

COMMITTEE ON LEGISLATIVE RESEARCH
OVERSIGHT DIVISION

FISCAL NOTE

L.R. No.: 4822S.01I
 Bill No.: SB 841
 Subject: Ambulances and Ambulance Districts; Children and Minors; Dentists; Disabilities; Drugs and Controlled Substances; Elderly; Emergencies; Department of Health and Senior Services; Health Care; Health Care Professionals; Hospitals; Insurance - Health; Medicaid/MO HealthNet; Medical Procedures and Personnel; Nursing Homes and Long-Term Care Facilities; Pharmacy; Department of Social Services
 Type: Original
 Date: February 17, 2026

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

FISCAL SUMMARY

ESTIMATED NET EFFECT ON GENERAL REVENUE FUND

FUND AFFECTED	FY 2027	FY 2028	FY 2029
General Revenue	(Up to \$1,739,526 to \$2,251,526)	(Up to \$2,501,345 to \$3,027,745)	(Up to \$2,502,112 to \$3,028,512)
Total Estimated Net Effect on General Revenue	(Up to \$1,739,526 to \$2,251,526)	(Up to \$2,501,345 to \$3,027,745)	(Up to \$2,502,112 to \$3,028,512)

ESTIMATED NET EFFECT ON OTHER STATE FUNDS

FUND AFFECTED	FY 2027	FY 2028	FY 2029
State Road Fund (1320)	(Unknown, could exceed \$250,000)	(Unknown, could exceed \$250,000)	(Unknown, could exceed \$250,000)
Board of Pharmacy Fund (1637)	Unknown, less than \$250,000	Unknown, less than \$250,000	Unknown, less than \$250,000
Other State Funds	(Up to \$270,000 to \$390,000)	(Up to \$270,000 to \$390,000)	(Up to \$270,000 to \$390,000)
Total Estimated Net Effect on <u>Other</u> State Funds	(Unknown, could exceed \$270,000 to \$390,000)	(Unknown, could exceed \$270,000 to \$390,000)	(Unknown, could exceed \$270,000 to \$390,000)

Numbers within parentheses: () indicate costs or losses.

ESTIMATED NET EFFECT ON FEDERAL FUNDS

FUND AFFECTED	FY 2027	FY 2028	FY 2029
Federal Funds	(Up to \$378,000 to \$546,000)	(Up to \$378,000 to \$546,000)	(Up to \$378,000 to \$546,000)
Total Estimated Net Effect on <u>All</u> Federal Funds	(Up to \$378,000 to \$546,000)	(Up to \$378,000 to \$546,000)	(Up to \$378,000 to \$546,000)

ESTIMATED NET EFFECT ON FULL TIME EQUIVALENT (FTE)

FUND AFFECTED	FY 2027	FY 2028	FY 2029
Total Estimated Net Effect on FTE	0	0	0

- 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
Local Government	\$0 to (Unknown)	\$0 to (Unknown)	\$0 to (Unknown)

FISCAL ANALYSIS

ASSUMPTION

Officials from the **Office of the State Courts Administrator** and **Missouri Office of Prosecution Services** did not respond to **Oversight's** request for fiscal impact for this proposal.

§§167.627, 167.630, 190.246, 196.990 and 321.621 - Epinephrine Products

Officials from the **Department of Social Services (DSS), Division of Youth Services (DYS)** state that 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 2027 and an ongoing cost of \$0 to \$14,400 for the fiscal years following.

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

In response to similar legislation, HB 1826 (2026), officials from the **High Point R-III School District** assumed the proposal will have a fiscal impact but did not provide any additional information.

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 (Epinephrine delivery devices). 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.

Officials from the **Department of Health and Senior Services (DHSS)** state section 196.990.1(2) of the proposed legislation adds facilities licensed under Chapter 198 as an authorized entity to administer epinephrine delivery devices to the body of an individual. As an authorized entity, a physician may prescribe epinephrine delivery devices in the name of the authorized entity, and the authorized entity may acquire and stock a supply of injectors onsite. The statute includes expectations related to training, storage, post-use review, and notification of emergency medical services. DHSS has confirmed with Centers for Medicare and Medicaid Services that this legislation does not conflict with current federal regulations for nursing homes.

This will require the Section for Long Term Care Regulation (SLCR) to review policies to ensure they meet all regulatory requirements; promulgate rules, including update of inspection policies and procedures, and training of DHSS staff and providers. Review of facility policy and procedures and training of employees can be incorporated into the inspection process to review current policies and procedures related to safe and effective system of medication administration and emergency procedures.

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

§190.098 - Community Paramedic Services

Officials from the **DHSS** state as follows:

Section 190.098.1 of the proposed legislation defines community paramedic services as services that are provided by any entity that: employs licensed paramedics who are certified as community paramedics by the department; and has received an endorsement by the department as a community paramedic service entity; provided in a nonemergent setting, independent of a 911 system or emergency summons; consistent with the training and education, as well as within the scope of skill and practice, of the personnel and with the supervisory standard approved by the medical director; and reflected and documented in the entity's patient care plans or protocols approved by the medical director in accordance with section 190.142.

Section 190.098.4(1) requires any ambulance service that seeks to provide community paramedic services outside of its ambulance service area, as described in section 190.105 and administered by the department, and in the service area of another ambulance service that currently provides community paramedic services to have a memorandum of understanding with that ambulance service regarding the provision of such community paramedic services. An ambulance service that provides community paramedic services may provide community paramedic services without a memorandum of understanding in the ambulance service area of an ambulance service that is not providing community paramedic services, but the ambulance service providing community paramedic services shall provide notification to the ambulance service with emergency service responsibilities in the service area of the general community paramedic activities being performed.

Section 190.098.4(2) permits an ambulance service that provides community paramedic services and that has executed formal contract or agreements with health care institutions, hospitals, health clinics, or insurance companies for the provision of community paramedic services to honor said agreements.

Section 190.098.4(3) requires any ambulance service that provides sustained community paramedic services in an area outside the ambulance service's primary 911 response territory and where another service offers community paramedic services to coordinate with the local ambulance service.

Section 190.098.4(4) requires any emergency medical response agency seeking to provide community paramedic services within its designated response service area may do so if the ground ambulance service covering the area within which the emergency medical response agency is located does not provide community paramedic services. If such ground ambulance service does provide community paramedic services, the ground ambulance service may establish, at its sole discretion, a memorandum of understanding with the emergency medical response agency planning to offer community paramedic services in order to coordinate programs and avoid service duplication. If an emergency medical response agency is providing community paramedic services in a service area before the ground ambulance service in that service area begins offering community paramedic services, the emergency medical response agency and the ground ambulance service shall establish a memorandum of understanding for the coordination of services.

Section 190.098.4(5) requires community paramedic programs to notify the appropriate local ambulance service when providing services within the service area of an ambulance service.

Currently, the Division of Regulation and Licensure's Bureau of Emergency Medical Services (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 endorsement 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 endorsement and existing ground ambulances that use community paramedics would have to apply and get a new endorsement, separate from their ground ambulance service license, to be renewed every five (5) years. It is assumed there will be less than ten community paramedic services endorsements issued.

Section 190.098.4(6) states the Department of Health and Senior Services shall establish regulations for the purpose of recognizing community paramedic service entities that have met the standards necessary to provide community paramedic services, including physician medical oversight, training, patient record keeping, formal relationships with primary care services where necessary, and quality improvement policies. The Department shall issue an endorsement to any community paramedic service entity that meets such standards that allows the entity to provide community paramedic services for a period of five years.

The Bureau of Emergency Medical Services (BEMS) will be responsible for the establishment of rules and regulations. It is estimated that it will take one (1) Regulatory Compliance Manager (salary \$102,115) approximately 1,040 hours to make the required changes. Based on 2,080 working hours per year, this would require 0.5 FTE (1,040 hours ÷ 2,080 hours per year) to accomplish these duties for a total personal service cost of \$51,058 (\$102,115 * 0.5). 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 assumes DHSS is provided with core funding to handle a certain amount of activity each year. Oversight assumes DHSS could absorb the costs related to this proposal. If multiple bills pass which require additional staffing and duties at substantial costs, DHSS could request funding through the appropriation process. Officials from the DHSS assume the proposal will have no fiscal impact on their organization.

§§191.708, 208.662 and 208.1400-1425 - Doula Services

Officials from the **Department of Social Services (DSS), MO HealthNet Division (MHD)** state currently, MO HealthNet does not include childbirth education classes as a covered service, except for doulas who can bill childbirth classes, which started on 10/1/2024. However, some of the Managed Care health plans offer this as an additional benefit at no cost to the patient. If this were a required service, it is possible a state plan amendment and amendment to the 1915(b) Waiver would be needed.

The cost of a study on the impact of childbirth classes on infant and maternal mortality among pregnant women of color would be a one-time cost of approximately \$45,000 and would be contracted to a vendor.

The cost of adding this service would result in an impact to the Managed Care capitation rates of \$30,000. For FY28 and FY29, a 6.765% medical inflation rate was used. The cost of the actuarial study to evaluate this program change would be \$50,000 in the first year.

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

§192.021 - Department Of Health and Senior Services Contracts for Public Health

Officials from the **DHSS** state section 192.021 of the proposed legislation authorizes the Department of Health and Senior Services (DHSS) to contract directly with a Missouri affiliate of a national public health association or public health institute. The impact of the proposed change is that DHSS can get assistance from the affiliates to promote health and deliver health services to Missouri residents.

It is assumed that the Department can absorb the costs of Section 192.021 with current resources. However, if the workload significantly increased or other legislation was enacted, additional resources would be requested through the appropriation process.

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

§§196.990 and 335.081 - Administration of Medications

Officials from the **DHSS** state section 196.990.1(2) of the proposed legislation adds facilities licensed under Chapter 198 as an authorized entity to administer epinephrine delivery devices to the body of an individual. As an authorized entity- a physician may prescribe epinephrine delivery devices in the name of the authorized entity, and the authorized entity may acquire and stock a supply of injectors onsite. The statute includes expectations related to training, storage, post-use review, and notification of emergency medical services. The Department has confirmed with Centers for Medicare and Medicaid Services that this legislation does not conflict with current federal regulations for nursing homes.

This will require the Section for Long Term Care Regulation (SLCR) to review policies to ensure they meet all regulatory requirements; promulgate rules, including update of inspection policies and procedures, and training of DHSS staff and providers. Review of facility policy and procedures and training of employees can be incorporated into the inspection process to review current policies and procedures related to safe and effective system of medication administration and emergency procedures. 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 assumes DHSS is provided with core funding to handle a certain amount of activity each year. Oversight assumes DHSS could absorb the costs related to this proposal. If multiple bills pass which require additional staffing and duties at substantial costs, DHSS could request funding through the appropriation process. Officials from the DHSS assume the proposal will have no fiscal impact on their organization.

§197.708 - Hospital Workplace Violence

Officials from the **DHSS** state section 197.708 of the proposed legislation requires hospitals to prominently display a printed sign, in all capital letters, warning that assaulting a health care professional is a serious crime which may be punishable as a class A misdemeanor. The Division of Regulation and Licensure's (DRL) Section for Health Standards and Licensure (HSL) is responsible for hospital facility licensing, inspection, and complaints, which includes verifying compliance with state statutes and regulations. 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 assumes DHSS is provided with core funding to handle a certain amount of activity each year. Oversight assumes DHSS could absorb the costs related to this proposal. If multiple bills pass which require additional staffing and duties at substantial costs, DHSS could request funding through the appropriation process. Officials from the DHSS assume the proposal will have no fiscal impact on their organization.

In response to similar legislation, HB 1213 (2025), officials from the **Cass Regional Medical Center** stated with ten locations and depending on the number of signs per location at \$50 per sign, the estimated cost is \$2,000 for Cass Regional Medical Center. If posted at all treatment locations within the facilities, the cost could increase to \$10,000.

Oversight notes the cost for the Cass Regional Medical Center and is unable to project a statewide cost; therefore, the impact to local governments-political subdivisions will be presented as (Unknown). Oversight assumes the fiscal impact will be less than \$250,000.

§§198.022 and 198.070 - Inspections of Long-Term Care Facilities

Officials from the **DHSS** state section 198.022.6 of the proposed legislation proposes to allow accreditation in lieu of any inspections required by 198.003 to 198.166. SLCR anticipates few facilities will choose to be accredited due to the costs of fees and surveys by the agencies. The proposed legislation will require DHSS to promulgate rules, establish policies and procedures for gathering and evaluating accreditation reports and posting online. 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 assumes DHSS is provided with core funding to handle a certain amount of activity each year. Oversight assumes DHSS could absorb the costs related to this proposal. If multiple bills pass which require additional staffing and duties at substantial costs, DHSS could request funding through the appropriation process. Officials from the DHSS assume the proposal will have no fiscal impact on their organization.

§208.149 - MO HealthNet Coverage of Certain Clinical Pathology Services

Officials from the **DSS-MHD** state the provisions in this section are not currently an allowed billable service amount. In order to establish this payment, the State would need to seek State Plan Approval from CMS. The State actuary would need to evaluate this program change to include in Managed Care rate development. The cost of the actuarial analysis is estimated to be \$25,000.

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

§338.333 - Licensure of Wholesale Drug Distributors

Officials from the **Department of Commerce and Insurance (DCI)** assume this section of the proposal will have no fiscal impact on their organization.

Oversight notes currently, no person or outlet can act as a wholesale drug distributor, pharmacy distributor, drug outsourcer, or third-party logistics provider without obtaining a license from the

Missouri Board of Pharmacy. Oversight assumes this legislation permits the Board of Pharmacy to license out-of-state entities if those entities possess a valid license from another state with comparable standards.

DCI notes the current fees for in-state licenses are:

\$360 for Original Pharmacy Distributor/Wholesale Drug, Distributor, Drug Outsourcer, or Third-Party, Logistics Provider License Fee (includes both temporary and permanent license)

\$540 for Pharmacy Distributor/Wholesale Drug Distributor/Drug Outsourcer or Third-Party Logistics Provider License Renewal Fee

Although the current “in-state” fee is known, the number of out-of-state licenses that could be issued and the fee that will be charged to the new licensees is unknown. **Oversight** will reflect a \$0 (no new licenses are issued) to Unknown revenue to the Board of Pharmacy Fund (1637). Oversight assumes the revenue generated (if any) will be less than \$250,000.

§338.710 - Rx Cares for Missouri Program

Oversight notes that the most recent [Missouri Board of Pharmacy annual report](#) (2024) 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 General Assembly. The Board expended \$ 368,430.88 in FY 24 on the following Rx Cares program activities.

The report also states that the FY 2024 Legislative Appropriation was \$750,000.

Oversight does not have information to the contrary and therefore, Oversight will reflect the 2024 Legislative Appropriation of “Up to 750,000” annually as a cost to DCI to continue this program.

§376.417 - 340B Drugs

Officials from the **DCI** state the proposal includes a provision that would prohibit health carriers and pharmacy benefit managers from engaging in activity, outlined in the statute, that would constitute discrimination against a covered entity under the 340B drug program. It would give the Department the authority to impose a civil penalty on health carriers, pharmacy benefit managers, or their affiliates for violations of the statute, and requires the Department to promulgate rules. This provision does have an impact on the Insurance Divisions.

The department believes the costs of this bill can be absorbed within their current appropriations. However, should the cost exceed the anticipated amount, the department would request an increase to their FTE and/or appropriations as appropriate through the budget process.

Oversight assumes DCI is provided with core funding to handle a certain amount of activity each year. Oversight assumes DCI could absorb the 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. Officials from the DCI assume the proposal will have no fiscal impact on their organization.

Officials from the **Missouri Department of Transportation (MoDOT) - Missouri Highway Patrol (MHP)** state this section has no direct impact on the MoDOT-MSHP medical plan but would increase costs for third party administrators which in turn would be passed on to the plan when the contract is renewed.

Since it is unknown if this proposal will result in a cost to the medical plan that could pass on to members, **Oversight** will range the fiscal impact as \$0 to Unknown, greater than \$250,000 to the State Road Fund (1320). Oversight assumes this proposal could have a fiscal impact on local political subdivisions.

Oversight notes provisions of §376.417.3 imposes a civil penalty on any health carrier, pharmacy benefits manager, or agent or affiliate of such health carrier or pharmacy benefits manager that violates provisions of this subsection. The penalty may not exceed \$5,000 per day. Oversight notes that violations resulting in fines could vary widely from year to year. Civil penalties collected per Article IX, Section 7 of the Missouri Constitution requires fines to be distributed to the school district where the violation occurred; therefore, Oversight will reflect a positive fiscal impact of \$0 to Unknown to local school districts on the fiscal note.

§376.1245 - Insurance Coverage of Anesthesia Services

Officials from the **Missouri Consolidated Health Care Plan (MCHCP)** state this proposal contains language related to anesthesia services. As MCHCP is not a health care plan under the definition of 376.1350, this legislation would not apply to MCHCP using that definition. However, section 104.801 requires MCHCP to follow any law which mandates coverage of specific health benefits, services, or providers. Since this legislation does mandate benefits, services, or providers it would apply to MCHCP.

This bill includes a health insurance carrier mandate that in most cases will result in additional cost to the health plan, employer and employee.

The potential fiscal impact of this portion of the proposal is unknown but less than \$500,000.

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

Oversight assumes prohibiting policy or practices of limiting timeframes for payment of anesthesia services and restricting or excluding anesthesia time could increase health insurance costs for insurance plans. Oversight assumes the cost could be less than \$500,000 based on MCHCP's response. Therefore, Oversight will the fiscal impact as provided by MCHCP as the following:

General Revenue (64%): (Unknown, Less than \$320,000)
Federal Funds (21%): (Unknown, Less than \$105,000)
Other Funds (15%): (Unknown, Less than \$75,000)
Total: (Unknown, Less than \$500,000)

Officials from the **DCI** state the proposal would require that health carriers offering or issuing health benefit plans that are delivered, issued for delivery, continued, or renewed in this state on or after the section's effective date and that provide coverage for anesthesia services, be prohibited from imposing a time limit for the payment of anesthesia services provided during a medical or surgical procedure. It also prohibits health carriers from establishing, implementing or enforcing practices or procedures that restrict or exclude all anesthesia time in calculating the payment of anesthesia services. The language of this section of the proposal specifies that these provisions also apply to the MO HealthNet Division and Medicaid Managed care organizations. This provision does have an impact on the Insurance Divisions.

The department believes the costs of this bill can be absorbed within their current appropriations. However, should the cost exceed the anticipated amount, the department would request an increase to their FTE and/or appropriations as appropriate through the budget process.

Oversight assumes DCI is provided with core funding to handle a certain amount of activity each year. Oversight assumes DCI could absorb the 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. Officials from the DCI assume the proposal will have no fiscal impact on their organization.

Officials from the **DSS** state this legislation applies to Chapter 376. Payment for anesthesia services is determined within the system and is based on minutes of use, the Anesthesia Relative Value and the conversion factor for the anesthesiologist or CRNA. The managed care plans have to pay according to the fee-for-service payment standard, and this is already in place. This legislation would have no fiscal impact on managed care operations or rates.

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

In response to similar legislation, SB 930 (2026), officials from **Missouri Department of Transportation (MoDOT)** stated that the current MoDOT-MSHP plan carrier, does not restrict medically necessary anesthesia services, so although a cost has been shown on similar legislation

in previous years, MoDOT is no longer showing an impact. That could change if the plan adopted another administrator with this restriction.

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

§376.1280 - Insurance Coverage of Alternatives to Opioid Drugs

Officials from the **DCI** state the proposal specifies that in situations where a health care provider prescribes a nonopioid medication for the treatment of acute pain, a health benefit plan may not deny coverage of the nonopioid drug in favor of an opioid drug; may not require the enrollee to try an opioid before covering the nonopioid drug, or require higher cost-sharing for the nonopioid drug than for the opioid drug.

The department believes the costs of this bill can be absorbed within their current appropriations. However, should the cost exceed the anticipated amount, the department would request an increase to their FTE and/or appropriations as appropriate through the budget process.

Oversight assumes DCI is provided with core funding to handle a certain amount of activity each year. Oversight assumes DCI could absorb the 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. Officials from the DCI assume the proposal will have no fiscal impact on their organization.

§§376.2100 to 376.2108 - Prior Authorization of Health Care Services

Officials from the **MCHCP** state this proposal creates a prior authorization exemption, which would allow providers to skip prior authorization requirements if they qualify by meeting a 90% approval threshold in the 12 months prior. Once this exemption is applied, payment can only be withheld for limited reasons that do not include the service being later found not medically necessary in whole or in part.

It is unknown how many providers serving MCHCP members would qualify for this exemption. For this calculation it is assumed that 15% of providers would qualify. It is also unknown how many cases would be authorized under the exemption that would otherwise be deemed not medically necessary in whole or in part. It is assumed a 5% utilization increase once prior authorization controls are off. This portion of SB 841 would have an estimated impact of \$1,300,000 to \$2,100,000 for MCHCP.

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

Oversight assumes the prior authorization exemption could increase health insurance costs for insurance plans. Oversight assumes the cost could be \$1,300,000 to \$2,100,000 based on

MCHCP's response. Therefore, Oversight will the fiscal impact as provided by MCHCP as the following:

General Revenue (64%): (\$832,000 to \$1,344,000)
Federal Funds (21%): (\$273,000 to \$441,000)
Other Funds (15%): (\$195,000 to \$315,000)
Total: (\$1,300,000 to \$2,100,000)

Officials from the **MoDOT** state that removal of prior-authorization for health care services in section 376.2102 will increase costs for plan administrators with costs passed on to the MoDOT-MSHP medical plan when the contract is renewed. This is estimated to pass on costs of \$49,000 per month for a total of \$588,000 per year to the plan.

Oversight does not have information to the contrary and therefore, Oversight will reflect the estimates as provided by the MoDOT. Because this proposal does not contain an emergency clause, Oversight will present the first year of cost to MoDOT as \$490,000.

Officials from the **DSS** state this legislation applies to Chapter 376 and states that a Medicaid managed care organization, as defined in section 208.431, shall be considered a health carrier for purposes of sections 376.2100 to 376.2108. Subsequently, this legislation would apply to MO HealthNet Managed Care and there could be a fiscal impact.

The Managed Care Health Plans have prior authorization processes in place, and this legislation would result in providers not needing to obtain prior authorization for services unless the HP determines that it has approved or would have approved less than 90% of prior authorization requests submitted by that provider for health care services in the most recent evaluation period. MHD estimates that there could be an impact on the administrative component of the rate for the additional reporting, reviewing, and monitoring of the prior authorizations. However, MHD does not have enough information at this time to ascertain whether there would be an impact on the service portion of the capitated rate. This will require an actuarial analysis estimated to cost \$25,000 for this program change.

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

Officials from the **DCI** state this proposal would create a prior authorization "Gold Card" program, allowing health care providers to bypass prior authorization requirements under certain circumstances. Under this proposal, these "Gold Card" provisions would also apply to Medicaid Managed Care organizations. This proposal will likely result in increased consumer and provider complaints. This provision does have an impact on the Insurance Divisions.

The department believes the costs of this bill can be absorbed within their current appropriations. However, should the cost exceed the anticipated amount, the department would request an increase to their FTE and/or appropriations as appropriate through the budget process.

Oversight assumes DCI is provided with core funding to handle a certain amount of activity each year. Oversight assumes DCI could absorb the 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. Officials from the DCI assume the proposal will have no fiscal impact on their organization.

Regarding the Legislation as a Whole

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

Oversight assumes all local political subdivisions could have a potential negative fiscal impact from various provisions related to insurance coverage. For fiscal note purposes, Oversight will reflect a \$0 or Unknown fiscal impact to local political subdivisions.

Officials from the **Office of Attorney General (AGO)** assume 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.

Officials from the **Department of Corrections (DOC)** state, as misdemeanors fall outside the purview of the Department of Corrections, this legislation will have no impact on the department.

Officials from the **Department of Economic Development, Department of Elementary and Secondary Education, Department of Higher Education and Workforce Development, Department of Labor and Industrial Relations, Department of Mental Health, Department of Natural Resources, Department of Public Safety (Capitol Police, Division of Fire Safety, Office of the Director, Gaming Commission, Missouri Veterans Commission, State Emergency Management Agency), Department of Revenue, Missouri Department of Agriculture, Missouri Department of Conservation, Missouri National Guard, Office of Administration (OA), (OA) - Administrative Hearing Commission, Office of the Governor, Missouri Ethics Commission, Office of the State Auditor, Office of the State Public Defender, Oversight Division, State Tax Commission, Office of the State Treasurer, Jackson County Election Board, Kansas City Election Board, Platte County Board of Elections, St. Louis City Board of Elections, St. Louis County Board of Elections, Newton County Health Department, Phelps County Sheriff's Department, Branson Police Department, Kansas City Police Department, St. Louis County Police Department, Northwest Missouri State University and 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.

Officials from the **Department of Public Safety-Missouri Highway Patrol** defer to the **Missouri Department of Transportation** for the potential fiscal impact of this proposal.

Oversight only reflects the responses that we have received from state agencies and political subdivisions; however, other local health departments, nursing homes, law enforcement agencies, fire protection districts, EMS, schools and hospitals were requested to respond to this proposed legislation but did not. 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. A general listing of political subdivisions included in our 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)** 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 2027 (10 Mo.)	FY 2028	FY 2029
GENERAL REVENUE			
<u>Cost – DSS/DYS (\$190.246) Purchase of epinephrine nasal spray devices p.3</u>	(\$14,400)	\$0 to (\$14,400)	\$0 to (\$14,400)
<u>Cost – DSS/MHD (\$208.149) Actuarial analysis of MHN coverage of certain clinical pathology services p.8</u>	(\$12,500)	\$0	\$0

<u>FISCAL IMPACT – State Government</u>	FY 2027 (10 Mo.)	FY 2028	FY 2029
<u>Cost – DSS/MHD (§208.662) Actuarial study to evaluate program change p.6</u>	(\$25,000)	\$0	\$0
<u>Cost – DSS/MHD (§§208.662 & 208.1400-208.1425) Study of impact of childbirth education classes p.6</u>	(\$22,500)	\$0	\$0
<u>Cost – DSS/MHD (§§208.662 & 208.1400-208.1425) Increase in managed care capitation rates p.6</u>	(\$10,626)	(\$11,345)	(\$12,112)
<u>Cost – DCI (§338.710) Removal of Rx Cares for Missouri expiration p.9</u>	\$0	Up to (\$750,000)	Up to (\$750,000)
<u>Cost – MCHCP (§376.1245) Anesthesia cost p.10-11</u>	(Unknown, Less than \$320,000)	(Unknown, Less than \$320,000)	(Unknown, Less than \$320,000)
<u>Cost – MCHCP (§§376.2100 to 376.2108) Prior authorization of health care services p.12</u>	(\$832,000 to \$1,344,000)	(\$832,000 to \$1,344,000)	(\$832,000 to \$1,344,000)
<u>Cost – DSS/MHD (§§376.2100 to 376.2108) Actuarial analysis of prior authorization of health care services p.13</u>	(\$12,500)	\$0	\$0
<u>Cost – MoDOT/MHP Plan (§376.2102) Removal of prior-authorization for health care services p.13</u>	(\$490,000)	(\$588,000)	(\$588,000)
ESTIMATED NET EFFECT ON GENERAL REVENUE	(Up to \$1,739,526 to \$2,251,526)	(Up to \$2,501,345 to \$3,027,745)	(Up to \$2,502,112 to \$3,028,512)
FEDERAL FUNDS			
<u>Revenue Gain - DSS/MHD (§208.149) Program reimbursement for actuarial analysis p.8</u>	\$12,500	\$0	\$0

<u>FISCAL IMPACT – State Government</u>	FY 2027 (10 Mo.)	FY 2028	FY 2029
<u>Cost - DSS/MHD (§208.149) Actuarial Analysis p.8</u>	(\$12,500)	\$0	\$0
<u>Revenue Gain – DSS/MHD (§208.662) Actuarial study to evaluate program change p.6</u>	\$25,000	\$0	\$0
<u>Revenue Gain – DSS/MHD (§§208.662 & 208.1400-208.1425) Reimbursement for increase in managed care capitation rates p.6</u>	\$19,374	\$20,685	\$22,084
<u>Revenue Gain – DSS/MHD (§§208.662 & 208.1400-208.1425) Reimbursement for study of impact of childbirth education classes p.6</u>	\$22,500	\$0	\$0
<u>Cost – DSS/MHD (§208.662) Actuarial study to evaluate program change p.6</u>	(\$25,000)	\$0	\$0
<u>Cost – DSS/MHD (§§208.662 & 208.1400-208.1425) Increase in managed care capitation rates p.6</u>	(\$19,374)	(\$20,685)	(\$22,084)
<u>Cost – DSS/MHD (§§208.662 & 208.1400-208.1425) Study of impact of childbirth education classes p.6</u>	(\$22,500)	\$0	\$0
<u>Cost – MCHCP (§376.1245) Anesthesia Cost p.10-11</u>	(Unknown, Less than \$105,000)	(Unknown, Less than \$105,000)	(Unknown, Less than \$105,000)
<u>Revenue Gain – DSS/MHD (§§376.2100 to 376.2108) Actuarial analysis of prior authorization of health care services p.13</u>	\$12,500	\$0	\$0
<u>Cost – DSS/MHD (§§376.2100 to 376.2108) Actuarial analysis of prior</u>	(\$12,500)	\$0	\$0

<u>FISCAL IMPACT – State Government</u>	FY 2027 (10 Mo.)	FY 2028	FY 2029
authorization of health care services p.13			
<u>Cost – MCHCP (§§376.2100 to 376.2108) Prior authorization of health care services p.12</u>	(\$273,000 to <u>\$441,000</u>)	(\$273,000 to <u>\$441,000</u>)	(\$273,000 to <u>\$441,000</u>)
ESTIMATED NET EFFECT ON FEDERAL FUNDS	(Up to \$378,000 to <u>\$546,000</u>)	(Up to \$378,000 to <u>\$546,000</u>)	(Up to \$378,000 to <u>\$546,000</u>)
BOARD OF PHARMACY FUND (1637)			
<u>Revenue Gain – DCI (§338.333) License fee p.8-9</u>	Unknown, less than <u>\$250,000</u>	Unknown, less than <u>\$250,000</u>	Unknown, less than <u>\$250,000</u>
ESTIMATED NET EFFECT TO THE BOARD OF PHARMACY FUND	Unknown, less than <u>\$250,000</u>	Unknown, less than <u>\$250,000</u>	Unknown, less than <u>\$250,000</u>
STATE ROAD FUND (1320)			
<u>Cost – MoDOT (§376.417) Enrollee’s cost sharing p.10</u>	\$0 to (Unknown, could exceed <u>\$250,000</u>)	\$0 to (Unknown, could exceed <u>\$250,000</u>)	\$0 to (Unknown, could exceed <u>\$250,000</u>)
ESTIMATED NET EFFECT TO THE STATE ROAD FUND	(Unknown, could exceed <u>\$250,000</u>)	(Unknown, could exceed <u>\$250,000</u>)	(Unknown, could exceed <u>\$250,000</u>)
OTHER STATE FUNDS			
<u>Cost – MCHCP (§376.1245) Anesthesia cost p.10-11</u>	(Unknown, Less than <u>\$75,000</u>)	(Unknown, Less than <u>\$75,000</u>)	(Unknown, Less than <u>\$75,000</u>)

<u>FISCAL IMPACT – State Government</u>	FY 2027 (10 Mo.)	FY 2028	FY 2029
<u>Cost – MCHCP (§§376.2100 to 376.2108) Prior authorization of health care services p.12</u>	(\$195,000 to \$315,000)	(\$195,000 to \$315,000)	(\$195,000 to \$315,000)
ESTIMATED NET EFFECT ON OTHER STATE FUNDS	(Up to \$270,000 to \$390,000)	(Up to \$270,000 to \$390,000)	(Up to \$270,000 to \$390,000)

<u>FISCAL IMPACT – Local Government</u>	FY 2027 (10 Mo.)	FY 2028	FY 2029
LOCAL POLITICAL SUBDIVISIONS			
<u>Cost – School Districts (§§167.627 & 167.630) Purchase of epinephrine nasal spray devices p.3</u>	\$0 to (Unknown)	\$0 to (Unknown)	\$0 to (Unknown)
<u>Cost - Health Facilities - (§197.708) Printed signs at various health care facilities p.8</u>	(Unknown)	(Unknown)	(Unknown)
<u>Revenue gain – School Districts (§376.417.3) Fines from violations p.10</u>	\$0 to Unknown*	\$0 to Unknown*	\$0 to Unknown*
<u>Cost – Medical Plans (§376.417) Enrollee’s cost sharing p.10</u>	\$0 to (Unknown)*	\$0 to (Unknown)*	\$0 to (Unknown)*
<u>Cost - Local Political Subdivisions - Increased medical insurance obligations p.14</u>	\$0 or (Unknown)	\$0 or (Unknown)	\$0 or (Unknown)
ESTIMATED NET EFFECT ON LOCAL POLITICAL SUBDIVISIONS	\$0 to (Unknown)	\$0 to (Unknown)	\$0 to (Unknown)

***Oversight** assumes this proposal could result in a cost to the MoDOT-MSHP and local medical plans that could potentially be passed on to members. Oversight also assumes a potential revenue from civil fine penalties.

FISCAL IMPACT – Small Business

This legislation may impact small business community paramedic services in that entities shall be certified every five years. (§§ 190.053 to 190.166)

A direct fiscal impact to small business medical services and equipment providers could be expected as a result of this proposal. (§376.1245)

FISCAL DESCRIPTION

This act modifies several provisions relating to health care, including: (1) awareness days; (2) hospital investments and service areas; (3) epinephrine products; (4) community paramedic services; (5) doula services; (6) telehealth; (7) Department of Health and Senior Services contracts for public health; (8) limits on the sale of over-the-counter drugs; (9) administration of medications; (10) hospital workplace violence; (11) inspections of long-term care facilities; (12) MO HealthNet coverage of certain clinical pathology services; (13) food-borne allergies; (14) the practice of dentistry in correctional centers; (15) the administration of certain vaccines; (16) licensure of wholesale drug distributors; (18) the "RX Cares for Missouri Program"; (19) 340B drugs; (20) insurance coverage of anesthesia services; (21) insurance coverage of alternatives to opioid drugs; and (22) prior authorization of health care services.

AWARENESS DAYS (Sections 9.412 and 9.418)

This act designates each September as "Brain Aneurysm Awareness Month" in Missouri and the last full week of April each year as "Infertility Awareness Week" in Missouri.

HOSPITAL INVESTMENTS AND SERVICE AREAS (Sections 96.192, 96.196, 206.110, and 206.158)

This act modifies the investment authority of boards of trustees of municipal hospitals in third class cities and hospital district hospitals. Current law permits investment of up to 25% of funds not required for operations of the hospital or other obligations. This act permits investment of up to 50% of funds not required for operations or other obligations in a manner described in the act, with the remaining portion to be invested into any investment in which the state Treasurer is allowed to invest. These provisions shall only apply if the hospital receives less than three percent of its annual revenues from municipal, county, hospital district, or state taxes or appropriated funds from the municipality in which such hospital is located.

Under this act, municipal hospitals in third class cities may operate in areas where hospital district hospitals and county hospitals operate. Hospital district hospitals may operate in areas where municipal hospitals in third class cities and county hospitals operate.

EPINEPHRINE PRODUCTS (Sections 167.627, 167.630, 190.246, 196.990, and 321.621)

This act changes "epinephrine auto-injector" to "epinephrine delivery device" throughout statute.

COMMUNITY PARAMEDIC SERVICES (Sections 190.098)

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, then the EMRA and ground ambulance service may enter into a MOU for the coordination of services. If the ground ambulance service provides those services after the EMRA begins to provide them, then the ground ambulance service and EMRA shall enter into a MOU for the coordination of services.

The Department shall establish regulations for the purpose of recognizing community paramedic services entities that have met the standards necessary to provide such services. The Department shall endorse such entities to provide community paramedic services for a period of 5 years.

DOULA SERVICES (Sections 191.708, 208.152, 208.662, and 208.1400-1425)

This act creates the "Missouri Doula Reimbursement Act". Under this act, the chief medical officer or chief medical director of the Department of Health and Senior Services, the Department of Mental Health, or the MO HealthNet Division of the Department of Social Services may issue nonspecific recommendations for doula services, a medical standing order for prenatal vitamins, or a medical standing order for a purpose promulgated in rule, to terminate as specified in the act.

Additionally, this act adds doula services and childbirth education classes for pregnant women and a support person to the list of covered MO Healthnet and "Show-Me Healthy Babies Program" services, to be reimbursed as described in the act. The Department of Social Services shall study the impact of the childbirth education classes on infant and maternal mortality and shall submit a report to the General Assembly prior to January 1, 2028.

TELEHEALTH (Sections 191.1146, and 334.108)

Currently, the establishment of a physician-patient relationship for purposes of telehealth shall include an interview and a physical examination. Under this act, an evaluation is required, but a physical examination shall be required only if needed to meet the standard of care.

Current law prohibits the use of an internet or telephone questionnaire completed by a patient from constituting an acceptable medical interview for the provision of treatment by telehealth.

This act permits such questionnaires if the information provided is sufficient as though the medical evaluation was performed in person, with a report to be provided to the patient's primary health care provider within fourteen days of evaluation, as described in the act. Additionally, current law requires a physician-patient relationship for purposes of telehealth to include a sufficient dialogue with the patient regarding treatment. This act changes "dialogue" to "exchange" with the patient regarding treatment.

Finally, current law prohibits a health care provider from prescribing any drug, controlled substance, or other treatment to a patient based solely on an internet request or questionnaire. Under this act, a health care provider shall not prescribe any drug, controlled substance, or other treatment to a patient in the absence of a proper provider-patient relationship.

DEPARTMENT OF HEALTH AND SENIOR SERVICES CONTRACTS FOR PUBLIC HEALTH (Section 192.021)

This act authorizes the Department of Health and Senior Services to contract with an entity on a qualified vendor list comprised of Missouri affiliates of national public health associations or public health institutes in order to assist in carrying out its duties to promote the health and well-being of Missouri residents. Such contracts may include efforts to assist in the delivery of health services throughout the state and the administration of grant funds and related programs. The Department and the designated affiliate shall provide a report to the General Assembly as specified in the act.

LIMITS ON SALE OF OVER-THE-COUNTER DRUGS (Sections 195.417 and 579.060)

Current law prohibits the sale, purchase, or dispensation of ephedrine, phenylpropanolamine, or pseudoephedrine to the same individual in a twelve-month period in any total amount greater than 43.2 grams without a valid prescription. This act changes the total amount to 61.2 grams.

Beginning October 1, 2026, any manufacturer of any drug product containing any detectable amount of ephedrine, phenylpropanolamine, or pseudoephedrine sold in this state shall pay fees to the administrator of the real-time electronic pseudoephedrine tracking system, as specified in the act. A manufacturer who fails to knowingly pay such fee shall have committed the offense of unlawful sale, distribution, or purchase of over-the-counter methamphetamine precursor drugs, which is a Class A misdemeanor.

ADMINISTRATION OF MEDICATIONS (Sections 196.990 and 335.081)

This act adds licensed long-term care facilities and child care facilities to the definition of "authorized entity" in current law permitting such entities to stock a supply of epinephrine delivery devices for use in an emergency. Additionally, the administration by technicians, nurses' aides, or their equivalent in long-term care facilities of epinephrine delivery devices and subcutaneous injectable medications to treat diabetes shall not be prohibited by nurse licensing laws.

HOSPITAL WORKPLACE VIOLENCE (Section 197.708)

Under this act, each hospital shall prominently display a printed sign, in all capital letters, warning that assaulting a health care professional is a serious crime which may be punishable as a class A misdemeanor.

INSPECTIONS OF LONG-TERM CARE FACILITIES (Sections 198.022 and 198.070)

Under this act, the Department of Health and Senior Services may accept, in lieu of an inspection conducted by the Department, a written report of a survey or inspection conducted by any state or federal agency, provided the survey or inspection is comparable in scope or method to the Department's inspections and conducted in accordance with Title XVIII of the Social Security Act. A residential care or assisted living facility shall be subject to an inspection by the Department if the facility fails to maintain an accredited status by a recognized accreditation entity. Finally, if a facility exempt from an annual inspection under this act has one or more violations of any class I standards, then the facility shall be subject to a full inspection by the Department.

MO HEALTHNET COVERAGE OF CERTAIN CLINICAL PATHOLOGY SERVICES (Section 208.149)

This act requires that the fee for the professional component of clinical pathology services shall be paid by MO HealthNet for professional services provided by a hospital-based pathologist for inpatient clinical pathology services rendered to MO HealthNet patients. The reimbursement shall be set at thirty percent of the approved outpatient simplified fee schedule based on Medicare's clinical laboratory fee schedule, as described in the act.

FOOD-BORNE ALLERGIES (Section 210.225)

This act establishes "Elijah's Law". Before July 1, 2028, each licensed child care provider shall adopt a policy on allergy prevention and response with a focus on potentially deadly food-borne allergies, as specified in the act. The Department of Elementary and Secondary Education shall develop a model policy or policies before July 1, 2027.

PRACTICE OF DENTISTRY IN CORRECTIONAL CENTERS (Section 332.081)

Current law provides that no corporation shall practice dentistry unless that corporation is a nonprofit corporation or a professional corporation under Missouri law. This act provides that such provision shall not apply to entities contracted with the state to provide care in correctional centers.

ADMINISTRATION OF CERTAIN VACCINES (Section 338.010)

This act provides that the practice of pharmacy shall include the ordering and administering of vaccines, except for the vaccine for chikungunya and those vaccines approved by the U.S. Food and Drug Administration after January 1, 2026, instead those after January 1, 2023.

LICENSURE OF WHOLESALE DRUG DISTRIBUTORS (Section 338.333)

Under this act, the Board of Pharmacy may permit an out-of-state wholesale drug distributor or third-party logistics provider to be licensed in this state despite not having a license issued by the

distributor's or provider's resident state if the distributor or provider has a current and valid drug distributor accreditation from the National Association of Boards of Pharmacy.

RX CARES FOR MISSOURI PROGRAM (Section 338.710)

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

340B DRUGS (Section 376.417)

Under this act, a health carrier, a pharmacy benefits manager, or an agent or affiliate of such, shall not discriminate against a covered entity, as defined in the act, including by reimbursing the covered entity for a quantity of a 340B drug in an amount less than it would pay similarly situated non-covered entities for such drugs, imposing different terms and conditions as compared to similarly situated entities, refusing to cover 340B drugs or discriminating in reimbursement for 340B drugs, and other situations described under this act. The Director of the Department of Commerce and Insurance shall impose a civil penalty on any health carrier, pharmacy benefits manager, or agent or affiliate of such, that violates this provision, not to exceed \$5,000 per violation per day.

INSURANCE COVERAGE OF ANESTHESIA SERVICES (SECTION 376.1245)

Under this act, no health carrier or health benefit plan shall establish, implement, or enforce any policy that imposes a time limit for the payment of anesthesia services provided during a medical or surgical procedure, as described in the act.

INSURANCE COVERAGE OF ALTERNATIVES TO OPIOID DRUGS (SECTION 376.1280)

This act provides that if an enrollee has an elevated risk of opioid misuse, as defined in the act, the enrollee's health benefit plan shall not deny coverage of a non-opioid prescription drug in favor of an opioid drug, require the enrollee to try an opioid drug before covering the non-opioid prescription drug, or require a higher level of cost-sharing for a non-opioid prescription drug than for an opioid drug.

This act shall apply to health benefit plans delivered, issued for delivery, continued, or renewed in this state on or after January 1, 2027.

PRIOR AUTHORIZATION OF HEALTH CARE SERVICES (Sections 376.2100 to 376.2108)

This act provides that a health carrier or utilization review entity shall not require health care providers to obtain prior authorization for health care services, except under certain circumstances described in the act.

The act specifies requirements for notifying the provider of determinations under the act, requires health carriers and utilization review entities to establish an appeals process for determinations under the act, and requires carriers and utilization review entities to maintain an online portal giving providers access to certain information.

Lastly, no health carrier or utilization review entity shall deny or reduce payments to a health care provider who had a prior authorization, unless the provider made a knowing and material misrepresentation with the intent to deceive the carrier or utilization review entity, or unless the health care service was not substantially performed.

These provisions shall not apply to Medicaid, except with regard to a Medicaid managed care organization as defined by law. These provisions also does not apply to providers who have not participated in a health benefit plan offered by the carrier for at least one full evaluation period. These provisions shall not be construed to authorize providers to provide services outside the scope of their licenses, nor to require health carriers or utilization review entities to pay for care provided outside the scope of a provider's license..

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 Labor and Industrial Relations
Department of Mental Health
Department of Natural Resources
Department of Public Safety –
 Office of the Director
 Capitol Police
Division of Fire Safety
Gaming Commission
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 Agriculture
Missouri Department of Conservation
Missouri Department of Transportation
Missouri National Guard
Office of Administration - Administrative Hearing Commission

Office of the Governor
Office of the Secretary of State
Office of the State Auditor
Office of the State Public Defender
Office of the State Treasurer
Oversight Division
State Tax Commission
City of Kansas City
Jackson County Election Board
Kansas City Election Board
Platte County Board of Elections
St. Louis City Board of Elections
St. Louis County Board of Elections
Newton County Health Department
Phelps County Sheriff's Department
Branson Police Department
Kansas City Police Department
St. Louis County Police Department
Northwest Missouri State University
University of Central Missouri



Julie Morff
Director
February 17, 2026



Jessica Harris
Assistant Director
February 17, 2026