physician or his/her delegate, on-call physician, or advanced practice registered nurse shall prescribe any drug, controlled substance, or other treatment to a patient based solely on an evaluation over the telephone, unless a previously established ongoing relationship exists.

Section 334.108.4 states no physician shall prescribe any drug, controlled substance, or other treatment to a patient based solely on an internet request or an internet questionnaire.

The provisions of this section have no fiscal impact on the MHD.

Bill as a Whole:

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 **Kansas City Public Schools** state the proposal will have little or no fiscal impact on their school district.

Officials from the **Department of Elementary and Secondary Education**, the **Department of Higher Education**, the **Department of Mental Health**, the **Missouri Senate**, the **Everton R-III School District**, the **Macon County R-IV Schools**, the **Malta Bend School District**, the **New Haven School District** and the **Wright City R-II School District** each assume the proposal would not fiscally impact their respective agencies.

In response to the previous version of this proposal, officials from the **University of Missouri (UM) Health Care** stated they had reviewed the proposed legislation and determined that as written, it should not create additional expenses in excess of $100,000 annually.

Oversight assumes this is the materiality threshhold for the UM Health Care and that any costs incurred by UM can be absorbed within current resource levels.

In response to the previous version of this proposal, officials from the **Department of Health and Senior Services** assumed the proposal would not fiscally impact their agency.

In response to the previous version of this 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 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.

ASSUMPTION (continued)

In response to the previous version of this proposal, officials from the **City of St. Charles School District** assumed the proposal would have no negative impact. However, officials assumed there could be a potential unknown positive impact if the provision of these services allow increased school attendance due to fewer doctors' appointments during school hours.

Oversight assumes this is an indirect impact and is not presenting the unknown positive impact for fiscal note purposes.

In response to the previous version of this proposal, officials from the **St. Elizabeth R-4 School District** assumed the proposal will result in minimal, absorbable costs.

In response to the previous version of this proposal, officials from the **Brentwood School District**, the **Kennett School District** and the **Sarcoxie R-II School District** each assumed the proposal would not fiscally impact their respective agencies.

FISCAL IMPACT - State Government	FY 2017 (10 Mo.)	FY 2018	FY 2019	Fully Implemented (FY 2020)
GENERAL REVENUE FUND				
Costs - DSS-MHD (§208.152)				
Increased program payments	$0 to ($88,002)	$0 to ($90,642)	$0 to ($93,391)	$0 to ($96,162)
Costs - DSS (§§208.671 - 208.686)				
Personal service	($60,342)	($73,134)	($73,865)	($74,604)
Fringe benefits	($29,100)	($35,118)	($35,318)	($35,520)
Equipment and expense	($9,450)	($2,094)	($2,146)	($2,200)
MMIS update	($137,500)	$0	$0	$0
Program distributions	($243,613)	($301,105)	($266,094)	($258,957)
Total Costs - DSS	($480,005)	($411,451)	($377,423)	($371,281)
FTE Change - DSS	1.5 FTE	1.5 FTE	1.5 FTE	1.5 FTE
ESTIMATED NET EFFECT ON THE GENERAL REVENUE FUND	**($480,005 to $568,007)**	**($411,451 to $502,093)**	**($377,423 to $470,814)**	**($371,281 to $467,443)**
Estimated Net FTE Change on the General Revenue Fund	1.5 FTE	1.5 FTE	1.5 FTE	1.5 FTE

FISCAL IMPACT - State Government	FY 2017 (10 Mo.)	FY 2018	FY 2019	Fully Implemented (FY 2020)
FEDERAL FUNDS				
Income - DSS-MHD				
Increase in program reimbursements (§208.152)	$0 to $151,315	$0 to $155,855	$0 to $160,531	$0 to $165,347
Increase in program reimbursements (§§208.671 - 208.686)	$659,027	$632,724	$573,652	$562,416
Costs - DSS (§208.152)				
Increase in program costs	$0 to ($151,315)	$0 to ($155,855)	$0 to ($160,531)	$0 to ($165,347)
Costs - DSS (§§208.671 - 208.686)				
Personal service	($60,342)	($73,134)	($73,865)	($74,604)
Fringe benefits	($29,100)	($35,118)	($35,318)	($35,520)
Equipment and expense	($9,450)	($2,094)	($2,146)	($2,100)
MMIS update	($137,500)	$0	$0	$0
Program disbursements	($422,635)	($522,378)	($462,323)	($450,192)
Total Costs - DSS	($659,027)	($632,724)	($573,652)	($562,416)
FTE Change - DSS	1.5 FTE	1.5 FTE	1.5 FTE	1.5 FTE
ESTIMATED NET EFFECT ON FEDERAL FUNDS	**$0**	**$0**	**$0**	**$0**
Estimated Net FTE Change on Federal Funds	1.5 FTE	1.5 FTE	1.5 FTE	1.5 FTE

FISCAL IMPACT - Local Government	FY 2017 (10 Mo.)	FY 2018	FY 2019	Fully Implemented (FY 2020)
	$0	**$0**	**$0**	**$0**

FISCAL IMPACT - Small Business

This proposal will have a direct, positive impact on small business health care providers.

FISCAL DESCRIPTION

§208.152 - MO HealthNet Reimbursement of New Behavior Assessment and Intervention Codes

Beginning July 1, 2016, and subject to appropriations, this bill requires the MO HealthNet Division within the Department of Social Services to reimburse eligible providers, including psychologists, of behavioral, social, and psychophysiological services for the prevention, treatment, or management of physical health problems. A provider must be reimbursed utilizing the specified behavior assessment and intervention reimbursement codes or their successor codes under the Current Procedural Terminology coding system maintained by the American Medical Association.

§§208.670, 208.671, 208.673, 208.675, 208.677, and 208.686 - Telehealth and Telemonitoring

This act defines "telehealth" or "telemedicine" as the delivery of health care services by means of information and communication technologies which facilitate the assessment, diagnosis, consultation, treatment, education, care management, and self-management of a patient's health care while such patient is at the originating site and the health care provider is at the distant site. Any licensed health care provider shall be authorized to provide telehealth services if such services are within the scope of practice for which the health care provider is licensed and are provided under the same standard of care as services provided in person. Additionally, no originating site for shall be required to maintain immediate availability of on-site clinical staff during the telehealth service, unless such is necessary to meet the standard of care for the treatment of the patient's medical condition when the treating physician has not previously met the patient in person, is not at the originating site, and is not providing coverage for a health care provider with an established relationship with the patient.

Additionally, physicians practicing telemedicine shall ensure that a properly established physician-patient relationships, as described in this act, exists with the person receiving telemedicine services. Physicians, or their delegates, on-call physicians, or advanced practice

FISCAL DESCRIPTION (continued)

registered nurses, shall be prohibited from prescribing drugs, controlled substances, or any other treatment to a patient based solely on an evaluation over the telephone, unless a previously-established and ongoing valid physician-patient relationship exists, or based solely on an Internet request or an Internet questionnaire.

This act specifies the licensed individuals who shall be considered eligible health care providers for the provision of telehealth services for MO HealthNet participants. Additionally, this act specifies the originating sites where a MO HealthNet participant may receive telehealth services.

This act addresses the use of asynchronous store-and-forward technology in the practice of telehealth services for MO HealthNet participants. "Asynchronous store-and-forward" is defined in the act as the transfer of a patient's clinically important digital samples, such as still images, videos, audio, and text files, and relevant data from an originating site through the use of a camera or similar recording device that stores digital samples that are forwarded via telecommunication to a distant site for consultation by a consulting provider without requiring the simultaneous presence of the patient and the patient's treating provider. The Department of Social Services, in consultation with the Departments of Mental Health and Health and Senior Services, shall promulgate rules governing the use of asynchronous store-and-forward technology in the practice of telehealth in MO HealthNet. The act also specifies reimbursement for asynchronous store-and-forward services for the treating provider and the consulting provider.

This act establishes a statewide home telemonitoring program for the MO HealthNet program. Home telemonitoring services are health care services that require scheduled remote monitoring of data related to a patient's health. The act specifies the individuals for whom home telemonitoring services may be made available. If the Department of Social Services determines that home telemonitoring is not cost effective, the Department may discontinue the program and stop providing reimbursement through MO HealthNet for such services.

Finally, this act permits a health carrier to reimburse a health care provider for telehealth services that utilize store-and-forward technologies.

This act has an emergency clause for certain provisions.

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 Elementary and Secondary Education
Department of Higher Education
Department of Health and Senior Services
Department of Mental Health
Department of Social Services -
MO HealthNet Division
Office of the Governor
Joint Committee on Administrative Rules
Missouri Senate
Office of Secretary of State
University of Missouri
Brentwood School District
City of St. Charles School District
Everton R-III School District
Kansas City Public Schools
Kennett School District
Macon County R-IV Schools
Malta Bend School District
New Haven School District
St. Elizabeth R-4 School District
Sarcoxie R-II School District
West Plains Schools
Wright City R-II School District

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HW-C:LR:OD