

COMMITTEE ON LEGISLATIVE RESEARCH
OVERSIGHT DIVISION

FISCAL NOTE

L.R. No.: 0819S.01I
 Bill No.: SB 39
 Subject: Health Care; Department of Health and Senior Services; Public Health; Medical Procedures and Personnel
 Type: Original
 Date: December 23, 2024

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

FISCAL SUMMARY

ESTIMATED NET EFFECT ON GENERAL REVENUE FUND			
FUND AFFECTED	FY 2026	FY 2027	FY 2028
General Revenue*	(Likely to exceed \$133,259)	(Likely to exceed \$144,257)	(Likely to exceed \$146,648)
Total Estimated Net Effect on General Revenue	(Likely to exceed \$133,259)	(Likely to exceed \$144,257)	(Likely to exceed \$146,648)

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

ESTIMATED NET EFFECT ON OTHER STATE FUNDS			
FUND AFFECTED	FY 2026	FY 2027	FY 2028
Total Estimated Net Effect on <u>Other State Funds</u>	\$0	\$0	\$0

Numbers within parentheses: () indicate costs or losses.

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

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	\$0	\$0

FISCAL ANALYSIS

ASSUMPTION

§ 192.990 – Pregnancy-associated mortality review board

Officials from the **Department of Health and Senior Services (DHSS)** state § 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 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 expenses and a consultant stipend for each member. This would be needed because there are provider shortages in many areas of the state. So, 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 requires including the level and timing of prenatal and postnatal care. The OWH does an extremely thorough review of records available to identify the cause of maternal death, but this does not necessarily include the level and timing of prenatal care. Identifying what the providers’ levels of care for prenatal and postpartum care would be a new requirement. This would require additional effort. Additionally, prenatal and postnatal care records are included but not always. This information is included when possible and readily available. These records are not always included currently because medical systems do not connect with one another. 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. 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, 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 a salary of \$78,792, 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 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 no 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, the department estimated travel and stipends for board members at \$9,031 per member per year. Costs were estimated for as many as 22 board members (\$202,656 annually). For fiscal note purposes, Oversight will present travel and stipend costs as likely to exceed \$9,031 annually (1 board member).

<u>FISCAL IMPACT – State Government</u>	FY 2026 (10 Mo.)	FY 2027	FY 2028
GENERAL REVENUE FUND			
<u>Costs – DHSS (\$192.990) p. 3</u>			
Personal service	(\$65,660)	(\$80,368)	(\$81,975)
Fringe benefits	(\$39,477)	(\$48,003)	(\$48,648)
Equipment and expense	(\$20,597)	(\$6,855)	(\$6,994)
Board member travel and stipend	<u>(Likely to exceed \$7,525)</u>	<u>(Likely to exceed \$9,031)</u>	<u>(Likely to exceed \$9,031)</u>
<u>Total Costs – DHSS</u>	<u>(Likely to exceed \$133,259)</u>	<u>(Likely to exceed \$144,257)</u>	<u>(Likely to exceed \$146,648)</u>
FTE Change – DHSS	1 FTE	1 FTE	1 FTE
ESTIMATED NET EFFECT ON THE GENERAL REVENUE FUND	<u>(Likely to exceed \$133,259)</u>	<u>(Likely to exceed \$144,257)</u>	<u>(Likely to exceed \$146,648)</u>
Estimated Net FTE Change on the General Revenue Fund	1 FTE	1 FTE	1 FTE

<u>FISCAL IMPACT – Local Government</u>	FY 2026 (10 Mo.)	FY 2027	FY 2028
	<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. Board members are increased from no more than 18 members to no more than 22 members.

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 and would not require additional capital improvements or rental space.

SOURCES OF INFORMATION

Department of Health and Senior Services



Julie Morff
 Director
 December 23, 2024



Jessica Harris
 Assistant Director
 December 23, 2024