

COMMITTEE ON LEGISLATIVE RESEARCH
OVERSIGHT DIVISION

FISCAL NOTE

L.R. No.: 1192-05
Bill No.: HCS for SB 275
Subject: Health Care; Pharmacy
Type: Original
Date: May 6, 2019

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

FISCAL SUMMARY

ESTIMATED NET EFFECT ON GENERAL REVENUE FUND				
FUND AFFECTED	FY 2020	FY 2021	FY 2022	Fully Implemented (FY 2025)
General Revenue Fund	Unknown to Could exceed (\$230,234) to (\$244,784)	Unknown to Could exceed (\$173,649) to (\$254,449)	Unknown to Could exceed (\$200,625) to (\$282,233)	Unknown to Could exceed (\$266,733) to (\$349,981)
Total Estimated Net Effect on General Revenue	Unknown to Could exceed (\$230,234) to (\$244,784)	Unknown to Could exceed (\$173,649) to (\$254,449)	Unknown to Could exceed (\$200,625) to (\$282,233)	Unknown to Could exceed (\$266,733) to (\$349,981)

ESTIMATED NET EFFECT ON OTHER STATE FUNDS				
FUND AFFECTED	FY 2020	FY 2021	FY 2022	Fully Implemented (FY 2025)
Total Estimated Net Effect on <u>Other</u> State Funds	\$0	\$0	\$0	\$0

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

ESTIMATED NET EFFECT ON FEDERAL FUNDS				
FUND AFFECTED	FY 2020	FY 2021	FY 2022	Fully Implemented (FY 2025)
Total Estimated Net Effect on <u>All</u> Federal Funds	\$0	\$0	\$0	\$0

ESTIMATED NET EFFECT ON FULL TIME EQUIVALENT (FTE)				
FUND AFFECTED	FY 2020	FY 2021	FY 2022	Fully Implemented (FY 2025)
General Revenue Fund	1 to 2.1 FTE	1 to 2 FTE	1 to 2 FTE	1 to 2 FTE
Total Estimated Net Effect on FTE	1 to 2.1 FTE	1 to 2 FTE	1 to 2 FTE	1 to 2 FTE

☒ Estimated Net Effect (expenditures or reduced revenues) expected to exceed \$100,000 in any of the three fiscal years after implementation of the act.

ESTIMATED NET EFFECT ON LOCAL FUNDS				
FUND AFFECTED	FY 2020	FY 2021	FY 2022	Fully Implemented (FY 2025)
Local Government	\$0	\$0	\$0	\$0

FISCAL ANALYSIS

ASSUMPTION

§21.790 - Joint Committee on Substance Abuse Prevention and Treatment

Officials from the **Missouri Senate** and the **Office of the Governor** each assume the proposal will have no fiscal impact on their respective organizations.

In response to a similar proposal from this year (HB 240), officials from the **Missouri House of Representatives** assumed the proposal will have no fiscal impact on their respective organization.

Oversight notes that the Missouri Senate, Office of the Governor and Missouri House of Representatives have stated the proposal would not have a direct fiscal impact on their organizations. Oversight notes the proposal does not provide for expense reimbursement. Therefore, Oversight will reflect a zero impact on the fiscal note for these agencies.

§§191.1164 - 191.1168 - “Ensuring Access to High Quality Care for the Treatment of Substance Use Disorder Act”

Oversight note that the **Department of Health and Senior Services**, the **Office of the State Courts Administrator**, the **Department of Social Services** and the **Missouri Department of Conservation** each state that the proposal would not have a direct fiscal impact on their organizations. Oversight does not have any information to the contrary. Therefore, Oversight will reflect a zero impact in the fiscal note for these organizations.

§192.667 Infection Control Data Reporting

Officials from the **Department of Health and Senior Services (DHSS)** assume the proposal will have no fiscal impact on their organization.

Oversight notes that the DHSS has stated the proposal would not have a direct fiscal impact on their organization. Oversight does not have any information to the contrary. Therefore, Oversight will reflect a zero impact on the fiscal note for this agency for this section.

ASSUMPTION (continued)

Oversight contacted DHSS officials and asked whether the Centers for Medicare and Medicaid Services (CMS) already requires hospitals to submit health care-associated infection data. Officials indicated that although not required by CMS, most hospitals already provide the data to CMS. DHSS assumes there would be no savings for the department because they still have to collect health care-associated infection data from abortion facilities, ambulatory surgical centers (ASCs) and other facilities.

§192.990 - Pregnancy-Associated Mortality Review Board

Officials from the **Department of Health and Senior Services (DHSS)** stated §192.990.6 (1) states, "Before June 30, 2020, and annually thereafter, the board shall submit to the director of the department, the governor, and the general assembly a report on maternal mortality in the state based on data collected through ongoing comprehensive, multidisciplinary reviews of all maternal deaths, and any other projects or efforts funded by the board under the provisions of subsection 6 of this section. The data shall be collected using best practices to reliably determine and include all maternal deaths regardless of the outcome of the pregnancy and include, at a minimum:....."

DHSS assumed no expenses for board meetings as the legislation provides that board members "may" be reimbursed for reasonable and necessary expenses.

General Counsel - Attorney (\$64,500)

Since the Office of General Counsel has not received any past record requests for this newly established board, an estimate must be used in trying to determine impact from this proposed legislation. Once the public is aware of this new board, requests are possible. At this time, with no other data to help in the estimate, the following are assumed:

§192.900.13 of the proposed legislation requires the promulgation of rules and regulations, which include the following duties (but not all inclusive): establish guidelines, implement strategies, make evidence-based system changes, and create policy recommendations. The DHSS, Office of General Counsel will need an additional 0.10 FTE for an attorney (salary of \$64,500 per year) to perform the research necessary to ensure the new guidelines and information for this proposed legislation has been properly vetted and implementation is completed.

ASSUMPTION (continued)

Oversight assumes 0.1 FTE would not be provided fringe benefits and the state would only pay Social Security and Medicare benefits of 7.65 percent. In addition, Oversight assumes the DHSS would not need additional rental space for 0.1 FTE. However, if multiple proposals pass during the legislative session requiring additional FTE, cumulatively the effect of all proposals passed may result in the DHSS needing additional rental space.

Oversight assumes since DHSS states their responsibility to perform the research necessary to ensure the new guidelines and information for this proposed legislation has been properly vetted and implementation is completed quickly and with fiscal responsibility, Oversight will range the cost of the partial FTE from \$0 to DHSS' estimate less fringe benefits over 7.65% and rental space costs.

Oversight notes, to accomplish the duties of the board, §192.900.8 allows DHSS to request and receive data from health care providers, health care facilities, laboratories, medical examiners, coroners, law enforcement agencies and driver's license bureaus, and facilities licensed by the department. Oversight does not know if, or when, DHSS will request information (or what information would be requested) and assumes no fiscal impact for this provision.

In response to a similar proposal from this year (SB 480), officials from the **City of Kansas City** stated this legislation would have a very small negative fiscal impact on the City of Kansas City because of the staff time in providing medical records pursuant to the legislation.

Officials from the **Office of the Governor (GOV)** assume the proposal will have no fiscal impact on their organization.

Oversight notes that the GOV has stated the proposal would not have a direct fiscal impact on their organization. Oversight does not have any information to the contrary. Therefore, Oversight will reflect a zero impact on the fiscal note.

Oversight does not have any information to the contrary. Oversight assumes the City of Kansas City has sufficient staff and resources available within current funding levels to provide the medical records required pursuant to this legislation and will reflect no fiscal impact to the City of Kansas City for fiscal note purposes.

In response to a similar proposal from this year (SB 480), Officials from the **City of Springfield** has stated the proposal would not have a direct fiscal impact on their organization. Oversight does not have any information to the contrary. Therefore, Oversight will reflect a zero impact in the fiscal note for this organization.

ASSUMPTION (continued)

§§193.015, 195.100, 334.037, 334.104, 334.108, 334.735, 334.736, 334.749, 338.010, 630.175, 638.875 - Physician assistants and collaborating physicians

Oversight notes that the **Department of Health and Senior Services**, and the **Department of Social Services** stated the proposal would not have a direct fiscal impact on their organizations. Oversight does not have any information to the contrary. Therefore, Oversight will reflect a zero impact in the fiscal note for these organizations.

§§195.060, 195.550, 196.100, 221.111, 338.015, 338.055 and 338.056 - Prescriptions to be issued electronically

Officials from the **Department of Health and Senior Services (DHSS), Division of Regulation and Licensure (DRL)** state §195.550 of the proposed legislation requires that all prescriptions, beginning January 1, 2021, be made electronically, unless certain exceptions are met. It is assumed that the DRL's Section for Health Standards and Licensure's (HSL) Bureau of Narcotics and Dangerous Drugs (BNDD) will assume the duties set forth in the proposed section. BNDD will require additional staff to implement the legislation (hired September 1, 2019).

One Health Program Representative II with an annual salary of \$35,990 (salary is based on the average starting salary in the division with pay plan) will be needed to perform the following duties: provide education and communication regarding compliance with electronic prescriptions for controlled substances; assist in the receiving of applications for waivers, reviewing and making determinations, and issuing waivers.

Oversight does not have any information to the contrary. Therefore, Oversight will reflect the costs provided by DHSS for fiscal note purposes.

Officials from the **Office of Administration (OA), Information Technology Services Division (ITSD)/DHSS** state modification of the existing MOHWORX application enabling a prescribing practitioner to request a DHSS waiver or renewal of a waiver for the requirement of electronic prescribing will be required. Assuming receipt from DHSS of documented business process for requesting a waiver or renewal of a waiver, ITSD/DHSS would utilize a project team consisting of a Project Manager, Business Analyst, Architect, and Application Developer to analyze, design, develop, and implement modifications to the MOHWORX application.

ASSUMPTION (continued)

Assuming a full-time project team for four (4) months, no additional maintenance costs anticipated as it is modification to an existing system.

ITSD assumes that every new IT project/system will be bid out because all their resources are at full capacity. It is estimated IT consultants will be needed at a rate of \$75 per hour for 820.8 hours for a total cost of \$61,560 ($\$75 * 820.8$) to the General Revenue (GR) Fund.

Oversight notes ITSD assumes that every new IT project/system will be bid out because all their resources are at full capacity. For this proposal, ITSD assumes modifications to the existing MOHWORX application will be required. ITSD estimates the project would take 820.8 hours at a contract rate of \$75 per hour for a total cost to the state of \$61,560 in GR funds. Oversight notes that an average salary for a current IT Specialist within ITSD is \$51,618, which totals roughly \$80,000 per year when fringe benefits are added. Assuming all ITSD resources are at full capacity, Oversight assumes ITSD may (instead of contracting out the programming) hire additional IT Specialists to perform the work required by this proposal. Therefore, Oversight will range the fiscal impact from the cost of contracting out the work (\$61,560 in FY 2020) to hiring 1 ($\$61,560 / \$75 / 2,080 \text{ hours} = 0.39$ rounded up) additional FTE IT Specialists (at roughly \$80,000 each, per year) to complete the system update. Oversight assumes the additional FTE would be permanent staff will range costs for FY 2021 and 2022 from \$0 to the cost of an additional IT Specialist.

§190.080 - Prescribing opioids

Officials from the **Department of Health and Senior Services (DHSS)** assume the proposal will have no fiscal impact on their organization.

Oversight notes that the DHSS has stated the proposal would not have a direct fiscal impact on their organization. Oversight does not have any information to the contrary. Therefore, Oversight will reflect a zero impact on the fiscal note.

ASSUMPTION (continued)

§332.361 - Restrictions on the authority of dentist to prescribe certain opioids

Officials from the **Department of Social Services** and the **Department of Health and Senior Services** each assume the proposal will have no fiscal impact on their respective organizations.

Oversight notes that the above mentioned agencies have stated the proposal would not have a direct fiscal impact on their organization. Oversight does not have any information to the contrary. Therefore, Oversight will reflect a zero impact on the fiscal note for this section.

§§338.010 and 338.800 - Pharmacists prescribing and dispensing tobacco cessation products

Officials from the **Department of Social Services (DSS)**, **MO HealthNet Division (MHD)** state §338.800 allows pharmacists to prescribe and dispense any tobacco cessation products. Tobacco cessation products are defined as any drug approved by the federal Food and Drug Administration for use as an aid to tobacco cessation. The board of pharmacy shall adopt regulations.

Based on FY 2018 data, MO HealthNet had 111,948 participants with a diagnosis of nicotine dependence. Of those, 19,491 participants utilized tobacco cessation products in the last year, leaving 92,457 participants who could potentially seek prescriptions directly from a pharmacist in lieu of a physician. On average, participants utilizing tobacco cessation products get 2.5 prescriptions per year. The average cost of a tobacco cessation product prescription is \$124.16.

MO HealthNet also assumes some savings as a result of increased tobacco cessation product use. An article published on Medicaid.Gov (<https://www.medicaid.gov/medicaid/quality-of-care/improvement-initiatives/tobacco/index.html>) indicates a savings of \$2-\$3 for every dollar invested in tobacco cessation.

The number of individuals that will utilize a pharmacist to receive tobacco cessation products instead of a physician is unknown and the total amount of associated savings related to tobacco cessation is unknown; therefore, the fiscal impact is presented as a range from \$0 - Unknown.

MHD notes that there could be an increase in pharmacy fees paid due to nicotine dependent MHD participants getting prescriptions directly from pharmacists.

Oversight does not have any information to the contrary. Therefore, Oversight will reflect the fiscal impact of this proposal as Unknown savings to Unknown costs.

ASSUMPTION (continued)

Officials from the **Department of Health and Senior Services** have stated the proposal would not have a direct fiscal impact on their organizations. Oversight does not have any information to the contrary. Therefore, Oversight will reflect a zero impact in the fiscal note for these organizations.

§ 376.1578 - Credentialing

In response to a similar proposal, SB 396, officials from the **Department of Insurance, Financial Institutions and Professional Registration** assumed the proposal will have no fiscal impact on their organization.

Oversight notes that the Department of Insurance, Financial Institutions and Professional Registration has stated the proposal would not have a direct fiscal impact on their organization. Oversight does not have any information to the contrary. Therefore, Oversight will reflect a zero impact on the fiscal note for this agency.

§§ 579.065 and 579.068 - Trafficking drugs by adding fentanyl

For the purpose of the proposed legislation, and as a result of excessive caseloads, the **Office of the State Public Defender (SPD)** cannot assume existing staff will provide competent, effective representation for any new cases where indigent persons are charged with the proposed new crime of trafficking fentanyl. The Missouri State Public Defender System is currently providing legal representation in caseloads in excess of recognized standards.

While the number of new cases may be too few or uncertain to request additional funding for this specific bill, the Office of the State Public Defender will continue to request sufficient appropriations to provide competent and effective representation in all cases where the right to counsel attaches.

In Fiscal Year 2018 MSPD's Trial Division opened 155 Trafficking Drug Cases.

Oversight notes over the last three fiscal years, the SPD has lapsed a total of \$152 of General Revenue appropriations (\$0 out of \$36.4 million in FY 2016; \$2 out of \$28.0 million in FY 2017; and \$150 out of \$42.5 million in FY 2018). Therefore, **Oversight** assumes the SPD is at maximum capacity and the increase in workload resulting from this bill cannot be absorbed within SPD's current resources.

ASSUMPTION (continued)

Adding one additional Assistant Public Defender 1 (APD) with a starting salary of \$47,000, will cost approximately \$74,500 per year in personal service and fringe benefit costs. One additional

APD II (\$52,000 per year; eligible for consideration after 1 year of successful performance at APD I) will cost the state approximately \$81,000 per year in personal service and fringe benefit costs. When expense and equipment costs such as travel, training, furniture, equipment and supplies are included, **Oversight** assumes the cost for a new APD could approach \$100,000 per year.

Oversight assumes the SPD cannot absorb the additional caseload that may result from this proposal within their existing resources and, therefore, will reflect a potential additional cost of (Less than \$100,000) per year to the General Revenue Fund.

Officials from the **Department of Corrections (DOC)** state that Section 579.065 (1) removes the upper weight limits of various drugs, and adds One gram or more of flunitrazepam for the first offense, Any amount of gamma-hydroxybutyric acid for the first offense, and More than ten milligrams of fentanyl in the 1st degree drug trafficking offense. The trafficking of all these drugs as a 1st degree offense is a class B felony.

However, trafficking these drugs in larger quantities, as per weights specified by this bill, is a class A felony. Similarly, trafficking One gram or more of flunitrazepam for a second or subsequent offense, any amount of gamma-hydroxybutyric acid for a second or subsequent offense, or Twenty milligrams or more of fentanyl is also a class A felony.

The bill adds these two drugs (flunitrazepam and gamma-hydroxybutyric acid) to drug trafficking 1st degree. A search of the criminal justice literature did not indicate that the illegal use of the two drugs was significant, nor a recent phenomenon and there is no additional impact.

The legislation will result in these drug distribution offenses being sentenced as drug trafficking 1st degree. In FY18, 20% of drug distribution new admissions were estimated to be for these drugs and there were 9 new prison admissions for drug trafficking 1st degree. Applying the 20% expansion factor results in an expected increase of 2 additional new admissions who would have been sentenced to drug distribution. The average sentence will increase from 7.0 years to 9.4 years and the percent time served from 33.5% to 42%. The prison population is expected to increase by 2 in FY24 and stabilize at 4 in FY25.

ASSUMPTION (continued)

DOC states that Section 579.068 establishes the drug trafficking offenses in 2nd degree. This section also removes the upper weight limits of various drugs, and adds More than ten milligrams of fentanyl in the 2nd degree drug trafficking offense. The trafficking of all these drugs as a 2nd degree offense is a class C felony, and is a class B felony for larger quantities. Trafficking of less than one gram of flunitrazepam, in the 2nd degree, is a class C felony. It is a class B felony for a repeated offense.

In FY18, 23% of drug possession new admissions are estimated to be for fentanyl and there were 34 new admissions for drug trafficking 2nd degree. The impact is expected to be 5 offenders will be charged with drug trafficking 2nd degree instead of drug possession. The average sentence will increase from 4.3 years to 7 years and the average time served will increase from 28.9% to 33.5%. The population will increase by 4 in FY22 and stabilize at 9 in FY23.

There is no impact on probation sentencing from these statute changes because the probation term will be unchanged.

The total impact of the legislation is an increase in the prison population by 13 in FY25 and an increase of 6 in the field population in FY29.

	FY2020	FY2021	FY2022	FY2023	FY2024	FY2025	FY2026	FY2027	FY2028	FY2029
Drug Trafficking 1st degree										
Prison Population	0	0	0	0	2	4	4	4	4	4
Field Population	0	0	0	0	-2	-4	-4	-2	0	1
Drug Trafficking 2nd degree										
Prison Population	0	0	4	9	9	9	9	9	9	9
Field Population	0	0	-4	-9	-5	0	5	5	5	5
Total										
Prison Population	0	0	4	9	11	13	13	13	13	13
Field Population	0	0	-4	-9	-7	-4	1	3	5	6
P&P Officers +or -		0	0	0	0	0	0	0	0	0

The DOC cost of incarceration is \$17,224 per day or an annual cost of \$6,287 per offender. The DOC cost of probation or parole is determined by the number of Probation and Parole Officer II positions that would be needed to cover the new caseload.

ASSUMPTION (continued)

	# to prison	Cost per year	Total Costs for prison	# to probation & parole	Cost per year	Total cost for probation and parole	Grand Total - Prison and Probation (includes a 2% inflation)
Year 1	0	(\$6,287)	\$0	0	absorbed	\$0	\$0
Year 2	0	(\$6,287)	\$0	0	absorbed	\$0	\$0
Year 3	4	(\$6,287)	(\$26,164)	-4	absorbed	\$0	(\$26,164)
Year 4	9	(\$6,287)	(\$60,046)	-9	absorbed	\$0	(\$60,046)
Year 5	11	(\$6,287)	(\$74,858)	-7	absorbed	\$0	(\$74,858)
Year 6	13	(\$6,287)	(\$90,238)	-4	absorbed	\$0	(\$90,238)
Year 7	13	(\$6,287)	(\$92,042)	1	absorbed	\$0	(\$92,042)
Year 8	13	(\$6,287)	(\$93,883)	3	absorbed	\$0	(\$93,883)
Year 9	13	(\$6,287)	(\$95,761)	5	absorbed	\$0	(\$95,761)
Year 10	13	(\$6,287)	(\$97,676)	6	absorbed	\$0	(\$97,676)

Oversight does not have any information contrary to that provided by DOC. Therefore, Oversight will reflect DOC's impact for fiscal note purposes.

Bill as a whole:

Officials from the **Department of Insurance, Financial Institutions and Professional Registration (DIFP)** state that this bill is anticipated to have no fiscal impact to the department. However, should the extent of the work be more than anticipated, the department would request additional appropriation and/or FTE through the budget process.

Oversight notes that the DIFP has stated the proposal would not have a direct fiscal impact on their organization. Oversight does not have any information to the contrary. Therefore, Oversight will reflect a zero impact on the fiscal note for this agency.

Officials from the **Office of the Secretary of State (SOS)** assume 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.

ASSUMPTION (continued)

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 the 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.

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 require additional resources.

Officials from the **Joint Committee on Administrative Rules (JCAR)** state this legislation is not anticipated to cause a fiscal impact beyond its current appropriation.

Oversight assumes JCAR will be able to administer any rules resulting from this proposal with existing resources.

Officials from the **Missouri Department of Conservation**, the **Department of Transportation**, the **Department of Mental Health**, the **Department of Public Safety - Missouri Highway Patrol**, the **Department of Transportation**, the **Office of Prosecution Services**, the **Missouri Senate**, the **Office of the State Courts Administrator**, the **Missouri Consolidated Health Care Plan** each assume the proposal will have no fiscal impact on their respective organizations.

Oversight notes that the above mentioned agencies have stated the proposal would not have a direct fiscal impact on their organization. Oversight does not have any information to the contrary. Therefore, Oversight will reflect a zero impact on the fiscal note for these agencies.

Officials from the **Office of Administration** defer to the Missouri Consolidated Health Care Plan to estimate the fiscal impact of the proposed legislation on their respective organization.

FISCAL IMPACT -
State Government

	FY 2020 (10 Mo.)	FY 2021	FY 2022	Fully Implemented (FY 2025)
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**GENERAL
REVENUE FUND**

Costs - DHSS

(§192.990) p. 4-5

Personal service	\$0 to (\$5,375)	\$0	\$0	\$0
Fringe benefits	\$0 to (\$411)	\$0	\$0	\$0
Equipment and expense	\$0 to <u>(\$3,657)</u>	<u>\$0</u>	<u>\$0</u>	<u>\$0</u>
<u>Total Costs - DHSS</u> (§192.990)	<u>\$0 to (\$9,443)</u>	<u>\$0</u>	<u>\$0</u>	<u>\$0</u>
FTE Change - DHSS	0 to 0.1 FTE	\$0	\$0	\$0

Costs - DHSS

(§§195.060, 195.550,
196.100, 221.111,
338.015, 338.055
and 338.056) p. 6

Personal service	(\$29,992)	(\$36,350)	(\$36,713)	(\$37,451)
Fringe benefits	(\$19,649)	(\$23,688)	(\$23,798)	(\$24,023)
Equipment and expense	<u>(\$19,033)</u>	<u>(\$13,611)</u>	<u>(\$13,950)</u>	<u>(\$15,021)</u>
<u>Total Costs - DHSS</u> (§§195.060, 195.550, 196.100, 221.111, 338.015, 338.055 and 338.056)	<u>(\$68,674)</u>	<u>(\$73,649)</u>	<u>(\$74,461)</u>	<u>(\$76,495)</u>
FTE Change - DHSS	1 FTE	1 FTE	1 FTE	1 FTE

FISCAL IMPACT -
State Government
 (continued)

FY 2020
 (10 Mo.)

FY 2021

FY 2022

Fully
 Implemented
 (FY 2025)

GENERAL
REVENUE FUND
(CONTINUED)

Costs - OA, ITSD
 (§§195.060, 195.550,
 196.100, 221.111,
 338.015, 338.055
 and 338.056) p. 7
 System updates
 (ranged from
 contracting out the
 programming
 (\$61,560) to hiring
 an additional 1 FTE
 IT Specialist)

(\$61,560) to
 (\$66,667)

\$0 to
 (\$80,800)

\$0 to
 (\$81,608)

\$0 to
 (\$83,248)

Savings - DSS
 (§§338.010 and
 338.800)

Reduction in
 Medicaid
 expenditures as a
 result of decreased
 smoking p. 8

Unknown

Unknown

Unknown

Unknown

Costs - DSS
 (§§338.010 and
 338.800)

Pharmacy costs p.8

(Unknown)

(Unknown)

(Unknown)

(Unknown)

FISCAL IMPACT -
State Government
 (continued)

**GENERAL
 REVENUE FUND
 (CONTINUED)**

	FY 2020 (10 Mo.)	FY 2021	FY 2022	Fully Implemented (FY 2025)
Cost - SPD (§§579.065 & 579.068)	(Less than \$100,000)	(Less than \$100,000)	(Less than \$100,000)	(Less than \$100,000)
Potential increase in caseload p. 9-10				
FTE Change	1 FTE	1 FTE	1 FTE	1 FTE
Cost - DOC (§§579.065 & 579.068)	<u>\$0</u>	<u>\$0</u>	<u>(\$26,164)</u>	<u>(\$90,238)</u>
Increased incarceration cost p. 10-12				
ESTIMATED NET EFFECT TO THE GENERAL REVENUE FUND	Unknown to Could exceed (\$230,234) to <u>(\$244,784)</u>	Unknown to Could exceed (\$173,649) to <u>(\$254,449)</u>	Unknown to Could exceed (\$200,625) to <u>(\$282,233)</u>	Unknown to Could exceed (\$266,733) to <u>(\$349,981)</u>
Estimated Net FTE Effect on the General Revenue Fund	1 to 2.1 FTE	1 to 2 FTE	1 to 2 FTE	1 to 2 FTE

FISCAL IMPACT -
Local Government

	FY 2020 (10 Mo.)	FY 2021	FY 2022	Fully Implemented (FY 2025)
	<u>\$0</u>	<u>\$0</u>	<u>\$0</u>	<u>\$0</u>

FISCAL IMPACT - Small Business

This proposal may directly impact small businesses.

FISCAL DESCRIPTION

This proposal modifies provisions relating to health care.

This legislation is not federally mandated, would not duplicate any other program and would not require additional capital improvements or rental space.

SOURCES OF INFORMATION

Department of Insurance, Financial Institutions and Professional Registration
Department of Mental Health
Department of Social Services
Department of Health and Senior Services
Office of the Governor
Missouri Senate
Missouri House of Representatives
Department of Corrections
Department of Public Safety - Missouri Highway Patrol
Joint Committee on Administrative Rules
Office of Administration
Missouri Consolidated Health Care Plan
Missouri Department of Conservation
Department of Transportation
Office of the State Courts Administrator
Office of the Secretary of State
Office of Prosecution Services
Office of the State Public Defender



Kyle Rieman
Director
May 6, 2019

Ross Strobe
Assistant Director
May 6, 2019