

COMMITTEE ON LEGISLATIVE RESEARCH  
OVERSIGHT DIVISION

**FISCAL NOTE**

L.R. No.: 4285S.01I  
Bill No.: SB 871  
Subject: Health Care; Department of Health and Senior Services; Health, Public; Medical  
Procedures and Personnel  
Type: Original  
Date: January 12, 2026

---

Bill Summary: This proposal modifies the Pregnancy-Associated Mortality Review Board.

**FISCAL SUMMARY**

**ESTIMATED NET EFFECT ON GENERAL REVENUE FUND**

FUND AFFECTED	FY 2027	FY 2028	FY 2029
General Revenue	(\$315,342)	(\$363,360)	(\$366,101)
<b>Total Estimated Net Effect on General Revenue</b>	<b>(\$315,342)</b>	<b>(\$363,360)</b>	<b>(\$366,101)</b>

**ESTIMATED NET EFFECT ON OTHER STATE FUNDS**

FUND AFFECTED	FY 2027	FY 2028	FY 2029
<b>Total Estimated Net Effect on <u>Other</u> State Funds</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>

Numbers within parentheses: () indicate costs or losses.

**ESTIMATED NET EFFECT ON FEDERAL FUNDS**

FUND AFFECTED	FY 2027	FY 2028	FY 2029
<b>Total Estimated Net Effect on <u>All</u> Federal Funds</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>

**ESTIMATED NET EFFECT ON FULL TIME EQUIVALENT (FTE)**

FUND AFFECTED	FY 2027	FY 2028	FY 2029
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.

**ESTIMATED NET EFFECT ON LOCAL FUNDS**

FUND AFFECTED	FY 2027	FY 2028	FY 2029
<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)** state section 192.990.4 of the proposed legislation requires the Pregnancy-Associated 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. Knowing where members are currently employed and their residences, OWH estimates that 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 would necessitate these additional costs. OWH estimates the cost to be \$300/meeting x 13 meetings=\$3,900.

Section 192.990.5 (3c) of the proposed legislation requires including the level and timing of prenatal and post-natal 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. 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, 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 DCPH of \$89,680 as of December 2025) 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, 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 in-state travel have been added to support their continuing education. This will allow members to be able to learn about emerging trends and best practices. This cost has been calculated at the same base amount projected for personnel in fiscal notes at \$5,640/member.

**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 \$9,540 per member per year. Costs are estimated for as many as 22 board members (\$209,880 annually).

<u>FISCAL IMPACT – State Government</u>	FY 2027 (10 Mo.)	FY 2028	FY 2029
<b>GENERAL REVENUE FUND</b>			
<u>Cost – DHSS (\$192,990) p.3</u>			
Personal service	(\$74,733)	(\$91,474)	(\$93,303)
Fringe benefits	(\$43,671)	(\$53,127)	(\$53,862)
Equipment and expense	(\$22,324)	(\$8,879)	(\$9,056)
<u>Total Costs – DHSS</u>	<u>(\$140,728)</u>	<u>(\$153,480)</u>	<u>(\$156,221)</u>
FTE Change – DHSS	1 FTE	1 FTE	1 FTE
<u>Cost – DHSS (\$192,990) Board member travel and stipend p.3</u>			
	(\$174,614)	(\$209,880)	(\$209,880)
<b>ESTIMATED NET EFFECT ON THE GENERAL REVENUE FUND</b>	<b><u>(\$315,342)</u></b>	<b><u>(\$363,360)</u></b>	<b><u>(\$366,101)</u></b>
Estimated Net FTE Change on the General Revenue Fund	1 FTE	1 FTE	1 FTE

<u>FISCAL IMPACT – Local Government</u>	FY 2027 (10 Mo.)	FY 2028	FY 2029
	<u>\$0</u>	<u>\$0</u>	<u>\$0</u>

FISCAL IMPACT – Small Business

No direct fiscal impact on 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.

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

January 12, 2026



Jessica Harris

Assistant Director

January 12, 2026