COMMITTEE ON LEGISLATIVE RESEARCH
OVERSIGHT DIVISION

FISCAL NOTE

L.R. No.: 2094-06
Bill No.: HCS for SS for SCS for SBs 551, 410, 539, 528, & 296
Subject: Modifies laws relating to children and families.
Type: Original
Date: May 16, 2001

FISCAL SUMMARY

ESTIMATED NET EFFECT ON STATE FUNDS			
FUND AFFECTED	FY 2002	FY 2003	FY 2004
Insurance Dedicated Fund	$10,000	$0	$0
Childhood Lead Fund	$0	$0	$0
General Revenue	Unknown less than $4,223,953	Unknown exceeding ($4,133,908)	Unknown exceeding ($9,780,652)
Total Estimated Net Effect on All State Funds	**Unknown less than $4,233,953**	**Unknown exceeding ($4,133,908)**	**Unknown exceeding ($9,780,652)**

ESTIMATED NET EFFECT ON FEDERAL FUNDS			
FUND AFFECTED	FY 2002	FY 2003	FY 2004
Total Estimated Net Effect on All Federal Funds*	**$0**	**$0**	**$0**

*** Revenues and expenditures to exceed $11.2 million annually net to $0.**

ESTIMATED NET EFFECT ON LOCAL FUNDS			
FUND AFFECTED	FY 2002	FY 2003	FY 2004
Local Government	**Unknown exceeding ($100,000)**	**Unknown exceeding ($100,000)**	**Unknown exceeding ($100,000)**

Numbers within parentheses: ( ) indicate costs or losses.
This fiscal note contains 17 pages.

FISCAL ANALYSIS

ASSUMPTION

Officials from the **Missouri Highway Patrol (MHP)** stated that the Missouri Department of Transportation will be responding on behalf of the MHP.

Officials from the **Office of Administration - Children's Trust Fund (OA-CTF)** stated the proposed language does not significantly change their duties and responsibilities. There is no fiscal impact to the OA-CTF.

Officials from the **Missouri Consolidated Health Care Plan (HCP)** stated this legislation adds lead testing for pregnant women. This provision requires medical plans to offer coverage for testing pregnant women for lead poisoning and for all testing for lead poisoning authorized in Chapter 710. Testing for lead is done through testing blood specimens. This type of test is not costly. Therefore, this bill should have a minimal, if any, impact on the HCP.

Officials from the **Missouri Department of Conservation (MDC)** stated the proposed legislation would not appear to have fiscal impact on the MDC funds.

Officials from the **Office of State Courts Administrator** and the **Office of State Treasurer** assume the proposed legislation will have no fiscal impact on their organizations.

Officials from the **Office of the Secretary of State (SOS)** stated this bill establishes a Childhood Lead Testing Program and Fund in the Department of Health. The Department of Health will promulgate rules to implement this bill. This bill also establishes the Grandparents As foster Parents Program. Based on experience with other divisions, the rules, regulations and forms issued by the Department of Health could require as many as 18 pages in the *Code of State Regulation.* For any given rule, roughly half again as many pages are published in the *Missouri Register* as in the Code because cost statements, fiscal notes and the like are not repeated in the code. These costs are estimated. The estimated cost of a page in the *Missouri Register* is $23.00. The estimated cost of a page in the *Code of State Regulations* is $27.00. The actual cost could be more or less than the numbers given. The impact of this legislation in future years is unknown and depends upon the frequency and length of rules filed, amended, rescinded or withdrawn. The SOS estimates the cost of the proposed legislation to be $1,061 for FY 02 [(18 pgs. x $27) + (25 pgs. x $23)].

Oversight assumes the SOS could absorb the costs of printing and distributing regulations related to this proposal. If multiple bills pass which require the printing and distribution of regulations at substantial costs, the SOS could request funding through the appropriation process. Any decisions to raise fees to defray costs would likely be made in subsequent fiscal years.

ASSUMPTION (continued)

Officials from the **Department of Insurance (INS)** stated health insurers and HMOs will be required to amend policy forms in order to comply with legislation. It is anticipated that current appropriations and staff will be able to absorb the work for implementation of this single proposal. However, if additional proposals are approved during the legislative session, the INS will need to request additional staff to handle the increase in workload. The INS estimates 171 health insurers and 29 HMOs will be required to file amendments to their policy form to comply with legislation resulting in revenue of $10,000. If multiple proposals pass during the legislative session which require policy form amendments to be filed, the insurers will probably file one amendment for all required mandates. This would result in increased revenue of $10,000 for all.

Officials from the **Department of Health (DOH)** provided the following assumptions for **FN 2094-06/HCS for SS for SCS for SBs 551, 410, 539, 528, & 296:**

1. **High Risk areas for lead poisoning** (using 1990 housing data and lead testing data)
- Local Public Health Agency (LPHA)Jurisdictions with 50% or more pre-1960 housing.
- LPHA jurisdictions whose cities have known areas of high lead poisoning in all or part of them.
- LPHA jurisdictions where testing has demonstrated high prevalence.
- 31 public health jurisdictions were selected based on 50% or more pre-1960 housing, population size and/or testing results to date. 100%: Atchison, Barton, Buchanan, Caldwell, Carroll, Chariton, Clark, Cooper, Dade, Gentry, Grundy, Harrison, Holt Howard, Knox, Linn, Livingston, Madison, Marion, Newton, Nodaway, Pettis, Schuyler, Scotland, Shelby, St. Francois, St. Louis City, and Worth. Partially: Jasper, Kansas City and St. Louis County.

In the high risk eligible areas, such as St. Louis City and Kansas City, many of the children are Medicaid-eligible, and lead testing would already be included in their global fee.

2. Determination of numbers of children which would equal tests (because one test would be required per year between 0-6 years).
- Determined numbers of children and tests in each area.
- Subtracted from each area the amount of testing that had been done in FY2000.
- Total number of new tests would be 100,592.
- This figure does not include additional required tests for children with elevations.

3. Determine number of additional data entry FTEs both for state and in Local Public Health Agencies:
- Currently DOH enters the data for approximately 1/3 of the 80,000 annual tests, i.e. 26,666 by approximately 1.2 FTEs. This translates into 22,222 per 1FTE.

ASSUMPTION (continued)

· **The total increased test numbers and data entry need by regional groups:**

Area	**Data Entry**	**Total Test #**	**FTE Additional needed**
St. Louis City	self	15,935	0.7
St. Louis County	self	8,364	0.4
KC/Jackson County	self KC only	30,212	1.4
Outstate	DOH	46,081	2.1
Total		100,592	4.6.

Therefore, 100,592 additional tests per year would require approximately 4.6 additional FTEs 2.1 at DOH (rounded to 2.0) and 2.5 at the LPHAs.

B. Additional Assumptions
Personnel Needs:

- 2 DOH Clerk Typist II will be required for the increased data entry and follow-up of lead test results.
- 1 Management Analyst Specialist II will be required to search and apply for every federal and state lead grant that becomes available. Requirements for an FTE capable of searching and preparing grant applications for lead programs requires a person able to function at a higher level. Many of the grant programs require collaboration with local agencies.

Other:

- There are currently 13,400 medical providers licensed to practice in the state of Missouri. Preparation and mailing of an **educational mailing** would cost approximately $10,000 based on the costs of the mailing of the testing guidelines in FY 2000.
- It is difficult to determine what the costs of conducting audits of provider records would be in order to determine **physician compliance**. An estimate is that we could contract with an agency to conduct a random sample audit for $20,000.

Assumptions: for FN 2094-06/HCS for SS for SCS for SBs 551, 410, 539, 528, & 296 State Public Health Laboratory (SPHL)

A. Number of additional laboratory tests that would be done annually at the SPHL

. Routine screening would produce an increase of 100,592 tests statewide. Of the total new tests done annually, it is assumed the SPHL would perform approximately 20% of the total. Previously, the assumption was higher, based on an estimate of the immunizations performed in local health departments. After further research, the DOH feels the 20% is a more accurate projection. This would be 20,118 tests. Follow up testing by the SPHL of those children found

ASSUMPTION (continued)

to have initial elevated lead level (11%) would add an additional 2,213 tests. Total increased testing for the SPHL is estimated to be 22,331 (20,118 + 2,213). The SPHL would perform lead testing for those children who receive lead testing services from local health departments throughout the State who are not Medicaid clients.

B. Number and expense of adding additional laboratory staffing to perform 22,331 lead tests

. The SPHL presently performs approximately 14,000 lead tests annually. Based upon current staffing the following additional staff will be required.

Public Health Lab Scientist 2
. Perform laboratory analysis of blood samples for lead

Clerk II 1
.Prepare testing kits for mailing to providers

Clerk Typist II 1
.Perform data entry of client information and
test results plus client billing

C. Assumptions and cost of E&E required to perform additional SPHL testing

. Laboratory equipment leasing - lead testing requires specialized laboratory testing equipment. Based upon existing workload, one additional testing setup will be required. Each testing system can be leased for approximately $25,000 per year.

. Laboratory reagents - the chemicals and other materials to perform a lead test cost approximately $3.00 per sample tested.

. Blood collection kits - samples must be collected in special lead-free test tubes and packaged in unbreakable shipping containers. These collection kits cost $2 per kit.

. Transportation costs - The SPHL employs a statewide courier to pickup and deliver laboratory samples. This is much less expensive than using mail services because of Federal laboratory specimen mailing regulations. The increased cost to extend the statewide courier contract to all local health departments, will average $3 per sample collected.

ASSUMPTION (continued)

D. Assumptions regarding fees

Authority currently exists for DOH to charge fees now for lead testing, but the department does not do so. It has been a struggle to get children tested for lead. Charging a fee will put up yet another barrier, which will prevent children from being tested. The language is permissive regarding fees, not mandatory.

Oversight assumes that the DOH would implement a fee to help cover the cost of the lead tests. The estimated revenue to the Childhood Lead Fund is unknown.

Officials from the **Department of Social Services (DOS) - Division of Youth Services (DYS)** stated the DOS projects the United States Department of Agriculture (USDA) will set the foster care reimbursement rate at $596 per month by FY 06. Currently, the DYS reimburses foster care at the rate of $378 per month. Using the minimum assumptions that the USDA rate and the number of DYS youth requiring foster care services will remain constant, the DYS could see an increase of $107,256 per year [($596-$378) x 41 youth (4 yr. avg.) x 12 months = $107,256] by 2007.

Officials from the **DOS - Division of Family Services (DFS) - Income Maintenance Unit (IMU)**stated that they assume that once GAFP funds are obligated, any new individuals determined eligible for the program would be placed on a waiting list until funding was available.

The IMU stated that the Grandparents as Foster Parents Program (GAFP) is paid using Temporary Assistance for Needy Family (TANF) funds at the same rate as the Foster Care Maintenance rates. It is assumed that all costs will be to the General Revenue Fund since all TANF monies are obligated. Based on the program's current anticipated growth rate, the following projections reflect the number of cash eligible children per month: FY 02 - 5,197; FY 03 - 6,934; FY 04 - 8,091; FY 05 - 8,767; and FY 06 - 9,132. In addition, based on the 1990 U.S. Census Data, 59.2% of Missouri households 50 years of age and older have an income below 200% of the Federal Poverty Level. Since there are currently no income limits for GAFP eligibility, it is assumed that 59.2% of the above anticipated cash eligible children would remain eligible. The anticipated cash eligible children would reduce to: FY 02 - 3,077 (5,197 x 59.2%); FY 03 - 4,105 (6,934 x 59.2%); FY 04 - 4,790 (8,091 x 59.2%); FY 05 - 5,190 (8,767 x 59.2%); and FY 06 - 5,406 (9,132 x 59.2%). The number of children no longer eligible for the GAFP are estimated at: FY 02 - 2,120 (5,197 - 3,077); FY 03 - 2,829 (6,934 - 4,105);
FY 04 - 3,301 (8,091 - 4,790); FY 05 - 3,577 (8,767 - 5,190); and FY 06 - 3,726 (9,132 - 5,406).

The IMU assumes the decreased number of eligible families will reduce the overall supportive services costs. Cost savings are estimated to be $83.60 for each child no longer eligible.

ASSUMPTION (continued)

The IMU assumes that the average cost per child in the GAFP will remain constant at $275.33 per month. This rate reflects a Foster Care Maintenance rate increase of 5.0% for FY 01.

It is assumed that grandparents no longer eligible for the GAFP will become eligible for either Temporary Assistance as a Non-Parent Caretaker Relative who is not needy, or Subsidized Guardianship. Approximately 25% of the children currently receiving GAFP would be eligible for Subsidized Guardianship through Children's Services. The remaining 75% would be eligible for Temporary Assistance.

The average GAFP household has 1.8 children. The Temporary Assistance grant for a two person household is $234.00. As all Federal TANF funds are obligated, Temporary Assistance payments for grandparents shifting from the GAFP will come from General Revenue. No staff were appropriated upon passage of the GAFP legislation in 1999; therefore, no staff reduction is anticipated as a result of this legislation.

The anticipated cost savings of this legislation, by year, would be:

FY 02	$6,650,779
FY 03	$5,556,482
FY 04	$6,483,522

Officials from the **DOS - Division of Family Services (DFS) - Children's Services Unit (CSU)** stated the proposed legislation would fiscally impact their organization. The CSU stated that with fewer grandparents and relatives able to receive comparable benefits through the Grandparents As Foster Parents (GAFP), more would apply for Subsidized Guardianship. As a result, there would be a fiscal impact on the Adoption Subsidy funds.

The CSU officials stated there are 2,461 children receiving GAFP benefits. Of that number, 618 children have previously been in the custody of the DFS; 612 of those children live with grandparents; the remaining six children live with unspecified relatives. Therefore, approximately 25% (612 / 2,461 = 24.8%) of the children receiving GAFP benefits would also be eligible for Subsidized Guardianship.

The CSU estimates the fiscal impact of the Subsidized Guardianship Program to the General Revenue Fund would be $1,892,773 for FY 02 (10 months); $3,030,476 for FY 03; and $3,536,138 for FY 04.

The CSU also stated that per the USDA, the cost of raising children in 1999 was $408.33 per month for children aged 0 - 5; $453.33 per month for children aged 6 - 12; and $494.58 per month for teenagers. The CSU estimated the USDA rates for 2006 by applying a 2.7% COLA per year. The anticipated additional fiscal impact of this legislation, by year, would be:

ASSUMPTION (continued)

Year	Foster Care	Adoption	Total
FY 03	$ 4,568,476	$ 7,050,649	$11,619,125
FY 04	$ 9,136,953	$14,101,297	$23,238,250
FY 05	$13,705,429	$21,151,946	$34,857,375
FY 06	$18,273,906	$28,202,959	$46,476,500

Officials from the **Department of Social Services - Division of Medial Services (DMS)** stated they assume there will be a fiscal impact for the lead poisoning legislation. Currently, the DMS screens for lead poisoning through the EPSDT program. If a child has lead poisoning, the DMS continues to test until the poisoning is gone. The proposed legislation requires additional annual testing until the child reaches the age of six. Therefore, the fiscal impact is unknown, but greater than $100,000.

Officials from the **Department of Highways and Transportation (DHT)** stated the legislation pertaining to the grandparents as foster parents program and the children's trust fund board will have no fiscal impact on the MHTC or on the Highway & Patrol Medical Plan.

The legislation pertaining to lead poisoning tests would require health carriers to provide coverage for lead poisoning testing for pregnant women and children less than six years of age. This benefit must be covered at the same level of coverage as other covered benefits. The Department of Health in coordination with the Department of Social Services and Department of Elem. & Secondary Education is responsible for developing and providing questionnaires for every child to be assessed within six months of birth and annually until the child is six years of age to determine whether a child is at high risk for lead poisoning.

If the questionnaire indicates that a child is at high risk for lead poisoning the child shall be tested annually between the ages of six months and six years of age. In addition, any child to be considered at high risk and resides in housing currently undergoing renovations shall be tested at least once every three months during the renovation and once after the completion of the renovation. Children that are not at high risk for lead poisoning shall be tested once between the ages of nine and twelve months and once at two years of age. The tests for lead poisoning shall consist of a blood sample that shall be sent to a state-licensed laboratory for analysis.

To determine the fiscal impact of providing the coverage for pregnant women we found that over the past three years the Medical Plan has had an average of 1,520 pregnancies per year and Westport Benefits, our third party administrator, provided the usual and customary rate(UCR) for the lead poisoning screening and specimen collection. The CPT codes we are using are 83645 for the screening and 36415 for the specimen collection. The average UCR, using the rates for Jefferson City and St. Louis, are $32 for the screening and $14 for the specimen collection. We assume that this test would be part of a woman's pre-natal care and no office visit charge would

ASSUMPTION (continued)

be necessary. Assuming that the women have met their deductibles and maximum out of pocket benefits, the total fiscal impact to the Medical Plan for the lead poisoning testing of pregnant women would be approximately $69,920 per year (1,520 pregnancies x ($32/screening + $14/specimen collection)).

To determine the fiscal impact of providing the coverage for children we had to determine how many of the children in our plan would be at high risk for lead poisoning. The Department of Health provided information that they used in preparing their fiscal impact to this legislation. They calculated this by five groups within the state. Those groups are St. Louis City, St. Louis County, Jackson County/Kansas City, Greene County/Springfield and Outstate (all other health jurisdictions). High risk was determined by Local Public Health Agency jurisdiction and whether 50% or greater of the housing stock was built prior to 1960. St. Louis City and 26 other counties were included in the high risk areas. Based on information for the Department of Health, 100% of the children in St. Louis City and 11% of the children in the outstate areas would be at high risk for lead poisoning. All other children would be considered not at high risk. The Department of Health also used 1990 census data, adjusted for 1999, to determine the number of children in each group.

The census data from Department of Health showed 38,034 children in St. Louis, 84,088 in St. Louis County, 58,427 in Jackson County/Kansas City, 16,111 in Greene County/Springfield and 251,233 in Outstate. The total population of children under the age of six was 447,893.

For purposes of this fiscal note we are going to use the percentage of children in each group to the total number of children statewide provide by the Department of Health to determine the demographics of the Medical Plan's children. Following are those percentages: St. Louis City = 8.5%(38,034/447,893), St. Louis County = 18.8%(84,088/447,893), Jackson County/Kansas City = 13%(58,427/447,893), Greene County/Springfield = 3.6%(16,111/447,893), and Outstate = 56.1%(251,233/447,893). Westport Benefits provide the current number of children in the Medical Plan. Currently the medical plan has 255 children under the age of 1; 259 under the age of 2; 276 under the age of 3; 268 under the age of 4; 258 under the age of 5; and, 260 under the age of 6. Based on this information, the following was determined:

Ages	# in STL.City	# in STL. Co.	# in Jack Co./KC	# in Greene/ Spgfld	# in OS	**Total**
<1	22	48	33	9	143	**254.7**
<2	22	49	34	9	145	**259**
<3	23	52	36	10	155	**276.5**
<4	23	50	35	10	150	**267.8**
<5	22	49	34	8	145	**257.9**
<6	22	49	34	9	146	**260.1**
Total	**134**	**297**	**206**	**55**	**884**	**1576**

The number of children at high risk in each group is as follows:
The number of children not at high risk in each group is as follows:

Ages	#in STL.City	#in STL. Co	#in Jack Co./KC	#in Greene/ Spgfld	#in OS	**Total**	#of Tests	**Total #n**
<1	22	0	0	0	16	**38**	1	**38**
<2	22	0	0	0	16	**38**	1	**38**
<3	23	0	0	0	17	**40**	1	**40**
<4	23	0	0	0	17	**40**	1	**40**
<5	22	0	0	0	16	**38**	1	**38**
<6	22	0	0	0	16	**38**	1	**38**
Total	**134**	**0**	**0**	**0**	**98**	**232**		**232**

Ages	#in STL.City	#in STL. Co.	#in Jack Co/KC	#in Greene/ Spgfld	#in OS	**Total**	#of Tests	**Total # of Tests**
<1	0	48	33	9	127	**217**	0	**0**
<2	0	49	34	9	129	**221**	0	**0**
<3	0	52	36	10	138	**236**	0	**0**
<4	0	50	35	10	133	**228**	0	**0**
<5	0	49	34	8	129	**220**	0	**0**
<6	0	49	34	9	130	**222**	0	**0**
Total	**0**	**297**	**206**	**55**	**786**	**1344**		**0**

ASSUMPTION (continued)

The Department of Health also determined that 5% of children at high risk will be living in a home being renovated. We assumed the renovation period would be one year. The legislation would require these children to be tested every three months during the renovation period. These children would have an addition three tests. The number of children at high risk and living in a home being renovated is approximately 12 (232 x .05), resulting in an additional 36 (12 x 3) tests. The total number of tests that the Medical Plan would be responsible for covering each year is approximately 268 (232+36) tests.

Westport Benefits, our third party administrator, provided me the usual and customary rate(UCR) for the lead poisoning screening and specimen collection. The CPT codes we are using are 83645 for the screening and 36415 for the specimen collection. The average UCR, using the rates for Jefferson City and St. Louis, are $32 for the screening and $14 for the specimen collection. We also assumed that there would be an office visit charge. The average office visit charge is $62.50 per visit and the Medical Plan has a $15 copay on PPO office visits. Assuming that the children have met their deductible, maximum out of pocket benefit, and are using a PPO physician, the total fiscal impact to the Medical Plan for the lead poisoning testing of children under the age of six years would be approximately $25,058 per year (268 tests x ($32/screening + $14/specimen collection + $62.50/office visit - $15 copay)).

The total fiscal impact to the Highway & Patrol Medical Plan is approximately $71,233.50 for each year. MODOT is responsible for 75% of the Medical Plan's participants and the Patrol is responsible for 25% of the participants. Based on this information, $23,744.50 of the cost is due to MoDOT participants while $33,983 of the costs is due to Patrol participants.

Historically, the department and the plan members have shared in any premium increases necessary because of increases in benefits. The costs may be shared in the long run (meaning shared between three categories: absorbed by the plan, state appropriated funds, and/or costs to individuals covered under the plan). However, the department (commission) must make a decision on what portion they will provide. Until the commission makes a decision, we can only provide the cost to the medical plan.

This fiscal note represents the official response for MoDOT and the Highway Patrol.

The main differences between this legislation and other legislation that is similar include the number of tests required for children at high risk, the children that are not at high risk for lead poisoning, and how the Department of Health determined what geographical areas would be considered high risk.

ASSUMPTION (continued)

Historically, the department and the plan members have shared in any premium increases necessary because of increases in benefits. The costs may be shared in the long run (meaning shared between three categories: absorbed by the plan, state appropriated funds, and/or costs to individuals covered under the plan). However, the department (commission) must make a decision on what portion they will provide. Until the commission makes a decision, we can only provide the cost to the medical plan.

FISCAL IMPACT - State Government	FY 2002 (10 Mo.)	FY 2003	FY 2004
INSURANCE DEDICATED FUND			
Department of Insurance			
Filing Fees	$10,000	$0	$0
ESTIMATED NET EFFECT ON INSURANCE DEDICATED FUND	**$10,000**	**$0**	**$0**
CHILDHOOD LEAD FUND			
Income - Department of Health			
Fees to Defray Testing Costs	Unknown	Unknown	Unknown
Costs - Department of Health			
Additional Lead Testing Costs	(Unknown)	(Unknown)	(Unknown)
NET ESTIMATED EFFECT ON CHILDHOOD LEAD FUND	**$0**	**$0**	**$0**
GENERAL REVENUE			
Program Savings - Department of Social Services - Division of Family Services - Income Maintenance Unit			
Maintenance Cost Savings	$7,004,395	$9,346,903	$10,906,372
Support Services Cost Savings	$2,126,784	$2,838,053	$3,311,563
Total Savings - Department of Social Services	$9,131,179	$12,184,956	$14,217,935
GENERAL REVENUE (cont.)			

FISCAL IMPACT - State Government	FY 2002 (10 Mo.)	FY 2003	FY 2004
Costs - Department of Social Services - Division of Youth Services			
Foster Care Reimbursement Increases	$0	($28,447)	($58,601)
Costs - Department of Social Services - Division of Family Services - Income Maintenance Unit			
Foster Care Reimbursement Increases		($3,318,154)	($3,871,853)
Movement from GAFP to TANF	($2,480,400)	($3,310,320)	($3,862,560)
Total Costs - Income Maintenance Unit	($2,480,400)	($6,628,474)	($7,734,413)
Costs - Department of Social Services - Division of Family Services - Children's Services Unit			
Subsidized Guardianship Expenditures	($1,892,773)	($3,030,476)	($3,536,138)
Maintenance Increases		($6,022,290)	($12,044,579)
Total Costs - Children's Services Unit	($1,892,773)	($9,052,766)	($15,580,717)
Costs - Department of Social Services - Division of Medical Services			
Medical Assistance Payments	(Unknown over $40,000)	(Unknown over $40,000)	(Unknown over $40,000)
Total Costs - Department of Social Services	Unknown less than $4,718,006	Unknown exceeds ($3,564,731)	Unknown exceeds ($9,195,796)
Costs - Department of Health			
Personal Services (7 FTE)	($170,376)	($209,562)	($214,801)
Fringe Benefits	($56,786)	($69,847)	($71,593)
Equipment and Expenses	($266,891)	($289,768)	($298,462)
Total Costs - Department of Health	($494,053)	($569,177)	($584,856)
ESTIMATED NET EFFECT ON GENERAL REVENUE	**Unknown less than $4,223,953**	**Unknown exceeds ($4,133,908)**	**Unknown exceeds ($9,780,652)**

—SUBJECT TO APPROPRIATION—

FISCAL IMPACT - State Government	FY 2002 (10 Mo.)	FY 2003	FY 2004
FEDERAL FUNDS			
Income - Department of Social Services			
Maintenance Increases		$5,596,835	$11,193,670
Income - Department of Social Services - Division of Medical Services			
Medical Assistance Payments	Unknown over $60,000	Unknown over $60,000	Unknown over $60,000
Costs - Department of Social Services - Division of Family Services - Children's Services Unit			
Maintenance Increases		($5,596,835)	($11,193,670)
Costs - Department of Social Services - Division of Medical Services			
Medical Assistance Payments	(Unknown over $60,000)	(Unknown over $60,000)	(Unknown over $60,000)
NET ESTIMATED EFFECT ON FEDERAL FUNDS *	**$0**	**$0**	**$0**

*** Revenues and expenditures to exceed $11.2 million annually net to $0.**

FISCAL IMPACT - Local Government	FY 2002 (10 Mo.)	FY 2003	FY 2004
PUBLIC HEALTH AGENCIES			
Personal Service Costs, Fringe Benefits, and Equipment and Expense	**Unknown exceeding ($100,000)**	**Unknown exceeding ($100,000)**	**Unknown exceeding ($100,000)**

FISCAL IMPACT - Small Business

Increased screening would potentially lead to the identification of more children with elevated blood lead levels, which could lead to the abatement of more lead hazards. This may increase business for small lead abatement contractors and possible also affect medical providers. Estimated fiscal impact is unknown.

DESCRIPTION

This act modifies the law relating to children and families.

The Grandparents as Foster Parents Program is revised. Section 208.029, RSMo, currently outlines the Program and its requirements. This act makes the Program subject to appropriations and adds an annual household income at or below 200 percent of the federal poverty level income restriction to Program eligibility. Finally, Program duties become discretionary rather than mandatory. This provision is identical to SB 551. (Section 208.029)

Membership on the Children's Trust Fund Board is increased in Section 210.170, RSMo. The Board may have seventeen, but no more than twenty-one members of which twelve are public members. Language allows the Governor to appoint four additional members with the Senate's consent.

Currently, Sections 210.536 and 453.073, RSMo, require the Division of Family Services to pay for the cost of foster care and to grant adoption subsidies. Subject to appropriations, beginning in fiscal year 2003, new language in both sections requires the incremental increase of the foster care reimbursement rate and the adoption subsidy rate over four years. Both rates shall be increased until they meet or exceed rates established by the United States Department of Agriculture.

Health care services contained in the legislation are prohibited from requiring any greater deductible or co-payment than any other health care service provided by the policy, contract, or plan. Specified insurance policies are exempted from the provisions of the substitute.

This act requires insurance companies to offer coverage for testing pregnant women for lead poisoning. This act requires the Director of the Department of Health to inform local boards of health when a case of lead poisoning is reported to the director. Health care professionals and health care organizations are required to report positive lead poisoning cases.

The substitute also revises provisions pertaining to the abatement of lead and the prevention of lead poisoning. In its main provisions, the substitute:

(1) Requires fees for laboratory testing of blood specimens for lead content completed by the Department of Health to be deposited in the Childhood Lead Testing Fund;

(2) Requires the Director of the Department of Health to report cases of lead poisoning to local boards of health, public health agencies, and other persons and organizations;

DESCRIPTION (continued)

(3) Beginning July 1, 2002, requires the department to implement a Childhood Lead Testing Program under which each child less than 6 years of age will be tested for lead poisoning. Health care facilities serving children less than 6 years old, including hospitals and clinics licensed under Chapter 197, are required to take appropriate measures to ensure that their patients receive lead poisoning testing;

(4) Contains an exemption which allows a parent or guardian to object to lead testing;

(5) Requires the department to identify geographic areas of the state that are at high risk for lead poisoning. Lead poisoning testing and follow-up testing for children aged 6 months through 6 years who reside in a high risk area for more than 10 hours a week is required;

(6) Requires the department, in conjunction with the departments of Social Services and Elementary and Secondary Education, to develop a questionnaire in order to assess children who may be at a high risk for lead poisoning;

(7) Requires laboratories who provide test results for lead poisoning to notify the department of any child who tests positive for lead poisoning. The department is required to develop rules pertaining to follow-up testing;

(8) Specifies the duties of the department concerning childhood lead testing;

(9) Requires every child care facility as defined in Section 210.201 and every child care facility affiliated with a school system, business organization, or non-profit organization to request that a child's parent or guardian provide evidence of lead poisoning testing;

(10) Prohibits children from being denied access to education or a child care facility for failure to comply with provisions of the substitute;

(11) Creates the Childhood Lead Fund in the state treasury and contains provisions concerning the deposit and use of the funds for the administration of childhood lead programs;

(12) Requires the department to develop rules to implement the provisions of the substitute; and

(13) Permits political subdivisions to adopt equivalent or more stringent ordinances or laws pertaining to childhood lead testing.

This legislation is not federally mandated and would not duplicate any other program.

HW-C:LR:OD (12/00)

SOURCES OF INFORMATION

Office of Administration - Children's Trust Fund
Office of State Courts Administrator
Department of Health
Department of Social Services
Missouri Consolidated Health Care Plan
Department of Insurance
Department of Conservation
Missouri Highway Patrol
Office of Secretary of State
Office of State Treasurer
Department of Highways and Transportation

Jeanne Jarrett, CPA
Director

May 16, 2001