

COMMITTEE ON LEGISLATIVE RESEARCH
OVERSIGHT DIVISION

FISCAL NOTE

L.R. No.: 2630S.01I
Bill No.: SB 543
Subject: Health Care; Health and Senior Services, Department of; Hospitals
Type: Original
Date: May 4, 2021

Bill Summary: This proposal establishes standards for demographic data collection by certain entities.

FISCAL SUMMARY

ESTIMATED NET EFFECT ON GENERAL REVENUE FUND			
FUND AFFECTED	FY 2022	FY 2023	FY 2024
General Revenue	(\$17,500)	\$0	
Total Estimated Net Effect on General Revenue	(\$17,500)	\$0	\$0

ESTIMATED NET EFFECT ON OTHER STATE FUNDS			
FUND AFFECTED	FY 2022	FY 2023	FY 2024
Total Estimated Net Effect on <u>Other</u> State Funds	\$0	\$0	\$0

Numbers within parentheses: () indicate costs or losses.

ESTIMATED NET EFFECT ON FEDERAL FUNDS			
FUND AFFECTED	FY 2022	FY 2023	FY 2024
Total Estimated Net Effect on <u>All</u> Federal Funds	\$0	\$0	\$0

ESTIMATED NET EFFECT ON FULL TIME EQUIVALENT (FTE)			
FUND AFFECTED	FY 2022	FY 2023	FY 2024
Total Estimated Net Effect on FTE	0	0	0

Estimated Net Effect (expenditures or reduced revenues) expected to exceed \$250,000 in any of the three fiscal years after implementation of the act or at full implementation of the act.

Estimated Net Effect (savings or increased revenues) expected to exceed \$250,000 in any of the three fiscal years after implementation of the act or at full implementation of the act.

ESTIMATED NET EFFECT ON LOCAL FUNDS			
FUND AFFECTED	FY 2022	FY 2023	FY 2024
Local Government	(Unknown)	(Unknown)	(Unknown)

FISCAL ANALYSIS

ASSUMPTION

§192.2530 – Collection of demographic data

Officials from the **Department of Health and Senior Services (DHSS)** state the proposed legislation would require DHSS to collect, tabulate, maintain, and make public certain disaggregated data whenever demographic data is collected. DHSS would first need to determine which datasets would be affected by this new legislation. If possible, DHSS would need to work together among internal and external partners to develop consistent standards across what could be several affected data sets.

For changes to the Patient Abstract System (PAS), the Bureau of Health Care Analysis and Data Dissemination (BHCADD) projects that beyond the ITSD costs, there would be 100 hours of a Senior Research Analyst's (\$56,492 average annual salary) time and 100 hours of a Research Analyst's (\$46,651 average annual salary) time working to modify the State Code of Regulations to reflect the new variables, communicating the new requirements to the direct-report facilities, and developing compliance standards. In future years, the estimated time declines to 25 hours per individual (50 combined hours).

	Senior Data/Research Analyst	Research Analyst	Total
Implementation Processes	100	100	
Total hours	100	100	200 hours
Average Salary	\$ 56,492	\$ 46,651	
Total cost	\$ 2,715.96	\$ 2,242.84	\$ 4,958.80

To implement the required collection, analysis, and dissemination of 7 demographic variables, the Bureau of Epidemiology and Vital Statistics (BEVS) would need to determine (1) which datasets will be impacted by this new legislation, (2) the intent of the legislation, and (3) the definitions expected (e.g. "socioeconomic status" has several commonly collected proxy variables such as income or education). This will require surveillance staff and program directors from each surveillance system to investigate and discuss what is available, the reliability of the data, and how that data will be analyzed and presented to meet the legislation's intent. Organizing and streamlining this process would require a considerable one-time investment for BEVS.

	Senior Data/Research Analyst	Senior Epidemiologist	Total
Implementation Processes	35	35	
Total hours	35	35	70 hours
Average Salary	\$ 56,492	\$ 72,561	
Total cost	\$ 950.59	\$ 1,220.98	\$ 2,171.57

This legislation will also require a yearly investment of staff time for analysis, reporting, and responding to data requests.

	Senior Data/Research Analyst	Senior Epidemiologist	Total
Analysis/Reporting/Data Requests	80	10	
Total hours	80	10	90 hours
Average Salary	\$ 56,492	\$ 72,561	
Total cost	\$ 2,172.80	\$ 348.85	\$ 2,521.65

In addition, some variables may not be regularly or reliably collected in existing data surveillance systems. At this time, the Missouri Behavioral Risk Factor Surveillance System (BRFSS) is the likely vehicle for the collection of data elements not available in other systems, which will incur a yearly cost. Questions related to gender identity, disability status, and primary language are not currently part of the regular survey and would need to be added each year at a minimal cost of \$2,500 per question (if not available from another source). The final needs and specific questions will be selected based upon the definitions determined during the implementation process.

BRFSS Module	Number of Questions Needed	Total
Sexual Orientation and Gender Identity	3	
Industry and Occupation	2	
Primary Language (state-added question)	2	
Total	7	7 Questions
Cost Per Question	\$ 2,500	
Total cost	\$ 17,500	\$ 17,500

For the Bureau of Environmental Epidemiology (BEE), the proposed legislation will require databases and user interfaces to be updated for MOHSAIC and ENSURV to include any of the required information not already being collected. This responsibility would fall to ITSD and it is assumed that information pertaining to those updates has been requested of the appropriate office.

Although the BEE will not be responsible for making those changes to the databases or any electronic reporting interfaces, it is foreseen that entities that report to BEE manually will need to be educated on the changes and requests to collect the information will need to be distributed. Provider training materials will also need to be updated to include the potential new requirements. These costs would only be required for the first year of implementation.

	Epidemiologist	Public Health Program Specialist	Total
Creation and distribution of notice of change	1		
Update of training materials		3	
Fielding questions and inquiries	80		
Total hours	81	3	84 hours
Average Salary	\$ 53,749.06	\$ 44,235.26	
Total cost	\$2,093.11	\$63.80	\$2,156.91

For staff time across different bureaus, the department anticipates being able to absorb these costs. However, until the FY22 budget is final, the department cannot identify specific funding sources. The worksheet was completed as the combined estimated work hours is greater than 100 hours of staff time. For the estimated \$17,500 for updating the questions in the BRFSS, the department would not be able to absorb the cost.

Oversight does not have any information to the contrary. Therefore, Oversight assumes the DHSS's various divisions can absorb the costs as stated by DHSS with existing staff and resources except for the questions in the BRFSS. The estimated cost for the BRFSS will be presented for fiscal note purposes.

Officials from the **Columbia/Boone County Department of Public Health and Human Services (DPHHS)** state §192.2530.2 appears to require local public health agencies to collect certain data when collecting any demographic data, including some data not currently collected in all current data collection activities (e.g., socioeconomic status, disability status, gender identity, primary language). The bill also requires LPHA's to tabulate, maintain, and make the data publicly available. This data collection and analysis will result in an unknown fiscal impact because it is not clear if this applies to all data collection activities the DPHHS has or if it requires the DPHHS to do a separate demographic data collection activity. If it requires the latter, additional staff in excess of \$250,000 will be needed. Thus, costs range from unknown to greater than \$250,000. It should be noted that this duplicates data collection, tabulation, maintenance, and accessibility already provided by the Missouri Department of Health and Senior Services.

Oversight does not have any information to the contrary. Therefore, Oversight will reflect an unknown cost to local public health agencies.

Officials from the **Kansas City Health Department**, the **Newton County Health Department** and the **Hermann Area Hospital District** each assume the proposal will have no 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 agencies.

Oversight only reflects the responses that we have received from state agencies and political subdivisions; however, other local public health departments and hospitals 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 2022 (10 Mo.)	FY 2023	FY 2024
GENERAL REVENUE FUND			
<u>Costs – DHSS</u> (§192.2530) – BRFSS costs	<u>(\$17,500)</u>	<u>\$0</u>	<u>\$0</u>
ESTIMATED NET EFFECT ON THE GENERAL REVENUE FUND	<u>(\$17,500)</u>	<u>\$0</u>	<u>\$0</u>

<u>FISCAL IMPACT – Local Government</u>	FY 2022 (10 Mo.)	FY 2023	FY 2024
LOCAL GOVERNMENT – LOCAL PUBLIC HEALTH AGENCIES			
<u>Costs – LPHAs</u> (§192.2530) – collection of additional demographic data	<u>(Unknown)</u>	<u>(Unknown)</u>	<u>(Unknown)</u>
ESTIMATED NET EFFECT ON LOCAL GOVERNMENTS	<u>(Unknown)</u>	<u>(Unknown)</u>	<u>(Unknown)</u>

FISCAL IMPACT – Small Business

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

FISCAL DESCRIPTION

Under this act, the Department of Health and Senior Services, local public health departments, public and private health care institutions, and public and private laboratories, whenever collecting demographic data, shall collect, tabulate, maintain, and make publicly available such data for the following categories: race, ethnicity, primary language, gender identity, age, disability status, and socioeconomic status. The Department shall collect such data from these entities quarterly and make the data publicly available on the Department's website. The Department shall not report data in a manner that would permit identification of individuals.

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

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SOURCES OF INFORMATION

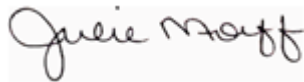
Department of Health and Senior Services

Columbia/Boone County Department of Public Health and Human Services

Kansas City Health Department

Newton County Health Department

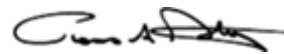
Hermann Area Hospital District



Julie Morff

Director

May 4, 2021



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