

COMMITTEE ON LEGISLATIVE RESEARCH
OVERSIGHT DIVISION

FISCAL NOTE

L.R. No.: 3268-02
Bill No.: SB 788
Subject: Children and Minors; Health Care; Health Care Professionals; Health and Senior Services Department; Medicaid/MO HealthNet; Mental Health; Mental Health Department; Nurses; Physicians; Psychologists; Public Assistance; Social Services Department
Type: Original
Date: March 6, 2020

Bill Summary: This proposal Establishes the "Postpartum Depression Care Act".

FISCAL SUMMARY

ESTIMATED NET EFFECT ON GENERAL REVENUE FUND			
FUND AFFECTED	FY 2021	FY 2022	FY 2023
General Revenue	(\$2,073,070)	(\$1,893,605)	(\$2,132,385)
Total Estimated Net Effect on General Revenue	(\$2,073,070)	(\$1,893,605)	(\$2,132,385)

ESTIMATED NET EFFECT ON OTHER STATE FUNDS			
FUND AFFECTED	FY 2021	FY 2022	FY 2023
Total Estimated Net Effect on <u>Other</u> State Funds	\$0	\$0	\$0

Numbers within parentheses: () indicate costs or losses.
 This fiscal note contains 8 pages.

ESTIMATED NET EFFECT ON FEDERAL FUNDS			
FUND AFFECTED	FY 2021	FY 2022	FY 2023
Federal*	\$0	\$0	\$0
Total Estimated Net Effect on <u>All</u> Federal Funds	\$0	\$0	\$0

* Income and expenses exceed \$3.5 million annually and net to \$0.

ESTIMATED NET EFFECT ON FULL TIME EQUIVALENT (FTE)			
FUND AFFECTED	FY 2021	FY 2022	FY 2023
Total Estimated Net Effect on FTE	0	0	0

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 2021	FY 2022	FY 2023
Local Government	\$0	\$0	\$0

FISCAL ANALYSIS

ASSUMPTION

§191.940 - New section regarding postpartum depression screening

Officials from the **Department of Mental Health (DMH)** assume that the required written information regarding postpartum depression would be the responsibility/cost of Department of Health and Senior Services (DHSS). The requirements for loading information on the DMH website could be done with no additional cost to the department.

Oversight does not have any information to the contrary. Therefore, Oversight will reflect the no fiscal impact assumed by DMH for this section for fiscal note purposes.

§208.151 - Extends MO HealthNet postpartum depression treatment to 12 additional months

Officials from the **Department of Social Services (DSS)** state the proposed legislation extends MO HealthNet coverage for participants who receive mental health treatment for postpartum depression or related mental health services from sixty days to one year. If the proposed legislation passes, a waiver would be required to extend the current 60 day post-partum coverage to one year.

The MO HealthNet Division's (MHD) Evidence Based Unit identified in the first fiscal year, there would be 9,068 member months eligible for reimbursement. This estimate was based on the number of pregnant women with a Substance Use Disorder (SUD) diagnosis and for those mothers that were not eligible for another full Medicaid benefit. From this report, MHD calculated the number of months needed for coverage after their 60 day postpartum coverage (this represents the number of member months).

The average per member per month (PMPM) payment for participants with postpartum depression and other related mental health conditions is estimated to be \$531.84 in FY 21. This PMPM was calculated by reviewing all behavioral health related costs for child bearing women (excluded disabled women) aged 14-44 years old.

System modifications will be needed to create a new Medical Eligibility (ME) code in the Medicaid Management Information System (MMIS) for these participants, the estimate for this cost would be \$160,000. There will also likely be a need for system work in the Missouri Eligibility Determination and Enrollment System (MEDES) and in MHD Prod. MHD defers to FSD/ITSD for this estimate.

ASSUMPTION (continued)

FY 21 total: \$4,982,822 (GR: \$1,761,573; Fed: \$3,221,249)

FY 22 total: \$5,430,936 (GR: \$1,893,605; Fed: \$3,537,332)

FY 23 total: \$6,115,768 (GR: \$2,132,385; Fed: \$3,983,383)

Oversight does not have any information to the contrary. Oversight assumes DSS will be able to obtain a federal waiver for the program changes in this proposal. Therefore, Oversight will reflect the costs provided by DSS for fiscal note purposes.

Officials from the **Office of Administration (OA), Information Technology Services Division (ITSD)/DSS** state this section of the proposal will require changes to the MHD systems and the Missouri Eligibility Determination and Enrollment System (MEDES).

Changes to the MHD systems include, but are not limited to logic to incorporate a new medical eligibility (ME) code into MHD systems including managed care and eligibility being sent to other programs for claims payments and reporting.

Changes to MEDES include but are not limited to: revision of existing system screens to capture additional information; determination of eligibility for the mental health services benefits for up to 12 months; modification of existing system forms and notices; addition of new ME codes; and generation of eligibility records for processing through MO HealthNet Systems and Missouri Medicaid Information System (MMIS).

OA, ITSD/DSS assumes every new IT project/system will be bid out because all ITSD resources are at full capacity. IT contract rates for MHD systems are estimated at \$95/hour. It is assumed MHD systems modifications will require 267.84 hours for a cost of \$25,445 (267.84 * \$95), 50% GR/50% Federal (\$12,722 GR; \$12,723 Federal) in FY 21 exclusively.

Modifications for the MEDES system must be performed by Redmane. Hourly IT costs under this contract vary by position title and work type. It is estimated to take 3,515 hours for a total cost of \$597,550, 50% GR/50% Federal (\$298,775 GR; \$298,775 Federal) in FY 21 exclusively.

Therefore, the total OA, ITSD/DSS costs for this proposal are \$622,995 in FY 21 exclusively.

Oversight does not have any information to the contrary. Therefore, Oversight will reflect the costs provided by OA, ITSD/DSS for fiscal note purposes.

Officials from **DMH** assume that behavioral health services for postpartum depression and related mental health conditions would likely be covered by DSS. Postpartum depression is not normally covered by DMH services until it reaches a severity to qualify for Comprehensive Psychiatric Rehabilitation (CPR) services, therefore, DMH would assume no fiscal impact and that most of these services would fall under DSS cost.

ASSUMPTION (continued)

Oversight does not have any information to the contrary. Therefore, Oversight will reflect the no fiscal impact assumed by DMH for this section for fiscal note purposes.

Responses regarding the proposed legislation as a whole

Officials from the **University of Missouri Health Care** have reviewed the proposed legislation and determined that, as written, it should not create expenses in excess of \$100,000.

Oversight does not have any information to the contrary. Therefore, Oversight assumes the University of Missouri Health Care will be able to perform any additional duties required by this proposal with current staff and resources and will reflect no fiscal impact to the University of Missouri Health Care for fiscal note purposes.

Oversight notes the **Department of Commerce and Insurance**, the **Department of Corrections**, the **Department of Health and Senior Services** and the **Columbia/Boone County Public Health and Human Services** have each stated the proposal would not have a direct fiscal impact on their respective organizations. Oversight does not have any information to the contrary. Therefore, Oversight will reflect a zero impact in the fiscal note for these organizations.

Oversight only reflects the responses that we have received from state agencies and political subdivisions; however, other hospitals and local public health agencies were requested to respond to this proposed legislation but did not. A general listing of political subdivisions included in our database is available upon request.

<u>FISCAL IMPACT - State Government</u>	FY 2021 (10 Mo.)	FY 2022	FY 2023
GENERAL REVENUE FUND			
<u>Costs - MHD/DSS (§208.151)</u>			
Program distributions	(\$1,681,573)	(\$1,893,605)	(\$2,132,385)
MMIS system modifications (Wipro)	<u>(\$80,000)</u>	<u>\$0</u>	<u>\$0</u>
Total <u>Costs</u> - DSS	<u>(\$1,761,573)</u>	<u>(\$1,893,605)</u>	<u>(\$2,132,385)</u>
<u>Costs - OA, ITSD/DSS (§208.151)</u>			
MHD system changes	(\$12,722)	\$0	\$0
MEDES system updates (Redmane)	<u>(\$298,775)</u>	<u>\$0</u>	<u>\$0</u>
Total <u>Costs</u> - OA, ITSD/DSS	<u>(\$311,497)</u>	<u>\$0</u>	<u>\$0</u>
ESTIMATED NET EFFECT ON THE GENERAL REVENUE FUND	<u>(\$2,073,070)</u>	<u>(\$1,893,605)</u>	<u>(\$2,132,385)</u>
FEDERAL FUNDS			
<u>Income - DSS (§208.151)</u>			
Program reimbursements	\$3,141,249	\$3,537,332	\$3,983,383
MMIS system reimbursements	<u>\$80,000</u>	<u>\$0</u>	<u>\$0</u>
Total <u>Income</u> - DSS	<u>\$3,221,249</u>	<u>\$3,537,332</u>	<u>\$3,983,383</u>
<u>Income - OA, ITSD/DSS (§208.151)</u>			
Reimbursement for MHD and MEDES system changes	\$311,498	\$0	\$0
<u>Costs - DSS (§208.151)</u>			
Program distributions	(\$3,141,249)	(\$3,537,332)	(\$3,983,383)
MMIS system modifications (Wipro)	<u>(\$80,000)</u>	<u>\$0</u>	<u>\$0</u>
Total <u>Costs</u> - DSS	<u>(\$3,221,249)</u>	<u>(\$3,537,332)</u>	<u>(\$3,983,383)</u>
<u>Costs - OA, ITSD (§208.151)</u>			
MHD system changes	(\$12,723)	\$0	\$0
MEDES system updates (Redmane)	<u>(\$298,775)</u>	<u>\$0</u>	<u>\$0</u>
Total <u>Costs</u> - OA, ITSD	<u>(\$311,498)</u>	<u>\$0</u>	<u>\$0</u>
ESTIMATED NET EFFECT ON FEDERAL FUNDS	<u>\$0</u>	<u>\$0</u>	<u>\$0</u>

<u>FISCAL IMPACT - Local Government</u>	FY 2021 (10 Mo.)	FY 2022	FY 2023
	<u>\$0</u>	<u>\$0</u>	<u>\$0</u>

FISCAL IMPACT - Small Business

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

FISCAL DESCRIPTION

This act establishes the "Postpartum Depression Care Act". Under this act, all hospitals and ambulatory surgical centers that provide labor and delivery services shall, prior to discharge following pregnancy, provide pregnant women and, if possible, new fathers and other family members information about postpartum depression, including its symptoms, treatment, and available resources. The Department of Health and Senior Services, in cooperation with the Department of Mental Health, shall provide written information that the hospitals and ambulatory surgical centers may use and shall include such information on its website.

Additionally, health care providers who are providing postnatal care to women until six months following the birth shall invite the woman to complete a questionnaire designed to detect the symptoms of postpartum depression or related mental health disorders and shall review the results in accordance with the formal opinions and recommendations of the American College of Obstetricians and Gynecologists.

Health care providers who are providing pediatric care to an infant shall invite the infant's birth mother to complete the questionnaire at any well-baby checkup beginning at the infant's one-month checkup until the infant is six months old and shall review the results in accordance with the formal opinions and recommendations of the American College of Obstetricians and Gynecologists, in order to ensure that the health and well-being of the infant are not compromised by undiagnosed postpartum depression or related mental health disorders in the birth mother. With the birth mother's consent, the health care provider shall share the results with the birth mother's primary health care provider or mental health care provider of her choice, unless the health care provider determines the birth mother presents an acute danger to herself, the infant, or another, in which case her consent shall not be required (§191.940).

FISCAL DESCRIPTION (continued)

Finally, current law allows certain pregnant women receiving MO HealthNet benefits to continue to be eligible for all pregnancy-related and postpartum benefits for 60 days following the last day of their pregnancy. Under this act, such women who are receiving mental health treatment for postpartum depression or related mental health conditions within 60 days of giving birth shall, subject to appropriations and federal approval, be eligible for MO HealthNet benefits for mental health services for the treatment of postpartum depression and related mental health conditions for up to twelve additional months (§208.151).

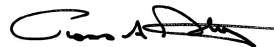
This legislation is not federally mandated, would not duplicate any other program and would not require additional capital improvements or rental space.

SOURCES OF INFORMATION

Department of Commerce and Insurance
Department of Corrections
Department of Health and Senior Services
Department of Mental Health
Department of Social Services
Columbia/Boone County Public Health and Human Services
University of Missouri Health Care



Julie Morff
Director
March 6, 2020



Ross Strobe
Assistant Director
March 6, 2020