

COMMITTEE ON LEGISLATIVE RESEARCH
OVERSIGHT DIVISION

FISCAL NOTE

L.R. No.: 4627-08
Bill No.: Truly Agreed To and Finally Passed CCS for HCS for SS for SB 732
Subject: Emergencies
Type: Original
Date: June 1, 2016

Bill Summary: This proposal modifies provisions relating to public safety.

FISCAL SUMMARY

ESTIMATED NET EFFECT ON GENERAL REVENUE FUND			
FUND AFFECTED	FY 2017	FY 2018	FY 2019
General Revenue	(Could exceed \$1,941,077)	(Could exceed \$1,756,714)	(Could exceed \$1,751,367)
Total Estimated Net Effect on General Revenue	(Could exceed \$1,941,077)	(Could exceed \$1,756,714)	(Could exceed \$1,751,367)

ESTIMATED NET EFFECT ON OTHER STATE FUNDS			
FUND AFFECTED	FY 2017	FY 2018	FY 2019
Intergovernmental Transfer*	\$0	\$0	\$0
Total Estimated Net Effect on <u>Other</u> State Funds	\$0	\$0	\$0

* Income and expenses exceeding \$9 million annually beginning in FY 2018 net to \$0.
 Numbers within parentheses: () indicate costs or losses. This fiscal note contains 20 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 and expenses exceeding \$16 million annually beginning in FY 2018 net to \$0.

ESTIMATED NET EFFECT ON FULL TIME EQUIVALENT (FTE)			
FUND AFFECTED	FY 2017	FY 2018	FY 2019
General Revenue	6 FTE	6 FTE	6 FTE
Intergovernmental Transfer Fund	0	1 FTE	1 FTE
Federal Funds	0	1 FTE	1 FTE
Total Estimated Net Effect on FTE	6 FTE	8 FTE	8 FTE

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 or Less than \$1,270,000	\$0 or Up to \$3,960,820	\$0 or Up to \$4,873,600

FISCAL ANALYSIS

ASSUMPTION

§§44.010 & 44.032 - Urban Search and Rescue Task Force

Officials from the **Department of Public Safety - State Emergency Management Agency (SEMA)** assumed an unknown fiscal impact to the General Revenue Fund. In response to a previous version of this proposal, SEMA stated they have only been able to identify one time that this team was deployed under a state process. To the best of their knowledge, this was the building collapse at Clinton in 2006. Since we had little ability to estimate to current standards, we utilized the FEMA PSMA NPS ESF #9 Search and Plan cost requirements. Our estimate is based on the FEMA plan for a 14 day deployment. The cost estimate is for a total of \$145,355, or \$10,382.50 per day to the General Revenue Fund. To develop a specific cost figure per incident would be difficult as it would depend on the type of incident and specific purpose for which the deployment is needed.

SEMA assumes costs as follows:

Personnel	\$ 78,612
Travel and Per Diem	\$ 54,543
Equipment and Supplies	\$ 7,700
Dispatch	<u>\$ 4,500</u>
TOTAL	\$145,355

SEMA noted that the cost figures stated (\$145,355) only encompass specific costs identified by FEMA for the positions within the recognized organization. The proposal includes reimbursement for any reasonable and necessary expenditures (which we have no visibility on what those expenses may be since FEMA is specific on their cost allowances as to what is eligible and what is not).

Oversight assumes the cost to the state would depend upon a disaster or emergency proclamation by the Governor. If there is such a disaster or emergency, the Governor has the authority to expend funds for urban search and rescue task force. Oversight will range the fiscal impact to the state from \$0 (either no such disaster or emergency that requires the services of the urban search and rescue task force, or the Governor decides not to expend funds for expenses incurred by the task force) to a cost that could exceed \$100,000. Oversight will assume this appropriation will be made from the General Revenue Fund.

ASSUMPTION (continued)

§94.902 - Sales tax for Public Safety purposes:

In response to a similar proposal from 2015 (HB 566), officials from the **City of Liberty** stated their estimate of revenue from a one-half cent sales tax would be approximately \$1,700,000 per year and the election cost would be approximately \$30,000. City officials did not indicate any additional cost to their organization to implement this proposal, and **Oversight** assumes any additional cost could be absorbed with existing resources.

Officials from the **City of North Kansas City** stated their estimate of revenue from a one-half cent sales tax would be approximately \$1,600,000 each year if the entire half-cent sales tax was levied. City officials did not indicate any additional cost to their organization to implement this proposal, and **Oversight** assumes any additional cost could be absorbed with existing resources.

Officials from the **Office of Administration - Division of Budget and Planning (B&P)** noted the proposal would allow voters in certain cities to approve a sales tax up to $\frac{1}{2}$ of one percent to improve public safety of the city.

B&P officials provided information indicating taxable sales in Liberty totaled \$404.8 million in FY 2015. Therefore, B&P officials estimated the proposed sales tax could generate up to \$1 million for FY 2017 and \$2 million annually thereafter. B&P noted the Department of Revenue can keep up to 1% of collections to offset costs, and therefore B&P estimates Total State Revenue and General Revenue increases could be as much as \$10,000 in FY2017 and \$20,000 per year thereafter if the sales tax is approved.

B&P officials provided information indicating taxable sales in the City of North Kansas City totaled \$320 million in FY 2015. Therefore, B&P officials estimated the proposed sales tax could generate up to \$800,000 for FY 2017 and \$1.6 million annually thereafter. B&P noted the Department of Revenue can keep up to 1% of collections to offset costs, and therefore B&P estimates Total State Revenue and General Revenue increases could be as much as \$8,000 in FY2017 and \$16,000 per year thereafter if the sales tax is approved.

Oversight assumes the B&P revenue estimates for this proposal are the best estimates available and will use those estimates for this fiscal note. Oversight assumes the additional revenues would be spent for public safety purposes and will also include additional cost for local governments equal to the additional revenue in this fiscal note.

Oversight also assumes the proposals could be submitted to the voters as early as the April, 2017 (FY 2017) municipal elections. If a sales tax is approved by the voters, it would become

ASSUMPTION (continued)

effective on the first day of the second calendar quarter after the election. The proposed sales tax could therefore become effective as early as October 1, 2017 (FY 2018).

For fiscal note purposes, **Oversight** will assume the election would be held with the April, 2017 municipal elections and sales tax could be collected from October 1, 2017 to June 30, 2018 (FY 2018). Oversight is also aware there is some delay in collecting, reporting, accounting, and remitting sales tax to local governments; however, we will indicate revenue up to nine months (75%) of the annual estimate for FY 2018.

For the City of Liberty, the estimate would be $(\$2,024,000 \times .75) = \$1,518,000$, and for FY 2019 and following years, the sales tax revenue estimate would be \$2,024,000.

For the City of North Kansas City, the estimate would be $(\$1,600,000 \times .75) = \$1,200,000$ (rounded) and for FY 2019 and following years, the sales tax revenue estimate would be \$1,600,000.

Finally, **Oversight** notes this proposal would allow, but not require, the cities to propose a public safety sales tax to the voters, and the fiscal impact will be presented as \$0 (no election held) or the estimated election costs above and \$0 (no election or voters do not approve the sales tax) or the estimated sales tax revenue above. Oversight will reflect a 1 percent collection fee retained by the State on the new sales taxes.

§190.142.2 - EMT-P Licensing:

Officials from the **Department of Health and Senior Services (DHSS)** state initial licensure testing for EMT-P shall be through either the national registry of EMT's or an exam developed and administered by DHSS. DHSS is currently using the national registry. It is assumed if this were no longer available, DHSS would be responsible for the development and administration of the licensure examination.

DHSS processes approximately 450 applications for the EMT-P annually. DHSS will require 2 EMS Inspectors II at an annual salary of \$40,380 each to oversee and process the testing. The test will be available monthly at various locations throughout the state. Each test will take approximately 2 days to complete with an average class size of 40 individuals.

In addition DHSS will require one Sr. Office Support Assistant at an annual salary of \$25,824 annually, to assist in scheduling and record maintenance. The testing will include a written and practical portion. The practical portion will include 12 diagnostic testing stations, which will

ASSUMPTION (continued)

require testing equipment at an estimated cost of \$50,000. The written portion of the test can be obtained from an industry approved text book at the estimated cost of \$500. In addition DHSS will require 50 laptops on which the test may be administered.

§190.241 & §192.737 - Hospital Emergency Care:

Officials from the **Department of Health and Senior Services (DHSS)** state, based on work with other data systems, DHSS estimates the legislation would require two Research Analysts III positions with an annual salary of \$40,380 each. The duties of the analysts would be to work with the data collection system to evaluate and analyze the data and produce quarterly regional and state outcome data reports.

This will be complex data analysis work. The new staff would have to learn two separate data collection systems, extract data from both systems and then link the data to create a combined file. The combined file would then need to be analyzed in order to produce the required reports which may number as many as 28 annually. The analysts would be responsible for preparing, editing, and producing these reports. The reports must then be shared with the state advisory council on emergency medical services (EMS) and regional EMS committees to review for performance improvement and patient safety. Based on experience, DHSS envisions that the data analysts will have to be involved in some capacity with these review teams. The analysts will have to serve as technical experts assisting the facilities that submit data to the systems. Furthermore, once these systems are operational the unit will begin to receive ad hoc data requests based on these files.

The brain and spinal cord injury system collects emergency, inpatient/outpatient and ambulatory surgery center data. DHSS assumes that any analysis of the trauma data for the brain and spinal cord injury program would be conducted by the two research analysts.

This proposed legislation will allow centers to enter into the Time Critical Diagnosis System (TCD) registry or into a nationally recognized registry or data bank (such as the American Heart Association's Get With the Guidelines). As a result of this legislation, DHSS anticipates that more centers will submit data. DHSS is not currently producing any regional or statewide reports.

There are currently 45 designated stroke centers with two pending applications. Since not all centers use the TCD Registry and the legislation would allow them to enter data into a nationally recognized registry or data bank, a big part of the analysts' duties would be to obtain, compile and interpret the data.

ASSUMPTION (continued)

In summary, DHSS assumes the need for two FTE Research Analysts II (at \$40,380 annually) for a total cost of approximately \$143,000 per year to the General Revenue Fund.

§190.260 - First Informer Broadcasters Act:

In response to a previous version of the bill, officials from the **Department of Public Safety - State Emergency Management Agency** and the **Missouri Highway Patrol** each assumed the proposal would not fiscally impact their agency.

§§208.1030 - 208.1032 - Medicaid ground emergency medical transportation services:

Officials from the **Department of Social Services (DSS)** state this bill creates two new sections in Chapter 208, RSMo, which would authorize the MO HealthNet Division (MHD) to implement and administer supplemental payments to providers of ground emergency medical transportation for allowable medical expenditures. Participation by providers is voluntary; however, providers must be owned, operated, or contracted by the state, a political subdivision, or local government. To receive supplemental payment, providers must enter into and maintain an agreement with the department to implement and reimburse the department for administrative costs. The non-federal share of the supplemental payment is to be paid with funds collected via intergovernmental transfer by eligible providers.

Section 208.1030 specifies the provisions for providing supplemental reimbursement to providers under the fee-for-service (FFS) program. FFS providers cannot receive a net payment from MHD which exceeds one hundred percent of actual cost. Section 208.1032 specifies the provisions for providing supplemental reimbursement to providers pursuant to a contract or other arrangement with a MO HealthNet managed care plan. The supplemental payment made to providers under managed care must be actuarially equivalent to FFS payments, but cannot exceed commercial reimbursement rates available. Furthermore, MO HealthNet managed care plans and coordinated care organizations are required to forward all payments received as part of an increased capitation payment for ground emergency transportation services to eligible providers.

MHD assumes DSS is required to obtain all necessary approvals from the Center for Medicare and Medicaid Services (CMS) before supplemental payments can be made. Any portions of this bill that do not comply with CMS requirements will not be implemented per Section 208.158, RSMo.

MHD assumes it will need two additional staff to develop and implement the proposed supplemental payment program. These staff would be responsible for obtaining federal approval

ASSUMPTION (continued)

of the Upper Payment Limit (UPL) program, contacting eligible providers for data, and serve as the liaison with contractors working to develop the calculation and payment methodologies. A Fiscal Administrative Manager Band 1 position (\$48,144 annually) and Management Analyst Specialist II (\$41,940 annually) are requested implement the program. MHD assumes the costs of these positions will be supported by collections from participating providers as specified in the bill.

Similar to MHD experiences with other UPL initiatives, MHD will need funds to contract with a vendor for the UPL Demonstration and to perform ongoing actuarial analyses. MHD assumes contracted work would begin in FY17 with a goal to begin supplemental payments in FY18. The UPL Demonstration assumes \$50,000 is needed in the first year to develop a calculation with \$25,000 needed in subsequent years to calculate annual payments. MHD assumes \$50,000 is needed annually to ensure payments are actuarially sound. All contract costs are estimated at a 50/50 Federal/General Revenue (GR) split.

Because commercial rates and actual costs of these services are unknown, MHD assumes Medicare rates as the upper payment limit for the purposes of this analysis. Based on FY15 utilization of ground emergency medical transportation services, FY16 planned rates with the 1% rate increase effective January 1, 2016, and Medicare reimbursement as of January 2016, the supplemental payment for FFS providers could total \$15,333,064 in FY16. MHD assumes Medicaid rates will remain stagnant while Medicare rates will increase 3% each year. If the UPL program is not implemented until FY18, the total supplemental payments for FFS providers could total \$17,644,164.

MHD then determined the impact to eligible providers serving MO HealthNet recipients under a managed care contract by using December 2015 enrollment numbers. In December, there were 966,367 MO HealthNet enrollees. Of that number, 472,333 received services under MO HealthNet managed care. The remaining FFS enrollees (494,034) less disabled and elderly results in 257,878 individuals considered FFS Managed-Care like participants. Based on December 2015 expenditures, 24% of the FFS ambulance expenditures were made on behalf of Managed-Care like individuals (not aged, blind, or disabled). MHD determined a Medicaid per member per year (PMPY) cost for FY16 of \$21.12 ($\$22,616,040 * 24.09\% / 257,898$) and a Medicare PMPY cost of \$35.45 ($\$37,949,104 * 24.09\% / 257,898$). MHD then applied the FFS PMPY to the number of managed care enrollees less the number of participants that were aged, blind, or disabled since these populations use emergency medical transportation services at a higher rate than the managed care population. The FY16 supplemental payment under managed care would be \$6,764,428 ($\$16,741,858$ Medicare - $\$9,977,430$ Medicaid). MHD assumes Medicaid rates will remain stagnant while Medicare rates will increase 3% each year. If the UPL

ASSUMPTION (continued)

program is not implemented until FY18, the total supplemental payments for managed care providers would total \$7,784,007.

Therefore, the total supplemental payment to all emergency medical transportation providers would be \$25,428,172 total funds (\$17,644,164 + \$7,784,007). MHD assumes no GR would be used to make these payments as the entire state share would be transferred via IGT (Intergovernmental Transfer) to DSS.

Oversight notes per discussions with DSS officials that there is the DSS Intergovernmental Transfer Fund (#0139). Oversight assumes this is the fund that would be used for the draw down of supplemental payments for emergency medical transportation services.

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

In response to the previous version of this proposal, officials from the **Callaway County Ambulance District** stated they could seek an additional estimated \$208,405 in reimbursement for services provided to Medicaid patients on an annual basis.

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

Oversight assumes this is the materiality threshold 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 **Callaway County, St. Louis County** and **Mississippi County** each assumed the proposal would not fiscally impact their respective agencies.

In response to the previous version of this proposal, officials from the **Cass Regional Medical Center** assumed the proposal would have no fiscal impact on their organization.

Oversight notes the Department of Social Services (DSS) is to seek necessary federal approvals for the implementation of this program. For fiscal note purposes, Oversight assumes DSS is granted the necessary federal approvals.

ASSUMPTION (continued)

Participation in the program by providers is voluntary as long as the providers meet the provisions of the proposal. DSS will submit claims for federal financial participation for the expenditures of services that are allowable under federal law, as well as any necessary materials that will provide assurance that the claims provided by ambulance services only include those expenditures that are allowable under federal law. Eligible providers must enter into agreements with the department, as a condition of receiving supplemental reimbursements, to reimburse the DSS for the costs of administering the program.

Oversight assumes the DSS will incur unknown costs to implement/set up the program in FY 2017 and assumes that reimbursements from providers will cover DSS costs, both in 2017 and in subsequent years and that the net effect to the General Revenue Fund will be \$0. All costs and reimbursements are unknown.

§287.245 - Worker's Compensation insurance premiums for volunteer firefighters:

Officials at the **Department of Public Safety - Division Fire Safety** state they maintain a registration database of all fire departments in the State of Missouri. Currently the Division has 966 total fire departments registered in Missouri – of those 635 are registered as Volunteer Fire Associations and would therefore meet the definition of this proposed legislation. These 635 departments maintain a roll of as many as 21,114 volunteer fire fighters in the State.

Section 287.245 requires the State Fire Marshal (Division of Fire Safety) to disburse grants to volunteer fire protection associations. The amount of the grants is based on the number of workers' compensation claims filed in the previous calendar year, with the maximum benefit of \$2,000. The Division assumes all 635 Volunteer Fire Associations would apply for and qualify for the \$2,000 grant annually. Therefore \$1,270,000 General Revenue support would be needed to fund the grants.

The requirements of §287.245 are new for the Division of Fire Safety and there is no program in any way similar currently within the Division. Therefore the passage of this legislation would necessitate additional staff in the form of one Accountant I to administer this program and the related funds, along with appropriate expense and equipment funding, totaling \$45,725 in FY17.

The Division would need to create an application form, review the applications and other supporting documentation, coordinate with the volunteer fire applications and other supporting documentation, correspond with volunteer fire applicants, review the claims filed, verify the requested monies corresponds with the claims filed with the Division of Workers' Compensation, approve the grant request if appropriate, coordinate the requisition of the funds,

ASSUMPTION (continued)

and disburse the grant monies to the qualified applicants, etc. Disbursement of the grants would be subject to appropriation.

Therefore, this proposal impacts the 635 volunteer fire associations and approximately 21,114 volunteer fire fighters in our state who are currently registered with the Division of Fire Safety by providing them with grants to be used for workers' compensation insurance premiums. The amount of the grants is based on the number of claims filed in the previous calendar year.

The Division assumes a need for \$1,270,000 (635 x \$2,000) of General Revenue Funds in order to support the grants specified in a full year. In addition, the Division is requesting \$45,725 in General Revenue funding for an FTE and expense funds to support this additional program with appropriate increases in following fiscal years. Total funding for this program implementation would be \$1,104,058 in FY17 and \$1,353,941 in FY18.

Bill as a Whole:

Officials from the **Department of Public Safety - Missouri Highway Patrol**, the Department of Revenue, the Department of Labor and Industrial Relations, the Office of the State Courts Administrator, and the Department of Transportation each assume the proposal would not fiscally impact their respective agencies.

Officials from the **Attorney General's Office** assumed that any potential costs arising from this proposal could be absorbed with existing resources.

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, we also recognize 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 our office can sustain with our core budget. Therefore, we reserve 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

ASSUMPTION (continued)

regulations at substantial costs, the SOS could request funding through the appropriation process.

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

<u>FISCAL IMPACT - State Government</u>	FY 2017 (10 Mo.)	FY 2018	FY 2019
GENERAL REVENUE			
<u>Revenue</u> - 1% collection fee on new sales taxes in §94.902	\$0	\$0 or Up to \$27,180	\$0 or Up to \$36,400
<u>Costs</u> - DPS - SEMA - potential to reimburse urban search and rescue task force for expenses §§44.010 & 44.032	\$0 or (Could exceed \$100,000)	\$0 or (Could exceed \$100,000)	\$0 or (Could exceed \$100,000)
<u>Costs</u> - DHSS §190.142.2			
Personal Service	(\$88,820)	(\$107,649)	(\$108,727)
Fringe Benefits	(\$49,496)	(\$59,686)	(\$59,980)
Expense and Equipment	<u>(\$256,994)</u>	<u>(\$51,989)</u>	<u>(\$52,838)</u>
Total Costs - DHSS	<u>(\$395,310)</u>	<u>(\$219,324)</u>	<u>(\$221,245)</u>
FTE Change - DHSS	3 FTE	3 FTE	3 FTE
<u>Costs</u> - DHSS §190.241 & §192.737			
Personal Service	(\$67,300)	(\$81,568)	(\$82,383)
Fringe Benefits	(\$35,206)	(\$42,468)	(\$42,691)
Expense and Equipment	<u>(\$27,536)</u>	<u>(\$18,343)</u>	<u>(\$18,803)</u>
Total Costs - DHSS	<u>(\$130,042)</u>	<u>(\$142,379)</u>	<u>(\$143,877)</u>
FTE Change - DHSS	2 FTE	2 FTE	2 FTE

<u>FISCAL IMPACT - State</u> <u>Government</u> (continued)	FY 2017 (10 Mo.)	FY 2018	FY 2019
<u>Transfer Out - Division of</u>			
<u>Fire Safety - Grant</u>			
Disbursements to	\$0 or (Less than	\$0 or (Less than	\$0 or (Less than
Qualifying Fire	\$1,270,000)	\$1,270,000)	\$1,270,000)
Protection Associations			
§287.245			
 <u>Costs - Division of Fire</u>			
<u>Safety - Grant §287.245</u>			
Personnel Services	(\$25,820)	(\$31,294)	(\$31,607)
Fringe Benefits	(\$15,464)	(\$18,642)	(\$18,727)
Equipment and Expenses	(\$4,441)	(\$2,255)	(\$2,311)
<u>Total Costs - Division of</u>	<u>(\$45,725)</u>	<u>(\$52,191)</u>	<u>(\$52,645)</u>
Fire Safety			
FTE Change - DFS	1 FTE	1 FTE	1 FTE
 ESTIMATED NET			
EFFECT TO			
GENERAL REVENUE			
	(Could exceed	(Could exceed	(Could exceed
	<u>\$1,941,077</u>)	<u>\$1,756,714</u>)	<u>\$1,751,367</u>)
 Estimated Net FTE			
Change for General			
Revenue	6 FTE	6 FTE	6 FTE

<u>FISCAL IMPACT - State</u> <u>Government</u> (continued)	FY 2017 (10 Mo.)	FY 2018	FY 2019
 INTERGOVERNMENT AL TRANSFER FUND			
 <u>Income - DSS</u> (§§208.1030 and 208.1032)			
Payments from participating ambulance providers	\$0	\$9,471,195	\$10,103,060
 <u>Costs - DSS (§§208.1030 and 208.1032)</u>			
Personal service	\$0	(\$45,493)	(\$45,947)
Fringe benefits	\$0	(\$22,521)	(\$22,645)
Equipment and expense	\$0	(\$52,734)	(\$43,949)
Program distributions	<u>\$0</u>	<u>(\$9,350,447)</u>	<u>(\$9,990,519)</u>
Total <u>Costs - DSS</u>	<u>\$0</u>	<u>(\$9,471,195)</u>	<u>(\$10,103,060)</u>
FTE Change - DSS	0 FTE	1 FTE	1 FTE
 ESTIMATED NET EFFECT ON THE INTERGOVERNMENT AL TRANSFER FUND			
	<u>\$0</u>	<u>\$0</u>	<u>\$0</u>
 Estimated Net FTE Change on the Intergovernmental Transfer Fund	 0 FTE	 1 FTE	 1 FTE

<u>FISCAL IMPACT - State</u> <u>Government</u> (continued)	FY 2017 (10 Mo.)	FY 2018	FY 2019
FEDERAL FUNDS			
<u>Income - DSS</u> (§§208.1030 and 208.1032)			
Supplemental reimbursements	\$0	\$16,198,472	\$17,290,843
<u>Costs - DSS</u> (§§208.1030 and 208.1032)			
Personal service	\$0	(\$45,493)	(\$45,947)
Fringe benefits	\$0	(\$22,521)	(\$22,645)
Equipment and expense	\$0	(\$52,734)	(\$43,949)
Program distributions	<u>\$0</u>	<u>(\$16,077,724)</u>	<u>(\$17,178,302)</u>
Total <u>Costs - DSS</u>	<u>\$0</u>	<u>(\$16,198,472)</u>	<u>(\$17,290,843)</u>
FTE Change - DSS	0 FTE	1 FTE	1 FTE
ESTIMATED NET EFFECT ON FEDERAL FUNDS	<u>\$0</u>	<u>\$0</u>	<u>\$0</u>

<u>FISCAL IMPACT - Local Government</u>	FY 2017 (10 Mo.)	FY 2018	FY 2019
VOLUNTEER FIRE PROTECTION ASSOCIATIONS			
<u>Transfer In</u> - Division of Fire Safety - Grant	\$0 or Less than <u>\$1,270,000</u>	\$0 or Less than <u>\$1,270,000</u>	\$0 or Less than <u>\$1,270,000</u>
NET EFFECT ON VOLUNTEER FIRE PROTECTION ASSOCIATIONS	\$0 or Less than <u>\$1,270,000</u>	\$0 or Less than <u>\$1,270,000</u>	\$0 or Less than <u>\$1,270,000</u>
CITIES			
<u>Additional revenue</u> - City of Liberty - sales tax §94.902	\$0	\$0 or Up to \$1,518,000	\$0 or \$2,040,000
<u>Additional revenue</u> - City of North Kansas City sales tax §94.902	\$0	\$0 or Up to \$1,200,000	\$0 or \$1,600,000
Cost - 1% collection fee to the Department of Revenue	\$0	\$0 or (Up to \$27,180)	\$0 or (Up to \$36,400)
ESTIMATED NET EFFECT TO CITIES	<u>\$0</u>	<u>\$0 or Up to \$2,690,820</u>	<u>\$0 or Up to \$3,603,600</u>
ESTIMATED NET EFFECT TO LOCAL POLITICAL SUBDIVISIONS	<u>\$0 or Less than \$1,270,000</u>	<u>\$0 or Up to \$3,960,820</u>	<u>\$0 or Up to \$4,873,600</u>

FISCAL IMPACT - Small Business

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

FISCAL DESCRIPTION

§§44.010, 44.032 - under this act, any urban search and rescue task force is eligible to receive funds from the Missouri Disaster Fund for any reasonable and necessary expenditures incurred in the course of responding to any declared emergency.

§94.902 - would authorize certain cities to submit to the voters a proposal to impose a sales tax of up to .5% for the purpose of improving the public safety of the city.

§§190.241, 192.737 - This bill changes the laws regarding stroke center designation for hospitals by adding an alternative process for hospitals to obtain a stroke center designation. If a hospital applies for stroke center designation using the alternative process, the Department of Health and Senior Services must designate the hospital using the following guidelines: (1) A level I stroke center if such hospital has been certified as a comprehensive stroke center by the Joint Commission or any other certifying organization designated by the department if such certification is in accordance with the American Heart Association and American Stroke Association guidelines; (2) A level II stroke center if such hospital has been certified as a primary stroke center by the Joint Commission or any other certifying organization designated by the department if such certification is in accordance with the American Heart Association and American Stroke Association guidelines; or (3) A level III stroke center if such hospital has been certified as an acute stroke-ready hospital by the Joint Commission or any other certifying organization designated by the department if such certification is in accordance with the American Heart Association and American Stroke Association guidelines.

The department is permitted to remove a hospital's designation as a stroke center if the hospital requests removal of the designation or the department determines that the certificate recognizing the hospital as a stroke center has been suspended or revoked. The bill requires the department to report to the certifying organization any complaint it receives related to the certification of a stroke center designated under these provisions and must also advise the complainant of which organization certified the stroke center and provide the necessary contact information should the complainant wish to pursue a complaint with the certifying organization. The bill specifies additional requirements for any hospital receiving designation as a stroke center under these provisions.

FISCAL DESCRIPTION (continued)

All hospitals designated as a STEMI or stroke center by the department must submit data to meet the data submission requirements specified by rules promulgated by the department. The submission of data may be done using methods specified in the bill and when collecting and analyzing data under the provisions of the bill, the department must comply with specified requirements.

§§208.1030 - 208.1032 - Medicaid ground emergency medical transportation services:

The bill permits an eligible provider to receive MO HealthNet supplemental reimbursement to the extent provided by law in addition to the rate of payment that the provider would otherwise receive for Medicaid ground emergency medical transportation services. A provider must be eligible for Medicaid supplemental reimbursement if the provider meets specified characteristics during the state reporting period and an eligible provider's Medicaid supplemental reimbursement must be calculated and paid as specified in the bill. An eligible provider, as a condition of receiving supplemental reimbursement, must enter into and maintain an agreement with the designee of the Department of Social Services for the purposes of implementing the provisions of the bill and reimbursing the department for the costs of administering these provisions. The non-federal share of the supplemental reimbursement submitted to the Centers for Medicare and Medicaid Services for purposes of claiming federal financial participation must be paid and certified as specified in the bill.

The bill delineates the process for when an applicable governmental entity elects to seek supplemental reimbursement on behalf of an eligible provider owned or operated by, or contracted with the entity.

The bill authorizes the department to seek any necessary federal approvals for the implementation of the provisions of the bill and permits the department to limit the program to those costs that are allowable expenditures under Title XIX of the Social Security Act.

The bill authorizes the department to design and implement in consultation and coordination with eligible providers an intergovernmental transfer program relating to ground emergency medical transport services, including specified services, in order to increase capitation payments for the purpose of increasing reimbursement to eligible providers. A provider is eligible for increased reimbursement under this section only if the provider meets certain conditions in an applicable state fiscal year. To the extent intergovernmental transfers are voluntarily made by and accepted from an eligible provider or a governmental entity affiliated with an eligible provider, the department must make increased capitation payments as specified in the bill to applicable MO HealthNet managed care plans and coordinated care organizations for covered ground emergency

FISCAL DESCRIPTION (continued)

medical transportation services.

The intergovernmental transfer program must be implemented on the date federal approval is obtained, and only to the extent intergovernmental transfers from the eligible provider, or the governmental entity with which it is affiliated, are provided for this purpose. The department must implement the intergovernmental transfer program and increased capitation payments on a retroactive basis as permitted by federal law. Participation in the intergovernmental transfers is voluntary on the part of the transferring entities for purposes of all applicable federal laws.

The bill specifies conditions of participation for MO HealthNet managed care plans, coordinated care organizations, eligible providers, and governmental entities affiliated with eligible providers. The provisions of the bill must be implemented only if and to the extent federal financial participation is available and is not otherwise jeopardized, and any necessary federal approvals have been obtained. To the extent that the director of the department determines that the payments made under the provisions of the bill do not comply with federal Medicaid requirements, the director retains the discretion to return or not accept an intergovernmental transfer, and may adjust payments as necessary to comply with federal Medicaid requirements.

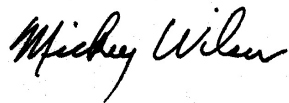
§287.245 - permits volunteer fire protection associations to apply to the State Fire Marshal for grants for the purpose of funding the workers' compensation insurance premiums for the association's volunteer firefighters. Grants shall be disbursed by the Marshal, subject to appropriations, based upon the number of volunteer firefighters which received workers' compensation benefits from claims arising out of and in the course of the prevention or control of fire or the underwater recovery of drowning victims in the preceding calendar year.

This proposal contains an emergency clause for section 190.265 concerning fences around hospital helipads.

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 Public Safety
Department of Health and Senior Services
Department of Higher Education
Office of the Secretary of State
Department of Health and Senior Services
Office of Administration
Department of Social Services
Missouri State University
Northwest Missouri State University
Springfield Police Department
Boone County Sheriff's Office
Cole County Sheriff's Office
State Technical College of Missouri
University of Central Missouri
University of Missouri
Joint Committee on Administrative Rules
Department of Revenue
City of Liberty
City of North Kansas City



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Director
June 1, 2016

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June 1, 2016