

COMMITTEE ON LEGISLATIVE RESEARCH  
OVERSIGHT DIVISION

**FISCAL NOTE**

L.R. No.: 3592S.01I  
 Bill No.: SB 888  
 Subject: Health Care; Department of Health and Senior Services; Public Health; Medical Procedures and Personnel  
 Type: Original  
 Date: January 5, 2024

Bill Summary: This proposal modifies the pregnancy-associated mortality review board.

**FISCAL SUMMARY**

<b>ESTIMATED NET EFFECT ON GENERAL REVENUE FUND</b>			
FUND AFFECTED	FY 2025	FY 2026	FY 2027
General Revenue*	(Likely to exceed \$115,204)	(Likely to exceed \$122,980)	(Likely to exceed \$124,961)
<b>Total Estimated Net Effect on General Revenue</b>	<b>(Likely to exceed \$115,204)</b>	<b>(Likely to exceed \$122,980)</b>	<b>(Likely to exceed \$124,961)</b>

\*Oversight assumes the cost of the proposal would not reach the \$250,000 threshold.

<b>ESTIMATED NET EFFECT ON OTHER STATE FUNDS</b>			
FUND AFFECTED	FY 2025	FY 2026	FY 2027
<b>Total Estimated Net Effect on <u>Other State Funds</u></b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>

Numbers within parentheses: () indicate costs or losses.

<b>ESTIMATED NET EFFECT ON FEDERAL FUNDS</b>			
<b>FUND AFFECTED</b>	<b>FY 2025</b>	<b>FY 2026</b>	<b>FY 2027</b>
<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>			
<b>FUND AFFECTED</b>	<b>FY 2025</b>	<b>FY 2026</b>	<b>FY 2027</b>
General Revenue	1 FTE	1 FTE	1 FTE
<b>Total Estimated Net Effect on FTE</b>	<b>1 FTE</b>	<b>1 FTE</b>	<b>1 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 2025</b>	<b>FY 2026</b>	<b>FY 2027</b>
<b>Local Government</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>

## FISCAL ANALYSIS

### ASSUMPTION

#### §192.990 – Pregnancy-associated mortality review board

Officials from the **Department of Health and Senior Services (DHSS)** provide that §192.990.4 of the proposed legislation requires the Pregnancy Associate Mortality Review (PAMR) board to be comprised of “at least one member from each congressional district shall be selected to serve on the board and membership shall be demographically diverse, including by race, ethnicity, sex, age, and rural and urban populations.” This would require the Office of Women's Health (OWH) staff to review current members and identify new members to meet the requirements. Not knowing where members are currently employed or their residence, OWH estimates this will require finding many new members. To recruit new members, OWH would need to reimburse both travel reimbursement and a consultant stipend for each member. This would be needed because there are provider shortages in many areas of the state. Therefore, finding providers that meet the new requirements and could dedicate the time needed to participate in file review and PAMR meetings would be difficult and will necessitate these additional costs.

Section 192.990.5 (3c) of the proposed legislation require including the level and timing of prenatal and postnatal care. The OWH does an extremely thorough review records available to identify the cause of maternal death, but this does not necessarily include the level and timing of prenatal care. Often times, prenatal and postnatal care records are included but not always. This information is included when possible and readily available. But, because records relating to the maternal death is the primary aim, the OWH staff do not need to seek these extra records. To include this variable specifically would require additional effort. OWH would need a registered nurse to conduct additional medical record and case abstraction and potentially interviews with surviving family and friends to identify all medical care provided. These records are not always included currently because medical systems do not connect with one another. For example, currently the registered nurse that abstracts cases for OWH will request records from a care provider or hospital as indicated in death or birth records and/or certificates. However, to obtain the information newly included about the timing of prenatal and postnatal care, a nurse abstractor would need to find all care providers the decedent visited during this time. While the OWH cannot fully estimate the number of hours to obtain and abstract these records, however, the increase in record review could not be absorbed by current staff. To implement these changes, the Office on Women’s Health would need to hire a Registered Nurse (with an average salary within the Division of Community and Public Health of \$65,189 as of December 2023) working from the Jefferson City office.

Section 192.990.5 (10) of the proposed legislation adds an additional duty for the PAMR board members. The PAMR board and OWH staff currently review other state and organizational approaches through routine conferences, webinars, and review. Currently only OWH is only able to support one or two members to join OWH to attend national conferences. However, with this being a specific responsibility of PAMR board members, the OWH would need to support all

members to meet this role; therefore, travel costs for conferences or instate travel have been added to support their continuing education. This will allow members to be able to learn about emerging trends and best practices.

There are not existing resources that would be able to absorb this responsibility.

**Oversight** does not have any information to the contrary. **Oversight** assumes the DHSS would not need additional rental space for one (1) new FTE for this single proposal. However, Oversight notes, depending on the number of proposals passed during the legislative session that, cumulatively, DHSS may need additional rental space or capital improvements as determined by the Office of Administration, Facilities Management, Design and Construction.

**Oversight** also notes, based on costs provided by DHSS, they estimate travel and stipends for board members at \$9,019 per member per year. Costs have been estimated for as many as 18 board members (\$165,589 annually). For fiscal note purposes, Oversight will present travel and stipend costs as likely to exceed \$9,019 annually (1 board member).

<u>FISCAL IMPACT – State Government</u>	FY 2025 (10 Mo.)	FY 2026	FY 2027
<b>GENERAL REVENUE FUND</b>			
<u>Costs – DHSS (\$192,990)</u>			
Personal service	(\$54,324)	(\$66,493)	(\$67,823)
Fringe benefits	(\$33,572)	(\$40,792)	(\$41,307)
Equipment and expense	(\$19,793)	(\$6,676)	(\$6,812)
Board member travel and stipend	<u>(Likely to exceed \$7,515)</u>	<u>(Likely to exceed \$9,019)</u>	<u>(Likely to exceed \$9,019)</u>
<u>Total Costs – DHSS</u>	<u>(Likely to exceed \$115,204)</u>	<u>(Likely to exceed \$122,980)</u>	<u>(Likely to exceed \$124,961)</u>
FTE Change – DHSS	1 FTE	1 FTE	1 FTE
<b>ESTIMATED NET EFFECT ON THE GENERAL REVENUE FUND</b>	<b><u>(Likely to exceed \$115,204)</u></b>	<b><u>(Likely to exceed \$122,980)</u></b>	<b><u>(Likely to exceed \$124,961)</u></b>
Estimated Net FTE Change on the General Revenue Fund	1 FTE	1 FTE	1 FTE

<u>FISCAL IMPACT – Local Government</u>	FY 2025 (10 Mo.)	FY 2026	FY 2027
	<u>\$0</u>	<u>\$0</u>	<u>\$0</u>

FISCAL IMPACT – Small Business

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

FISCAL DESCRIPTION

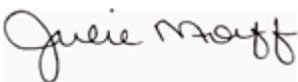
This act modifies the "Pregnancy-Associated Mortality Review Board" within the Department of Health and Senior Services. Under this act, board membership shall include at least one member from each congressional district and membership shall be demographically diverse, including by race, ethnicity, sex, age, and rural and urban populations.

Additionally, the board shall, in its study and review of maternal deaths, consider the level and timing of prenatal and postnatal care, approaches taken in this state and other states to reduce or eliminate racial inequities in maternal deaths, and the adequacy of data collected by the board. Data reported by the board shall be disaggregated by race, ethnicity, language, nationality, age, zip code, and level and timing of prenatal and postnatal care. (§192.990)

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

SOURCES OF INFORMATION

Department of Health and Senior Services



Julie Morff  
Director  
January 5, 2024



Ross Strobe  
Assistant Director  
January 5, 2024