

COMMITTEE ON LEGISLATIVE RESEARCH  
OVERSIGHT DIVISION

**FISCAL NOTE**

L.R. No.: 3225H.05C  
 Bill No.: HCS No. 2 for SB 710  
 Subject: Children And Minors; Education, Elementary And Secondary  
 Type: Original  
 Date: May 2, 2022

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

**FISCAL SUMMARY**

<b>ESTIMATED NET EFFECT ON GENERAL REVENUE FUND</b>				
FUND AFFECTED	FY 2023	FY 2024	FY 2025	Fully Implemented (FY 2026)
General Revenue	Could exceed (\$2,303,750 to \$2,161,883)	Could exceed (\$2,844,002 to \$2,663,424)	Could exceed (\$2,923,442 to \$2,753,478)	Could exceed (\$3,015,217 to \$2,856,357)
<b>Total Estimated Net Effect on General Revenue</b>	<b>Could exceed (\$2,303,750 to \$2,161,883)</b>	<b>Could exceed (\$2,844,002 to \$2,663,424)</b>	<b>Could exceed (\$2,923,442 to \$2,753,478)</b>	<b>Could exceed (\$3,015,217 to \$2,856,357)</b>

<b>ESTIMATED NET EFFECT ON OTHER STATE FUNDS</b>				
FUND AFFECTED	FY 2023	FY 2024	FY 2025	Fully Implemented (FY 2026)
Medical Preceptor Fund	\$0	Up to \$16,155	Up to \$16,155	Up to \$16,155
Organ Donor Program (0824)	Unknown	Unknown	Unknown	Unknown
<b>Total Estimated Net Effect on Other State Funds</b>	<b>Unknown</b>	<b>Could exceed \$16,155</b>	<b>Could exceed \$16,155</b>	<b>Could exceed \$16,155</b>

Numbers within parentheses: () indicate costs or losses.

<b>ESTIMATED NET EFFECT ON FEDERAL FUNDS</b>				
FUND AFFECTED	FY 2023	FY 2024	FY 2025	Fully Implemented (FY 2026)
Federal Funds	\$0	\$0	\$0	\$0
<b>Total Estimated Net Effect on All Federal Funds*</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>

\*Income and distributions net to zero.

<b>ESTIMATED NET EFFECT ON FULL TIME EQUIVALENT (FTE)</b>				
FUND AFFECTED	FY 2023	FY 2024	FY 2025	Fully Implemented (FY 2026)
General Revenue	7.63 to 16.63 FTE	8.63 to 17.63 FTE	8.63 to 17.63 FTE	9.63 to 18.63 FTE
Federal Funds	0.37 FTE	0.37 FTE	0.37 FTE	0.37 FTE
<b>Total Estimated Net Effect on FTE</b>	<b>8 to 17 FTE</b>	<b>9 to 18 FTE</b>	<b>9 to 18 FTE</b>	<b>10 to 19 FTE</b>

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.

<b>ESTIMATED NET EFFECT ON LOCAL FUNDS</b>				
FUND AFFECTED	FY 2023	FY 2024	FY 2025	Fully Implemented (FY 2026)
Local Government	\$0 or (Unknown) to Unknown	\$0 or (Unknown) to Unknown	\$0 or (Unknown) to Unknown	\$0 or (Unknown) to Unknown

## FISCAL ANALYSIS

### ASSUMPTION

Due to time constraints, **Oversight** was unable to receive some agency responses in a timely manner and performed limited analysis. Oversight has presented this fiscal note on the best current information that we have or on information regarding a similar bill(s). Upon the receipt of agency responses, Oversight will review to determine if an updated fiscal note should be prepared and seek the necessary approval to publish a new fiscal note.

#### §§9.236 and 208.184 - "Sickle Cell Awareness Week" & MHD annual review

In response to similar legislation (HCS HB 2658), officials from the **Department of Health and Senior Services**, the **Department of Social Services** and the **Office of Administration** and each assumed 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 for these sections.

#### §135.690 – Preceptorship tax credit

In response to similar legislation (HB 2595), officials from the **Office of Administration – Budget & Planning (B&P)** assumed the proposal would create a tax credit for any community-based faculty preceptor who serves as the community-based faculty preceptor for a medical student core preceptorship or a physician assistant student core preceptorship. The credit is equal to \$1,000 for each preceptorship, up to a maximum of \$3,000 per tax year if he or she completes up to three preceptorship rotations and did not receive any direct compensation for the preceptorships. The cumulative amount of tax credits awarded under this section shall not exceed \$200,000 per year.

The Department of Health and Senior Services is authorized to exceed the \$200,000 program cap in any amount not to exceed the amount of funds remaining in the Medical Preceptor Fund. This would result in an unknown negative impact on TSR if the program cap is exceeded.

Effective January 1, 2023, funding for the tax credit program shall be generated from a license fee increase of \$7 per license for physicians and surgeons and from a license fee increase of \$3 per license for physician assistants. This money would be deposited into the Medical Preceptor Fund. At the end of every tax year, an amount equal to the dollar amount of all tax credits claimed under this section shall be transferred from the Medical Preceptor Fund to GR. Any excess money shall remain in the fund.

This proposal will lead to an increase in total state revenues, as additional fees are collected and deposited in the Medical Preceptor Fund. Concurrently, general and total state revenues will

decrease as tax credits are redeemed. The net impact to TSR could be positive or negative in a given year, depending on fees collected and credits redeemed. While general revenue collections will decrease, these losses are to be offset by a transfer from the Medical Preceptor Fund; such a transfer will be subject to appropriation. B&P defers to the division of professional registration on specific revenue impacts.

This proposal could impact the calculation under Article X, Section 18(e).

Officials from the **Missouri Department of Commerce and Insurance (DCI)** state there are approximately 30,095 active physicians licensed in Missouri. A seven dollar (\$7) fee increase would generate approximately \$210,665. Furthermore, there are approximately 1,830 active assistant physicians licensed in Missouri. A three dollar (\$3) fee increase would generate approximately \$5,490. DCI estimates a total of \$216,155 would be generated as a result of the fee increase(s).

No more than 200 preceptorship tax credits shall be authorized by the Division of Professional Registration in a calendar year. The cumulative amount of tax credits awarded shall not exceed \$200,000.

It is estimated that the collection of fee increase(s) will begin at annual renewal in **November 2023**. Appropriation will not be received until July 2024.

If the number of licenses largely vary from the number estimated above, the licensure fee(s) will be adjusted accordingly.

Officials from **Department of Health and Senior Services (DHSS)** state Section 135.690 of the proposed legislation would allow community-based faculty preceptors who serve as a community-based faculty preceptor for a medical student core preceptorship or a physician assistant student core preceptorship to receive a tax credit. The tax credit can be in an amount equal to one thousand dollars for each preceptorship, up to a maximum of three thousand dollars per tax year, if he or she completes up to three preceptorship rotations during the tax year and did not receive any direct compensation for the preceptorships.

The number of eligible preceptorship tax credits would be limited to 200 per year; however the Department of Health and Senior Services (DHSS) could receive more than 200 requests to be processed. The tax credit program would be funded by a license fee increase of seven dollars per license for physicians and surgeons and three dollars per license for physician assistants by the division of professional registration in the department of commerce and insurance. All funds collected from the license fee increase would be deposited to the medical preceptor fund annually. Any balance in the fund would carry-over to the next year and would not be transferred into general revenue.

The medical schools would verify the preceptor hours, whereas the department would develop and implement a process to verify the preceptor hours, create forms and letters, promulgate the

Rules, and establish an application or attestation and ways to submit those to the department, and the actual tax credit form provided to the preceptor who will submit it to the Department of Revenue.

There is no anticipated actual loss of revenue, as the loss of revenue due to the tax credit will be offset by the Medical Preceptor Fund. DHSS does not have an estimate for the total amount of additional revenue generated by the license fee increases, but assumes that it will exceed the \$200,000 in reduced revenue collections.

Section 135.690.3(2) establishes the Medical Preceptor Fund and states that the fund will be “used solely by the division for the administration of the tax credit program...” with “the division” defined as the division of professional registration in the department of commerce and insurance. As the proposed legislation provides the division the authority to utilize the funds for administration of the program, the department does not assume that the funds will be used to offset staffing costs within the department to administer its responsibilities related to the program. The department therefore presumes additional general revenue will be needed to fund one FTE that will be needed to meet the statutory requirements placed on the department. The minimum staffing DHSS estimates that will be needed to administer the new grant program is one (1) FTE. The FTE will be required to develop, implement and manage the program as required by the legislation. The position should be classified as an Accountant with expertise in Missouri and federal tax codes and requirements. The average annual salary of an Accountant in the Division of Community and Public Health is \$51,828 per year as of March 2022.

**Oversight** will include the DHSS costs (FTE). Costs for the FTE required by the DHSS will be put against the General Revenue Fund as this proposed legislation states the funds in the Medical Preceptor Fund may be used by the “division” (Division of Professional Registration) for the administration of the tax credit program created.

**Oversight** assumes the revenue from the Medical Preceptor Fund will transfer to General Revenue to reimburse the cost of the tax credit program and administrative costs.

Officials from the **Department of Revenue (DOR)** assume Beginning January 1, 2023, any community-based faculty preceptor who serves as the community-based faculty preceptor for a medical student core preceptorship or a physician assistant student core preceptorship (and serves without direct compensation) shall be allowed a credit in an amount equal to one thousand dollars (\$1,000) for each preceptorship, up to a maximum of three thousand dollars (\$3,000) per tax year (for three students). No more than 200 preceptorship tax credits (\$200,000) shall be authorized annually. DOR notes the first tax returns reporting this tax credit will be filed starting January 1, 2024 (FY 2024).

The Department reached out to the University of Missouri’s Medical School in 2020, to determine if any of their medical students participate in such a program. They stated they have 250 certified physicians registered to serve as a community-based faculty preceptor and that the University does not provide any compensation for these duties. They have 25 first year students,

25 third year students and 25 fourth year students participate in the Rural Track program at the University. Those 75 students meet the definition outlined in the bill. Each of the 25 first year and 25 fourth year students work with 1 each community-based faculty preceptor. The 25 third year students each work with at least 3 community-based faculty preceptors each. Therefore, at least the 125 physicians a year that are working with the University Medical School could potentially qualify for this tax credit.

DOR notes that the University is not the only medical school in Missouri that has such a program. Therefore, DOR assumes the full \$200,000 in tax credits may be utilized annually.

This proposal also creates funding for the administration of the tax credit. An additional license fee of \$7.00 per physician and surgeon and an additional license fee of \$3.00 per physician assistant is to be assessed starting January 1, 2023. These fees are to be transferred into the Medical Preceptor Fund. The Department checked with the Department of Commerce and Insurance, who informed DOR that there are 29,080 active physicians and 1,613 assistant physicians. Therefore, this fund could result in \$203,560 in physician fees and \$4,839 in assistant physician fees being collected annually. The Department of Commerce and Insurance noted that the annual license fees are paid by the physicians and assistant physicians in November. The state would expect to receive the fees starting in Fiscal Year 2024 (November 2023) annually.

This proposal states that the money received into the Medical Preceptor Fund is to cover the administration costs of the tax credit. Additionally, this proposal states that the money collected at the end of each tax year is to be transferred from the Medical Preceptor Fund to General Revenue in an amount equal to the total dollar amount of credits claimed. DOR assumes that based on the possible usage of the program the entire \$200,000 would need to be transferred to General Revenue to cover the tax credit program.

This proposal allows that if the Medical Preceptor Fund collects more money than the \$200,000 cap on the tax credit, the Department of Commerce and Insurance can allow additional preceptorship credits to be claimed.

This proposal requires the Department of Commerce and Insurance to administer the tax credit including determining who is eligible for the credit.

This is a new tax credit that will need to be added to the MO-TC form as well as into the individual income tax filing system. The estimated cost of this credit is \$3,596.

This legislation will result in a maximum increase of 200 tax credits redeemed and an unknown, but minimal increase errors/correspondences generated. The Department anticipates being able to absorb this increase. If the increase is significant or if multiple bills pass that increase the number of tax credits redeemed, the Department will request FTE through the appropriations process based on the following:

1 FTE Associate Customer Service Rep for every 6,000 credits redeemed  
1 FTE Associate Customer Service Rep for every 7,600 errors/correspondence generated

**Oversight** notes the Missouri Department of Revenue assumes the responsibilities of the tax credit program created under this proposed legislation can be absorbed with existing resources. Oversight does not have any information to the contrary.

**Oversight** notes Tax Year 2023 tax returns will not be filed claiming the credit until after January 1, 2024 (Fiscal Year 2024).

**Oversight** notes, if the total amount of tax credits claimed in any given year is less than the amount readily available in the Medical Preceptor Fund, the excess amount(s) shall remain in the Medical Preceptor Fund.

**Oversight** notes there are currently six medical schools in Missouri. The potential 125 tax credit applicants, as provided by the DOR, only represent the credits potentially awarded for applicants of one school. Given there are 5 other medical schools, and potential for more physician or assistants physicians in other schools who could potentially apply for this tax credit, it is probable that Medical Preceptor Fund will be able to issue up to maximum amount and exhausting all the funds collected annually. This bill specifically notes that the application for such a tax credits will be handled on first-come - first-serve basis. The current projection shows, after paying all administrative costs, this fund will be able to provide tax credit for about 111 to 120 applicants in FY 2024 & FY 2025 respectively (at \$1,000 per applicant).

**Oversight** will report a revenue gain to the Medical Preceptor Fund by an amount “Up to \$216,155” beginning in Fiscal Year 2024. Oversight will report a revenue reduction to the Medical Preceptor Fund by an amount that would be transferred to GR to reimburse GR for the tax credit(s) awarded, which is assumed to be \$200,000 per fiscal year.

**Oversight** notes if the total amount of tax credits claimed in any given year is less than the amount readily available in the Medical Preceptor Fund, the excess amount(s) shall remain in the Medical Preceptor Fund.

In response to similar legislation (HB 2595), officials from the **Missouri State Treasurer’s Office and Department of Economic Development both** did not anticipate this proposed legislation will result in a fiscal impact on their organizations. Oversight does not have any information to the contrary. Therefore, **Oversight** will not report a fiscal impact for these organizations for this program.

§167.625 - Will’s Law

In response to a similar proposal, Perfected SB 710 (2022), officials from the **Department of Elementary and Secondary Education** assumed the proposal would have no fiscal impact on their organization.

In response to similar legislation (HCS SB 710), officials from the **Department of Health and Senior Services** and the **Department of Social Services** each assumed the provision would have no fiscal impact on their respective organizations.

Officials from the above listed agencies each assume the provision would 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 for this section.

In response to a similar proposal, SB 187 (2021), officials from the **High Point R-III School District** assumed the proposal would not fiscally impact their district.

In response to a similar proposal, SB 187 (2021), officials from **Fordland R-III School District** stated the proposal would require an additional position to administer.

**Oversight** will reflect a potential cost to school districts for additional staff training and administration of the requirements established in the bill.

#### §167.630 - Epinephrine Syringes

In response to a similar proposal, SB 1170 (2022), officials from the **Department of Elementary and Secondary Education** assumed the proposal would have no fiscal impact on their organization. **Oversight** does not have any information to the contrary. Therefore, Oversight will reflect a zero impact in the fiscal note for this section.

**Oversight** does not anticipate a fiscal impact to school districts. However, Oversight did not receive any responses from school districts related to the fiscal impact of this proposal.

#### §172.800 – Task force for Alzheimer’s disease

**Oversight** assumes removing the definition of “task force” as established pursuant to §§660.065 and 660.066 will have no fiscal impact.

#### §191.116 – Alzheimer’s state plan task force

In response to similar legislation (HB 2174), officials from the **Department of Health and Senior Services**, the **Office of the Governor**, the **Missouri House of Representatives** and the **Missouri Senate** each assumed 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 this section.



§§191.500, 191.515, 191.520, 191.525, 335.230, and 335.257 – Medical student loan program

In response to similar legislation (SB 757), officials from the **Department of Health and Senior Services (DHSS)** stated this provision would not create a fiscal impact.

**Oversight** contacted DHSS officials for more information regarding their response. DHSS officials stated this proposal adds the practitioners to the statute who are already defined in the regulation (PRIMO – 19 SCS 10-4.010 and NLS – 19 CSR 10-6.010) and the amounts that students may qualify for are also currently in the regulation.

**DHSS** also stated this act also modifies the Nursing Student Loan Program by modifying the amount of financial assistance available to students from \$5,000 each academic year for professional nursing programs to \$10,000 each academic year and from \$2,500 each academic year for practical nursing programs to \$5,000 each academic year (increasing the amount given to each eligible student utilizing the current fund and appropriated amount).

Finally, **DHSS** also stated this act modifies the Nursing Student Loan Repayment Program by removing the June and December deadlines for qualified employment verification while retaining the requirement that such employment be verified twice each year. Simply changing the regulations from specified months each year to twice a year allows DHSS to remain in compliance if it is off a month checking for compliance.

According to the submitted budget books, **Oversight** notes the following budget authority and expenditures for the PRIMO program over the past three years:

	FY 2019	FY 2020	FY 2021
Budget Authority (all funds)	\$2,915,434	\$2,995,292	\$3,298,929
Actual Expenditures	<u>\$2,726,907</u>	<u>\$2,961,261</u>	<u>\$3,245,230</u>
Unexpended funds	\$ 188,527	\$ 34,031	\$ 53,699

Appropriation authority (10.745) for PRIMO for FY 2022 includes:

From General Revenue	\$378,750
From DHSS federal fund	\$425,000
From Health Access Incentive Fund	\$650,000
From Prof. & Practical Nurse (0565)	\$650,000
From DHSS donated fund	\$956,790
TOTAL	\$3,060,540

Based on responses from the Department of Health and Senior Services, **Oversight** will assume these sections will not create a material fiscal impact to the state.

In response to similar legislation (SB 757), officials from the **University of Missouri** stated the proposed legislation could have a positive impact for the University of Missouri. The University currently has 1,300 students who would qualify for this program. The impact amount cannot be determined.

In response to similar legislation (SB 757), officials from **Missouri State University** stated this provision has a positive fiscal impact of an undetermined amount.

In response to similar legislation (SB 757), officials from the **Department of Commerce and Insurance**, the **Department of Higher Education and Workforce Development**, the **University of Central Missouri** and **St. Charles Community College** each assumed 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 for these sections.

§§191.900, 191.905, 191.1400, 191.2290, 208.909, 565.184, 630.155, and 630.202 – Protection of vulnerable persons (Essential Caregiver Act)

Officials from the **Department of Health and Senior Services (DHSS)** state:

Section 191.2290.3 - “During a state of emergency declared pursuant to chapter 44 relating to infectious, contagious, communicable, or dangerous diseases, a facility shall allow a resident or patient who has not been adjudged incapacitated under chapter 475, a resident's or patient's guardian, or a resident's or patient's legally authorized representative to designate an essential caregiver for in-person contact with the resident or patient in accordance with the standards and guidelines developed by the department under this section. Essential caregivers shall be considered as part of the resident's or patient's care team, along with the resident's or patient's health care providers and facility staff.” The department will have to develop “standards and guidelines” regarding essential caregiver’s in-person visitation at a hospital. Although not specified, this will likely be done through the standard rule promulgation process.

It is assumed it will take two (2) Nurse Manager (average salary \$69,630) a total of approximately 160 hours to make the required change in Chapter 198 for LTC and Chapter 197 for Hospitals. Based on 2080 working hours per year, this would require 0.08 FTE (160 hour ÷ 2,080 hours per year) to accomplish these duties for a total personal service cost of \$5,570 (\$69,630 x 0.08) in FY 23.

Section 191.2290.6 - this section requires that a facility may request from the department a suspension of in-person contact by essential caregivers for a period not to exceed seven days. The department may deny the facility's request to suspend in-person contact with essential caregivers if the department determines that such in-person contact does not pose a serious community health risk. A facility may request from the department an extension of a suspension for more than seven days provided, that the department shall not approve an extension period for longer than seven days at a time.

**Oversight** assumes the DHSS can absorb the additional duties required by this proposal with existing staff and resources. If necessary, the DHSS can request additional resources through the appropriations process.

Officials from the **Department of Social Services (DSS), Missouri Medicaid Audit Compliance (MMAC)** anticipate there would be a fiscal impact if this legislation becomes law. MMAC currently receives 100-125 referrals per year from consumers, vendors, and other concerned parties regarding Consumer Directed Services (CDS) payroll tax issues. If the statute goes into effect with the updated language, MMAC anticipates the number of referrals would double to 200-250 per year. MMAC would require one (1) new FTE position in order to efficiently track, evaluate and investigate the referrals. Such referrals are time consuming to investigate because MMAC has to collect and compare payroll records from the CDS vendors, CDS consumers and their attendants, and the Internal Revenue Service (IRS) or Missouri Department of Revenue (DOR).

The additional FTE would also be tasked with tracking CDS vendors' compliance with the proposed second sentence of 208.909.6 regarding vendors notifying CDS consumers of any communication or correspondence from any federal, state, or local tax authority of any overdue or unpaid tax obligation, as well as any notice of an impending garnishment.

The new FTE would be a Benefit Program Senior Specialist (\$46,881 annually). General Revenue/Federal fund split 63%/37%,

Officials from the **Department of Mental Health (DMH)** state §630.202.2 applies the Essential Caregiver Act to the Department of Mental Health (DMH) during declared emergencies. This section includes requiring twenty-four hour in-person access for an essential caregiver as necessary and appropriate for the well-being of the resident or client. Visitation in DMH hospitals is very different from those settings and cannot be effectively implemented in the same way. This would create substantial risk and cost for DMH facilities, particularly those housing forensic clients. Forensic facilities have separate visitation areas for the safety of all within the building, and the logistics of allowing 24-hour visitation access would strain DMH staff and facility capabilities. DMH would need to provide staff in these facilities to ensure the safety and security of both clients and staff.

In order to provide 24-hour access to clients, staff coverage will need to be established in each facility. Due to the difficulty in hiring staff for DMH facilities, current FTE would be utilized to provide necessary oversight for visitation, relief and patient escorting, causing an increase to current overtime costs. DMH estimates a total General Revenue cost for FY23 is \$1,570,626, FY24 is \$1,903,598, and FY25 is \$1,922,635.

**Oversight** will show the costs as up to the amount estimated by DMH, depending upon if an emergency is declared.

In response to a similar proposal, SCS SB 671 (2022), officials from the **Department of Corrections (DOC)** stated SB 671 modifies provisions relating to the protection of vulnerable persons; §191.905 creates a new class D felony for knowingly abusing or neglecting a person receiving health care; §565.184 reclassifies an existing class A misdemeanor to a class D felony; and §630.155 reclassifies an existing class E felony to a class D felony.

Section 191.905

A new class D Felony was added for knowingly abusing or neglecting a person receiving health care.

For each new nonviolent class D felony, the DOC estimates three people will be sentenced to prison and five to probation. The average sentence for a nonviolent class D felony offense is 5 years, of which 2.8 years will be served in prison with 1.7 years to first release. The remaining 2.2 years will be on parole. Probation sentences will be 3 years.

The cumulative impact on the department is estimated to be 8 additional offenders in prison and 22 additional offenders on field supervision by FY 2027.

**Change in prison admissions and probation openings with legislation-Class D Felony (nonviolent)**

	FY2023	FY2024	FY2025	FY2026	FY2027	FY2028	FY2029	FY2030	FY2031	FY2032
<b>New Admissions</b>										
Current Law	0	0	0	0	0	0	0	0	0	0
After Legislation	3	3	3	3	3	3	3	3	3	3
<b>Probation</b>										
Current Law	0	0	0	0	0	0	0	0	0	0
After Legislation	5	5	5	5	5	5	5	5	5	5
<b>Change (After Legislation - Current Law)</b>										
Admissions	3	3	3	3	3	3	3	3	3	3
Probations	5	5	5	5	5	5	5	5	5	5
<b>Cumulative Populations</b>										
Prison	3	6	8	8	8	8	8	8	8	8
Parole			1	4	7	7	7	7	7	7
Probation	5	10	15	15	15	15	15	15	15	15
<b>Impact</b>										
Prison Population	3	6	8	8	8	8	8	8	8	8
Field Population	5	10	16	19	22	22	22	22	22	22
<b>Population Change</b>	<b>8</b>	<b>16</b>	<b>24</b>	<b>27</b>	<b>30</b>	<b>30</b>	<b>30</b>	<b>30</b>	<b>30</b>	<b>30</b>

Section 565.184

The Office of State Court Administrators reports 17 class A misdemeanors under §565.184 during FY 2021. These offenses are now considered nonviolent class D felony offenses.

For each new nonviolent class D felony, the DOC estimates three people will be sentenced to prison and five to probation. The average sentence for a nonviolent class D felony offense is 5 years, of which 2.8 years will be served in prison with 1.7 years to first release. The remaining 2.2 years will be on parole. Probation sentences will be 3 years.

The cumulative impact on the department is estimated to be 17 additional offenders in prison and 46 additional offenders on field supervision by FY 2027.

**Change in prison admissions and probation openings with legislation-Class D Felony (nonviolent)**

	FY2023	FY2024	FY2025	FY2026	FY2027	FY2028	FY2029	FY2030	FY2031	FY2032
<b>New Admissions</b>										
Current Law	0	0	0	0	0	0	0	0	0	0
After Legislation	6	6	6	6	6	6	6	6	6	6
<b>Probation</b>										
Current Law	0	0	0	0	0	0	0	0	0	0
After Legislation	11	11	11	11	11	11	11	11	11	11
<b>Change (After Legislation - Current Law)</b>										
Admissions	6	6	6	6	6	6	6	6	6	6
Probations	11	11	11	11	11	11	11	11	11	11
<b>Cumulative Populations</b>										
Prison	6	12	17	17	17	17	17	17	17	17
Parole			1	7	13	13	13	13	13	13
Probation	11	22	33	33	33	33	33	33	33	33
<b>Impact</b>										
Prison Population	6	12	17	17	17	17	17	17	17	17
Field Population	11	22	34	40	46	46	46	46	46	46
<b>Population Change</b>	<b>17</b>	<b>34</b>	<b>51</b>	<b>57</b>	<b>63</b>	<b>63</b>	<b>63</b>	<b>63</b>	<b>63</b>	<b>63</b>

Section 630.155

The department did not receive any new commitments under section 630.155 in FY 2021. Therefore, DOC estimates no impact to minimal impact from changing the class E felony offense in that section to a class D felony offense.

Combined Estimated Cumulative Impact

The combined estimated cumulative impact of a new Class D felony and 17 class A misdemeanor changed to Class D Felony on the DOC is estimated to be 25 additional offenders in prison and 68 additional offenders on field supervision by FY 2027.

**Change in prison admissions and probation openings with legislation**

	FY2023	FY2024	FY2025	FY2026	FY2027	FY2028	FY2029	FY2030	FY2031	FY2032
<b>New Admissions</b>										
Current Law	0	0	0	0	0	0	0	0	0	0
After Legislation	9	9	9	9	9	9	9	9	9	9
<b>Probation</b>										
Current Law	0	0	0	0	0	0	0	0	0	0
After Legislation	16	16	16	16	16	16	16	16	16	16
<b>Change (After Legislation - Current Law)</b>										
Admissions	9	9	9	9	9	9	9	9	9	9
Probations	16	16	16	16	16	16	16	16	16	16
<b>Cumulative Populations</b>										
Prison	9	18	25	25	25	25	25	25	25	25
Parole	0	0	2	11	20	20	20	20	20	20
Probation	16	32	48	48	48	48	48	48	48	48
<b>Impact</b>										
Prison Population	9	18	25	25	25	25	25	25	25	25
Field Population	16	32	50	59	68	68	68	68	68	68
<b>Population Change</b>	<b>25</b>	<b>50</b>	<b>75</b>	<b>84</b>	<b>93</b>	<b>93</b>	<b>93</b>	<b>93</b>	<b>93</b>	<b>93</b>

\* If this impact statement has changed from statements submitted in previous years, it could be due to an increase/decrease in the number of offenders, a change in the cost per day for institutional offenders, and/or an increase in staff salaries.

If the projected impact of legislation is less than 1,500 offenders added to or subtracted from the department’s institutional caseload, the marginal cost of incarceration will be utilized. This cost of incarceration is \$22.616 per day or an annual cost of \$8,255 per offender and includes such costs as medical, food, and operational E&E. However, if the projected impact of legislation is 1,500 or more offenders added or removed to the department’s institutional caseload, the full cost of incarceration will be used, which includes fixed costs. This cost is \$88.12 per day or an annual cost of \$32,162 per offender and includes personal services, all institutional E&E, medical and mental health, fringe, and miscellaneous expenses. None of these costs include construction to increase institutional capacity.

DOC’s cost of probation or parole is determined by the number of P&P Officer II positions that are needed to cover its caseload. The DOC average district caseload across the state is 51 offender cases per officer. An increase/decrease of 51 cases would result in a cost/cost avoidance equal to the salary, fringe, and equipment and expenses of one P&P Officer II. Increases/decreases smaller than 51 offender cases are assumed to be absorbable.

**In instances where the proposed legislation would only affect a specific caseload, such as sex offenders, the DOC will use the average caseload figure for that specific type of offender to calculate cost increases/decreases.**

	<u># to</u>	<u>Cost per</u>	<u>Total Costs for</u>	<u>Change in</u>	<u>Total cost</u>	<u># to</u>	<u>Grand Total -</u>
	<u>prison</u>	<u>year</u>	<u>prison</u>	<u>&amp; parole</u>	<u>for</u>	<u>probation</u>	<u>Prison and</u>
				<u>officers</u>	<u>probation</u>	<u>&amp; parole</u>	<u>Probation</u>
					<u>and</u>		<u>(includes 2%</u>
					<u>parole</u>		<u>inflation)</u>
Year 1	9	(\$8,255)	(\$61,913)	0	\$0	16	(\$61,913)
Year 2	18	(\$8,255)	(\$151,562)	0	\$0	32	(\$151,562)
Year 3	25	(\$8,255)	(\$214,713)	0	\$0	50	(\$214,713)
Year 4	25	(\$8,255)	(\$219,007)	1	(\$79,810)	59	(\$298,817)
Year 5	25	(\$8,255)	(\$223,387)	1	(\$71,897)	68	(\$295,284)
Year 6	25	(\$8,255)	(\$227,855)	1	(\$72,673)	68	(\$300,528)
Year 7	25	(\$8,255)	(\$232,412)	1	(\$73,460)	68	(\$305,872)
Year 8	25	(\$8,255)	(\$237,060)	1	(\$74,255)	68	(\$311,315)
Year 9	25	(\$8,255)	(\$241,801)	1	(\$75,060)	68	(\$316,861)
Year 10	25	(\$8,255)	(\$246,637)	1	(\$72,873)	68	(\$322,510)

**Oversight** does not have any information to the contrary. Therefore, Oversight will reflect DOC’s estimated fiscal impact for this proposal.

Officials from the **Office of the State Public Defender** state the proposed legislation expands the offenses under Section 191.905 which could increase the number of persons eligible for

services from SPD. The number of increased cases is unknown and the fiscal impact of the legislation is anticipated to be less than \$250,000.

In response to a similar proposal, SCS SB 671 (2022), officials from the **Department of Commerce and Insurance**, the **Department of Labor and Industrial Relations**, the **Department of Revenue**, the **Department of Public Safety, Missouri Highway Patrol**, and the **Missouri Office of Prosecution Services** each assumed the proposal would 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 for this section.

In response to a similar proposal, SB 671 (2022), officials from the **Attorney General's Office** and the **Office of the State Courts Administrator** each assumed the proposal would have no fiscal impact on their respective organizations.

§§192.005 and 660.010 – Implementation of the Older Americans Act

In response to a similar proposal, SB 1045 (2022), officials from the **Department of Health and Senior Services** and the **Department of Social Services** each assumed the proposal would 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 for this section.

§§192.2225, 197.100, 197.256, 197.258, 197.415, 198.006, 198.022, 198.026, 198.036, 198.525, 198.526, and 198.545 – Health care facility inspections

In response to similar legislation (SB 1029), officials from the **Department of Health and Senior Services**, the **Department of Public Safety, Missouri Highway Patrol**, the **Department of Social Services**, the **Office of the State Public Defender**, the **Newton County Health Department**, the **St. Louis County Health Department**, the **Missouri Office of Prosecution Services** and the **Office of the State Courts Administrator** each assumed 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 for these sections.

§§194.210 -194.304, 301.020 and 302.171 – Organ donation

Officials from the **Department of Health and Senior Services (DHSS)** state §194.297.1 of the proposed legislation would allow the Organ Donor Program Fund to receive contributions from grants, gifts, bequests, the federal government, and other sources.

Section 194.297.2 of the proposed legislation would allow the DHSS to pursue funding to support programmatic efforts and initiatives. The DHSS's Organ and Tissue Donor Program

staff plans to inform estate-planning attorneys of the opportunity to donate to the fund and include information on the program website; existing program staff will implement.

Section 194.297.3 of the proposed legislation instructs the state treasurer to invest any moneys in excess of \$500,000 not required for immediate disbursement in the same manner as surplus state funds are invested. These earnings will be deposited back into the Organ Donor Program Fund.

Section 194.299(2) of the proposed legislation would allow programmatic initiatives to include donor family recognition, training, and strategic planning efforts.

Interest earned on Organ Donor Program Fund in excess of \$500,000 and deposited into the fund would have a positive impact to the Organ Donor Program Fund balance. The impact is unknown and dependent upon how the State Treasurer invests the money; the impact should exceed \$0.

Sections 301.020.8 and 302.171.2, RSMo, currently allow for individuals to make a \$1 donation to the Organ Donor Program Fund. Proposed amendments to those sections would allow for donations no less than \$1 be made to the fund, meaning that donations greater than the current \$1 donation would be possible. The DHSS does not have any basis to project how many donations would be increased from \$1 or what amount donations may increase to. The Department therefore projects an unknown amount of additional revenue greater than zero dollars.

The proposed legislation expands expenditure authority for education, registry, and donor family initiatives. Expenditures for the Donor Family Recognition Program are expected, and costs are dependent upon the national theme that changes annually and influences supplies needed. The DHSS will utilize the State of Missouri's Statewide Services Contracts to secure advertising services to develop and disseminate messages about organ, eye and tissue donation in addition to living donation. The total impact of program appropriations, grants, gifts, and bequests is expected to be greater than \$0 but total impact is unknown.

The DHSS anticipates that the existing spending authority for the Organ Donor Program Fund is adequate for FY 2023. Expanding contractual options and fund utilization aids program efforts in implementing law intent. No additional FTE will be required.

Officials from the **Office of the State Treasurer (STO)** state the STO does not collect and deposit monies for individual state funds that are administered and managed by other state agencies. The STO holds and invests monies deposited by agencies and tracks monies by fund.

As the proposal is currently written, the STO would require 1 FTE (Analyst, \$45,590 annually) to handle the potential activity including any federal government payments. The STO does not manage federal grants and has no expertise in directly handling or reporting federal grant money.

**Oversight** does not have any information to the contrary. Therefore, based on the current language of the proposal and the STO's response, Oversight will reflect the STO's request for 1 FTE and related expenses as the fiscal impact for this proposal.



In response to similar legislation (HB 2680), officials from the **Department of Revenue (DOR)** stated the Drivers' License Bureau (DLB) provides the following:

§301.020.8

This proposal modifies the amount of donation by a motor vehicle transaction applicant for registration from one dollar to allow a variable amount not less than a dollar to promote an organ donor program.

§302.171.2

This proposal modifies the amount of donation by a license applicant from one dollar to allow a variable amount not less than a dollar to promote an organ donor program.

**Administrative Impact**

To implement the provisions of this section, the DOR would be required to:

- Modify current MTAS code to change the amount of \$1.00 for the donor donation to a variable field;
- Update policies, procedures, and the Uniform License Issuance Manual (ULIM);
- Update forms, manuals, and the Department website;
- Complete project documentation such as the business case and project charter.
- Complete business requirements and design documents to modify the Missouri Electronic Driver License (MEDL) issuance system, MEDL central application and supporting applications;
- Complete programming and user acceptance testing of the Missouri Electronic Driver License (MEDL) issuance system; and
- Train staff.

FY 2023 – Driver License Bureau

Research/Data Assistant 320hrs. @ \$16.30 per hr. =	\$5,216
Research/Data Analyst 320hrs. @ \$24.29 per hr. =	\$7,773
Administrative Manager 80 hrs. @ \$26.37 per hr. =	<u>\$2,110</u>
Total	\$15,099

FY 2023 – Personnel Services Bureau

Associate Research/Data Analyst 80 hrs. @ \$19.47 per hr. = \$1,558

**Total Costs \$16,657** (\$15,099 + \$1,558)

DOR officials state the Motor Vehicle Bureau (MVB) provides the following:

§301.020.8

Modifies the donation amount an applicant for motor vehicle registration can make to the organ donor program from one dollar to an amount not less than one dollar.

### Administrative Impact

To implement the proposed legislation, the DOR will be required to:

- Update policies, procedures, forms, and the Department website;
- Implement identified system changes and conduct UAT testing; and
- Train staff.

#### FY 2023 – Motor Vehicle Bureau

Associate Research/Data Analyst 27 hrs. @ \$18.87 per hr. =	\$509
Research/Data Assistant 10 hrs. @ \$15.80 per hr. =	\$158
Research/Data Analyst 17 hrs. @ \$23.55 per hr. =	\$400
Administrative Manager 10 hrs. @ \$25.56 per hr. =	\$256

#### FY 2023 – Strategy and Communications

Research/Data Assistant 10 hrs. @ \$15.80 per hr. =	\$158
Research/Data Analyst 10 hrs. @ \$23.55 per hr. =	\$236
Total	\$1,717

**Total All Costs \$18,374** (\$15,099 + \$1,558 + \$1,717)

The DOR anticipates being able to absorb these administrative costs. If multiple bills are passed that require Department resources, funding may be requested through the appropriations process.

DOR officials also provide that ITSD consultants will be needed for updates. It is assumed that every new IT project/system will be bid out because all ITSD resources are at full capacity. The following IT consultant hours at the current contract rate of \$95/hr will be required:

71.28 hours to update MEDL (DL)  
71.28 hours to update MODL (DL)  
71.28 hours to update MORE (MV)  
213.84 hours X \$95/hr = **\$20,315** one-time costs to General Revenue

**Oversight** does not have any information to the contrary. Therefore, Oversight will reflect the one-time costs against the General Revenue Fund as provided by DOR.

In response to similar legislation (HB 2680), officials from the **Hermann Area Hospital District**, the **University of Central Missouri**, **St. Charles County Community College** and the **Office of the Governor** each assumed 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 for these sections.

§194.321 – Organ transplants and COVID-19 vaccination status

In response to a similar proposal, HB 1861 (2022), officials from the **Department of Health and Senior Services** and **Department of Social Services** each assumed the proposal would 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 this section.

§195.010 – Definition changes

**Oversight** assumes modifying the definition of “drug paraphernalia” to exclude fentanyl testing strips will have no fiscal impact on the state.

§§198.640 - 198.648 – Registration for supplemental health care services agencies

Officials from **Department of Health and Senior Services** state:

This proposal requires the DHSS to create a registration process and registry for a "supplemental health care services agency", which is defined as a person, firm, corporation, partnership, or association engaged for hire in the business of providing or procuring temporary employment in health care facilities for health care personnel, including a temporary nursing staffing agency as defined in section 383.130, or that operates a digital website or digital smartphone application that facilitates the provision of the engagement of health care personnel and accepts requests for health care personnel through its digital website or digital smartphone application. Agencies are required to register annually with the department and each separate location of the agency will be required to register. The registration process includes a registration application, collection of fees, and review of administrative policies/procedures. The legislation also requires oversight through annual unannounced surveys, complaint investigations, and other actions to ensure compliance.

DHSS is unsure of the number of facilities that will apply to be registered, so a range of zero to 400 facilities was used as an estimate for fiscal note purposes. This would require DHSS to complete up to 400 additional inspections and up to 600 additional investigations of complaints per year.

To establish the registration process, promulgation of rules, revision or creation of applications, forms, and policies, etc. of this proposal the DHSS will hire six FTE to start on September 1, 2022, as described below:

- One FTE Regulatory Compliance Manager (\$71,621 annually) will be needed to promulgate rules; establish policies and procedures; and create applications and forms for the registration process. This manager will oversee the implementation of the program and supervise the registration process, including application review, issuance of licenses, and record retention.

- One FTE Administrative Support Assistant (\$31,200 annually) will be needed to provide data entry into databases to track applicants, inspections, and complaint investigations; issue registrations agencies; monitor inspection packets; and assist in imaging of records for record retention.
- Three Accountants (\$50,866) will be needed to review applications and attachments including ownership documentation, policies/procedures, review insurance, bond, and workers compensation documentation, and contracts on a yearly basis. Additionally, the Accountants will review the quarterly reports submitted and prepare annual reports of aggregate data.
- One FTE Public Health Program Specialist (\$45,593 annually) will be needed to coordinate the registration process between the accounting specialist, regional offices and unit support staff; monitor expiration dates; provide application materials and consultation; and ensure compliance prior to approving registration.

§198.642 states each separate location of the agency shall have a registration with the department. If 400 agencies applied for registration, this would require DHSS to hire an additional nine (9) FTE to start on January 1, 2023, as described below:

- Two (2) Registered Nurse Supervisors (\$68,649 each, annually) will be needed to provide direct oversight of the Registered Nurses. Due to many of the services/personnel provided by supplemental health care services agencies, a registered nurse will be needed in order to assist in medically-related complaints.
- Seven (7) Registered Nurses (\$60,842 each, annually) will be needed to conduct initial inspections of agencies, annual inspections, and complaint investigations.

The Registered Nurse Supervisors and Registered Nurses will be telecommuters and are expected to travel extensively. It is assumed the travel costs will be \$10,103 annually for these staff. This may also include out of state travel for those agencies based outside of Missouri.

**Oversight** does not have any information to the contrary. Oversight notes the DHSS estimates it will need 6 FTE to establish the process regardless of the number of health care service agency applicants and then 9 additional staff to inspect health care services agencies and investigate complaints, for a total of 15 staff. DHSS estimated costs from \$0 to greater than \$1.5 million annually before collection of registration fees. **Oversight** assumes DHSS will require at least the 6 FTE to develop the program before registrations begin to be submitted and will range costs to the General Revenue Fund from 6 FTE up to 15 FTE annually using the amount provided by DHSS.

In response to similar legislation (HCS HB 2506), from the **Office of Administration - Budget and Planning (BAP)** state the provisions of §198.642 would require supplemental health care service agencies to annually register each individual business location with DHSS. Subsection

2(6) requires that the department establish a fee of no less than \$1,000 for each location being registered. This fee will cover DHSS' cost of administering the program, including surveys, complaint investigations, and other oversight actions necessary to ensure compliance. Additionally, if an agency is sold or ownership/management is transferred, the registration shall be void and the new owner or operator may apply for a new registration. These annual registration fees would result in an increase to TSR and impact the calculation under Article X, Section 18(e). B&P defers to DHSS for a more detailed revenue impact.

In response to similar legislation (HCS HB 2506), from the **Department of Commerce and Insurance**, the **Department of Revenue**, the **Department of Social Services** 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 for these sections.

In response to similar legislation (HCS HB 2506), officials from the **Office of Administration (OA) - Administrative Hearing Commission** assumed the proposal would have no fiscal impact on their organization.

Repeals sections (191.743, 196.866 and 196.868) related to certain health and licensing requirements

Officials from **Department of Health and Senior Services** state sections 196.866 and 196.868, RSMo, would be eliminated from statute, thereby ending frozen dessert licensing. The Bureau of Environmental Health Services (BEHS) currently licenses approximately 2,000 facilities that are required to maintain a frozen dessert license. These licenses are projected to generate approximately \$32,000 in annual general revenue in future years. The proposed legislation would therefore end the collection of that revenue.

**Oversight** does not have any information to the contrary. Therefore, Oversight will reflect a loss of license fees deposited into the General Revenue Fund of \$32,000 annually as the fiscal impact for the DHSS.

In response to a similar proposal, SB 1100 (2022), officials from the **Department of Commerce and Insurance**, the **Department of Social Services**, the **Office of the State Treasurer**, the **Missouri Office of Prosecution Services** and the **Office of the State Courts Administrator** each assumed the proposal would 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 for these sections.

§210.921 – Registry information

***Oversight** assumes this provision will not have any fiscal impact on the state as it is simply stating the department will not provide any registry information unless it first obtains the name and address of the person or entity requesting the information.*

Responses regarding the proposed legislation as a whole

Officials from the **Attorney General's Office, Department of Elementary and Secondary Education, Department of Higher Education and Workforce Development, Office of the Governor, Missouri House of Representatives, Missouri Office of Prosecution Services, Department of Labor and Industrial Relations, Department of Public Safety - Missouri Highway Patrol, University of Missouri System, Missouri Western State University, St. Louis County Health Department** and the **Newton County Health Department** 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.

Officials from the **University of Central Missouri** state there is an indeterminate fiscal impact.

**Oversight** received a limited number of responses from school districts and local health departments related to the fiscal impact of this proposal. Oversight has presented this fiscal note on the best current information available. Upon the receipt of additional responses, Oversight will review to determine if an updated fiscal note should be prepared and seek the necessary approval to publish a new fiscal note.

Rule Promulgation

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

Officials from the **Office of the Secretary of State (SOS)** note 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 \$5,000. 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 its 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.

<u>FISCAL IMPACT – State Government</u>	FY 2023 (10 Mo.)	FY 2024	FY 2025	Fully Implemented (FY 2026)
<b>GENERAL REVENUE FUND</b>				
<u>Revenue Reduction – Preceptorship Tax Credit (§135.690) p.3-7</u>	\$0	(\$200,000)	(\$200,000)	(\$200,000)
<u>Cost – DHSS (§135.690) p.3-7</u>				
Personnel Services	\$0	(\$52,346)	(\$52,870)	(\$53,399)
Fringe Benefits	\$0	(\$31,599)	(\$31,789)	(\$31,988)
Equipment & Expense	\$0	(\$20,569)	(\$10,554)	(\$10,818)
<u>Total Cost – DHSS</u>	\$0	(\$104,514)	(\$95,213)	(\$96,205)
FTE Change – DHSS	0 FTE	1 FTE	1 FTE	1 FTE
<u>Revenue Gain/Transfer In – Reimbursement For Tax Credit From Medical Preceptor Fund (§135.690) p.3-7</u>	\$0	\$200,000	\$200,000	\$200,000
<u>Costs – DSS (§208.909) p.11</u>				
Personal service	(\$24,613)	(\$29,831)	(\$30,129)	(\$30,734)
Fringe benefits	(\$16,019)	(\$19,321)	(\$19,431)	(\$19,624)
Equipment and expense	(\$11,294)	(\$7,053)	(\$7,229)	(\$7,407)
<u>Total Costs – DSS</u>	(\$51,926)	(\$56,205)	(\$56,779)	(\$57,765)
FTE Change – DSS	0.63 FTE	0.63 FTE	0.63 FTE	0.63 FTE
<u>Costs - SPD (§191.905) - expands offences - p.15</u>	(Unknown)	(Unknown)	(Unknown)	(Unknown)
<u>Costs – DOC (§§191.905 and 565.184) p.12-15</u>				
Personal service costs	\$0	\$0	\$0	(\$39,927)
Fringe benefits	\$0	\$0	\$0	(\$27,467)
Equipment and expense	\$0			(\$12,416)
Incarceration costs	(\$61,913)	(\$151,562)	(\$214,713)	(\$219,007)
<u>Total Costs - DOC</u>	(\$61,913)	(\$151,562)	(\$214,713)	(\$298,817)
FTE Change – DOC	0 FTE	0 FTE	0 FTE	1 FTE

<u>Costs</u> - DMH (§630.202) - overtime pay for visitation, relief and patient escorting - p.11	Up to (\$1,570,626)	Up to (\$1,903,598)	Up to (\$1,922,635)	Up to (\$1,922,635)
<u>Costs</u> – STO (§194.297) p. 16				
Personal service	(\$37,992)	(\$46,046)	(\$46,506)	(\$46,971)
Fringe benefits	(\$24,286)	(\$29,309)	(\$29,476)	(\$29,661)
Equipment and expense	(\$14,250)	(\$5,459)	(\$5,623)	(\$5,764)
<u>Total Costs</u> - STO	(\$76,528)	(\$80,814)	(\$81,605)	(\$82,395)
FTE Change – STO	1 FTE	1 FTE	1 FTE	1 FTE
<u>Costs</u> – DOR ((§§194.210 -194.304, 301.020 and 302.171) – System updates - p.17-18	(\$20,315)	\$0	\$0	\$0
<u>Income</u> – DHSS - Licensing Fees – supplemental health care facilities (§§198.640 - 198.648) - p. 19-20	\$0 to \$1,000,000	\$0 to \$1,200,000	\$0 to \$1,200,000	\$0 to \$1,200,000
<u>Costs</u> - DHSS (§§198.640 - 198.648) supplemental health care facilities - p. 19-20				
Personal service	(\$250,843 to \$720,170)	(\$304,022 to \$872,846)	(\$307,062 to \$881,575)	(\$310,133 to \$890,391)
Fringe benefits	(\$154,036 to \$418,910)	(\$185,938 to \$505,832)	(\$187,042 to \$509,004)	(\$188,215 to \$512,196)
Equipment and expense	(\$85,563 to \$209,495)	(\$25,749 to \$156,053)	(\$26,393 to \$159,954)	(\$27,053 to \$163,953)
<u>Total Costs</u> - DHSS	(\$490,442 to \$1,348,575)	(\$515,709 to \$1,534,731)	(\$520,497 to \$1,550,533)	(\$525,400 to \$1,566,540)
FTE Change – DHSS	6 to 15 FTE	6 to 15 FTE	6 to 15 FTE	6 to 15 FTE
<u>Loss</u> – DHSS – reduction in licensing fees - repealed	(\$32,000)	(\$32,000)	(\$32,000)	(\$32,000)



§§196.866 and 196.868 – frozen desserts - p.21				
<b>ESTIMATED NET EFFECT ON THE GENERAL REVENUE FUND</b>	<b>Could exceed (\$2,303,750 to \$2,161,883)</b>	<b>Could exceed (\$2,844,002 to \$2,663,424)</b>	<b>Could exceed (\$2,923,442 to \$2,743,478)</b>	<b>Could exceed (\$3,015,217 to \$2,856,357)</b>
Estimated Net FTE Change on the General Revenue Fund	7.63 to 16.63 FTE	8.63 to 17.63 FTE	8.63 to 17.63 FTE	9.63 to 18.63 FTE
<b>MEDICAL PRECEPTOR FUND</b>				
<u>Revenue Gain</u> – Increase In License Fee For Physicians, Surgeons, and Physician Assistants (§135.690) - p.3-7	\$0	Up to \$216,155	Up to \$216,155	Up to \$216,155
<u>Revenue Reduction/Transfer Out</u> – Reimbursement To GR For Cost Of Tax Credits (§135.690) p.3-7	<u>\$0</u>	<u>Up to (\$200,000)</u>	<u>Up to (\$200,000)</u>	<u>Up to (\$200,000)</u>
<b>ESTIMATED NET EFFECT ON MEDICAL PRECEPTOR FUND</b>	<b><u>\$0</u></b>	<b><u>Up to \$16,155</u></b>	<b><u>Up to \$16,155</u></b>	<b><u>Up to \$16,155</u></b>
<b>ORGAN DONOR PROGRAM (0824)</b>				
<u>Income</u> – DHSS (§§194.210 -194.304, 301.020 and 302.171) – increased donations - p.15-19	<u>Unknown</u>	<u>Unknown</u>	<u>Unknown</u>	<u>Unknown</u>
<b>ESTIMATED NET EFFECT ON THE</b>	<b><u>Unknown</u></b>	<b><u>Unknown</u></b>	<b><u>Unknown</u></b>	<b><u>Unknown</u></b>

<b>ORGAN DONOR PROGRAM</b>				
<b>FEDERAL FUNDS</b>				
<u>Income – DSS (§208.909)</u>				
Increase in program reimbursements - p.10-15	\$30,496	\$33,010	\$33,346	\$33,972
<u>Costs - DSS (§208.909) p.10-15</u>				
Personal service	(\$14,455)	(\$17,520)	(\$17,695)	(\$18,050)
Fringe benefits	(\$9,408)	(\$11,348)	(\$11,406)	(\$11,526)
Equipment and expense	(\$6,633)	(\$4,142)	(\$4,245)	(\$4,351)
<u>Total Costs - DSS</u>	<u>(\$30,496)</u>	<u>(\$33,010)</u>	<u>(\$33,346)</u>	<u>(\$33,927)</u>
FTE Change - DSS	0.37 FTE	0.37 FTE	0.37 FTE	0.37 FTE
<b>ESTIMATED NET EFFECT ON FEDERAL FUNDS</b>	<b><u>\$0</u></b>	<b><u>\$0</u></b>	<b><u>\$0</u></b>	<b><u>\$0</u></b>
Estimated Net FTE Change on Federal Funds	0.37 FTE	0.37 FTE	0.37 FTE	0.37 FTE

<u>FISCAL IMPACT – Local Government</u>	FY 2023	FY 2024	FY 2025	Fully Implemented (FY 2026)
<b>LOCAL GOVERNMENTS</b>				
<u>Costs</u> – School Districts to train employees and administer provisions of Will’s Law (§167.625) p. 8	\$0 or (Unknown)	\$0 or (Unknown)	\$0 or (Unknown)	\$0 or (Unknown)
<u>Income</u> – School Districts (§198.644) – Fines and penalties - p.19-21	\$0 to Unknown	\$0 to Unknown	\$0 to Unknown	\$0 to Unknown
<b>ESTIMATED NET EFFECT ON LOCAL POLITICAL SUBDIVISIONS</b>	<b>\$0 or (Unknown) to Unknown</b>	<b>\$0 or (Unknown) to Unknown</b>	<b>\$0 or (Unknown) to Unknown</b>	<b>\$0 or (Unknown) to Unknown</b>

FISCAL IMPACT – Small Business

Certain small businesses may be impacted by this proposal.

FISCAL DESCRIPTION

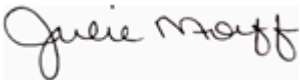
This proposal modifies provisions relating to health care.

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

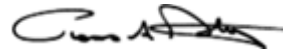
SOURCES OF INFORMATION

- Department of Health and Senior Services
- Department of Social Services
- Office of Administration
- Office of Administration - Budget and Planning
- Office of Administration - Administrative Hearing Commission
- Department of Commerce and Insurance
- Department of Revenue
- Office of the State Treasurer
- Department of Elementary and Secondary Education
- Office of the Governor

Missouri House of Representatives  
Missouri Senate  
Department of Higher Education and Workforce Development  
Department of Corrections  
Office of the State Public Defender  
Department of Labor and Industrial Relations  
Department of Public Safety - Missouri Highway Patrol  
Attorney General's Office  
Office of the State Courts Administrator  
Missouri Office of Prosecution Services  
Joint Committee on Administrative Rules  
Office of the Secretary of State  
University of Missouri System  
Missouri State University  
University of Central Missouri  
St. Charles Community College  
Newton County Health Department  
Hermann Area Hospital District  
High Point R-III School District  
Fordland R-III School District



Julie Morff  
Director  
May 2, 2022



Ross Strobe  
Assistant Director  
May 2, 2022