

COMMITTEE ON LEGISLATIVE RESEARCH  
OVERSIGHT DIVISION

**FISCAL NOTE**

L.R. No.: 0506H.04C  
 Bill No.: HCS for SS for SB 64  
 Subject: Health Care; Emergencies; Ambulances and Ambulance Districts; Physicians;  
 Victims Of Crime; Crimes and Punishment  
 Type: Original  
 Date: May 3, 2021

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

**FISCAL SUMMARY**

<b>ESTIMATED NET EFFECT ON GENERAL REVENUE FUND</b>			
FUND AFFECTED	FY 2022	FY 2023	FY 2024
General Revenue	(Could exceed \$1,682,055)	(Could exceed \$1,724,031)	(Could exceed \$1,732,192)
<b>Total Estimated Net Effect on General Revenue</b>	<b>(Could exceed \$1,682,055)</b>	<b>(Could exceed \$1,724,031)</b>	<b>(Could exceed \$1,732,192)</b>

<b>ESTIMATED NET EFFECT ON OTHER STATE FUNDS</b>			
FUND AFFECTED	FY 2022	FY 2023	FY 2024
Board of Pharmacy	(Less than \$300,000)	(Less than \$300,000)	(Less than \$300,000)
<b>Total Estimated Net Effect on <u>Other</u> State Funds</b>	<b>(Less than \$300,000)</b>	<b>(Less than \$300,000)</b>	<b>(Less than \$300,000)</b>

Numbers within parentheses: () indicate costs or losses.

<b>ESTIMATED NET EFFECT ON FEDERAL FUNDS</b>			
<b>FUND AFFECTED</b>	<b>FY 2022</b>	<b>FY 2023</b>	<b>FY 2024</b>
<b>Total Estimated Net Effect on <u>All</u> Federal Funds</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>

<b>ESTIMATED NET EFFECT ON FULL TIME EQUIVALENT (FTE)</b>			
<b>FUND AFFECTED</b>	<b>FY 2022</b>	<b>FY 2023</b>	<b>FY 2024</b>
General Revenue	4 FTE	4 FTE	4 FTE
<b>Total Estimated Net Effect on FTE</b>	<b>4 FTE</b>	<b>4 FTE</b>	<b>4 FTE</b>

- Estimated Net Effect (expenditures or reduced revenues) expected to exceed \$250,000 in any of the three fiscal years after implementation of the act or at full implementation of the act.
- Estimated Net Effect (savings or increased revenues) expected to exceed \$250,000 in any of the three fiscal years after implementation of the act or at full implementation of the act.

<b>ESTIMATED NET EFFECT ON LOCAL FUNDS</b>			
<b>FUND AFFECTED</b>	<b>FY 2022</b>	<b>FY 2023</b>	<b>FY 2024</b>
<b>Local Government</b>	<b>\$0 to (Unknown)</b>	<b>\$0 to (Unknown)</b>	<b>\$0 to (Unknown)</b>

## FISCAL ANALYSIS

### ASSUMPTION

#### §§173.260, 190.001 – 190.257 and 287.243 – Time-critical diagnosis and time-critical diagnosis advisory committee

Officials from the **Department of Health and Senior Services (DHSS)** provide the following information:

Section 190.200 adds trauma centers to the list for which the DHSS provides the specified services.

Section 190.241 allows site reviews of trauma, stroke, or ST-Elevation Myocardial Infarction (STEMI) centers to occur on-site or by any reasonable means of communication, or by any combination thereof. Further, requires site reviews to occur once every three years. Further, removes the requirement for STEMI centers to submit data to DHSS and requires DHSS to access such data through national data registries or data banks. Hospitals will not be found in noncompliance if DHSS fails to obtain the data from the registries.

The Division of Regulation and Licensure, Section for Health Standards and Licensure (HSL) is responsible for performing surveys related to Time-Critical Diagnosis (TCD) care.

Currently trauma validation surveys are every five years, stroke validation surveys are every four years, and STEMI validation surveys are every three years. The proposed legislation would change the requirements to place all three programs in a three year validation survey cycle.

HSL assumes it will require the following additional FTE beginning September 1, 2021, to meet the requirements of the proposed legislation:

- Two (2) FTE Registered Nurses (salary \$56,539) will be needed to conduct inspections and investigate complaints of the approximately 157 programs. These staff are assumed to be telecommuters and are expected to travel extensively; it is assumed that the travel cost will be \$10,103 annually for each.
- One (1) Research Data Analyst (Salary \$50,050) will be needed to access, abstract, and analyze the data of the approximately 157 programs.
- One (1) Administrative Support Assistant (salary \$21,675) will be needed to provide support for the program.

HSL assumes a need to access an estimate of ten (10) national data registries or data banks to ensure statutory compliance. HSL estimates subscription cost of access for one Research Data Analyst at approximately \$18,000 per year per data registry or data bank for a total of \$180,000 per year (\$18,000 x 10 subscriptions).

The proposed legislation allows site visits to be conducted by any means of communication. Should a virtual survey be utilized via the use of technology, HSL would need support from Office of Administration – Information Technology Services Division (ITSD). The State of MO enterprise unified communications (UC) tools could be used for voice and video calls with screen sharing. Documents could be shared across the secure channels of Box.com or sFTP. Memberships to UC (\$12/mo. per user), Box.com (\$21/mo. per user), and sFTP (\$3/mo. per user) would result in an annual cost of \$432 per user (\$12 + \$21 + \$3 x 12 months). In addition, the proposed legislation would require additional storage in the State Data Center (\$92/mo.) resulting in an annual cost of \$1,104 (\$92 x 12 months).

Section 190.257 establishes the “Time-Critical Diagnosis Advisory Committee” consisting of 16 members. Further, requires DHSS to include travel costs for the members in its budget. HSL assumes the TCD Committee will meet annually. At \$130 per diem reimbursement rate for meal and hotel costs, travel expenses are assumed to be \$1,820 annually (14 x \$130).

**Oversight** notes DHSS included estimated ITSD costs within their fiscal note response. For fiscal note purposes, Oversight will separate out these costs.

**Oversight** does not have any information to the contrary and will use DHSS estimated costs for fiscal note purposes.

In response to similar legislation (HCS HB 1295), officials from the **Fruitland Area Fire Protection District** stated that the only fiscal impact that would affect the Fire District would be if equipment upgrades were needed or required; however, these would be expenditures as a cost of providing care and are manageable expenses.

**SEQ CHAPTER 190.237** In response to similar legislation (HCS HB 1295), officials from the **Cole Camp Ambulance District**, the **Nodaway County Ambulance District** and the **Hermann Area Hospital District** assumed the proposal would have no 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 agencies.

#### §191.237- Health information networks

In response to a similar proposal (SB 537), officials from the **Department of Commerce and Insurance**, the **Department of Health and Senior Services**, the **Department of Mental Health**, the **Department of Social Services**, the **Missouri Consolidated Health Care Plan**, the **Missouri Department of Conservation** and the **Missouri Department of Transportation** 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.

§§191.677, 545.940, 575.155, and 575.157 - Persons knowingly infected with communicable diseases

Officials from the **Department of Corrections (DOC)** provide the following information:

§191.677 – Reduction in felony from class B to class D

From FY 2016 through FY 2020, there was one new court commitment to prison for a class A felony and there were three new court commitments to prison for class B felonies. During this same period, there were seven people sentenced to probation for class B felonies under section 191.677. Given only one offender has received a sentence for a class A felony under this section from FY 2016 through FY 2020, DOC's estimate of impact is limited to offenders sentenced for a class B felony under section 191.677. Under the proposed legislation, offenders who would have been sentenced with a class B felony would be sentenced with a class D felony.

DOC's estimate of operational impact assumes the department receives three offenders sentenced with a class B felony under section 191.677 each fiscal year. One of these offenders is assumed to be sentenced to prison and two sentenced to probation. Of the new commitments to prison under this section from FY 2016 through FY 2020, the average sentence length was 9.2 years. Offenders serving a prison term for a class B felony under this section who were released during this same period served, on average, 3.0 years to first release. The DOC estimates that the average sentence length for a class D felony is 5 years, and the average time to first release is 1.7 years. Probation terms are assumed to be 3 years for all nonviolent felonies.

The estimated combined cumulative operational impact on the DOC, by changing the felony class from B to D under section 191.677, is estimated to be two fewer offenders in prison and two fewer offenders under supervision in the field by FY 2030.

Change in prison admissions and probation openings with legislation

	FY2022	FY2023	FY2024	FY2025	FY2026	FY2027	FY2028	FY2029	FY2030	FY2031
<b>New Admissions</b>										
Current Law	1	1	1	1	1	1	1	1	1	1
After Legislation	1	1	1	1	1	1	1	1	1	1
<b>Probation</b>										
Current Law	2	2	2	2	2	2	2	2	2	2
After Legislation	2	2	2	2	2	2	2	2	2	2
<b>Change (After Legislation - Current Law)</b>										
Admissions	0	0	0	0	0	0	0	0	0	0
Probations	0	0	0	0	0	0	0	0	0	0
<b>Cumulative Populations</b>										
Prison			0	-1	-2	-2	-2	-2	-2	-2
Parole			0	1	2	1	0	-1	-2	-2
Probation										
<b>Impact</b>										
Prison Population			0	-1	-2	-2	-2	-2	-2	-2
Field Population			0	1	2	1	0	-1	-2	-2
<b>Population Change</b>						<b>-1</b>	<b>-2</b>	<b>-3</b>	<b>-4</b>	<b>-4</b>

\*If this impact statement has changed from statements submitted in previous years, it is because the Department of Corrections (DOC) has changed the way probation and parole daily costs are calculated to more accurately reflect the way the Division of Probation and Parole is staffed across the entire state

In December 2019, the DOC reevaluated the calculation used for computing the Probation and Parole average daily cost of supervision and revised the cost calculation to be the DOC average district caseload across the state which is 51 offender cases per officer. The new calculation assumes that an increase/decrease of 51 cases would result in a change in costs/cost avoidance equal to the cost of one FTE staff person. Increases/decreases smaller than 51 offenders are assumed to be absorbable.

In instances where the proposed legislation would only affect a specific caseload, such as sex offenders, the DOC will use the average caseload figure for that specific type of offender to calculate cost increases/decreases. For instances where the proposed legislation affects a less specific caseload, DOC projects the impact based on prior year(s) actual data for DOC's 48 probation and parole districts.

The DOC cost of incarceration is \$21.251 per day or an annual cost of \$7,756 per offender. The DOC cost of probation or parole is determined by the number of P&P Officer II positions that would be needed to cover the new caseload.

§§575.155 and 575.157 – Offenders endangering persons

The bill does not propose changes to criminal penalties in §§575.155 and 575.157, but introduces restrictions on conditions required to determine an act as an offense while broadening the scope of relevant diseases. The DOC estimates a minimal to no fiscal impact from the changes proposed in these sections.

**Oversight** does not have any information contrary to that provided by DOC. Oversight notes the DOC anticipates a minimal savings to General Revenue for fewer incarcerations beginning in FY 2026 of \$16,791 as a result of the proposed changes to §191.677. Oversight assumes this is not a material amount of savings and will not present it for fiscal note purposes.

Officials from the **Department of Health and Senior Services (DHSS), Division of Community and Public Health (DCPH)** state §191.677 of the proposed legislation states that it is unlawful for any individual with a serious infectious disease to knowingly expose another. “Serious infectious or communicable disease” is defined in the proposed legislation as a “nonairborne or nonrespiratory disease spread from person to person that is fatal or causes disabling long-term consequences in the absence of lifelong treatment and management.” Depending on the legal interpretation of that definition, conditions apart from HIV/AIDS could be considered for prosecution, increasing the number of records requests received by the DHSS.

The proposed legislation would add the criminalization of the transmission of additional diseases which will increase the number of requests for records from attorneys, law enforcement officers, or others investigating potential cases. Currently, DHSS receives a number of such requests for HIV/AIDS, the only disease that is criminalized in regards to disease transmission under state law. DHSS therefore assumes that the number of requests would increase. For every request received, the Bureau of Reportable Disease Informatics (BRDI) staff must search, pull, prep, and review the records. Once this is completed, the BRDI staff compiles the information and sends it to the Office of General Counsel (OGC).

The estimates used in this fiscal note are based upon the ratio of 2018 requests for HIV/AIDS records under Section 191.677, RSMo, divided by the number of new HIV/AIDS cases in 2018 (11 requests/456 new HIV/AIDS diagnoses = .02412). This ratio was then applied to the 2018 numbers of other selected reportable conditions. The Department anticipates that hepatitis B and syphilis (early latent, secondary, and primary) would be the most likely to generate requests as they have the potential to most closely align with the bill’s definition of a “serious infectious or communicable disease.”

Condition	2018 New Cases	Expected Record Requests
Syphilis (early latent, secondary, and primary)	1,352	33
Hepatitis B (chronic and acute)	468	11
Total for Selection	1,820	44

The estimated average amount of BRDI staff time for a basic record request without court appearance is two hours. Thus, the estimated staff time to handle anticipated requests for only the conditions listed in the table above would be 88 hours (44 estimated additional requests x 2 hours per request). A Public Health Program Manager (\$71,265) currently employed by DHSS would be responsible for processing and responding to the additional records requests. The cost

in staff time would be approximately \$3,015 (\$34.26 hourly rate x 88 hours). The DHSS anticipates being able to absorb these costs. However, until the FY22 budget is final, the DHSS cannot identify specific funding sources.

**Oversight** does not have any information to the contrary. Therefore, Oversight will reflect DHSS's no impact for fiscal note purposes.

In response to similar legislation (HB 755), officials stated the purpose of the proposed legislation, and as a result of excessive caseloads, the **Missouri State Public Defender (SPD)** cannot assume existing staff will be able to provide competent, effective representation for any new cases where indigent persons are charged with the proposed new crime(s) concerning communicable diseases as prohibited by sections 191.677, 545.940, 575.155, and 575.157. 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 Missouri State Public Defender will continue to request sufficient appropriations to provide competent and effective representation in all cases where the right to counsel attaches.

**Oversight** assumes the SPD 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 SPD for fiscal note purposes.

In response to similar legislation (HB 755), officials from the **Attorney General's Office** and the **Office of the State Courts Administrator** each assumed the proposal would 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.

§§217.199 and 221.065 – Hygienic products to offenders

Officials from the **Department of Corrections (DOC)** assume the proposal will have no fiscal impact on their organization. In FY20, the DOC was appropriated additional funding to support these costs.

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

**Oversight** contacted the DOC to determine the amount of funding appropriated to them for feminine hygiene products. From a new decision item beginning in FY 2020, the DOC was appropriated \$113,574 in General Revenue funds. This amount, combined with the \$114,774 in funding already within DOC's budget, brings the total department appropriations for feminine hygiene products to \$228,348 for FY 2020, FY 2021, and FY 2022 as no changes were made to the appropriation in FY 2021 or requested in FY 2022.



In response to similar legislation (HB 318), officials from the **Boone County Sheriff's Department** stated these items are currently supplied to detainees at no cost and as needed or requested.

In response to similar legislation (HB 318), officials from the **Cape Girardeau County Sheriff's Department** and the **Clay County Sheriff's Department** responded but did not provide a fiscal impact.

In response to similar legislation (HB 318), officials from the **Lewis County Sheriff's Department** stated feminine products are provided at no cost to the inmate.

In response to similar legislation (HB 318), officials from the **Ellisville Police Department** stated this will have a very minor impact but both reasonable and appropriate.

In response to similar legislation (HB 318), officials from the **Crestwood Police Department** stated no discernible fiscal impact. The Crestwood Police Department already supplies these items when necessary.

In response to similar legislation (HB 318), officials from **Clinton County**, the **Ellington Police Department**, the **Kansas City Police Department**, the **Kimberling City Police Department** and the **St. John Police Department** each assumed the proposal will have no fiscal impact on their respective organizations.

**Oversight** notes there may be some county or city jails that do not provide both tampons and napkins for free. Therefore, the impact to local governments will be presented as \$0 or (Unknown).

**Oversight** notes the provisions of §§217.199 and 221.065 have an emergency clause.

#### §338.710 – Modifies expiration date for RX Cares for Missouri Program

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

**Oversight** notes this legislation modifies the expiration date of the RX Cares for Missouri Program from August 28, 2019, to August 28, 2026. DCI indicated this program is still operational and planned expenditures for FY '21 are estimated at \$300,000. (Current expenditures as of 11/30/20 are \$52,290). Listed below are past expenditures for this program.

1. FY 2019 - \$174,198.23 (media services)
2. FY 2020 - \$220,385.71 (medication collection/destruction)
3. FY 2021 - \$ 52,290.00 (medication collection/destruction) as of 11/30/2020 (The Board has not received any invoices after 11/30/2020)

For fiscal note purposes, Oversight will reflect an annual cost to the Board of Pharmacy Fund (0637) (cost of continuance of this program) of less than \$300,000.

§376.1228 – Hearing aids covered by health benefit plans

Officials from the **Department of Commerce and Insurance (DCI)** state the Affordable Care Act (ACA) requires all non-grandfathered individual and small group qualified health plans to cover a core set of healthcare services within 10 essential health benefit (EHB) categories. In 2011, Missouri like other states adopted its core benchmark plan that defined the core benefits these plans must offer in the state. The ACA also requires that the cost of a new coverage mandate added by a state after adoption of its benchmark plan that is above and beyond the EHB benchmark will be the responsibility of the state.

45 C.F.R 155.170 requires states to defray the cost of additional required benefits mandated by a state on or after January 1, 2012.

Documentation provided by the U. S. Department of Health and Human Services, Center for Consumer Information & Insurance Oversight (CCIIO) in Oct. 2018 instructions states that:

“...although it is the state’s responsibility to identify which state required benefits require defrayal, states must make such determinations using the framework finalized at §155.170, which specifies that benefits required by state action taking place on or before December 31, 2011, may be considered EHB, whereas benefits required by state action taking place after December 31, 2011, other than for purposes of compliance with federal requirements, are in addition to EHB and must be defrayed by the state. For example, a law requiring coverage of a benefit passed by a state after December 31, 2011, is still a state mandated benefit requiring defrayal even if the text of the law says otherwise.”

This bill requires that “Each health carrier or health benefit plan that offers or issues health benefit plans that are delivered, issued for delivery, continued, or renewed in this state on or after January 1, 2022, shall, at a minimum, provide coverage to children under eighteen years of age for all hearing aids covered for children who receive MO HealthNet benefits under section 208.151.”

This provision appears to create new mandates for which the state must defray payments, as required under federal law. Specifically, this bill appears to require that health benefit plans cover hearing aids for children under the age of 18. As a result, the state may be required to defray the actuarial cost of new coverage requirement and make payments to either issuers or beneficiaries to negate increased or potentially increased premiums. DCI will research the potential impact of increased utilization and the potential future cost to general revenue. The department will revise the fiscal note if these potential costs become available.

Further, Section 1557 of the ACA prohibits health plan from discriminating in providing benefits based on race, color, national origin, sex, age and disabilities – if they are receiving federal

financial assistance. In this case federal financial assistance would include Advance Premium Tax Credits or APTC.

The following is an excerpt from the November 26, 2014 federal register; "...we caution both issuers and the States that age limits are discriminatory when applied to services that have been clinically effective at all ages. For example, it would be arbitrary to limit a hearing aid to enrollees who are 6 years of age or younger, since there may be some older enrollees for whom a hearing aid is medically necessary..."

The following is an estimate of potential costs and utilization provided by DCI.

Using Current Population Survey data for 2019, published by the US Bureau of Census, it is estimate that 1,010,184 of insureds will fall under the mandate.

Mo pop <=18 1,449,332  
% with Private Insurance 69.7%  
w/ private insurance 1,010,184

Of these 1,010,184, the number who may experience hearing loss are:

Prevalence estimate: 1.7/1000\* 1,717

Source:

\*CDC, Hearing Screening and Follow-up Survey Population: Screened infants. Available at <https://www.cdc.gov/ncbddd/hearingloss/data.html>

Average cost of hearing aid; \$2,805

Average replacement period: Every four years

Source: Survey of audiologists, available at <https://www.hearingtracker.com/how-much-do-hearing-aids-cost>

The average annual cost per hearing impaired individual would be cost divided by the replacement period, or  $\$2,805 / 4 = \$701$

Total estimated annual cost;

Prevalence estimate: 1.7/1000 \$1,204,266

If the provisions of HCS SS SB 64 become law, the DCI may need a new budget decision item from General Revenue to cover the potential cost of defrayal.

**Oversight** has no information to the contrary, therefore, Oversight will reflect the updated response provided by DCI of (Could exceed \$1,200,000) cost to the General Revenue Fund to reimburse various entities to defray the additional costs resulting from the new coverage mandate as described in this proposal.

Officials from the **Missouri Department of Transportation (MoDOT)** find that that the MoDOT/Patrol medical plan provides coverage equal to those services provided to MoHealthNet recipients, therefore, MoDOT assumes the proposal will have no 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 to this agency.

In response to similar legislation (Perfected SS SCS SB 43), officials from the **City of Corder**, the **City of Hughesville**, the **City of O’Fallon** and the **City of St. Louis Budget Division** each assumed 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.

**Oversight** is unsure whether each local political subdivision’s health benefit plan covers hearing aids for children equal to coverage provided by MoHealthNet; therefore, **Oversight** will reflect a \$0 to (Unknown) cost to Local Political Subdivisions.

§§574.203, and 574.204 – Filing of certain petitions and protection of health care workers

Officials from the **Missouri Office of Prosecution Services (MOPS)** assume the proposal will have no measurable fiscal impact on MOPS. The creation of a new crimes creates additional responsibilities for county prosecutors which may, in turn, result in additional costs, which are difficult to determine.

§§579.040 and 579.076 – Distribution of hypodermic needles

Officials from the **DHSS** state §§579.040 and 579.076 would require any entity that possesses, distributes, or delivers hypodermic needles or syringes for the purpose of operating a syringe access program or mitigating health risks that are associated with unsterile drug use to register with the Department of Health and Senior Services, Division of Community and Public Health. The duties associated with the registration of entities would require approximately 25 hours annually for a Public Health Program Representative (average salary \$53,230). Based on 2,080 working hours per year this would require .012 FTE (25 hours / 2,080) for an annual personal service cost of \$639 (\$53,230 x .012 FTE). The DHSS anticipates being able to absorb these costs; however, until the FY22 budget is final cannot identify specific funding sources.

Bill as a whole

Officials from the **Department of Higher Education and Workforce Development**, the **Department of Mental Health**, the **Department of Public Safety - Missouri Highway Patrol** and the **Director’s Office**, the **Missouri Department of Conservation**, the **Office of**

**Administration, the Department of Social Services, the Office of the Governor, the Missouri Consolidated Health Care Plan, the City of Claycomo, the City of Kansas City, the City of Springfield, the Kansas City Department of Health, the Newton County Health Department, the St. Joseph Police Department, the St. Louis County Police Department, the Crawford County 911 Board, the Hancock Street Light District, the Metropolitan St. Louis Sewer District, the South River Drainage District, the Wayne County Public Water Supply District #2 and the 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.

#### 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)** notes many bills considered by the General Assembly include provisions allowing or requiring agencies to submit rules and regulations to implement the act. The Secretary of State's office 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 Secretary of State's office for Administrative Rules is less than \$5,000. The Secretary of State's office recognizes that this is a small amount and does not expect that additional funding would be required to meet these costs. However, they also recognize 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, they reserve 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** only reflects the responses that we have received from state agencies and political subdivisions; however, other cities; various county officials, county health departments, nursing homes, sheriffs and police departments, fire protection districts, ambulance and EMS districts, utilities, hospitals, and colleges and universities were requested to respond to this proposed legislation but did not. A general listing of political subdivisions included in our database is available upon request.



<u>FISCAL IMPACT – State Government</u>	FY 2022	FY 2023	FY 2024
<b>GENERAL REVENUE FUND</b>			
<u>Costs – DHSS Time- Critical Diagnosis site reviews (§§190.241 and 190.257) pp 3-4</u>			
Personal service	(\$154,003)	(\$186,651)	(\$188,518)
Fringe benefits	(\$91,776)	(\$110,755)	(\$111,385)
Data Registry Access	(\$180,000)	(\$184,500)	(\$189,113)
Equipment and expense	(\$53,732)	(\$39,222)	(\$40,201)
<b>Total Costs – DHSS</b>	<b>(\$479,511)</b>	<b>(\$521,128)</b>	<b>(\$529,217)</b>
FTE Change – DHSS	4 FTE	4 FTE	4 FTE
<u>Costs – OA, ITSD (§§190.241 and 190.257) pp 3-4</u>			
Storage and subscription costs	(\$2,544)	(\$2,903)	(\$2,975)
<u>Cost – DCI (§376.1228) New Coverage Mandate – possible reimbursement pp 9- 11</u>	<u>(Could exceed \$1,200,000)</u>	<u>(Could exceed \$1,200,000)</u>	<u>(Could exceed \$1,200,000)</u>
<b>ESTIMATED NET EFFECT ON THE GENERAL REVENUE FUND</b>	<b><u>(Could exceed \$1,682,055)</u></b>	<b><u>(Could exceed \$1,724,031)</u></b>	<b><u>(Could exceed \$1,732,192)</u></b>
Estimated Net FTE Change on the General Revenue Fund	4 FTE	4 FTE	4 FTE

<u>FISCAL IMPACT – State Government (continued)</u>	FY 2022	FY 2023	FY 2024
<b>BOARD OF PHARMACY FUND (0637)</b>			
<u>Cost – DCI (\$338.710)</u> Renewed sunset date from 2019 to 2026 for the RX Cares for Missouri Program p. 9-10	<u>(Less than \$300,000)</u>	<u>(Less than \$300,000)</u>	<u>(Less than \$300,000)</u>
<b>ESTIMATED NET EFFECT TO THE BOARD OF PHARMACY FUND (0637)</b>	<u>(Less than \$300,000)</u>	<u>(Less than \$300,000)</u>	<u>(Less than \$300,000)</u>



<u>FISCAL IMPACT – Local Government</u>	FY 2022	FY 2023	FY 2024
<b>LOCAL POLITICAL SUBDIVISIONS</b>			
<u>Costs</u> - (\$221.065) Healthcare products expense pp. 8-9	\$0 or (Unknown)	\$0 or (Unknown)	\$0 or (Unknown)
<u>Reimbursement</u> – from the state for new health insurance coverage mandate (§376.1228) p. 11	\$0 to Unknown	\$0 to Unknown	\$0 to Unknown
<u>Costs</u> - Potential additional insurance coverage (§376.1228) p. 8-10	\$0 to (Unknown)	\$0 to (Unknown)	\$0 to (Unknown)
<b>ESTIMATED NET EFFECT ON LOCAL GOVERNMENTS</b>	<b><u>\$0 or (Unknown)</u></b>	<b><u>\$0 or (Unknown)</u></b>	<b><u>\$0 or (Unknown)</u></b>

FISCAL IMPACT – Small Business

This proposal may have an impact on small medical providers if the number of records requested increases. (§§191.677, 575.155, 575.157)

Small business pharmacists could be impacted by creating provisions relating to the dispensing of HIV pre-exposure and post-exposure prophylaxis in this proposal. (§§338.010, 338.730 & 338.735)

Small businesses that provide health insurance could be impacted by this proposal. (§376.1228)

FISCAL DESCRIPTION

This proposal allows site reviews of trauma, stroke, or ST-Elevation Myocardial Infarction (STEMI) centers to occur on-site or by any reasonable means of communication, or by any combination thereof. Requires site reviews by the Department of Health and Senior Services to occur once every three years. Further, removes the requirement for STEMI centers to submit data to the department and requires the department to access such data through national data registries or data banks. Hospitals will not be found in noncompliance if the department fails to obtain the data from the registries.

Currently trauma validation surveys are every five years, stroke validation surveys are every four years, and STEMI validation surveys are every three years. The proposed legislation would change the requirements to place all three programs in a three year validation survey cycle.

The bill establishes the "Time-Critical Diagnosis Advisory Committee" whose members are appointed by the Department of Health and Senior Services as outlined in the bill for the purpose of improvement of public and professional education related to time critical diagnosis, research endeavors, policies and recommendations for changes. (§§190.241 and 190.257)

This bill specifies that the Director of the Department of Corrections must ensure that tampons and sanitary napkins are available for free to offenders while they are confined in any of the Department's correctional centers. The Director must ensure that the products conform with applicable industry standards. Additionally, every sheriff and jailer who holds a person in custody pursuant to a writ or process for a criminal offense must ensure that tampons and sanitary napkins are available for free to such person in custody, in a quantity that is appropriate for the health care needs of the person. The sheriff or jailer must ensure that the products conform with applicable industry standards. The General Assembly may appropriate funds to assist the Director or sheriffs and jailers in fulfilling their duties. (§221.065)

This act modifies the expiration date of the RX Cares for Missouri Program from August 28, 2019, to August 28, 2026. (§338.710)

This act requires health benefit plans delivered, issued, continued, or renewed on or after January 1, 2022, to provide coverage to children under 18 years of age for those hearing aids which are covered for children receiving benefits under MO HealthNet. (§376.1228)

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

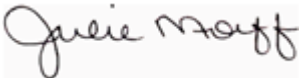
Attorney General's Office  
Department of Commerce and Insurance  
Department of Higher Education and Workforce Development  
Department of Health and Senior Services  
Department of Mental Health  
Department of Corrections  
Department of Public Safety –  
    Director's Office  
    Missouri Highway Patrol  
Department of Social Services  
Missouri Department of Conservation  
Missouri Department of Transportation  
Office of Administration  
Office of the Secretary of State  
Office of the State Public Defender  
Office of the Governor  
Joint Committee on Administrative Rules  
Missouri Consolidated Health Care Plan  
Missouri Office of Prosecution Services  
Office of the State Courts Administrator  
City of Claycomo  
City of Corder  
City of Hughesville  
City of Kansas City  
City of O'Fallon  
City of St. Louis Budget Division  
City of Springfield  
Kansas City Health Department  
Newton County Health Department  
Boone County Sheriff's Department  
Cape Girardeau County Sheriff's Department  
Clay County Sheriff's Department  
Lewis County Sheriff's Department  
Crestwood Police Department  
Clinton County  
Ellington Police Department  
Ellisville Police Department  
Kansas City Police Department  
Kimberling City Police Department  
St. John Police Department  
St. Joseph Police Department  
St. Louis County Police Department  
Fruitland Area Fire Protection District  
Cole Camp Ambulance District

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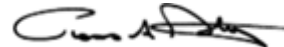
Crawford County 911 Board  
Nodaway County Ambulance District  
Hancock Street Light District  
Metropolitan St. Louis Sewer District  
South River Drainage District  
Wayne County Public Water Supply District #2  
Hermann Area Hospital District  
University of Central Missouri

NOT RESPONDING

Office of the State Treasurer



Julie Morff  
Director  
May 3, 2021



Ross Strope  
Assistant Director  
May 3, 2021