

COMMITTEE ON LEGISLATIVE RESEARCH  
OVERSIGHT DIVISION

**FISCAL NOTE**

L.R. No.: 3225S.06T  
 Bill No.: Truly Agreed To and Finally Passed CCS for HCS No. 2 for SB 710  
 Subject: Children and Minors; Education, Elementary and Secondary; Department of Health and Senior Services; Health Care Professionals; Holidays and Observances; Hospitals; Medicaid/Mo Healthnet; Nurses; Nursing Homes and Long-Term Care Facilities; Teachers  
 Type: Original  
 Date: June 21, 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
General Revenue	Could exceed (\$3,809,359 to \$5,904,785)	Could exceed (\$4,450,506 to \$6,973,126)	Could exceed (\$4,456,659 to \$7,009,330)
<b>Total Estimated Net Effect on General Revenue</b>	<b>Could exceed (\$3,809,359 to \$5,904,785)</b>	<b>Could exceed (\$4,450,506 to \$6,973,126)</b>	<b>Could exceed (\$4,456,659 to \$7,009,330)</b>

<b>ESTIMATED NET EFFECT ON OTHER STATE FUNDS</b>			
FUND AFFECTED	FY 2023	FY 2024	FY 2025
Organ Donor Program (0824)	Unknown	Unknown	Unknown
MO Rx Plan Fund	(\$2,323,978)	(\$2,788,774)	(\$2,788,978)
<b>Total Estimated Net Effect on <u>Other</u> State Funds</b>	<b>Less than (\$2,323,978)</b>	<b>Less than (\$2,788,774)</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
Federal Funds	\$0	\$0	\$0
<b>Total Estimated Net Effect on <u>All</u> Federal Funds*</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>

\*Income and distributions of approximately \$33,000 per year net to zero.

<b>ESTIMATED NET EFFECT ON FULL TIME EQUIVALENT (FTE)</b>			
FUND AFFECTED	FY 2023	FY 2024	FY 2025
General Revenue	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
<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>

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
<b>Local Government</b>	<b>\$0 or (Unknown)</b>	<b>\$0 or (Unknown)</b>	<b>\$0 or (Unknown)</b>

## FISCAL ANALYSIS

### ASSUMPTION

#### §§9.236 and 208.184 - "Sickle Cell Awareness Week" & MO HealthNet Division annual review

Officials from the **Department of Health and Senior Services**, the **Department of Social Services** and the **Office of Administration** and 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.

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

Officials from the **Department of Health and Senior Services** and the **Office of Administration** each assume the provisions will have no fiscal impact on their respective organizations.

#### §167.625 - Will's Law

Officials from the **Department of Health and Senior Services**, **Department of Elementary and Secondary Education** and the **Department of Social Services** each assume the provision will 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

Officials from the **Department of Elementary and Secondary Education** assume the proposal will 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

Officials from the **Department of Health and Senior Services**, the **Office of the Governor**, the **Missouri House of Representatives** and the **Missouri Senate** 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 this section.

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

Officials from the **Department of Health and Senior Services (DHSS)** assume this provision will not create a fiscal impact.

In response to similar legislation (SB 757), **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 **University of Central Missouri** and **St. Charles Community College** each assumed the proposal would have no fiscal impact on their respective organizations.

Officials from the **Department of Commerce and Insurance** and the **Department of Higher Education and Workforce Development** 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.

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

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

Section 191.1400.10 - A compassionate care visitor of a patient or resident of a health care facility may report any violation of the provisions of this section by a health care facility to the department of health and senior services. The department shall begin investigating any such complaint filed under this subsection within thirty-six hours of receipt of the complaint. The purpose of such investigation shall be to ensure compliance with the provisions of this section

and any such investigation shall otherwise comply with the complaint processes established by section 197.080 for a hospital, section 197.268 for a hospice facility, and section 198.532 for a long-term care facility.

The addition in this bill will require an investigation into compassionate care violations within 36 hours of such complaint being filed. This will require staff throughout the Division be on-call to investigate concerns in hospice, hospitals and long-term care- on weekends and holidays. These additional requirements have an unknown fiscal impact to SLCR. SLCR staff are currently on-call to initiate complaints and investigate Abuse and Neglect complaints within 24 hours, however, placing such time constraints for investigation into this type of complaint could limit SLCR's ability to investigate Abuse and Neglect and other high priority quality of care complaints in a timely manner.

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.

Section 208.909 Currently, when a Division of Senior and Disability Services (DSDS) Home and Community-Based Services (HCBS) Consumer Directed Services (CDS) vendor fails to pay payroll, employment, and other taxes, the CDS participant's benefits are garnished until the garnishment is satisfied.

This proposal will require CDS vendors to file payroll, employment, and other taxes in a timely manner. If passed, when a vendor fails to pay in a timely manner they will be liable to the participant for the garnishment(s) as a result of the vendor's failure to timely pay payroll, employment, or other taxes on behalf of the consumer. The Department of Social Services, Missouri Medicaid Audit and Compliance Unit (MMAC) receives 125 referrals per year from participants, providers, and other concerned parties regarding CDS tax issues. This results in approximately 60 vendor closings. MMAC estimates that passage of this legislation will double the number of referrals and subsequent closings, resulting in approximately 250 referrals and 120 vendor closings per year. MMAC estimates an additional 60 vendors will close. Per MMAC, typically two-thirds (66.66%) of vendors that are closed have up to 10 participants and one-third (33.33%) have between 11 and 25 participants. When a vendor closes, DSDS is responsible to complete a care plan change to ensure continuity of services for the consumers.

Due to the increase in vendor closings, DSDS estimates between 260 ((60 vendors\*66.66%\*1 participant) + (60 vendors\* 33.33%\* 11 participants)) and 900 ((60 vendors\*66.66%\* 10 participant) + (60 vendors\* 33.33%\*25 participants)) additional care plan changes.

On average, DSDS staff can complete one care plan change per hour. However, care plan changes in relation to completing a vendor change are more time consuming because a new vendor will need to be established in addition to the time it takes to complete the actual change to the care plan. Therefore, DSDS estimates they will require between .25 FTE and .50 FTE. One Social Service Specialist (average salary \$36,891) will be needed to assist with the increased work load resulting in a personal service cost of approximately \$7,686 ( $\$36,891 \cdot .25 \text{ FTE} \cdot 10/12$ ) to \$15,372 ( $\$36,891 \cdot .50 \text{ FTE} \cdot 10/12$ ) in FY 2023.

**Oversight** assumes the DHSS can absorb the additional duties required by these provisions 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%.

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

Officials from the **Department of Mental Health (DMH)** state section 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.

Officials from the **Office of Administration - Budget and Planning** state Section 208.909 creates a new penalty for personal care assistance vendors who fail to ensure all payroll, employment, and other taxes are paid on behalf of the consumer in a timely manner. This provision sets the penalty at \$1,000 per occurrence. To the extent vendors are penalized, TSR could increase.

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

Officials from the **Department of Health and Senior Services** and the **Department of Social Services** 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 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

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 **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.

In response to similar legislation (SB 1029), officials from the **Newton County Health Department** and the **St. Louis County Health Department**, 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 the following:

Section 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.

Officials from the **Department of Revenue (DOR)** state 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.

Officials from the **Office of Administration - Budget and Planning (B&P)** state section 194.297 expands the types of contributions the Organ Donor Program Fund may accept including grants, gifts, bequests, federal funds, or other sources of funding granted or given. Additionally, any balance above \$500,000 that is not needed for immediate disbursement or expenditures shall be invested. Any earnings from investments shall be credited to the Organ Donor Program Fund. These expanded contributions and earnings may increase TSR by an unknown amount.

Sections 301.020 and 302.171 would increase the allowable amount individuals may donate to the Organ Donor Program Fund. The current limit is \$1, but these provisions remove that limit to allow any donation size. To the extent that individuals take advantage of the ability to donate more than the current \$1 limit into the Organ Donor Program Fund, this proposal could increase TSR by an unknown amount. DOR is allowed to retain up to one percent of all donations to this fund to cover administrative costs. All remaining funds would be deposited into the Organ Donor Program Fund and utilized to administer the program.

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

Officials from the **Department of Health and Senior Services** and **Department of Social Services** 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 this section.

§§197.400 and 197.445 – Home health licensing

Officials from the **Department of Commerce and Insurance** and the **Department of Health and Senior Services** 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.

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

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.

Section 198.642 states each separate location of the agency shall have a registration with the department. If 300 agencies applied for registration, this would require DHSS to hire an additional nine FTE to start on January 1, 2023, as described below:

- Two Registered Nurse Supervisors (\$68,649) 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 Registered Nurses (\$60,842) 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.

Section 198.644 requires DHSS to do the following:

1. Each registered supplemental health care services agency shall be required, as a condition of registration, to meet the following minimum criteria, which may be supplemented by rules promulgated by the department:

(7) (a) Submit a report to the department on a quarterly basis for each health care facility participating in Medicare or Medicaid with which the agency contracts that includes all of the following:

- a. A detailed list of the average amount charged to the health care facility for each individual health care personnel category; and
- b. A detailed list of the average amount paid by the agency to health care personnel in each individual health care personnel category;

(b) Such reports shall be considered closed records under section 610.021, provided that the department shall annually prepare reports of aggregate data that do not identify any data specific to any supplemental health care services agency;

DHSS is unsure of the number of agencies that will apply to be registered, so a range of zero to 400 agencies 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 Regulatory Compliance Manager (\$71,621) 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 Administrative Support Assistant (\$31,200) 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 Public Health Program Specialist (\$45,593) 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.

**Oversight** does not have any information to the contrary. Oversight notes the DHSS estimates assumes 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.

Officials from **DHSS** state the legislation provides that the DHSS can charge a registration fee of no more than \$1,000. If DHSS chooses to charge \$1,000 to the estimated 400 agencies that apply to be registered as a supplemental health care services agency, this could result in a revenue up to \$400,000 (\$1,000 x 400). However, in accordance with Section 198.642.1, this

revenue will be placed in the state treasury and credited to the general revenue fund. These funds would not be available to directly support the expenses of the department for the administration of the provisions of sections 198.640 to 198.648 as stipulated in Section 198.642.2(6).

**Oversight** will range the cost from \$0 (no registration fee charged) to a gain in revenue up to \$400,000.

Officials from the **Office of Administration - Budget and Planning (BAP)** state section 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.

Section 198.644 requires all temporary health care personnel to undergo a fingerprint-based criminal background check pursuant to Section 192.2495, RSMo. The Missouri State Highway Patrol (MSHP) Criminal Justice Information Services (CJIS) Division processes all state and federal fingerprint background checks. The CJIS has the following fee structure for background checks:

State fee: \$20.00  
Vendor Fee: \$8.50  
FBI fee: \$13.25  
Total fees: \$41.75

The state retains the \$20 state fee and \$2 of the FBI fee (\$22 total retained by the state). All fees collected will be deposited in the MSHP Criminal Records System Fund. MSHP verified that over 90% of background checks are conducted using third party vendor, IDEMIA, who charges the applicant an \$8.50 fee which is kept by IDEMIA. The applicant pays the full fee of \$41.75 to the vendor and MSHP then collects the full state and FBI fees (\$33.25) from the vendor each month. The FBI bills MSHP monthly, and MSHP pays the FBI their portion of the FBI fee out of the MSHP Criminal Records System Fund. This would increase TSR by an unknown amount. B&P defers to MSHP for further discussion on this impact.

Officials from **Department of Public Safety - Missouri Highway Patrol** state, although Section 192.2495 does indicate the requirement of background checks, this statute is not an approved Public Law 92-544 statute and does not grant access to FBI criminal history for background checks. The Patrol has a concern as Sections 198.644 and 208.909 references background checks pursuant to Section 192.2495.

Officials from the **Department of Commerce and Insurance, Department of Revenue, Office of Administration - Administrative Hearing Commission** and the **Department of Social Services** 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.

In response to similar legislation (HCS HB 2506), officials from the **Hermann Area Hospital District** 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.

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.

Officials from **B&P** state these sections are repealed which removes the additional licensure required by frozen dessert manufacturers and retailers. In FY 2021, the program generated \$32,165 in revenue which is deposited in GR. Thus, this will reduce GR and TSR by \$32,165 in FY 2023 and annually thereafter. This proposal could impact the calculation under Article X, Section 18(e).

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 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.

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

Officials from the **Department of Social Services (DSS)** assume the proposal will 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

Officials from the **Department of Commerce and Insurance**, the **Department of Health and Senior Services**, **Office of Administration - Budget and Planning** and the **Department of Mental Health** 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 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

Officials from the **Department of Commerce and Insurance**, the **Department of Social Services**, the **Missouri Department of Conservation**, the **Department of Public Safety - Missouri Highway Patrol**, the **Missouri Department of Transportation** and the **Missouri Consolidated Health Care Plan** 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 this section.

§376.1575 - Modifies definition of Health Carrier

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

Officials from the **Office of Administration - Administrative Hearing Commission, Department of Commerce and Insurance, Department of Elementary and Secondary Education, Department of Higher Education and Workforce Development, Department of Natural Resources, Department of Corrections, Department of Labor and Industrial Relations, Department of Revenue, Department of Public Safety - Missouri Highway Patrol, Missouri Department of Conservation, Missouri Department of Transportation, Office of the State Public Defender, Missouri Senate, Missouri House of Representatives, Missouri Office of Prosecution Services, Office of the State Courts Administrator** and the **Missouri Consolidated Health Care Plan** 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 **Kansas City Health Department, Newton County Health Department** and the **St. Louis County Health Department** each assume the proposal will have no fiscal impact on their respective organizations.

**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
<b>GENERAL REVENUE FUND</b>			
<u>Costs – DSS</u> (§208.909) p. 7-8			
Personal service	(\$24,613)	(\$29,831)	(\$30,129)
Fringe benefits	(\$16,019)	(\$19,321)	(\$19,431)
Equipment and expense	(\$11,294)	(\$7,053)	(\$7,229)
<u>Total Costs – DSS</u>	(\$51,926)	(\$56,205)	(\$56,779)
FTE Change – DSS	0.63 FTE	0.63 FTE	0.63 FTE
<u>Costs STO</u> (§194.297) p. 10			
Personal service	(\$37,992)	(\$46,046)	(\$46,506)
Fringe benefits	(\$24,286)	(\$29,309)	(\$29,476)
Equipment and expense	(\$14,250)	(\$5,459)	(\$5,623)
<u>Total Costs - STO</u>	(\$76,528)	(\$80,814)	(\$81,605)
FTE Change – STO	1 FTE	1 FTE	1 FTE
<u>Costs – DOR</u> ((§§194.210 - 194.304, 301.020 and 302.171) – System updates p. 12	(\$20,315)	\$0	\$0
<u>Income – DHSS - Licensing Fees</u> – supplemental health care facilities (§§198.640 - 198.648) p. 14-15	\$0 to \$333,333	\$0 to \$400,000	\$0 to \$400,000
<u>Costs - DHSS</u> (§§198.640 - 198.648) supplemental health care facilities p. 13-14			
Personal service	(\$250,843 to \$720,170)	(\$304,022 to \$872,846)	(\$307,062 to \$881,575)
Fringe benefits	(\$154,036 to \$418,910)	(\$185,938 to \$505,832)	(\$187,042 to \$509,004)
Equipment and expense	(\$85,563 to \$209,495)	(\$25,749 to \$156,053)	(\$26,393 to \$159,954)
<u>Total Costs - DHSS</u>	(\$490,442 to \$1,348,575)	(\$515,709 to \$1,534,731)	(\$520,497 to \$1,550,533)
FTE Change – DHSS	6 to 15 FTE	6 to 15 FTE	6 to 15 FTE

<u>Loss</u> – DHSS – reduction in licensing fees - repealed §§196.866 and 196.868 – frozen desserts p. 16	(\$32,000)	(\$32,000)	(\$32,000)
<u>Costs</u> - DSS (extension of §208.798 termination date) On-going MO Rx Drug Program expenditures p. 17	(\$3,138,148)	(\$3,765,778)	(\$3,765,778)
<u>Costs</u> - DMH (§630.202) - overtime pay for visitation, relief and patient escorting p. 8	Up to (\$1,570,626)	Up to (\$1,903,598)	Up to (\$1,922,635)
<b>ESTIMATED NET EFFECT ON THE GENERAL REVENUE FUND</b>	<b>Could exceed (\$3,809,359 to \$5,904,785)</b>	<b>Could exceed (\$4,450,506 to \$6,973,126)</b>	<b>Could exceed (\$4,456,659 to \$7,009,330)</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
<b>ORGAN DONOR PROGRAM (0824)</b>			
<u>Income</u> – DHSS (§§194.210 - 194.304, 301.020 and 302.171) – increased donations p. 9-10	<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>MO Rx PLAN FUND (779)</b>			
Costs - DSS (extension of §208.798 termination date) On-going MO Rx Drug Program expenditures p. 17	<u>(\$2,323,978)</u>	<u>(\$2,788,774)</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>FEDERAL FUNDS</b>			
<u>Income – DSS (\$208.909)</u>			
Increase in program reimbursements p. 7-8	\$30,496	\$33,010	\$33,346
<u>Costs - DSS (\$208.909) p. 7-8</u>			
Personal service	(\$14,455)	(\$17,520)	(\$17,695)
Fringe benefits	(\$9,408)	(\$11,348)	(\$11,406)
Equipment and expense	(\$6,633)	(\$4,142)	(\$4,245)
<u>Total Costs - DSS</u>	<u>(\$30,496)</u>	<u>(\$33,010)</u>	<u>(\$33,346)</u>
FTE Change - DSS	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>
Estimated Net FTE Change on Federal Funds	0.37 FTE	0.37 FTE	0.37 FTE

<u>FISCAL IMPACT – Local Government</u>	FY 2023	FY 2024	FY 2025
<b>LOCAL GOVERNMENTS</b>			
<u>Costs</u> – School Districts to train employees and administer provisions of Will’s Law (§167.625) p. 3	\$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>

FISCAL IMPACT – Small Business

Certain small businesses may be impacted by this proposal.

FISCAL DESCRIPTION

This act modifies several provisions relating to health care, including: (1) sickle cell; (2) Biliary Atresia Awareness Day; (3) Will's Law; (4) administration of epinephrine auto syringes; (5) the Alzheimer's State Plan Task Force; (6) medical student loan programs; (7) health care facility visitation; (8) the Older Americans Act; (9) oversight of health care facilities; (10) organ donation; (11) home health licensing; (12) supplemental health care services agencies; (13) the Missouri RX Plan; (14) consumer-directed services; (15) prepaid dental plans; (16) Black Maternal Health Week; and (17) the repeal of certain Department of Health and Senior Services statutes.

WILL'S LAW (Sections 167.625 and B)

This act establishes "Will's Law," requiring individualized health care plans to be developed by school nurses in public schools and charter schools. Such plans shall be developed in consultation with a student's parent or guardian and appropriate medical professionals that address procedural guidelines and specific directions for particular emergency situations relating to the student's epilepsy or seizure disorder. Plans are to be updated at the beginning of each school year and as necessary. Notice must be given to any school employee that may interact with the student, including symptoms of the epilepsy or seizure disorder and any medical and treatment issues that may affect the educational process.

All school employees shall be trained every two years in the care of students with epilepsy and seizure disorders. Training shall include an online or in-person course of instruction approved by the Department of Health and Senior Services. School personnel shall obtain a release from a student’s parent to authorize the sharing of medical information with other school employees as necessary.

This act protects school employees from being held liable for any good faith act or omission while performing their duties.

This provision contains an emergency clause.

#### ADMINISTRATION OF EPINEPHRINE AUTO SYRINGES (Section 167.630)

This act authorizes school contracted agents trained by a nurse to administer an epinephrine auto syringe on any student who is having a life-threatening anaphylactic reaction. This act also provides that trained contracted agents shall be immune from civil liability in the administration of a prefilled auto syringe.

#### ALZHEIMER'S STATE PLAN TASK FORCE (Sections 172.800 and 191.116)

This act repeals an obsolete reference to the Alzheimer's Disease and Related Disorders Task Force. Additionally, the act changes the date that the Alzheimer's State Plan Task Force shall submit a report of recommendations from June 1, 2022, to January 1, 2023, and extends the task force expiration date from December 31, 2026, to December 31, 2027.

#### MEDICAL STUDENT LOAN PROGRAMS (Sections 191.500, 191.515, 191.520, 191.525, 335.230, and 335.257)

This act modifies provisions of current law relating to the medical student loan program administered by the Department of Health and Senior Services by adding psychiatry, dental surgery, dental medicine, or dental hygiene students to the list of eligible students in the program, as well as adding psychiatric care, dental practice, and dental hygienists to the definition of "primary care". Additionally, this act modifies the loan amount students may be eligible to receive from \$7,500 each academic year to \$25,000 each academic year.

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.

Finally, 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.

#### HEALTH CARE FACILITY VISITATION (Sections 191.1400, 191.2290, and 630.202)

This act establishes the "Compassionate Care Visitation Act". Under this act, a health care facility, defined as a hospital, hospice, or long-term care facility, shall allow a resident, patient, or guardian of such, to permit in-person contact with a compassionate care visitor during visiting hours. A compassionate care visitor may be the patient's or resident's friend, family member, or

other person requested by the patient or resident. The compassionate care visitation is a visit necessary to meet the physical or mental needs of the patient or resident, including end-of-life care, assistance with hearing and speaking, emotional support, assistance with eating or drinking, or social support.

A health care facility shall allow a resident to permit at least 2 compassionate care visitors simultaneously to have in-person contact with the resident during visitation hours. Visitation hours shall include evenings, weekends, and holidays, and shall be no less than 6 hours daily. 24-hour visitation may be allowed when reasonably appropriate. Visitors may leave and return during visitor hours. Visitors may be restricted within the facility to the patient or resident's room or common areas and may be restricted entirely for reasons specified in the act.

By January 1, 2023, the Department of Health and Senior Services shall develop informational materials for patients, residents, and their legal guardians regarding the provisions of this act. Health care facilities shall make these informational materials accessible upon admission or registration and on the primary website of the facility.

A compassionate care visitor may report any violation of the Compassionate Care Visitation Act by a health care facility to the Department of Health and Senior Services, as specified in the act. The Department shall investigate any such complaint within thirty-six hours of receipt.

No health care facility shall be held liable for damages in an action involving a liability claim against the facility arising from compliance with the provisions of this act; provided no recklessness or willful misconduct on the part of the facility, employees, or contractors has occurred.

The provisions of this act shall not be terminated, suspended, or waived except by a declaration by the Governor of a state of emergency, in which case the provisions of the "Essential Caregiver Program Act" shall apply.

Additionally, this act establishes the "Essential Caregiver Program Act". During a governor-declared state of emergency, a hospital, long-term care facility, or facility operated, licensed, or certified by the Department of Mental Health shall allow a resident of such facility, or the resident's guardian or legal representative, to designate an essential caregiver for in-person contact with the resident in accordance with the standards and guidelines developed under this act. An "essential caregiver" is defined as a family member, friend, guardian, or other individual selected by a resident, or the guardian or legal representative of the resident. Essential caregivers shall be considered a part of the patient's care team, along with the resident's health care providers and facility staff.

The Department of Health and Senior Services and the Department of Mental Health shall develop the program's standards and guidelines, including: (1) allowing the resident to select at least two caregivers, although the facility may limit in-person contact to one at a time; (2) establishing an in-person contact schedule allowing for at least four hours each day; and (3)



establishing procedures enabling physical contact between the caregiver and resident. The facility may require the caregiver to follow infection control and safety measures; provided that such measures are no more stringent than required for facility employees. Caregiver in-person contact may be restricted or revoked for caregivers who do not follow such measures.

A facility may request a suspension of in-person contact for a period not to extend seven days. The suspension may be extended, but not for more than fourteen consecutive days in a twelve-month period or more than forty-five days in a twelve-month period. The Department shall suspend in-person contact by essential caregivers under this act if it determines that doing so is required under federal law, including a determination that federal law requires a suspension of in-person contact by members of the resident's care team.

The provisions of this act shall not apply to those residents whose condition necessitates limited visitation for reasons unrelated to the stated reason for the declared state of emergency.

A facility, its employees, and its contractors shall be immune from civil liability for (1) an injury or harm caused by or resulting from exposure of a contagious disease or harmful agent or (2) acts or omissions by essential caregivers who are present in the facility, as a result of the implementation of the caregiver program. This immunity shall not apply to any act or omission of the facility, its employees, or its contractors that constitutes recklessness or willful misconduct.

THE OLDER AMERICANS ACT (Sections 192.005, 251.070, and 660.010) This act transfers authority for the implementation of the federal Older Americans Act of 1965 from the Department of Social Services to the Department of Health and Senior Services.

OVERSIGHT OF HEALTH CARE FACILITIES (Sections 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)

Currently, the Department of Health and Senior Services conducts at least two inspections per year for licensed adult day care programs, at least one of which is unannounced. Under this act, the Department shall be required to conduct at least one unannounced inspection per year.

Currently, the Department conducts an annual inspection of licensed hospitals. Under this act, such inspections shall instead be performed in accordance with the schedule set forth under federal Medicare law.

A hospice currently seeking annual renewal of its certification shall be inspected by the Department of Health and Senior Services. Under this act, the Department may conduct a survey to evaluate the quality of services rendered by the applicant. Additionally, current law requires annual inspections of a certified hospice and this act instead requires such inspections to be performed in accordance with the schedule set forth under federal Medicare law.

Currently, the Department conducts an inspection of licensed home health agencies at least every 1 to 3 years, depending on the number of months the agency has been in operation following the initial inspection. Under this act, such inspections shall instead be performed in accordance with the schedule set forth under federal Medicare law.

This act updates a reference to a Missouri regulation regarding long-term care facility orientation training.

Current law requires the Department to inspect long-term care facilities at least twice a year, one of which shall be unannounced. Under this act, the Department shall be required to conduct at least one unannounced inspection per year. Additionally, current law requires that the Department issue a notice of noncompliance or revocation of a license by certified mail to each person disclosed to be an owner or operator of a long-term care facility. This act instead requires that such notice be sent by a delivery service to the operator or administrator of the facility.

Finally, this act modifies the "Missouri Informal Dispute Resolution Act" relating to informal dispute resolutions between the Department of Health and Senior Services and licensed long-term care facilities. Current law requires the Department to send to a facility by certified mail a statement of deficiencies following an inspection. This act requires that such notice be sent by a delivery service that provides dated receipt of delivery. Additionally, current law provides a facility ten calendar days following receipt of notice to return a plan of correction to the Department. This act changes the ten calendar days to ten working days.

ORGAN DONATION (Sections 194.210, 194.255, 194.265, 194.285, 194.290, 194.297, 194.299, 194.304, 194.321, 301.020, and 302.171)

This act modifies the "Revised Uniform Anatomical Gift Act". Currently, moneys in the Organ Donor Program Fund are limited to use for grants by the Department of Health and Senior Services to certified organ procurement organizations for the development and implementation of organ donation programs, publication of informational booklets, maintenance of an organ donor registry, and implementation of organ donation awareness programs in schools. This act modifies the fund to be used by the Department for educational initiatives, donor family recognition efforts, training, and other initiatives, as well as reimbursement for expenses incurred by the Organ Donation Advisory Committee. The Department shall no longer be required to disperse grants to organ procurement organizations, but shall have the authority to enter into contracts with such organizations or other organizations and individuals for the development and implementation of awareness programs. Additionally, the moneys in the fund shall be invested and interest earned shall be credited to the fund. The fund may seek other sources of moneys, including grants, bequests, and federal funds.

Currently, applicants for motor vehicle registrations and driver's licenses may make a one dollar donation to the organ donor program fund. This act changes that to a donation of not less than one dollar.

Finally, this act makes technical changes to the organ donation statutes.

This act prohibits hospitals, physicians, procurement organizations, or other person from considering COVID-19 vaccination status of a potential organ transplant recipient or potential organ donor in any part of the organ transplant process, except in cases of lung transplants.

#### HOME HEALTH LICENSING (Sections 197.400 and 197.445)

Current law limits licensed home health agencies to those that provide two or more home health services at the residence of a patient according to a physician's written and signed plan of treatment. This act permits such licensed entities to provide treatment according to written plans signed by physicians, nurse practitioners, clinical nurse specialists, or physician assistants, as specified in the act.

#### SUPPLEMENTAL HEALTH CARE SERVICES AGENCIES (Sections 198.640 to 198.648 and 210.921)

Under this act, a person who operates a supplemental health care services agency shall annually register with the Department of Health and Senior Services, as described in the act. A supplemental health care services agency is described as an agency that provides or procures employment for health care personnel in assisted living facilities, intermediate care facilities, residential care facilities, or skilled nursing facilities, or an agency that operates a digital website or smartphone application that facilitates the provision of such personnel.

A supplemental health care services agency shall, as a condition of registration, meet minimum criteria set forth in the act, including licensure and certification of health care personnel, background checks, proof of insurance, not restrict the employment opportunities of the health care personnel, reporting requirements, record maintenance, and liability.

This act modifies provisions of law relating to the release of information from the Family Care Safety Registry by modifying the definition of "employment purposes" to include direct or prospective independent contractor relationships of health care personnel with a supplemental health care services agency.

#### MISSOURI RX PLAN (Section 208.798)

This act changes the expiration date of the Missouri Rx Plan from August 28, 2022, to August 28, 2029.

#### CONSUMER-DIRECTED SERVICES (Section 208.909)

A vendor participating in the MO HealthNet consumer-directed services program shall ensure all payroll, employment, and other taxes are timely paid on behalf of the consumer and the vendor shall be liable to the consumer for any garnishment action occurring or that has occurred as a

result of the vendor's failure to timely pay such taxes. The vendor may be subject to a \$1,000 per occurrence penalty for failure to timely pay such taxes. The vendor shall notify the consumer of any communication or correspondence from any federal, state, or local tax authority of any overdue or unpaid tax obligations, as well as any notice of an impending garnishment.

#### PREPAID DENTAL PLANS (Sections 376.427 and 376.1575)

This act adds prepaid dental plans to a statute requiring insurers to pay providers directly if a patient has assigned his or her insurance benefits to the provider.

This act adds prepaid dental plans to the definition of "health carrier" for purposes of statutes regulating the assessment and validation of practitioners' qualifications to provide patient care services and act as a member of the health carrier's provider network.

#### BLACK MATERNAL HEALTH Week (Section 1)

This act establishes the week of April 11 through April 17 each year as "Black Maternal Health Week".

#### REPEAL OF CERTAIN DEPARTMENT OF HEALTH AND SENIOR SERVICES STATUTES (Sections 191.743, 196.866, and 196.868)

Currently, physicians or health care providers who are providing services to women with high-risk pregnancies are required to identify such women and report them to the Department of Health and Senior Services within 72 hours for referral for services. The provision authorizing Department services for such women has previously been repealed and this act repeals the reporting requirements for the physicians and health care providers.

Additionally, producers of ice cream, mellorine, or other frozen dessert products are required to be licensed by the Department and pay an associated license fee. This act repeals such requirement and fee.

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

#### SOURCES OF INFORMATION

Department of Health and Senior Services

Department of Social Services

Office of Administration

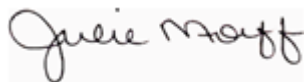
Office of Administration - Budget and Planning

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  
June 21, 2022



Ross Strobe  
Assistant Director  
June 21, 2022