

COMMITTEE ON LEGISLATIVE RESEARCH  
OVERSIGHT DIVISION

**FISCAL NOTE**

L.R. No.: 3344S.10S  
 Bill No.: CCS for HCS for SS for SB 690  
 Subject: Ambulances and Ambulance Districts; Children and Minors; Chiropractors; Compacts; Corrections, Department of; Crimes and Punishment; Dentists; Disabilities; Drugs and Controlled Substances; Education, Elementary and Secondary; Education, Higher; Elderly; Emergencies; Health Care; Health Care Professionals; Health and Senior Services, Department of; Health, Public; Hospitals; Insurance - Health; Mental Health; Mental Health, Department of; Pharmacy; Prisons and Jails; Professional Registration and Licensing; Public Assistance; Social Services, Department of; Suicide; Tax Credits  
 Type: Original  
 Date: May 12, 2022

Bill Summary: This proposal modifies provisions of law 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 (\$6,593,809 to \$6,758,415)	Could exceed (\$7,876,083 to \$8,086,756)	Could exceed (\$7,518,899 to \$7,699,311)
<b>Total Estimated Net Effect on General Revenue</b>	<b>Could exceed (\$6,593,809 to \$6,758,415)</b>	<b>Could exceed (\$7,876,083 to \$8,086,756)</b>	<b>Could exceed (\$7,518,899 to \$7,699,311)</b>

\*The larger negative fiscal impact corresponds to \$0 licensing fees being collected by DHSS; the lesser negative fiscal impact corresponds to the collection of licensing fees.

Numbers within parentheses: () indicate costs or losses.

<b>ESTIMATED NET EFFECT ON OTHER STATE FUNDS</b>			
FUND AFFECTED	FY 2023	FY 2024	FY 2025
Medical Preceptor	\$0	Up to or could exceed \$16,155	Up to or could exceed \$16,155
College & University	\$0 or (Unknown)	\$0	\$0
Organ Donor Program	Unknown	Unknown	Unknown
Mo Rx Plan	(\$2,323,978)	(\$2,788,774)	(\$2,788,978)
Correctional Center Nursery Program*	\$0	\$0	\$0
<b>Total Estimated Net Effect on <u>Other</u> State Funds</b>	<b>Unknown to (Could exceed \$2,323,978)</b>	<b>(Less than \$2,788,774)</b>	<b>(Less than \$2,788,978)</b>

\*Revenue and expenditures net to zero.

<b>ESTIMATED NET EFFECT ON FEDERAL FUNDS</b>			
FUND AFFECTED	FY 2023	FY 2024	FY 2025
	\$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>ESTIMATED NET EFFECT ON FULL TIME EQUIVALENT (FTE)</b>			
FUND AFFECTED	FY 2023	FY 2024	FY 2025
General Revenue	9 to 18 FTE	10 to 19 FTE	10 to 19 FTE
Correctional Center Nursery Program	1 FTE	8 FTE	8 FTE
<b>Total Estimated Net Effect on FTE</b>	<b>10 to 19 FTE</b>	<b>18 to 27 FTE</b>	<b>18 to 27 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>			
<b>FUND AFFECTED</b>	<b>FY 2023</b>	<b>FY 2024</b>	<b>FY 2025</b>
<b>Local Government</b>	<b>(Unknown)</b>	<b>(Unknown)</b>	<b>(Unknown)</b>

**FISCAL ANALYSIS**

**ASSUMPTION**

Due to time constraints, **Oversight** was unable to receive 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 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.

§9.347 – Designates month of October as Substance Abuse Awareness and Prevention Month in Missouri

In response to similar legislation (HB 1838), officials from the **Department of Health and Senior Services**, the **Office of Administration** and the **Department of Mental Health** 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 no fiscal impact for these agencies for this section.

§9.364 - Black Maternal Health Week

**Oversight** assumes the provisions of this section in which citizens of the state are encouraged to engage in appropriate events and activities to commemorate black maternal health will have no fiscal impact on the state.

§9.365 – April designated as Minority Health Month

**Oversight** assumes the provisions of this section in which citizens of the state are encouraged to engage in appropriate events and activities to commemorate minority health will have no fiscal impact on the state.

§135.690 – Preceptorship tax credit

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

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

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

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

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

In response to similar legislation (HB 2595), officials from the **Missouri Department of Commerce and Insurance (DCI)** stated there are approximately 30,095 active physicians licensed in Missouri. A seven dollar (\$7) fee increase would generate approximately \$210,665. Furthermore, there are approximately 1,830 active assistant physicians licensed in Missouri. A three dollar (\$3) fee increase would generate approximately \$5,490. DCI estimates a total of \$216,155 would be generated as a result of the fee increase(s).

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

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

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

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

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

The medical schools would verify the preceptor hours, whereas the department would develop and implement a process to verify the preceptor hours, create forms and letters, promulgate the Rules, and establish an application or attestation and ways to submit those to the department, and the actual tax credit form provided to the preceptor who will submit it to the Department of Revenue.

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

Section 135.690.3(2) establishes the Medical Preceptor Fund and states that the fund will be “used solely by the division for the administration of the tax credit program...” with “the division” defined as the division of professional registration in the department of commerce and insurance. As the proposed legislation provides the division the authority to utilize the funds for administration of the program, the department does not assume that the funds will be used to offset staffing costs within the department to administer its responsibilities related to the program. The DHSS, therefore, presumes additional general revenue will be needed to fund one FTE that will be needed to meet the statutory requirements placed on the department.

The minimum staffing DHSS estimates that will be needed to administer the new grant program is one (1) FTE. The FTE will be required to develop, implement and manage the program as

required by the legislation. The position should be classified as an Accountant with expertise in Missouri and federal tax codes and requirements. The average annual salary of an Accountant in the Division of Community and Public Health is \$51,828 per year as of March 1, 2022.

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

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

The Department reached out to the University of Missouri’s Medical School in 2020, to determine if any of their medical students participate in such a program. They stated they have 250 certified physicians registered to serve as a community-based faculty preceptor and that the University does not provide any compensation for these duties. They have 25 first year students, 25 third year students and 25 fourth year students participate in the Rural Track program at the University. Those 75 students meet the definition outlined in the bill. Each of the 25 first year and 25 fourth year students work with 1 each community-based faculty preceptor. The 25 third year students each work with at least 3 community-based faculty preceptors each. Therefore, at least the 125 physicians a year that are working with the University Medical School could potentially qualify for this tax credit.

DOR noted that the University is not the only medical school in Missouri that has such a program. Therefore, DOR assumes the full \$200,000 in tax credits may be utilized annually. This credit is not refundable, and cannot be sold, transferred or assigned.

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

This proposal states that the money received into the Medical Preceptor Fund is to cover the

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

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

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

This proposal requires the Department of Health and Senior Services and the Division of Professional Registration to administer the tax credit including determining who is eligible for the credit.

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

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

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

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

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

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

**Oversight** notes there are currently six medical schools in Missouri. The potential 125 tax credit applicants, as provided by the DOR, only represent the credits potentially awarded for applicants of one school. Given there are 5 other medical schools, and potential for more physician or assistants physicians in other schools who could potentially apply for this tax credit, it is

probable that Medical Preceptor Fund will be able to issue up to maximum amount and exhausting all the funds collected annually. This bill specifically notes that the application for such a tax credits will be handled on first-come - first-serve basis. The current projection shows, after paying all administrative costs, this fund will be able to provide tax credit for about 111 to 120 applicants in FY 2024 & FY 2025 respectively (at \$1,000 per applicant).

**Oversight** will report a revenue gain to the Medical Preceptor Fund by an amount “Up to \$216,155” beginning in Fiscal Year 2024. Oversight will report a cost to the General Revenue Fund by the amount(s) reported as administrative costs for the Department of Health and Senior Services totaling \$104,514 in FY 2024 & \$95,213 in FY 2024 for (1) FTE. Oversight will report a revenue reduction to the Medical Preceptor Fund by an amount up to the difference between the revenue gain and the cost(s); the amount that would be transferred to GR to reimburse GR for the tax credit(s) awarded.

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

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

#### §167.625 - Will’s Law

In response to the previous version of this proposal, 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 assumed 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.

§170.047 - Suicide prevention training

In response to the previous version of this proposal, officials from the **Department of Elementary and Secondary Education (DESE)** stated this creates a potential fiscal impact for DESE to develop professional development materials/guidelines or provide 3<sup>rd</sup> Party-developed materials for said instruction material: \$22,300.

In response to similar legislation (HB 2136), officials from the **Department of Higher Education and Workforce Development** assumed the proposal will have no fiscal impact on their organization.

In response to a similar proposal from 2020 (HCS for HBs 1820 & 1470), officials from the **Normandy Schools Collaborative** estimated that this additional required training will cost \$8,000 or more per year to find time for the additional training, identify and pay trainers, and pay extra time extra duty if necessary for teachers to attend if the PD schedule is already packed full.

**Oversight** assumes this proposal allows, but does not require all teachers, principals, and licensed educators in each district to attend suicide prevention training which shall count as two hours of professional development under section 168.021. Oversight assumes this proposal would not have a fiscal impact as the teachers are already required to have a set number of professional development hours, and suicide education is permissive.

§170.048 - Public school identification cards

In response to similar legislation (HB 2136), officials from the **Department of Elementary and Secondary Education** and the **Department of Higher Education and Workforce Development** each assumed the proposal will have no fiscal impact on their respective organizations.

**Oversight** assumes this provision requires public schools, including charter schools, which issue pupil identification cards to have printed on the card specific phone numbers including those for the National Suicide Prevention and the Crisis Text Line.

Oversight assumes the provision could result in one-time additional costs for equipment or supplies. Oversight will show a range of impact of \$0 (any additional cost is minimal and can be absorbed with existing resources) to an unknown cost.

§173.1200 - Public institutions of higher education identification cards

In response to similar legislation (HB 2136), officials from the **Department of Elementary and Secondary Education** and the **Department of Higher Education and Workforce**

**Development** each assumed the proposal will have no fiscal impact on their respective organizations.

In response to similar legislation (HB 2136), officials from **University of Central Missouri** assumed there is potential for minimal increase in costs to print different cards and possible staff time.

In response to a similar proposal from 2020 (HB 1820), officials from the **University of Missouri System** assumed, as written, the proposed bill would have little to no fiscal impact on the University. Many of the four UM universities already include some, if not all, of this information on their student ID cards. If provision 173.1200 Section 7 Subsection (2) were removed relating to the use of existing supplies, the fiscal impact of this legislation would be significant.

In response to a similar proposal, HB 304 (2022), officials from **State Technical College of Missouri** stated this proposal would have a negative fiscal impact on the College. Their current student ID printer will not allow information to be printed on the back of the ID card.

In response to similar legislation (HB 2136), officials from the **St. Charles Community College** assumed the proposal will have no fiscal impact on their organization.

**Oversight** assumes this provision requires public institutions of higher education that issue pupil identification cards to have printed on the card specific phone numbers including those for the National Suicide Prevention and the Crisis Text Line.

Oversight assumes the provision could result in one-time additional costs for equipment or supplies. Oversight will show a range of impact of \$0 (any additional cost is minimal and can be absorbed with existing resources) to an unknown cost.

Oversight received a limited number of responses from college, universities and school districts 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.

§§190.100 to 190.257 – Time-critical diagnosis and time-critical advisory committee

Officials from the **Department of Health and Senior Services (DHSS)** state the DHSS is responsible for performing surveys related to Time-Critical Diagnosis (TCD) care.

Section 190.200.2 adds trauma centers to the list for which the Department of Health and Senior Services (DHSS) provides the specified services.

Section 190.241 allows site reviews of trauma, stroke, or ST-Elevation Myocardial Infarction (STEMI) centers to occur on-site or by any reasonable means of communication, or by any combination thereof, and requires the site reviews to occur once every three years. Further, removes the requirement for STEMI centers to submit data to DHSS and requires DHSS to access such data through national data registries or data banks. Hospitals will not be found in noncompliance if DHSS fails to obtain the data from the registries.

The Division of Regulation and Licensure (DRL), Section for Health Standards and Licensure (HSL) is responsible for performing surveys related to Time-Critical Diagnosis (TCD) care.

Currently trauma validation surveys are every five years, stroke validation surveys are every four years, and STEMI validation surveys are every three years. The proposed legislation would change the requirements to place all three programs in a three year validation survey cycle.

HSL assumes it will require the following additional FTE beginning September 1, 2022, to meet the requirements of the proposed legislation:

- Two (2) specialized Registered Nurses (salary \$60,842) will be needed to conduct inspections and investigate complaints of the approximately 156 programs. These staff are assumed to be telecommuters and are expected to travel extensively; it is assumed that the travel cost will be \$10,103 annually for each.
- One (1) Research Data Analyst (salary \$53,805) will be needed to account for the data collection, analysis, and patient registry reporting obligations of the department for this legislation.
- One (1) Administrative Support Assistant (salary \$31,200) will be needed to provide support for the program.

HSL assumes a need to access an estimate of ten (10) national data registries or data banks to ensure statutory compliance. HSL estimates subscription cost of access for one Research Data Analyst at approximately \$18,000 per year per data registry or data bank for a total of \$180,000 per year (\$18,000 x 10 subscriptions).

The proposed legislation allows site visits to be conducted by any means of communication. Should a virtual survey be utilized via the use of technology, HSL would need support from ITSD. The State of MO enterprise unified communications (UC) tools could be used for voice and video calls with screen sharing. Documents could be shared across the secure channels of Box.com or sFTP. Memberships to UC (\$12/mo. per user), Box.com (\$21/mo. per user), and sFTP (\$3/mo. per user) would result in an annual cost of \$432 per user (\$12 + \$21 + \$3 x 12 months). In addition, the proposed legislation would require additional storage in the State Data Center (\$92/mo.) resulting in an annual cost of \$1,104 (\$92 x 12 months).

Section 190.257 establishes the “Time-Critical Diagnosis Advisory Committee” consisting of 16 members. Further, requires DHSS to include travel costs for the members in its budget. HSL assumes the TCD Committee will meet annually. At \$130 per diem reimbursement rate for meal and hotel costs, travel expenses are assumed to be \$2,080 annually (\$130 x 16 members).

**Oversight** does not have any information to the contrary and will use DHSS estimated costs for fiscal note purposes.

In response to similar legislation (HB 2355), officials from the **Department of Commerce and Insurance** assumed 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 agency.

§190.245 – Peer review committees

In response to similar legislation (HB 2109), officials from the **Department of Health and Senior Services** assumed 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** only reflects the responses received from state agencies and political subdivisions; however, fire protection districts and ambulance and EMS organizations were requested to respond to this proposed legislation but did not. A listing of political subdivisions included in the Missouri Legislative Information System database is available upon request.

§§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 proposal 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 which 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 bill 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.

Repeal of §§191.743, 196.866 and 196.868 – Frozen dessert licensing

Officials from the **Department of Health and Senior Services (DHSS)** state the proposed legislation would eliminate §§196.866 and 196.868, RSMo, from statute, thereby ending frozen dessert licensing. The DHSS, 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 the **Department of Social Services** 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 these sections.

In response to similar legislation (Perfectured HB 2331), officials from the **Department of Commerce and Insurance**, the **Office of the State Treasurer**, 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.

§§191.1400 and 191.2290 – Compassionate Care Visitation Act and Essential Caregiver Program Act

Officials from the **Department of Health and Senior Services (DHSS)** state §191.1400 (10) provides that 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.

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.

The Department of Health and Senior Services is responsible for performing surveys related to Time-Critical Diagnosis (TCD) care.

§191.2290.3 of the proposal provides “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 DHSS 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.

DHSS states §191.2290.6 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.

DHSS/Division of Regulation and Licensure (DRL) is unsure of the number of facilities and hospitals that will apply for the suspension of in person contact visitation during a state of emergency. This creates a Zero to unknown fiscal impact for the DRL.

**Oversight** notes it is unknown when there may be a declared state of emergency. Therefore, Oversight assumes any costs that may be incurred can be absorbed with existing resources. If additional funding and resources are needed, DHSS may request additional funding through the appropriations process.

Officials from the **Department of Corrections (DOC)** state this version does not include §191.1437 which exempts the DOC. If the proposed legislation (§§191.1400 and 191.2290/630.202) does not apply to offenders in the custody of the DOC, the DOC will assume a no impact. If this legislation does apply to those incarcerated offenders, there will be an operational impact to the department.

**Oversight** does not have any information to the contrary. For fiscal note purposes, Oversight assumes the provisions of this proposal do not apply to incarcerated offenders and there will be no fiscal impact on the DOC.

In response to similar legislation (SCS HCS HBs 2116, 2097, 1690 & 2221), officials from the **Department of Commerce and Insurance**, the **Department of Labor and Industrial Relations**, the **Department of Revenue**, the **Department of Public Safety – Missouri Veterans Commission**, the **Department of Social Services**, the **Missouri Office of Prosecution Services**, the **St. Louis County Health Department** and the **Hermann Area Hospital District** 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 provisions.

§§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 Social Services**, the **Newton County Health Department**, the **St. Louis County Health Department**, the **Missouri Office of Prosecution Services** and the **Office of the State Courts Administrator** each assumed the proposal will have no fiscal impact on their respective organizations. **Oversight** does not have any information to the contrary. Therefore, Oversight will reflect a zero impact in the fiscal note for these agencies for these sections.

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

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

Section 194.297.2 of the proposed legislation would allow the DHSS to pursue funding to support programmatic efforts and initiatives. The DHSS's Organ and Tissue Donor Program staff plans to inform estate-planning attorneys of the opportunity to donate to the fund and include information on the program website; existing program staff will implement.

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



Section 194.299(2) of the proposed legislation would allow programmatic initiatives to include donor family recognition, training, and strategic planning efforts. Interest earned on Organ Donor Program Fund in excess of \$500,000 and deposited into the fund would have a positive impact to the Organ Donor Program Fund balance. The impact is unknown and dependent upon how the State Treasurer invests the money; the impact should exceed \$0.

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

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

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

In response to similar legislation (HB 2680), officials from the **Department of Revenue (DOR)** stated the Drivers' License Bureau (DLB) provided 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 the previous version of this proposal, officials from the **Department of Health and Senior Services** and **Department of Social Services** 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.

#### §195.206 – Naltrexone hydrochloride

**Oversight** notes the provisions of this section are similar to SB 1037 from the current session. In response to SB 1037, officials from the **Department of Commerce and Insurance** and the **Department of Health and Senior Services** each assumed the provisions would have no fiscal impact on their organizations. As no agency provided a response that specifically addressed this section, Oversight assumes no fiscal impact for this section.

#### §196.1170 – Sale of kratom products

In response to similar legislation (Perfecting HB 1667), officials from the **City of Kansas City** stated this legislation could have a negative fiscal impact on the City of Kansas City, Missouri,

of an indeterminate amount, if the legislation limits Kansas City's ability to issue business licenses and permits.

**Oversight** notes provisions of this proposal (§196.1170.3) provides that the General Assembly occupies and preempts the regulation of kratom products to the exclusion of any order, ordinance, or regulation of any political subdivision of the state and that any political subdivision's existing or future orders, ordinances or regulations relating to kratom will be void. As Oversight does not have information to the contrary, Oversight will reflect a \$0 to (Unknown) potential loss of revenue to local governments.

**Oversight** also notes subsection .7 provides that if a kratom dealer violates certain provisions of this proposal, the director of the Department of Health and Senior Services (DHSS) may, after notice and hearing, impose a fine of no more than \$500 for the first offense and no more than \$1,000 for second and subsequent offenses. In addition, a dealer that violates certain provisions of this proposal is guilty of a class D misdemeanor. As it is unknown whether the DHSS will impose any fines. Oversight assumes, for fiscal note purposes, the amount of fines collected will be minimal and will not present fine revenue for fiscal note purposes.

In response to similar legislation (Perfectured HB 1667), officials from the **Missouri Office of Prosecution Services (MOPS)** stated there is no measurable fiscal impact to MOPS. The enactment of a new crime [196.1170.7(2)] creates additional responsibilities for county prosecutors and the circuit attorney which may in turn result in additional costs which are difficult to determine.

**Oversight** does not have any information to the contrary. Therefore, Oversight will reflect no impact for MOPS for fiscal note purposes.

In response to similar legislation (Perfectured HB 1667), officials from the **Department of Commerce and Insurance**, the **Department of Health and Senior Services**, the **City of Springfield** 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 this section.

#### §§197.400 and 197.445 – Home health licensing

In response to similar legislation (SB 830), officials from the **Department of Commerce and Insurance** and the **Department of Health and Senior Services** 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.

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

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

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 does 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 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.
- Two (2) FTE Accountants (\$50,866 each, annually) 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.
- 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.

**Oversight** does not have any information to the contrary. Oversight notes the DHSS estimates it will need 5 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 14 staff. DHSS estimated costs from \$0 to greater than \$1.4 million annually before collection of registration fees. **Oversight** assumes DHSS will require at least the 5 FTE to develop the program before registrations begin to be submitted and will range costs to the General Revenue Fund from approximately \$440,000 annually to the amount provided by DHSS.

In response to similar legislation (HCS HB 2506), from the **Office of Administration - Budget and Planning (BAP)** stated 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), officials from the **Department of Commerce and Insurance**, the **Department of Revenue**, the **Department of Social Services** and the **Hermann Area Hospital District** 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 (HCS HB 2506), officials from the **Office of Administration (OA) - Administrative Hearing Commission** assumed the proposal would have no fiscal impact on their organization.

§208.030 - Home care in licensed residential care facilities shall be subject to appropriation

In response to similar legislation (HCS HB 2727), officials from the **Department of Social Services (DSS)** assumed appropriations will be sufficient to cover the Supplemental Nursing Care (SNC), Residential Care Facility (RCF) and Assisted Living Facility (ALF) at a minimum of the 1983 levels, which is currently included in the Medicaid state plan. Therefore, DSS assumes no impact.

The 1983 rates are as follows:

SNC:	\$300 (current maximum monthly grant amount is \$390)
RCF I:	\$120 (current maximum monthly grant amount is \$156)
RCF II/ALF:	\$225 (current maximum monthly grant amount is \$292)

**Oversight** notes the [DSS Supplemental Nursing Care \(SNC\) Manual](#) states, “The purpose of the Supplemental Nursing Care (SNC) program is to provide individuals who meet certain requirements with reasonable subsistence compatible with decency and health in accordance with the standards developed by the Family Support Division (FSD). Cash benefits are granted to certain eligible adults residing in licensed skilled, intermediate care, residential care, or assisted living facilities.”

In discussions with DSS, **Oversight** learned the 1983 levels of assistance are part of the total state plan agreement with the Centers for Medicare and Medicaid Service (CMS). Although the current monthly SNC rate is \$156, the 1983 rate is \$120. Should appropriations be insufficient to support 1983 levels, there could be an unknown negative fiscal impact to federal funds. However, although this legislation removes the 1983 language for total state payment for home care in licensed residential care facilities, Oversight assumes appropriations will continue to be sufficient to support the 1983 levels of assistance; therefore, Oversight assumes a zero impact in the fiscal note for DSS for this section.

In response to similar legislation (HCS HB 2727), 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 similar legislation (HCS HB 2727), officials from the **Department of Health and Senior Services**, the **Department of Mental Health** and the **Hermann Area Hospital District** 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 provisions of the proposal.

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

In response to similar legislation (HB 2820), officials from the **Department of Social Services (DSS)** assumed 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

In response to similar legislation (HB 2820), 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 similar legislation (HB 2820), 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 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.

§§217.940, 217.941, 217.942, 217.943, 217.944, 217.945, 217.946, and 217.947 – Correctional Center Nursery Program

In response to similar legislation (SCS HB 1897), officials from the **Department of Corrections (DOC)** stated §217.940 establishes a Correctional Center Nursery Program that will allow the department to house eligible inmates and children born to them while in the custody of the department for a period of up to 18 months. The program must be in operation no later than July 1, 2025. While the bill provides the department discretion to determine program eligibility



criteria, it does list some specific eligibility requirements. The bill also establishes a new fund in the state treasury to collect appropriations, donations, and any support or public assistance funds received on behalf of the mother.

*Potential Number of Eligible Program Participants:*

In 2020, a total of 26 women gave birth while in the department’s custody. Of that number, 11 had drug offenses, 6 had nonviolent offenses, 1 had a sex offense, and 7 had violent offenses. Twenty-two of the 26 women have been released from custody as of 12/1/21, the average post-delivery time served was 2.32 months.

In 2021, a total of 25 women gave birth while in the department’s custody (as of 12/1/21). Of that number, 10 had drug offenses, 13 had nonviolent offenses, and 2 had violent offenses. Fifteen of the 25 women have been released from custody as of 12/1/21, the average post-delivery time served was 3.1 months.

*Identifiable Costs:*

The costs depend significantly based on the size of the program. Based on the potential number of eligible female offenders discussed above, the department anticipates that the conversion of one wing of one housing unit to establish a seven-bed capacity nursery wing will likely meet the capacity needs of the program due to the typically short stays of the offenders post-delivery. However, please note there may be instances where capacity limits delay or prevent a women’s ability to enter the program. Based on the scenario of converting one wing of one housing unit the costs would be:

**7-Bed Unit:**

<b>One-Time Costs:</b>	
\$14,000	Furnishings/equipment/toys
\$190,832	One-Time conversion
\$26,887	Vehicle (7 passenger minivan) for appointments, etc.
\$16,000	Startup for staff – uniforms, office furniture, etc.
<b>\$247,719</b>	<b>Total One-Time Costs</b>
<b>On-Going Costs:</b>	
\$112,000	On-Going Operating Cost (formula, diapers, pump, etc.) (\$16k/year/bed)
\$100,000	Contract Pediatrician Services
\$8,400	Caregiver wages (\$100/month, per caregiver, 7 caregivers)
\$140,000	Reentry Services (\$5,000 per mother/child at 28 women per year)
\$315,246	Staff PS 8 FTE (5 Correctional Officers I, 2 Correctional Case Managers, 1 Functional Unit Manager/Program Administrator)
\$224,046	Staff fringe
<b>\$899,692</b>	<b>Total On-Going Costs</b>

Given the delayed implementation date, the costs listed will be phased over the first three fiscal years.

Year 1:

- \$247,719 – one-time startup costs to convert and equip the housing unit wing
- \$47,252 Personal Services and one (1) FTE as the Program Administrator
- \$30,635 Staff fringe
- **\$325,606 Total**

Year 2:

- \$323,127 Personal Services and eight (8) FTE\* ( $\$315,246 * 1.025$ )
- \$229,647 Staff fringe\* ( $\$224,046 * 1.025$ )
- **\$552,774 Total**

Year 3 and on-going:

- \$323,127 Personal Services and eight (8) FTE
- \$229,647 Staff fringe
- \$360,400 Expense and equipment for program operating costs
- **\$913,174 Total**

**\*Oversight** notes these costs include an inflation rate of 2.5 percent in year 2; however, DOC did not apply the inflation rate for year 3 and on-going.

**DOC** noted the bill establishes a new fund in the state treasury to collect appropriations, donations, and assistance payments from supporting parties or public assistance programs. It is unknown if the revenues into this fund would be sufficient to fund the on-going operating costs of the program.

The bill also specifies that financial support for the mother/child is to be forwarded to the department to deposit into the mother's inmate banking account.

*Unknown costs:*

Section 217.947 removes the applicability of section 537.600 RSMo, which would otherwise have granted the state of Missouri sovereign immunity from liability and suit for negligent acts or omissions, which would include legal liability for damages or injury to the child.

The DOC operates and maintains prisons. These prisons are not built for babies. They are institutional buildings built of concrete and steel with heavy locking doors, heavy furniture, and numerous features that could constitute a "dangerous condition" for a baby. Further, these prisons house violent offenders who have already admitted to or been proven guilty of committing bodily harm on others. There are only so many mitigating actions the department can take to make a prison "baby-safe" and still maintain the security of the facility. The potential legal exposure to the state of housing a baby in an adult correctional center represents an unknown potential cost to the state.

Custody of child. The bill states in §217.1050.3 that "neither the inmate's participation in the program nor any provisions of [the law] shall affect, modify or interfere with the inmate's

custodial rights to the child nor does it establish legal custody of the child with the department.” This language means that the mother, and possibly another person, could have legal custody of the child and the authority to make all decisions regarding the child’s health and welfare. The DOC will have no legal authority to make those decisions and it is probable that issues will arise for department staff overseeing the program.

For example, if staff observe the child is in need of medical care but the mother refuses to accept medical treatment for the child’s distress, it is unclear on whether the department could be legally liable to the child. On the flip side, what if mom thinks the child needs to go to the doctor or urgent care (accompanied by mom) every time they have a fever – is the department required to allow her to make those decisions, and therefore, leave the institution whenever she claims it is medically necessary for the child? The department is unclear of the legal implications of having legal custody over the mother, but not of the child that the mother has legal custody of and is the primary caregiver. These issues represent a potential unknown cost to the state.

The department has and continues to reach out to other states that have similar programs within their correctional centers. As the DOC continues to learn more from the operational and policy experience of the other states, the operational approach (and, therefore, cost projections) may be changed going forward.

**Oversight** does not have any information contrary to that provided by DOC. Therefore, Oversight will reflect DOC’s estimated impact for fiscal note purposes, including the potential unknown liability costs.

**Oversight** notes §217.945 establishes a new fund from moneys collected under this section and §217.944 as well as any appropriations made by the General Assembly, gifts, grants, or donations. Oversight assumes an unknown income to the Correctional Center Nursery Program Fund from gifts, grants, or donations. For fiscal note purposes, Oversight assumes services provided under this proposal will equal income/appropriations and net to zero.

Oversight notes the Division of Child Support Enforcement will forward support payments to the DOC for deposit into the inmate’s banking account as outlined in §217.944.

**Oversight** states, according to [The Benefits of Prison Nursery Programs](#), nine states currently operate prison nursery programs—California, Illinois, Indiana, Nebraska, New York, Ohio, South Dakota, Washington, and West Virginia.

In response to similar legislation (SCS HB 1897), officials from the **Office of the State Courts Administrator** assumed 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 agency.

§332.325 – Dental pilot projects to provide care to underserved populations

Officials from the **Department of Social Services** and the **Department of Health and Senior Services** each assume the proposal will have no fiscal impact on their respective organization. **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 (HB 2362), officials from the **Department of Commerce and Insurance** assumed 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 for this provision.

§§345.015 to 345.085 – Audiology and Speech-Language Pathology Interstate Compact

**Oversight** assumes the proposal adopts the Audiology and Speech-Language Pathology Interstate Compact. The compact creates a joint public agency known as the Audiology and Speech-Language Pathology Compact Commission. The Department of Commerce and Insurance (DCI) has powers and duties as listed in the compact and shall enforce the provisions and rules of the compact. DCI shall provide for the development, maintenance, and utilization of a coordinated database and reporting system containing licensure, adverse action, and investigative information on all licensed individuals in member states.

In response to similar legislation (HCS HB 2138), officials from the **Department of Commerce and Insurance (DCI)** stated that it is uncertain if the compact would be enacted in FY23, FY24 or FY25. Once the compact is enacted, DCI – Professional Registration would have a fiscal impact of \$3,000 to \$6,000 estimated annual fees to participate in the compact.

**Oversight** assumes DCI is provided with core funding to handle a certain amount of activity each year. Oversight assumes DCI could absorb the stated anticipated costs related to this proposal. If multiple bills pass which require additional staffing and duties at substantial costs, DCI could request funding through the appropriation process.

§§334.530 and 334.655 – Physical therapists and physical therapist assistants

In response to similar provisions (Perfectured HB 2149), officials from the **Department of Commerce and Insurance** assumed 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 these sections.

§338.061 - Tricia Leann Tharp Act

In response to similar legislation (HB 1644), officials from the **Department of Commerce and Insurance** and the **Department of Health and Senior Services** 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.

§376.427 – Prepaid dental plans

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

In response to similar provisions (HCS HB 2743), 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 similar provisions (HCS HB 2743), 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.

**Oversight** notes that the above mentioned agencies have stated the proposal would not have a direct fiscal impact on their organization. Oversight does not have any information to the contrary. Therefore, Oversight will reflect a zero impact on the fiscal note for this section.

§376.1575 – Credentialing of health care practitioners

In response to similar legislation (HB 2199), 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 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 on the fiscal note for this section.

§376.1800 – Medical retainer agreements

In response to similar legislation (HB 2340), officials from the **Department of Commerce and Insurance** and the **Department of Social Services** 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 on the fiscal note for this section.

§§579.040 and 579.076 – Distributors of hypodermic needles

Officials from the **Department of Health and Senior Services (DHSS)** state the proposed legislation would require any entity that possesses, distributes, or delivers hypodermic needles or syringes for the purpose of operating a syringe access program or mitigating health risks that are

associated with unsterile drug use to register with the DHSS. The duties associated with the registration of entities would require an additional 25 hours per year by a Public Health Program Specialist, which would cost of \$572.25 annually. (The average Public Health Program Specialist salary in the Division of Community and Public Health is \$47,616.16 as of March 2022. An average hourly salary of \$22.89 X 25 hours = \$572.25).

The 25 hours per year is based on data entry of entities into the registry. The department anticipates being able to absorb these costs. However, until the FY23 budget is final, the department cannot identify specific funding sources.

**Oversight** does not have any information to the contrary. Oversight assumes the DHSS has sufficient staff and resources available to absorb the minimal additional duties imposed by the provisions of this proposal and will reflect no fiscal impact for DHSS for these sections for fiscal note purposes.

In response to similar legislation (Perfected SS SB 690), officials from the **Department of Commerce and Insurance**, the **Department of Corrections**, the **St. Louis County Health Department** and the **Missouri Office of Prosecution Services** 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 (Perfected SS SB 690), officials from the **Office of the State Courts Administrator** 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 agency for these sections.

#### §630.202 – Mental health facilities and Essential Caregiver Act

Officials from the **Department of Mental Health (DMH)** state §630.202 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** does not have any information to the contrary. Therefore, Oversight will reflect the fiscal impact provided by DMH as a range of \$0 (no emergency) to DMH's estimates.

§630.1150 - Creates provisions relating to mental health services for vulnerable persons

Officials from the **Department of Mental Health (DMH)** state this proposal creates a collaborative project to assess Mental Health services for vulnerable persons.

Section 630.1150 of this proposal states DMH and the Department of Social Services (DSS) shall oversee and implement a collaborative project, and does not include the Mental Health Commission in the project. The project consists of assessing the incidence and implication of continued hospitalization of foster children and clients of DMH, as well as, foster children with mental illnesses, mental disorder, intellectual disabilities, and developmental disabilities that occurs without medical justification because appropriate post-discharge placement options are unavailable. The project also includes developing recommendations to ensure that patients described in this subsection receive treatment in the most cost-effective and efficacious settings, consistent with federal and state standards for treatment in the least restrictive environment. The provisions of this section shall expire on January 1, 2024.

The proposed language is included in Chapter 630, which applies to DMH. While DMH and DSS will work together on the project, DMH assumes it will be responsible for contracting with a vendor to perform the duties stated. DMH estimates the cost for a vendor to provide these services would be greater than or equal to \$750,000 for FY 2023 and FY 2024.

**Oversight** does not have information to the contrary and therefore, Oversight will reflect the estimates as provided by DMH.

In response to similar legislation (HB 2691), officials from the **Department of Commerce and Insurance**, the **Department of Elementary and Secondary Education**, the **Department of Health and Senior Services**, the **Department of Social Services**, the **Missouri House of Representatives** and the **Office of Administration** 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.

In response to a previous version, officials from the **Hermann Area Hospital District** assumed 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 that agency.

§632.305 – Application for detention for evaluation and treatment

In response to similar legislation (HB 2110), officials from the **Department of Commerce and Insurance**, the **Department of Health and Senior Services**, the **Department of Mental Health**, the **Missouri Office of Prosecution Services**, the **Office of the State Courts Administrator**, the **Greenwood Police Department**, the **Hermann Area Hospital District** and the **Kansas City Police 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.

In response to similar legislation (HB 2110), officials from the **Eldon Police Department** supported the proposed changes because they would reduce barriers law enforcement encounter when they are presented with individuals experiencing mental health issues who may benefit from evaluation. Officials made no statement of fiscal impact. **Oversight** does not have any information to the contrary. Therefore, Oversight will reflect a zero impact in the fiscal note for this organization.

In response to similar legislation (SB 1109), officials from the **University of Missouri System** assumed 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.

#### Bill as a whole

In response to the previous version of this proposal, officials from the **Department of Public Safety - Missouri Highway Patrol**, the **Kansas City Health Department**, the **Newton County Health Department**, the **Phelps County Sheriff's Department**, the **St. Louis County Police Department** and the **Senate** assumed 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.

In response to the previous version of this proposal, officials from the **Office of the State Public Defender (SPD)** stated the proposed legislation creates or expands criminal offenses and could result in additional cases eligible for SPD representation. It is unknown the number, but it is anticipated that the fiscal impact would be less than \$250,000. **Oversight** does not have any information to the contrary. However, Oversight assumes the SPD will be able to provided services and take care of any additional cases within existing funding and will present no fiscal impact for purposes of this agency.

In response to a previous version of this proposal, officials from the **City of Claycomo**, the **City of O'Fallon**, the **St. Louis Budget Division**, the **St. Louis County Clerk**, the **St. Joseph Police Department**, and the **Crawford County 911 Board** each assumed the proposal will have no fiscal impact on their organization. **Oversight** has no information to the contrary and will present no fiscal impact for these organizations.

#### 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	FY 2024	FY 2025
<b>GENERAL REVENUE FUND</b>			
<u>Income</u> – DHSS – licensing fees – supplemental health care registry (§§198.640 - 198.648) p. 20-22	\$0 to \$1,000,000	\$0 to \$1,200,000	\$0 to \$1,200,000
<u>Revenue Reduction</u> – Preceptorship Tax Credit (§135.690) p. 3-8	\$0	(\$200,000)	(\$200,000)
<u>Revenue Gain/Transfer In</u> – Reimbursement For Tax Credit From Medical Preceptor Fund (§135.690) p. 3-8	\$0	\$200,000	\$200,000
<u>Transfer Out</u> – To the Correctional Center Nursery Program Fund (§§217.940 thru 217.947) p. 24-28	Could exceed (\$325,606)	Could exceed (\$552,774)	Could exceed (\$913,174)
<u>Cost</u> – DHSS (§135.690) p. 5-6			
Personnel Services	\$0	(\$52,346)	(\$52,870)
Fringe Benefits	\$0	(\$31,599)	(\$31,789)
Equipment & Expense	\$0	(\$20,569)	(\$10,554)
<b>Total Cost – DHSS</b>	<b>\$0</b>	<b>(\$104,514)</b>	<b>(\$95,213)</b>
FTE Change – DHSS	0 FTE	1 FTE	1 FTE
<u>Costs</u> – DESE (§170.047) – materials/guidelines to provide to 3rd party p. 9	(\$22,300)	\$0	\$0
<u>FISCAL IMPACT – State Government</u>	FY 2023	FY 2024	FY 2025

<b>GENERAL REVENUE FUND</b> (continued)			
<u>Costs – DHSS (§§190.241 and 190.257)</u> p. 10-11			
Personal service	(\$163,183)	(\$197,777)	(\$199,755)
Fringe benefits	(\$101,221)	(\$122,176)	(\$122,895)
Data registry access	(\$180,000)	(\$184,500)	(\$189,113)
Equipment and expense	(\$53,735)	(\$35,750)	(\$36,642)
<u>Total Costs - DHSS</u>	<u>(\$498,139)</u>	<u>(\$540,203)</u>	<u>(\$548,405)</u>
FTE Change - DHSS	4 FTE	4 FTE	4 FTE
<u>Costs – DOR (§§194.210 -194.304, 301.020 and 302.171) – System updates</u> p. 17-19	(\$20,315)	\$0	\$0
<u>Costs - DHSS (§§198.640 - 198.648) – supplemental health care registry</u> p. 20-22			
Personal service	(\$208,455 to \$677,782)	(\$252,647 to \$821,471)	(\$255,174 to \$829,686)
Fringe benefits	(\$128,153 to \$393,026)	(\$154,692 to \$474,587)	(\$155,610 to \$477,572)
Equipment and expense	(\$70,006 to \$171,200)	(\$30,560 to \$131,158)	(\$31,322 to \$134,436)
<u>Total Costs - DHSS</u>	<u>(\$406,614 to \$1,242,008)</u>	<u>(\$437,889 to \$1,427,216)</u>	<u>(\$422,106 to \$1,441,694)</u>
FTE Change – DHSS	5 to 14 FTE	5 to 14 FTE	5 to 14 FTE
*The larger negative fiscal impact corresponds to \$0 licensing fees being collected by DHSS; the lower negative fiscal impact corresponds to the collection of licensing fees.			
<u>Costs - DSS - On-going MO Rx Drug Program expenditures (extension of §208.798 termination date)</u> p. 24	(\$3,138,148)	(\$3,765,778)	(\$3,765,778)
<b>FISCAL IMPACT – State Government</b>	<b>FY 2023</b>	<b>FY 2024</b>	<b>FY 2025</b>

<b>GENERAL REVENUE FUND</b> (continued)			
<u>Costs</u> – DMH (§630.202) p. 30-31	\$0 to...	\$0 to...	\$0 to...
Overtime salaries	(\$1,151,992)	(\$1,396,214)	(\$1,410,177)
Overtime fringe benefits	(\$418,634)	(\$507,384)	(\$512,458)
<b>Total Costs – DMH</b>	<b>(\$1,570,626)</b>	<b>(\$1,903,598)</b>	<b>(\$1,922,635)</b>
<u>Costs</u> – DMH (§630.1150) Contractor services p. 31	(Could exceed \$750,000)	(Could exceed \$750,000)	\$0
<u>Loss</u> – DHSS – reduction in licensing fees from frozen desserts (repeal of §§191.743) p. 13	(\$26,667)	(\$32,000)	(\$32,000)
<b>ESTIMATED NET EFFECT ON THE GENERAL REVENUE FUND</b>	<b><u>Could exceed (\$6,593,809 to \$6,758,415)</u></b>	<b><u>Could exceed (\$7,876,083 to \$8,086,756)</u></b>	<b><u>Could exceed (\$7,518,899 to \$7,699,311)</u></b>
Estimated Net FTE Change on the General Revenue Fund	9 to 18 FTE	10 to 19 FTE	10 to 19 FTE
<b>MEDICAL PRECEPTOR FUND</b>			
<u>Revenue Gain</u> – Increase In License Fee For Physicians, Surgeons, and Physician Assistants (§135.690) p. 3-7	\$0	Up to \$216,155	Up to \$216,155
<u>Revenue Reduction/Transfer Out</u> – Reimbursement To GR For Cost Of Tax Credits (§135.690) p. 3-7	\$0	Up to (\$200,000)	Up to (\$200,000)
<b>ESTIMATED NET EFFECT ON MEDICAL PRECEPTOR FUND</b>	<b><u>\$0</u></b>	<b><u>Up to or could exceed \$16,155</u></b>	<b><u>Up to or could exceed \$16,155</u></b>

<u>FISCAL IMPACT – State Government</u> (continued)	FY 2023	FY 2024	FY 2025
<b>COLLEGE &amp; UNIVERSITY FUNDS</b>			
<u>Cost</u> – supplies and equipment to print cards (§173.1200) p. 10	\$0 or <u>(Unknown)</u>	\$0	\$0
<b>ESTIMATED NET EFFECT ON COLLEGE &amp; UNIVERSITY FUNDS</b>	<u>\$0 or (Unknown)</u>	<u>\$0</u>	<u>\$0</u>
<b>ORGAN DONOR PROGRAM (0824)</b>			
<u>Income</u> – DHSS (§§194.210 -194.304, 301.020 and 302.171) – increased donations p. 16-19	<u>Unknown</u>	<u>Unknown</u>	<u>Unknown</u>
<b>ESTIMATED NET EFFECT ON THE ORGAN DONOR PROGRAM</b>	<u>Unknown</u>	<u>Unknown</u>	<u>Unknown</u>
<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. 29-30	<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>	<u>(\$2,323,978)</u>	<u>(\$2,788,774)</u>	<u>(\$2,788,978)</u>
<u>FISCAL IMPACT – State Government</u> (continued)	FY 2023	FY 2024	FY 2025

<b>CORRECTIONAL CENTER NURSERY PROGRAM FUND</b>			
<u>Income</u> – Gifts, grants, donations (§§217.940 thru 217.947) p. 30-33	\$0 to Unknown	\$0 to Unknown	\$0 to Unknown
<u>Transfer In</u> – From General p. Revenue (§§217.940 thru 217.947) p. 30-33	Could exceed \$325,606	Could exceed \$552,774	Could exceed \$913,174
<u>Cost</u> – DOC (§§217.940 thru 217.947) Nursery program, includes costs for FTE p. 30-33	<u>Could exceed</u> (\$325,606)	<u>Could exceed</u> (\$552,774)	<u>Could exceed</u> (\$913,174)
FTE Change – DOC	1 FTE	8 FTE	8 FTE
<b>ESTIMATED NET EFFECT ON THE CORRECTIONAL CENTER NURSERY PROGRAM FUND</b>	<b><u>\$0</u></b>	<b><u>\$0</u></b>	<b><u>\$0</u></b>
Estimated Net FTE Change to the Correctional Center Nursery Program Fund	1 FTE	8 FTE	8 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. 8	(Unknown)	(Unknown)	(Unknown)
<u>Costs</u> – Public and Charter School supplies and equipment to print cards (§170.048) p. 9	\$0 or (Unknown)	\$0	\$0
<u>Revenue Reduction</u> – Cities - Kratom-reduction in licensing fees (§196.1170) p. 19-20	\$0 to (Unknown)	\$0 to (Unknown)	\$0 to (Unknown)
<b>ESTIMATED NET EFFECT ON LOCAL GOVERNMENTS</b>	<b>(Unknown)</b>	<b>(Unknown)</b>	<b>(Unknown)</b>

FISCAL IMPACT – Small Business

This proposal would have a positive fiscal impact on certain small businesses as they would no longer have to obtain a license or incur costs associated with maintaining the license. (Repeal of §§191.743)

This proposal may directly impact small businesses that sell kratom products. (§196.1170)

This proposal may positively impact small business home health agencies as it allows home health service plans to be signed by additional practitioners. (§§197.400 and 197.445)

This proposal will have a fiscal impact on small business health care service agencies. (§§198.640 - 198.648)

Physical therapists and physical therapist assistants could be impacted by this proposal. (§§334.530 and 334.655)

A direct fiscal impact to pharmacies and pharmacist would be expected as a result of this proposal. (§338.061)

A direct fiscal impact to Speech-Language Pathologists or Audiologists could be expected as a result of this proposal. (§345.015 - 345.085)

Small business prepaid dental plans could be affected by this proposal. (§376.427)

Certain dental businesses could be impacted by this proposal. (§376.1800)

### FISCAL DESCRIPTION

Beginning January 1, 2023, this bill creates a tax credit for any community-based faculty preceptor, as defined in the bill, who serves as the community-based faculty preceptor for a medical student core preceptorship or a physician assistant student core preceptorship, as defined in the bill. The amount of the tax credit will be worth \$1000 for each preceptorship, up to a maximum of \$3000 per tax year, if he or she completes up to three preceptorship rotations during the tax year and did not receive any direct compensation for the preceptorships. To receive the credit, a community-based faculty preceptor must claim the credit on his or her return for the tax year in which he or she completes the preceptorship rotations and must submit supporting documentation as prescribed by the Missouri Board of Registration for the Healing Arts and the Missouri Department of Health and Senior Services.

This tax credit is nonrefundable and cannot be carried forward or carried back, transferred, assigned or sold. No more than 200 preceptorship tax credits will be authorized for any one calendar year and will be awarded on a first-come, first-served basis, capped at a total amount of \$200,000 per year. Some discretion to use remaining funds in a particular fiscal year is provided.

Additionally, this bill creates a "Medical Preceptor Fund" which is funded from a license fee increase of \$7.00 per license for physicians and surgeons and from a license fee increase of \$3.00 per license for physician assistants. This will be a dedicated fund designed to fund additional tax credits that may exceed the established cap of \$200,000 per year.

The Missouri Department of Health and Senior Services will administer the tax credit program. Each taxpayer claiming a tax credit must file an application with the Department verifying the number of hours of instruction and the amount of the tax credit claimed. The hours claimed on the application must be verified by the program director on the application. The certification by the Department affirming the taxpayer's eligibility for the tax credit provided to the taxpayer must be filed with the taxpayer's income tax return.

The Department of Commerce and Insurance and the Department of Health and Senior Services will jointly administer the tax credit and each taxpayer claiming a tax credit must file an affidavit with his or her income tax return, affirming that he or she is eligible for the tax credit. Additionally, the Department of Commerce and Insurance and the Department of Health and Senior Services will jointly promulgate rules to implement the provisions of this bill. (§135.690)



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. (§167.625)

This bill requires public schools, charter schools, and public institutions of higher education that issue pupil identification cards to have printed on the card specific phone numbers including those for the National Suicide Prevention and the Crisis Text Line. (§§170.048 and 173.1200)

The bill establishes the "Time-Critical Diagnosis Advisory Committee" whose members are appointed by the Department of Health and Senior Services as outlined in the bill for the purpose of improvement of public and professional education related to time-critical diagnosis, research endeavors, policies and recommendations for changes. (§§190.100 – 190.257)

This bill repeals in their entirety §§191.743, 196.866, and 196.868, RSMo, dealing with frozen desert licensure and perinatal substance abuse.

This bill modifies provisions relating to the Organ Donor Program Fund. (§§194.210 -194.304, 301.020 and 302.171)

This bill establishes the "Kratom Consumer Protection Act", which requires dealers who prepare, distribute, sell, or expose for sale a food that is represented to be a kratom product to disclose on the product label the basis on which this representation is made. A dealer is prohibited from preparing, distributing, selling, or exposing for sale a kratom product that does not conform to these labeling requirements. (§196.1170)

This bill establishes procedures and requirements for the registration and qualifications of supplemental health care service agencies, defined as persons or entities engaged in the business of providing or procuring temporary employment in health care facilities for health care personnel.

A person operating a supplemental health care service agency shall register annually with the Department of Health and Senior Services pursuant to forms and procedures established by the Department. Each agency as a condition of registration must meet minimum criteria as described in the bill, which may be supplemented by the Department by rules. Failure to comply with such criteria will subject the agency to revocation or nonrenewal, subject to administrative appeal, and if an agency is sold or ownership is transferred, registration shall be void.

The controlling person of a supplemental health care service agency whose registration has been revoked under the provisions of this bill is not eligible to apply for or receive a registration for five years following such revocation.

This bill establishes a maximum billing and payment amount that a supplemental health care service agency may charge a health care facility. (§§198.640 - 198.648)

Currently, the amount of total state payments for home care in licensed residential care facilities cannot exceed \$156 a month. This bill takes out the dollar limit and the language regarding 1983 total payment levels, and subjects payments to appropriation” (§208.030).

Currently, low-income pregnant and postpartum women receiving benefits through MO HealthNet for Pregnant Women or Show-Me Healthy Babies are eligible for pregnancy-related coverage throughout the pregnancy and for 60 days following the end of the pregnancy. Under this act, MO HealthNet coverage for these low-income women will include full Medicaid benefits for the duration of the pregnancy and for one year following the end of the pregnancy. Currently, the federal American Rescue Plan of 2021 has authorized 5 years of this coverage.

This act changes the expiration date of the Missouri Rx Plan from August 28, 2022, to August 28, 2029. (§208.798)

This act establishes the "Correctional Center Nursery Program" which requires the Department of Corrections to establish a correctional center nursery in one or more of the correctional centers for women operated by the Department by July 1, 2025. The program allows eligible inmates and children born to them while in the custody of the Department to reside together in the institution for up to eighteen months post-delivery. Nothing in this act shall affect, modify, or interfere with the inmate's custodial rights to the child nor establish legal custody of the child with the Department.

An inmate is eligible for the program if:

- She delivers the child while in custody of the Department;
- She gives birth on or after the program is implemented;
- She has a presumptive release date of 18 months or less from the date she applies to participate in the program;

- She has no dangerous felony, sexual offense, or offenses against the family convictions; and
- She meets any other criteria established by the Department.

To participate in the program, the inmate must agree to abide by certain requirements set forth in the act. Any inmate's participation in the program can be terminated by the Department for reasons set forth in the act.

The Division of Child Support Enforcement shall collect support payments made under the assignment and such payments shall be deposited in the inmate's banking account. The Department may accept donations on behalf of the program, but no donations shall be made on behalf of one particular inmate or child. Any financial donations for a specific inmate shall be made through the inmate banking system.

This act also established the "Correctional Center Nursery Program Fund" which shall be used to maintain the program.

This act provides that neither the Department of Corrections, nor the program, shall be subject to regulation, licensing, or oversight by the Department of Health and Senior Services, Department of Social Services, Children's Division, juvenile officer of any jurisdiction, or Office of Childhood unless the Department of Corrections agrees to voluntary regulation, licensing, or oversight.

Finally, under this act, the Department of Corrections and its employees shall be immune from any suit or liability brought by or on behalf of children who participated in the program for any injuries or damages arising from correctional facility conditions. A motor vehicle operated by an employee of the Department who unintentionally causes injury or death to a child resident of the correctional center nursery shall not be liable. (§§217.940 – 217.947)

This proposal creates a collaborative project between the Department of Mental Health (DMH) and the Department of Social Services to assess Mental Health services for vulnerable persons. The departments shall issue interim reports before December 31, 2022, and before July 1, 2023, and a final report before December 1, 2023. Copies of each report shall be submitted concurrently to the general assembly.

The provisions of this section shall expire on January 1, 2024 (§630.1150).

The proposal contains emergency clauses for the enactment of section §167.625.

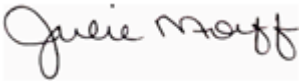
This legislation is not federally mandated, would not duplicate any other program and would not require additional capital improvements or rental space.

#### SOURCES OF INFORMATION

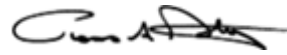
Department of Commerce and Insurance  
Department of Economic Development  
Department of Elementary and Secondary Education  
Department of Higher Education and Workforce Development  
Department of Health and Senior Services  
Department of Mental Health  
Department of Corrections  
Department of Revenue  
Department of Public Safety –  
    Missouri Highway Patrol  
    Missouri Veterans Commission  
Department of Social Services  
Missouri Department of Conservation  
Missouri Department of Transportation  
Office of Administration  
Office of Administration - Administrative Hearing Commission  
Office of Administration - Budget and Planning  
Office of the Secretary of State  
Office of the State Public Defender  
University of Missouri System  
City of Kansas City  
City of Claycomo  
City of O’Fallon  
City of Springfield  
St. Louis Budget Division  
Kansas City Health Department  
Newton County Health Department  
St. Louis County Health Department  
St. Louis County Clerk  
Phelps County Sheriff’s Department  
Kansas City Police Department  
Springfield Police Department  
St. Joseph Police Department  
St. Louis County Police Department  
Crawford County 911 Board  
Hermann Area Hospital District  
Fordland R-III School District  
High Point R-III School District  
Normandy Schools Collaborative  
Missouri State University  
University of Central Missouri  
State Technical College of Missouri  
St. Charles Community College

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Office of the State Treasurer  
Missouri House of Representatives  
Joint Committee on Administrative Rules  
Missouri Senate  
Missouri Consolidated Health Care Plan  
Missouri Office of Prosecution Services  
Office of the State Courts Administrator



Julie Morff  
Director  
May 12, 2022



Ross Strobe  
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May 12, 2022