

COMMITTEE ON LEGISLATIVE RESEARCH
OVERSIGHT DIVISION

FISCAL NOTE

L.R. No.: 0565H.04C
Bill No.: HCS for SS for SB 7
Subject: Health Care; Drugs and Controlled Substances; Department of Health and Senior Services; Public Health; Pharmacy; Emergencies; Health Care Professionals; Compacts; Dentists; Children and Minors
Type: Original
Date: April 16, 2025

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

FISCAL SUMMARY

ESTIMATED NET EFFECT ON GENERAL REVENUE FUND			
FUND AFFECTED	FY 2026	FY 2027	FY 2028
General*	Up to (\$137,074)	(\$107,107 to \$3,385,945)	(\$108,934 to \$1,561,097)
Total Estimated Net Effect on General Revenue	Up to (\$137,074)	(\$107,107 to \$3,385,945)	(\$108,934 to \$1,561,097)

*Oversight notes the estimated cost for the removal of the expiration date for the Rx Cares for Missouri program, the purchase of epinephrine nasal spray devices, coverage of hearing devices, and DHSS FTE. Additionally, Oversight notes an unknown amount of savings to General Revenue from the provider tax being paid by UMHC, rather than GR. The unknown savings is not expected to exceed \$250,000.

ESTIMATED NET EFFECT ON OTHER STATE FUNDS			
FUND AFFECTED	FY 2026	FY 2027	FY 2028
University Of Missouri Healthcare*	Up to \$60,000	Up to \$60,000	Up to \$60,000
Chemical Emergency Preparedness (0587)	\$834,508	\$1,001,410	\$1,001,410
Dental Board Fund (0677)	\$0 or (\$3,000 - \$6,000)	\$0 or (\$3,000 - \$6,000)	\$0 or (\$3,000 - \$6,000)
Total Estimated Net Effect on <u>Other</u> State Funds	Up to \$888,508	Up to \$1,055,410	Up to \$1,055,410

*Estimated net impact based on University Of Missouri Healthcare's response.
Numbers within parentheses: () indicate costs or losses.

ESTIMATED NET EFFECT ON FEDERAL FUNDS			
FUND AFFECTED	FY 2026	FY 2027	FY 2028
Federal*	\$0	\$0	\$0
Total Estimated Net Effect on <u>All</u> Federal Funds	\$0	\$0	\$0

*Income and costs are estimated at \$12,500 in Fy 2026; \$7.8 million in FY 2027; and \$2.1 million in Fy 2028 and ongoing.

ESTIMATED NET EFFECT ON FULL TIME EQUIVALENT (FTE)			
FUND AFFECTED	FY 2026	FY 2027	FY 2028
General Revenue	1 FTE	1 FTE	1 FTE
Total Estimated Net Effect on FTE	1 FTE	1 FTE	1 FTE

- ☒ 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.

ESTIMATED NET EFFECT ON LOCAL FUNDS			
FUND AFFECTED	FY 2026	FY 2027	FY 2028
Local Government*	\$0 to (Unknown)	\$0 to (Unknown)	\$0 to (Unknown)

*Potential cost to schools to purchase single-use epinephrine nasal sprays.

FISCAL ANALYSIS

ASSUMPTION

§§ 96.192, 96.196, 206.110 and 206.158 – Hospital boards and districts

In response to similar legislation from the current session (HB 271), officials from the **University of Missouri System** and the **St. Louis City Board of Elections**, and each 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.

§§ 167.627, 167.630, & 190.246 - Modifies provisions relating to epinephrine products

Officials from the **Department of Social Services (DSS)** assume the cost of Epinephrine nasal spray devices has an average cost of \$100 per device. It is anticipated that the Division of Youth Services would need to purchase 144 Epinephrine devices to meet the needs of this legislation. Therefore, the fiscal impact to DYS would be \$14,400 in FY 2026 and an ongoing cost of \$0 to \$14,400 for the fiscal years following.

Oversight does not have any information to the contrary. Therefore, Oversight will reflect the cost estimated by DSS in the fiscal note.

In response to similar legislation from the current session (HB 553), officials from the **Office of Attorney General (AGO)** assumed any potential litigation costs arising from this proposal can be absorbed with existing resources. The AGO may seek additional appropriations if the proposal results in a significant increase in litigation or investigation costs.

Oversight does not have any information to the contrary. Therefore, Oversight assumes the AGO will be able to perform any additional duties required by this proposal with current staff and resources and will reflect no fiscal impact to the AGO for fiscal note purposes.

In response to similar legislation from the current session (HB 553), officials from the **Audrain County Health Department** assumed the proposal would have a fiscal impact.

Oversight notes the proposal authorizes each board of education in this state to grant permission to pupils, as well as each school board in this state to grant permission to school nurses to use this medication (single-use epinephrine nasal sprays). Oversight assumes there could be a potential cost to schools to purchase these devices. Therefore, Oversight will reflect a \$0 to Unknown cost to schools in the fiscal note.

§§ 190.053 to 190.166 – Provisions related to emergency medical services

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

Section 190.053.2 of the proposed legislation requires ambulance district board members to complete three hours of continuing education training for each term of office. Training shall be offered by a statewide association or program approved by the State Advisory Council on Emergency Medical Services. This will require the Department of Health and Senior Services (DHSS), Division of Regulation and Licensure's (DRL) Bureau of Emergency Medical Services (BEMS) to verify ambulance district board member training records through the licensure application review process and during inspections.

Section 190.053.3 immediately disqualifies from office any ambulance district board member who does not complete the required training under Section 190.053.2. Should a board member be found non-compliant with this provision, BEMS will be required to provide notice to the district board and other agencies in authority regarding the removal of the ineligible member.

Section 190.076 requires each ambulance district to be audited by an outside Certified Public Accountant (CPA) firm at least once every three years. BEMS will verify audit compliance through the licensure application review process and during inspections.

Section 190.098 of the proposed legislation defines community paramedic services as those services provided by any entity that employs licensed paramedics certified by the Department of Health and Senior Services as community paramedics for services that are provided in a nonemergent setting, consistent with the education and training of a community paramedic and the supervisory standard approved by the medical director and documented in the entity's patient care plans or protocols.

Section 190.098 also requires any ambulance service that seeks to provide community paramedic services outside of its service area to have a memorandum of understanding (MOU) with the ambulance service of that area if that ambulance service is already providing those services or shall notify the ambulance services of that area if that ambulance service is not providing community paramedic services. Emergency medical response agencies (EMRA) may provide community paramedic services in a ground ambulance service's service area. If the ground ambulance service is already providing those services or provides them after the EMRA offers them, then the EMRA and ground ambulance service shall enter into an MOU for the coordination of services.

Currently, BEMS licenses community paramedics that have completed the required program and can provide training certificates. The proposed legislation would require the BEMS to create a new type of license to issue a five-year certification to businesses and entities that employ and use community paramedics. Any newly established business or entity using community paramedics would be required to obtain this certification and existing ground ambulances that use community paramedics would have to apply and get a new, separate certification to be

renewed every five (5) years. It is assumed there will be less than 10 community paramedic services licenses issued.

Section 190.098.3(5) requires the Department to promulgate rules and regulations for the purpose of certifying community paramedic services entities and the standards necessary to provide such services. Certified entities shall be eligible to provide community paramedic services for five (5) years.

Section 190.101 increases the number of members on the State Advisory Council on Emergency Medical Services from 16 to no more than 23, outlines membership requirements and changes member appointment responsibility from the Governor to the Director of the Department of Health and Senior Services (DHSS).

Sections 190.109.6(12) and 190.109.6(13) require BEMS to promulgate rules related to the requirements for a ground ambulance service license including “participation with regional EMS advisory committees” and “ambulance service administrator qualifications.”

Section 190.112 requires licensed ambulance services to identify an individual to DHSS who will serve as the ambulance service administrator responsible for ambulance service operations and staffing. Additionally, the identified administrator is required to complete 40 initial training hours and two hours of continuing education annually related to the operations of an ambulance service. Training shall be offered by a statewide association or program approved by the State Advisory Council on Emergency Medical Services. Individuals serving as an ambulance service administrator as of August 28, 2025, will have until January 1, 2027, to demonstrate compliance with these provisions. This will require BEMS to verify training records through the licensure application review process for the individual administrator and the ambulance service, as well as during inspections of the ambulance service.

Section 190.166.1 allows the Department to refuse to issue, deny renewal of, or suspend an ambulance service license required pursuant to Section 190.109, or take other corrective actions based on the following:

- (1) Determined to be financially insolvent.
- (2) Inadequate personnel to provide basic emergency operations at a level in which one ambulance unit is available twenty-four hours per day, seven days per week, with at least two licensed emergency medical technicians and a reasonable plan and schedule for the services of a second ambulance.
- (3) Requires an inordinate amount of mutual aid from neighboring services (more than ten percent of calls in any given month or more than would be considered prudent to provide an appropriate level of response for the service area).
- (4) Principal manager, board members, or other executives determined to be criminally liable for actions related to the license or service provided.

- (5) License holder or principal manager, board members, or other executives determined by Centers for Medicare and Medicaid Services (CMS) to be ineligible for participation in Medicare.
- (6) License holder or principal manager, board members, or other executives determined by MO HealthNet Division to be ineligible for participation in MO HealthNet.
- (7) Ambulance service administrator failed to meet the required qualifications or failed to complete training required under Section 190.112.
- (8) Three or more board members failed to complete training required under Section 190.053 if the ambulance service is an ambulance district.

As a result, BEMS will be required to investigate ambulance service agency financial records, operations data, number of runs and responses, ambulance vehicle inventory, training records, and determine percentage of calls covered by other agencies giving mutual aid and/or appropriate level of response for a service area. A report will be prepared to determine what action should be taken by the Department.

Section 190.166.2 requires any ambulance service determined to be financially insolvent or its operations insufficient to submit a corrective plan within fifteen days. Said plan must be implemented within thirty days. Corrective plan collection and tracking will be completed by BEMS as part of the investigation required under Section 190.166.1.

Section 190.166.3 of the proposed legislation requires the Department to provide notice of any determination of insolvency or insufficiency of operations of a license holder to other license holders operating in the license holder's vicinity; members of the general assembly who represent the license holder's service area; the governing officials of any county or municipal entity in the license holder's service area; the appropriate regional emergency medical services advisory committee; and the state advisory council on emergency medical services.” The BEMS will mail or email a notice to all entities required by this Section.

Section 190.166.4 of the proposed legislation requires the Department to, upon taking disciplinary action, immediately engage with other license holders in the affected area and allows the license holder to enter into an agreement with other license holders to provide services to the affected area. Agreements between the license holders may include an agreement to provide services, a joint powers agreement, formal consideration, or some payment for services rendered. BEMS will work with license holders as needed to ensure services are provided to any area affected by disciplinary action and will track all agreements received.

Section 190.166.5 states that any license holder who provides assistance to a service area affected by disciplinary action has a right to seek reasonable compensation from the license holder whose license has been suspended. Reasonable compensation may include expenses incurred in actual responses and reasonable expenses to maintain ambulance service. The license holder providing assistance is entitled to an award of costs and reasonable attorney fees in any action to enforce these provisions.

Should the proposed legislation become law, BEMS will offer an educational presentation to ambulance districts that will review the law, the new requirements, and what BEMS will be reviewing during inspections and complaints as a result.

The Bureau of Emergency Medical Services will need one full-time Regulatory Auditor (\$59,112) to carry out the provisions outlined in the proposed legislation. This is assumed to be a telecommuter position.

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

§ 190.800 - Ground ambulance service reimbursement allowance tax

In response to similar legislation from the current session (HB 1133), officials from the **University of Missouri Health Care (UMHC)** provided an updated response stating they have reviewed the proposed legislation and have determined that, as written, using the State MMIS (Medicaid Management Information System) data for CY2023 the positive benefit would be \$35,000 and using the State MMIS data for CY2024 the positive benefit would be \$60,000.

Oversight notes the UMHC would have a positive benefit of up to \$60,000 annually from the enhanced fee reimbursement.

Officials from the **Department of Social Services** state the passage of the proposed legislation would allow a new ground ambulance provider to pay an ambulance service reimbursement allowance tax. By adding this provider, the MO HealthNet Division (MHD) estimates that there would be a net increase in revenue in the Ambulance Federal Reimbursement Allowance (AFRA) fund of about \$60,000. However, this would be offset by a decrease in the GR amount by that same amount annually. A 6.5% inflation rate was applied to FY27 and FY28.

FY26 Total: \$0 (GR: (\$60,000); AFRA: \$60,000)

FY27 Total: \$0 (GR: (\$63,900); AFRA: \$63,900)

FY28 Total: \$0 (GR: (\$68,054); AFRA: \$68,054)

Upon further inquiry, **Oversight** notes this would be an unknown savings to GR.

§ 191.227 – Provisions relating to health care records

In response to similar legislation from the current session (HB 457), officials from the **Department of Health and Senior Services (DHSS)** stated this proposal modifies provisions relating to health care records. Section 191.227.8 allows for the written request of health care records related to a patient's health history and treatment created by an emergency care provider or a telecommunicator first responder. Any complaints received by the Section for Health Standards and Licensure (HSL) and/or the Bureau of Emergency Medical Services (BEMS) as a

result of the proposed legislation would be conducted within the normal ebb and flow of work scope.

It is assumed that the Department can absorb the costs of this bill with current resources. However, if the workload significantly increased or other legislation was enacted, additional resources would be requested through the appropriation process.

Oversight does not have any information to the contrary. Therefore, Oversight will reflect a zero impact in the fiscal note.

In response to similar legislation from the current session (HB 457), officials from the **University of Missouri Health Care (MUHC)** stated they have reviewed the proposed legislation and determined that as written it should not create expenses in excess of \$100,000 annually.

Oversight assumes the costs incurred by the MUHC related to this proposal can be absorbed within current resource levels.

In response to similar legislation from the current session (HB 457), 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.

§ 191.600 to § 191.615 - Missouri State Loan Repayment Program (MOSLRP)

Officials from **Department of Health and Senior Services (DHSS)** state the proposed legislative changes to 191.600 to 191.615 would update the list of eligible profession types to include all professions allowable under the federal Health Resources and Services Administration (HRSA) state loan repayment program (SLRP) grant, expanding the eligible professions that Missouri can offer loan repayment to under the SLRP grant.

The expansion of the eligible health professions in the proposed legislation would allow the Department of Health and Senior Services (DHSS), Office of Rural Health and Primary Care (ORHPC) to request additional federal funds for the SLRP program. The maximum award under the federal SLRP grant is \$1,000,000. Because the grant requires a 1:1 state match, ORHPC has historically only been able to apply for a maximum of \$425,000 in SLRP funds under the match requirement, utilizing donated funds to meet the match requirement.

Under the proposed legislation, health professions eligible under the state SLRP statutes would align with HRSA eligible health professions, allowing state funding received for the HPLRP program to be used to meet the HRSA SLRP match requirement. ORPHC could then receive up to an additional \$575,000 in federal funding to award loans to health professionals under the SLRP program, increasing the number of health professionals providing services in underserved areas. The Health Professional Student Loan Repayment Program (HPLRP) eligible professions are chosen by the Director of DHSS in consultation with the Office of Workforce Development

in the Department of Higher Education and Workforce Development and the Department of Mental Health.

In further discussions with DHSS, officials from the **DHSS** state they can absorb the state match requirement for this federal program due to existing funding that can be used as match.

Oversight does not have any information to the contrary. Therefore, Oversight assumes the DHSS will be able to absorb the funding requirements of this proposal with current resources and will reflect no fiscal impact to the DHSS for fiscal note purposes.

§ 191.648 – Sexually transmitted infections

In response to similar legislation from the current session (HCS for HB 943), officials from the **Department of Public Safety (DPS), Missouri Highway Patrol (MHP)** deferred to the Missouri Department of Transportation (MODOT)/MSHP Healthcare Board for an impact statement for the potential fiscal impact of this section.

§ 191.1145 – Telehealth services

In response to similar legislation from the current session (HB 825), officials from the **City of O'Fallon** 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.

In response to similar legislation from the current session (HB 825), 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.

§ 192.2521 - Specialty hospitals

Officials from the **Department of Health and Senior Services (DHSS)** state § 192.2521 of the proposed legislation exempts specialty hospitals from Sections 192.2520 and 197.135, RSMo, which set forth the mandatory forensic exams and evidence collection for sexual assaults and being part of the Sexual Assault Network tele-reporting. Specialty hospitals would be exempt only if they have a policy to transfer those patients to an acute care hospital with an Emergency Department.

The Division of Regulation and Licensure's (DRL) Section for Health Standards and Licensure (HSL) is responsible for conducting inspections of hospitals. Should the proposed legislation become law, HSL would make review of this policy part of the inspection protocol. Adding this component to inspection protocol would be within the normal ebb and flow of work scope. It is assumed that the Department can absorb the costs of this bill with current resources. However, if the workload significantly increased or other legislation was enacted, additional resources would be requested through the appropriation process.

Oversight does not have any information to the contrary. Therefore, Oversight assumes the DHSS will be able to perform any additional duties required by this proposal with current staff and resources and will reflect no fiscal impact to the DHSS for fiscal note purposes.

In response to similar legislation from the current session (HB 845), officials from the **University of Missouri System** 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.

§§ 196.990 & 210.225 - Allergy prevention and responses in childcare facilities

In response to similar legislation from the current session (HB 97), officials from the **Audrain County Health Department** assumed the proposal will have a fiscal impact.

Oversight assumes Audrain County Health Department could absorb the costs related to this proposal.

§ 196.990 and 335.081 – Administration of medications

In response to similar legislation from the current session (HCS for HB 943), officials from the **Department of Public Safety (DPS), Missouri Highway Patrol (MHP)** deferred to the Missouri Department of Transportation (MODOT)/MSHP Healthcare Board for an impact statement for the potential fiscal impact of these sections.

§ 208.152 - MO HealthNet hearing aids

Officials from the **Department of Social Services (DSS), MO HealthNet Division (MHD)** identified 193,308 adults who are currently enrolled in MHD Fee-for-Service could be eligible for hearing aid services. Using data from the CDC, MHD estimates that 7.1% (13,725) of those adults may utilize these services. The average cost of hearing aid services is \$210.73.

This legislation would also result in an impact to the Managed Care capitation rates of up to \$10 million. The cost of the actuarial study to evaluate this program change would be no more than \$25,000 in the first year.

Due to the timing of obtaining a State Plan Amendment (SPA) and waiver for this legislation, MHD assumes additional costs for hearing aid services will begin in FY27. MHD estimates 80% of the participants identified will obtain hearing aid services in the first year due to pent-up demand, and 20% in subsequent years. A 6.5% medical inflation rate was used for FY28.

FY26 Total: \$25,000 (GR: \$12,500; Federal: \$12,500)
FY27 Total: Up to \$10,313,793 (GR: \$2,491,096; Federal: \$7,822,697)
FY28 Total: Up to \$2,746,047 (GR: \$663,254; Federal: \$2,082,793)

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

§ 210.030 - Prenatal tests for certain diseases

Officials from the **Department of Health and Senior Services (DHSS)** state § 210.030.1 of the proposed legislation would increase the number of patient samples that the Missouri State Public Health Laboratory (MSPHL) would receive for HIV, syphilis, Hepatitis C, and Hepatitis B testing.

Approximately 4.5 percent of women are pregnant at any one time, so this percentage was used on the total number of female samples received for HIV and syphilis testing in 2024. An additional 500 to 800 samples a year would be tested for all conditions if this legislation passed.

The estimated number of pregnant females was used in the calculations for HIV, syphilis, Hepatitis C, and Hepatitis B expenses for both screening and confirmatory costs. Confirmatory numbers were based on current trends that are seen for each test.

The cost estimates are based upon the expected number of samples and cost per test with an applied algorithm for testing and confirmation.

- HIV (765 samples times \$6.20 per test plus \$327.60 confirmation testing = \$5,071)
- Syphilis (675 samples times \$3.25 per test plus \$1,420.25 confirmation testing = \$3,614)
- Hepatitis B (500 samples times \$14.93 per test = \$7,465)
- Hepatitis C (500 samples times \$7.63 per test plus \$3,815 confirmation testing = \$6,080)

The projected total per year would be \$22,230 in additional reagents and kit costs. The cost of reagents will go up each year with an inflation cost of 5 percent per year. MSPHL cannot absorb this cost. The workload for performing the additional testing can be absorbed by current staff.

Oversight does not have information to the contrary. Oversight notes this proposal does not have an emergency clause. Therefore, Oversight will reflect the FY 2026 estimates as provided by the DHSS as \$18,525 ($\$22,230/12 \times 10$).

Officials from the **Department of Corrections (DOC)** assume the proposal will have no fiscal impact on their organization.

However, in response to similar legislation from the current session (HCS for HB 943), officials from the **DOC** stated there is no apparent fiscal impact on the **Division of Offender Rehabilitative Services (DORS)**, however additional obstetric labs and treatment may impact contracted healthcare provider.

Oversight assumes because the potential increased costs due to additional obstetric labs and treatment is speculative, that the DOC, DORS will not incur significant costs related to this proposal. If a fiscal impact were to result, the DOC, DORS may request additional funding through the appropriations process.

In response to similar legislation from the current session (HCS for HB 943), officials from the **Department of Public Safety (DPS), Missouri Highway Patrol (MHP)** deferred to the Missouri Department of Transportation (MODOT)/MSHP Healthcare Board for an impact statement for the potential fiscal impact of this section.

§ 292.606 – Fees paid to the Missouri Emergency Response Commission

Officials from the **Department of Public Safety (DPS) – State Emergency Management Agency (SEMA)** assume the proposal will have no fiscal impact on their organization.

However, in response to similar legislation from the current session (HCS for HB 70), officials from the **SEMA** stated that currently, authorization for the collection of fees for hazardous chemicals in the workplace, which funds the Missouri Emergency Response Commission (MERC), was not reauthorized under HB 1870 (2024) and was allowed to expire on August 28, 2024. HB 1870 (2024) would have extended the authorization for six years to August 28, 2030.

The mission of the MERC is to protect public health and the environment by assisting communities with chemical incident prevention, preparedness, response, and recovery; and by receiving, processing, and reporting on chemical information under the community right-to-know laws. The program has been in existence since the late 1980s and has provided training and assistance to local communities to be compliant with the federal EPCRA laws.

Current law allows for the collection of data and fees. In fiscal year 2023, the amount collected was approximately \$1,001,410 with \$598,495 of this fund being redistributed to the locals, \$92,076 distributed to the Missouri Division of Fire Safety for hazardous materials training and the remaining \$230,190 was retained by the MERC to operate the program and to provide a match for federal funds that allow additional hazardous materials planning and training for local first responders. The chemical storage facility owners and gas station owners must pay an annual fee based on the type and amount of chemicals they store at their facility.

This proposal would allow a one-time fee to be calculated based on the normal filing due March 1, 2025 and will be paid by November 1, 2025.

Oversight has no information to the contrary. Therefore, Oversight will present the fiscal impact of this proposal as revenue coming into the Chemical Emergency Preparedness Fund of \$834,508 in FY 2026 and \$1,001,410 in FY 2027 and subsequent years.

Oversight notes the Chemical Emergency Preparedness Fund (0587) had a fund balance of \$698,599 on December 31, 2024.

§ 301.142 – Disabled Placards

Officials from the **Department of Revenue (DOR)** assume the proposal will have no fiscal impact on their organization.

However, in response to similar legislation from the current session (Perfected HCS for HB 943), officials from the **DOR** assumed the following regarding this section:

Administrative Impact

To implement the proposed changes, the Department will be required to:

- Update procedures, forms, and the Department web site; and
- Send communications to license offices and Missouri citizens.

FY 2026 – Strategy & Communications Office

Associate Research/Data Analyst 40 hrs. @ \$26.03/hr. =\$1,041

Research/Data Analyst 50 hrs. @ \$27.87/hr. =\$1,394

Total = **\$2,435**

The Department anticipates that they will be able to absorb these costs and that there will be minimal impact. If multiple bills are passed that require department resources, FTE may be requested through the appropriations process.

Oversight assumes DOR is provided with core funding to handle a certain amount of activity each year. Oversight assumes DOR could absorb the costs related to this proposal. If multiple bills pass which require additional staffing and duties at substantial costs, DOR could request funding through the appropriation process. Officials from the DOR assume the proposal will have no fiscal impact on their organization.

§ 332.700 to 332.760 – Dental and Dental Hygienist Compact

Officials from the **Department of Commerce and Insurance (DCI)** state that there are now 11 states that have passed the compact language. They are estimating that it will take another 12 to 18 months for the compact to be enacted. Costs are still unknown at this time.

Oversight notes in response to similar legislation from 2023 (SB 70) (the Counseling Interstate Compact), DCI estimated a cost of \$3,000 - \$6,000 in annual fees to participate in the compact if the compact were to be enacted.

Therefore, **Oversight** will reflect the estimated fiscal impact as a range of \$0 (the compact is not enacted) to \$3,000 - \$6,000 (the compact is enacted) to the Dental Board Fund (0677).

§ 338.010 - Administration of certain vaccines

In response to similar legislation from the current session (HCS for HB 943), officials from the **Department of Public Safety (DPS), Missouri Highway Patrol (MHP)** deferred to the Missouri Department of Transportation (MODOT)/MSHP Healthcare Board for an impact statement for the potential fiscal impact of this section.

§ 338.710 – Removes the expiration date for the Rx Cares for Missouri program

In response to similar legislation from the current session (HCS for HB 943), officials from the **Department of Commerce and Insurance (DCI)** stated the Rx Cares for Missouri program is appropriated \$750,000 each year.

Oversight notes that the most recent [Missouri Board of Pharmacy annual report](#) (2023) states as follows:

The Missouri General Assembly enacted § 338.710 in 2017 which created the Rx Cares for Missouri Program within the Board of Pharmacy to promote medication safety and to prevent prescription drug abuse, misuse and diversion in Missouri. Rx Cares Program funding is appropriated annually by the Missouri Legislature. The Board expended \$144,476.55 in FY 23 on the following Rx Cares program activities.

The report also states that the FY 2022 Legislative Appropriation was \$750,000 and goes on to say, “Grants awarded in FY23 and expended grant funds will not be equal due to tiered payment schedules. Rx Cares funds may be awarded and expended in different fiscal years.”

Oversight does not have information to the contrary and therefore, Oversight will reflect the estimates as provided by the DCI as “Up to 750,000” annually to continue this program.

§ 376.1240 - Self-administered hormonal contraceptives

In response to similar legislation from the current session (HB 398), officials from the **Department of Public Safety (DPS), Missouri Highway Patrol (MHP)** deferred to the Missouri Department of Transportation (MODOT)/MSHP Healthcare Board for an impact statement for the potential fiscal impact of this proposal.

§ 376.1280 - Insurance coverage of alternatives to opioid drugs

In response to similar legislation from the current session (HB 804), 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.

§ 537.038 - Modifies the immunity from liability for care or assistance rendered in emergency

In response to similar legislation from the current session (SB 521), officials from the **Attorney General's Office** 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 this section.

Oversight does not have any information to the contrary. Therefore, Oversight assumes the AGO will be able to perform any additional duties required by this proposal with current staff and resources and will reflect no fiscal impact to the AGO for fiscal note purposes.

Responses regarding the proposed legislation as a whole

Officials from the **City of Kansas City** state the proposed legislation has a negative fiscal impact of an indeterminate amount.

Oversight notes officials from the City of Kansas City did not specify which provisions of the proposal they expect to have an impact and did not provide a cost estimate. Because other cities that have responded to this legislation submitted “no impact” responses, Oversight assumes the City of Kansas City can absorb to costs of this legislation.

Officials from the **Department of Economic Development**, the **Department of Elementary and Secondary Education**, the **Department of Higher Education and Workforce Development**, the **Department of Mental Health**, the **Department of Natural Resources**, the **Department of Public Safety (Director's Office, Capitol Police, Division of Fire Safety, Missouri Veterans Commission)**, the **Missouri Consolidated Health Care Plan**, the **Missouri Department of Conservation**, the **Missouri Department of Transportation**, the **Missouri National Guard**, the **Missouri Office of Prosecution Services**, the **Office of the Governor**, the **Office of the State Courts Administrator**, the **Office of the State Public Defender**, the **Office of the State Treasurer**, the **Oversight Division**, the **State Tax Commission**, the **City of Osceola**, the **Jackson County Election Board**, the **Platte County Board of Elections**, the **St. Louis County Board of Elections**, the **Newton County Health Department**, the **Branson Police Department**, the **Kansas City Police Department**, the **St. Louis County Police Department**, **Northwest Missouri State University** and the **University of Central Missouri**, each assume the proposal will have no fiscal impact on their respective organizations. **Oversight** does not have any information to the contrary. Therefore, Oversight will reflect a zero impact in the fiscal note for these agencies.

In response to a previous version, officials from the **Phelps County Sheriff's Department** 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.

Oversight only reflects the responses received from state agencies and political subdivisions; however, other cities, county officials, local election authorities, local public health agencies,

nursing homes, sheriffs' departments, police departments, fire protection districts, ambulance districts, schools, hospitals, and colleges were requested to respond to this proposed legislation but did not. A listing of political subdivisions included in the Missouri Legislative Information System (MOLIS) database is available upon request.

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)** noted 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 2026 (10 Mo.)	FY 2027	FY 2028
GENERAL REVENUE			
<u>Savings</u> - DSS (§ 190.800) Offset – provider tax being paid by UMHC, rather than GR p. 5-6	Unknown	Unknown	Unknown
<u>Costs</u> – DSS (§§ 167.627, 167.630 & 190.246) – Purchase of epinephrine nasal spray devices p. 3	(\$14,400)	\$0 to (\$14,400)	\$0 to (\$14,400)
<u>Costs</u> – DHSS (§ 190.166) p. 4-5			
Personal Service	(\$49,260)	(\$60,294)	(\$61,500)
Fringe Benefits	(\$32,903)	(\$39,958)	(\$40,441)
Expense & Equipment	(\$9,486)	(\$6,855)	(\$6,993)
<u>Total Costs</u> - DHSS	(\$91,649)	(\$107,107)	(\$108,934)
FTE Change	1 FTE	1 FTE	1 FTE

<u>FISCAL IMPACT – State Government</u>	FY 2026 (10 Mo.)	FY 2027	FY 2028
<u>Costs – DSS/MHD (§ 208.152) p. 9</u>		Up to...	Up to...
Actuarial study	(\$12,500)	\$0	\$0
Coverage of hearing devices	\$0	(\$2,491,096)	(\$663,254)
<u>Total Costs - DSS/MHD</u>	(\$12,500)	(\$2,491,096)	(\$663,254)
<u>Costs – DHSS/MSPHL (§ 210.030)</u>			
Additional testing supplies p. 10	(\$18,525)	(\$23,342)	(\$24,509)
<u>Costs – DCI (§ 338.710) Removal of Rx Cares for Missouri expiration p. 13</u>	\$0	Up to (\$750,000)	Up to (\$750,000)
ESTIMATED NET EFFECT ON THE GENERAL REVENUE FUND	<u>Up to (\$137,074)</u>	<u>(\$107,107 to \$3,385,945)</u>	<u>(\$108,934 to \$1,561,097)</u>
Estimated Net FTE Change on the General Revenue Fund	1 FTE	1 FTE	1 FTE
UNIVERSITY OF MISSOURI HEALTHCARE			
<u>Income – UMHC (§ 190.800) enhanced fee drawdown p. 5-6</u>	Unknown	Unknown	Unknown
<u>Costs - UMHC (§ 190.800) Payment of ambulance provider tax p. 5-6</u>	(Unknown)	(Unknown)	(Unknown)
ESTIMATED NET EFFECT ON THE UNIVERSITY OF MISSOURI HEALTHCARE	<u>Up to \$60,000</u>	<u>Up to \$60,000</u>	<u>Up to \$60,000</u>

<u>FISCAL IMPACT – State Government</u>	FY 2026 (10 Mo.)	FY 2027	FY 2028
CHEMICAL EMERGENCY PREPAREDNESS FUND #0587			
<u>Income</u> – SEMA (§ 292.606) – Renewal of annual fees p. 11	\$834,508	\$1,001,410	\$1,001,410
ESTIMATED NET EFFECT ON THE CHEMICAL EMERGENCY PREPAREDNESS FUND	<u>\$834,508</u>	<u>\$1,001,410</u>	<u>\$1,001,410</u>
DENTAL BOARD FUND #0677			
<u>Costs</u> – DCI (§ 332.700) Dental and Dental Hygienist Compact Fees p. 12	<u>\$0 or (\$3,000- \$6,000)</u>	<u>\$0 or (\$3,000- \$6,000)</u>	<u>\$0 or (\$3,000- \$6,000)</u>
ESTIMATED NET EFFECT TO THE DENTAL BOARD FUND (0677)	<u>\$0 or (\$3,000- \$6,000)</u>	<u>\$0 or (\$3,000- \$6,000)</u>	<u>\$0 or (\$3,000- \$6,000)</u>
FEDERAL FUNDS			
<u>Income</u> – DSS/MHD (§ 208.152) Program reimbursements for coverage of hearing devices p. 9	\$12,500	Up to \$7,822,697	Up to \$2,082,793
<u>Costs</u> – DSS/MHD (§ 208.152) p. 9		Up to...	Up to...
Actuarial study	(\$12,500)	\$0	\$0
Coverage of hearing devices	\$0	(\$7,822,697)	(\$2,082,793)
<u>Total Costs</u> - DSS/MHD	<u>(\$12,500)</u>	<u>(\$7,822,697)</u>	<u>(\$2,082,793)</u>
ESTIMATED NET EFFECT ON FEDERAL FUNDS	<u>\$0</u>	<u>\$0</u>	<u>\$0</u>

<u>FISCAL IMPACT – Local Government</u>	FY 2026 (10 Mo.)	FY 2027	FY 2028
LOCAL POLITICAL SUBDIVISIONS			
<u>Costs – School Districts (§§ 167.627, 167.630 & 190.246) - Purchase of epinephrine nasal spray devices p. 3</u>	\$0 to (Unknown)	\$0 to (Unknown)	\$0 to (Unknown)
ESTIMATED NET EFFECT ON LOCAL POLITICAL SUBDIVISIONS	\$0 to (Unknown)	\$0 to (Unknown)	\$0 to (Unknown)

FISCAL IMPACT – Small Business

Licensed Dentist and Dental Hygienist could have a direct fiscal impact as a result of this proposal. (§ 332.700)

FISCAL DESCRIPTION

This act changes "epinephrine auto-injector" to "epinephrine delivery device" throughout statute. (§§ 167.630, 190.246 & 167.627)

This act modifies training requirements for members of an ambulance district board of directors.

Under this act, board members shall complete three hours of continuing education for each term of office. Failure to do so shall result in immediate disqualification and the office shall be vacant until filled.

Under this act, each ambulance district shall arrange for an audit of the district's records and accounts every three years by a certified public accountant. The audit shall be made available to the public on the district's website or otherwise freely available by other electronic means.

This act modifies provisions relating to certification of community paramedics and the provision of community paramedic services. Community paramedic services shall mean those services provided by an entity that employs licensed paramedics certified by the Department of Health and Senior Services as community paramedics for services that are provided in a nonemergent setting, consistent with the education and training of a community paramedic and the supervisory standard approved by the medical director, and documented in the entity's patient care plans or protocols.

Any ambulance service that seeks to provide community paramedic services outside of its service area shall have a memorandum of understanding (MOU) with the ambulance service of that area if that ambulance service is already providing those services or shall notify the ambulance services of that area if that ambulance service is not providing community paramedic services. Emergency medical response agencies (EMRAs) may provide community paramedic services in a ground ambulance service's service area. If the ground ambulance service is already providing those services or provides them after the EMRA offers them, then the EMRA and ground ambulance service shall enter into a MOU for the coordination of services.

The Department shall promulgate rules and regulations for the purpose of certifying community paramedic services entities and the standards necessary to provide such services. Certified entities shall be eligible to provide community paramedic services for 5 years.

This act modifies the State Advisory Council on Emergency Medical Services by changing the number of council members from 16 to no more than 23 and specifying the members who shall serve on the Council. Currently, members are appointed by the Governor with the advice and consent of the Senate. Under this act, the Director of the Department of Health and Senior Services, the regional EMS advisory committees, and the Time-Critical Diagnosis Advisory Committee shall appoint members.

The Department of Health and Seniors Services, as a part of regulating ground ambulance service licenses, shall promulgate rules regarding participation with regional emergency medical services advisory committees and ambulance service administrator qualifications.

This act requires ambulance services to report to the Department individuals serving as ambulance service administrators. These administrators shall be required to complete training as described in the act.

Finally, the Department may refuse to issue, deny renewal of, or suspend a license required for ground ambulance services or take other corrective actions for reasons specified in the act. If the Department makes a determination of insolvency or insufficiency of services, then the Department may require the license holder to submit and complete a corrective plan, as described in the act.

The Department shall be required to provide notice of any determination of insolvency or insufficiency of services to persons and entities specified in the act. The Department shall immediately engage with other license holders in the area to determine how ground ambulance services may be provided to the affected area during the service disruption. Assisting license holders may be compensated for such assistance as described in the act.

Current law establishing the Ground Ambulance Service Reimbursement Allowance excludes any ambulance service owned or operated by an entity owned and operated by Missouri, including any hospital owned or operated by the University of Missouri Board of Curators. This

act removes this exception. (§§ 190.053, 190.076, 190.098, 190.101, 190.109, 190.112, 190.166, and 190.800)

This act modifies the "Health Professional Student Loan Repayment Program" to be the "Missouri Student Loan Repayment Program" or "MOSLRP". MOSLRP shall be for persons who practice in areas of defined need after graduating from an accredited graduate training program in disciplines defined in rule by the Department of Health and Senior Services. MOSLRP shall not include areas of need for chiropractic services, unlike the current "Health Professional Student Loan Repayment Program". At least 35% of appropriated funds each year shall be designated for awards to primary care physicians and general dentists.

The standards the Department may establish shall not include enrollment as a full-time student in certain courses of study as in the current program, but shall include authorization to practice certain types of health professions and in areas of defined need. (§ 191.600 to § 191.615)

Currently, reimbursable MO HealthNet services include hearing aids for eligible needy children, pregnant women, and blind persons. This act mandates MO HealthNet coverage of medically necessary cochlear implants and hearing instruments for all eligible participants. (§ 208.152)

Currently, a physician or other health care provider shall draw and test a pregnant woman's blood at or soon after her first prenatal examination, with her consent, for syphilis, hepatitis B, or other similar diseases. Under this act, the testing of the pregnant woman's blood shall also occur at the twenty-eighth week of her pregnancy and immediately after birth. Additionally, the test shall include hepatitis C and HIV. If a mother tests positive for syphilis, hepatitis B, hepatitis C, or HIV, the physician or other health care provider shall treat the mother in accordance with the most recent accepted medical practice.

Current law requires the Department of Health and Senior Services to work in consultation with the Missouri Genetic Disease Advisory Committee to make rules pertaining to these blood tests. This act repeals the requirement to work with the Committee and requires that the tests be approved or accepted by the U.S. Food and Drug Administration. (§ 210.030)

This act extends the authority for the collection of certain fees by the Missouri Emergency Response Commission for six years, beginning August 28, 2025. A one-time fee shall be assessed and paid by November 1, 2025, as described in the act. (§ 292.606)

The bill establishes the "Dentist and Dental Hygienist Compact Commission", composed of one commissioner from each participating state, to administer and enforce the Compact. The Commission will have the power to adopt rules and bylaws, maintain a data system, charge fees, conduct investigations, take disciplinary actions, issue subpoenas, and initiate legal proceedings. The bill also outlines the procedures and standards for the Commission's meetings, financial review, executive board, and annual report. (§ 332.700)

This act removes the expiration date of August 28, 2026, from the "RX Cares for Missouri Program". (§ 338.710)

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

Attorney General's Office
Department of Commerce and Insurance
Department of Corrections
Department of Economic Development
Department of Elementary and Secondary Education
Department of Health and Senior Services
Department of Higher Education and Workforce Development
Department of Mental Health
Department of Natural Resources
Department of Public Safety
 Capitol Police
 Director's Office
 Division of Fire Safety
 Missouri Highway Patrol
 Missouri Veterans Commission
 State Emergency Management Agency
Department of Revenue
Department of Social Services
Joint Committee on Administrative Rules
Missouri Consolidated Health Care Plan
Missouri Department of Conservation
Missouri Department of Transportation
Missouri National Guard
Missouri Office of Prosecution Services
Office of the Governor
Office of the Secretary of State
Office of the State Courts Administrator
Office of the State Public Defender
Office of the State Treasurer
Oversight Division
State Tax Commission
City of Kansas City
City of O'Fallon
City of Osceola
Jackson County Election Board
Platte County Board of Elections

St. Louis City Board of Elections
St. Louis County Board of Elections
Audrain County Health Department
Newton County Health Department
Phelps County Sheriff
Branson Police Department
Kansas City Police Department
St. Louis County Police Department
Northwest Missouri State University
University of Central Missouri
University of Missouri System



Julie Morff
Director
April 16, 2025



Jessica Harris
Assistant Director
April 16, 2025