

COMMITTEE ON LEGISLATIVE RESEARCH  
OVERSIGHT DIVISION

**FISCAL NOTE**

L.R. No.: 3225S.06S  
 Bill No.: CCS for HCS No. 2 for SB 710  
 Subject: Children and Minors; Education, Elementary and Secondary; Health and Senior Services, Department of; Health Care Professionals; Holidays and Observances; Hospitals; Medicaid/Mo HealthNet; Nurses; Nursing Homes and Long-Term Care Facilities; Teachers  
 Type: Original  
 Date: May 10, 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 (\$3,809,359 to \$5,238,118)	Could exceed (\$4,450,506 to \$6,173,126)	Could exceed (\$4,456,659 to \$6,209,330)	Could exceed (\$4,463,338 to \$6,227,113)
<b>Total Estimated Net Effect on General Revenue</b>	<b>Could exceed (\$3,809,359 to \$5,238,118)</b>	<b>Could exceed (\$4,450,506 to \$6,173,126)</b>	<b>Could exceed (\$4,456,659 to \$6,209,330)</b>	<b>Could exceed (\$4,463,338 to \$6,227,113)</b>

<b>ESTIMATED NET EFFECT ON OTHER STATE FUNDS</b>				
FUND AFFECTED	FY 2023	FY 2024	FY 2025	Fully Implemented (FY 2026)
Organ Donor Program (0824)	Unknown	Unknown	Unknown	Unknown
MO Rx Plan Fund	(\$2,323,978)	(\$2,788,774)	(\$2,788,978)	(\$2,788,978)
<b>Total Estimated Net Effect on Other State Funds</b>	<b>Less than (\$2,323,978)</b>	<b>Less than (\$2,788,774)</b>	<b>Less than (\$2,788,978)</b>	<b>Less than (\$2,788,978)</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 <u>All</u> 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	7.63 to 16.63 FTE	7.63 to 16.63 FTE	7.63 to 16.63 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>8 to 17 FTE</b>	<b>8 to 17 FTE</b>	<b>8 to 17 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)
<b>Local Government</b>	<b>\$0 or (Unknown)</b>	<b>\$0 or (Unknown)</b>	<b>\$0 or (Unknown)</b>	<b>\$0 or (Unknown)</b>

## 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.

#### §§ 9.350 - Biliary Atresia Awareness Day

In response to a similar proposal, HCS HB 2462 (2022), officials from the **Department of Health and Senior Services** and the **Office of Administration** each assumed the provisions would have no fiscal impact on their respective organizations.

#### §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 not have a material 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	\$2,726,907	\$2,961,261	\$3,245,230
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.

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

In response to a similar proposal, 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 Managers (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.

In response to a similar proposal, officials from the **Department of Social Services (DSS), Missouri Medicaid Audit Compliance (MMAC)** anticipated 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%.

**Oversight** will show the costs as estimated by DSS.

In response to a similar proposal, officials from the **Department of Mental Health (DMH)** stated §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.

§§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 provision.

§§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

In response to a similar proposal, officials from the **Department of Health and Senior Services (DHSS)** stated §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** will show the cost as estimated by the STO for 1 FTE.

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. = \$2,110

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.

§§197.400 and 197.445 – Home health licensing

In response to a similar proposal, HB 2371 (2022), officials from the **Department of Commerce and Insurance** and the **Department of Health and Senior 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 these sections.

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

In response to a similar proposal, officials from **Department of Health and Senior Services** stated:

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

In response to a similar proposal, officials from **Department of Health and Senior Services** stated 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.

§208.798 - Extends the Missouri Rx plan to August 28, 2029

In response to a similar proposal, SB 1179 (2022), officials from the **Department of Social Services (DSS)** assumed the proposal would have no fiscal impact on their organization.

**Oversight** assumes extending the termination date for §208.798 to August 28, 2029 (currently August 28, 2022) will result in a continuation of costs to the State. Oversight notes the Governor's recommendations for FY23 includes funding for the MO Rx Drug Program of \$6,554,552 (General Revenue \$3,765,778 and Other State Funds (MO Rx Plan Fund # 0779) of \$2,788,774).

For fiscal note purposes, Oversight will assume funding for the MO Rx Drug Program will be \$6,554,552 (GR \$3,765,778; Other State Funds \$2,788,774) for each FY23, FY24 and FY25. Oversight will reflect 10 months of impact in FY23.

Expenditures for the program have been:     \$3,663,929 in FY 2021;  
   \$3,915,789 in FY 2020; and  
   \$4,768,479 in FY 2019

In response to a similar proposal, SB 1179 (2022), officials from the **Office of Administration - Budget & Planning (B&P)** stated this bill has no direct impact on B&P or on general and total state revenues. The B&P states it will not impact the calculation pursuant to Article X, Section 18(e).

In response to a similar proposal, SB 1179 (2022), officials from the **Department of Commerce and Insurance**, the **Department of Health and Senior Services** and the **Department of Mental Health** 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.

§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.*

§376.427 - Prepaid Dental Plan

In response to a similar proposal, HCS HB 2743 (2022), officials from the **Department of Commerce and Insurance**, the **Missouri Department of Transportation** and the **Missouri Consolidated Health Care Plan** each assumed the proposal would have no fiscal impact on their respective organizations.

In response to a similar proposal, HCS HB 2743 (2022), officials from the **Department of Public Safety - Missouri Highway Patrol** deferred to the Missouri Department of Transportation for the potential fiscal impact of this proposal.

In response to a similar proposal, HB 2743 (2022), officials from the **Department of Social Services** and the **Missouri Department of Conservation** 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 this section.

§376.1575 - Modifies definition of Health Carrier

In response to a similar proposal, HB 2199 (2022), officials from the **Department of Commerce and Insurance**, the **Department of Health and Senior Services**, the **Department of Mental Health** and the **Department of Social Services** each assumed the section would have no fiscal impact on their respective organizations.

Responses regarding the proposed legislation as a whole

In response to the previous version, officials from the **Office of Administration - Administrative Hearing Commission, Department of Higher Education and Workforce Development, Department of Natural Resources, Department of Labor and Industrial Relations, Department of Public Safety (Division of Alcohol and Tobacco Control, Director's Office, Missouri Veterans Commission, Missouri Consolidated Health Care Plan, and Missouri Office of Prosecution Services** and the **Missouri Highway Patrol), Missouri Department of Transportation, Missouri Senate** and the University of Missouri System 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.

**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

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

In response to a similar proposal, 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>Costs – DSS</u> (§208.909) p. 6-7				
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 STO</u> (§194.297) p. 9				
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 - STO</u>	(\$76,528)	(\$80,814)	(\$81,605)	(\$82,395)
FTE Change – STO	1 FTE	1 FTE	1 FTE	1 FTE
<u>Costs – DOR</u> ((§§194.210 -194.304, 301.020 and 302.171) – System updates p. 10-11	(\$20,315)	\$0	\$0	\$0
<u>Income – DHSS - Licensing Fees – supplemental health care facilities</u> (§§198.640 - 198.648) p. 11-13	\$0 to \$1,000,000	\$0 to \$1,200,000	\$0 to \$1,200,000	\$0 to \$1,200,000
<u>Costs - DHSS</u> (§§198.640 - 198.648) supplemental health care facilities p. 11-13				
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 - DHSS</u>	(\$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 – DHSS – reduction in licensing fees - repealed §§196.866 and 196.868 – frozen desserts p. 14</u>	(\$32,000)	(\$32,000)	(\$32,000)	(\$32,000)
<u>Costs - DSS (extension of §208.798 termination date) On-going MO Rx Drug Program expenditures p. 14</u>	(\$3,138,148)	(\$3,765,778)	(\$3,765,778)	(\$3,765,778)
<u>Costs - DMH (§630.202) - overtime pay for visitation, relief and patient escorting p. 7</u>	Up to (\$1,570,626)	Up to (\$1,903,598)	Up to (\$1,922,635)	Up to (\$1,922,635)
<b>ESTIMATED NET EFFECT ON THE GENERAL REVENUE FUND</b>	<b>Could exceed (\$3,809,359 to \$5,238,118)</b>	<b>Could exceed (\$4,450,506 to \$6,173,126)</b>	<b>Could exceed (\$4,456,659 to \$6,209,330)</b>	<b>Could exceed (\$4,463,338 to \$6,227,113)</b>
Estimated Net FTE Change on the General Revenue Fund	7.63 to 16.63 FTE	7.63 to 16.63 FTE	7.63 to 16.63 FTE	7.63 to 16.63 FTE
<b>ORGAN DONOR PROGRAM (0824)</b>				
<u>Income – DHSS (§§194.210 -194.304, 301.020 and 302.171) – increased donations p.10-11</u>	<u>Unknown</u>	<u>Unknown</u>	<u>Unknown</u>	<u>Unknown</u>
<b>ESTIMATED NET EFFECT ON THE ORGAN DONOR PROGRAM</b>	<b><u>Unknown</u></b>	<b><u>Unknown</u></b>	<b><u>Unknown</u></b>	<b><u>Unknown</u></b>

<b>MO Rx PLAN FUND (779)</b>				
<u>Costs</u> - DSS (extension of §208.798 termination date) On-going MO Rx Drug Program expenditures p. 14	<u>(\$2,323,978)</u>	<u>(\$2,788,774)</u>	<u>(\$2,788,978)</u>	<u>(\$2,788,978)</u>
<b>ESTIMATED NET EFFECT ON THE MO Rx PLAN FUND</b>	<b><u>(\$2,323,978)</u></b>	<b><u>(\$2,788,774)</u></b>	<b><u>(\$2,788,978)</u></b>	<b><u>(\$2,788,978)</u></b>
<b>FEDERAL FUNDS</b>				
<u>Income</u> – DSS (§208.909)				
Increase in program reimbursements p. 6-7	\$30,496	\$33,010	\$33,346	\$33,972
<u>Costs</u> - DSS (§208.909)				
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. 3-4	\$0 or (Unknown)	\$0 or (Unknown)	\$0 or (Unknown)	\$0 or (Unknown)
<b>ESTIMATED NET EFFECT ON LOCAL POLITICAL SUBDIVISIONS</b>	<b>\$0 or (Unknown)</b>	<b>\$0 or (Unknown)</b>	<b>\$0 or (Unknown)</b>	<b>\$0 or (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.

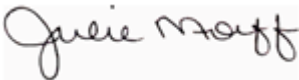
This legislation is not federally mandated, would not duplicate any other program and would not require additional capital improvements or rental space.

SOURCES OF INFORMATION

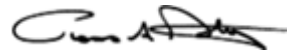
- Department of Health and Senior Services
- Department of Social Services
- Office of Administration
- Office of Administration - Budget and Planning
- Office of Administration - Administrative Hearing Commission
- Department of Commerce and Insurance
- Department of Revenue
- Office of the State Treasurer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

L.R. No. 3225S.06S  
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May 10, 2022

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 10, 2022



Ross Strobe  
Assistant Director  
May 10, 2022