

COMMITTEE ON LEGISLATIVE RESEARCH
OVERSIGHT DIVISION

FISCAL NOTE

L.R. No.: 3344H.09C
 Bill No.: HCS for SS for SB 690
 Subject: Health Care; Department of Health and Senior Services
 Type: Original
 Date: May 2, 2022

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

FISCAL SUMMARY

ESTIMATED NET EFFECT ON GENERAL REVENUE FUND			
FUND AFFECTED	FY 2023	FY 2024	FY 2025
General Revenue*	Could exceed (\$5,535,048 to \$5,711,167)	Could exceed (\$14,242,070 to \$17,204,728)	Could exceed (\$14,944,413 to \$17,925,294)
Total Estimated Net Effect on General Revenue	Could exceed (\$5,535,048 to \$5,711,167)	Could exceed (\$14,242,070 to \$17,204,728)	Could exceed (\$14,944,413 to \$17,925,294)

*The larger negative fiscal impact corresponds to \$0 licensing fees being collected by DHSS; the less negative fiscal impact corresponds to the collection of licensing fees.

ESTIMATED NET EFFECT ON OTHER STATE FUNDS			
FUND AFFECTED	FY 2023	FY 2024	FY 2025
Medical Preceptor	\$0	Up to or could exceed \$16,155	Up to or could exceed \$16,155
College & University	\$0 or (Unknown)	\$0	\$0
Organ Donor Program	Unknown	Unknown	Unknown
Mo Rx Plan	(\$2,323,978)	(\$2,788,774)	(\$2,788,978)
Behavioral Crisis Grant Program	\$0	\$0	\$0
Total Estimated Net Effect on <u>Other</u> State Funds	Unknown to (Could exceed \$2,323,978)	(Less than \$2,788,774)	(Less than \$2,788,978)

Numbers within parentheses: () indicate costs or losses.

ESTIMATED NET EFFECT ON FEDERAL FUNDS			
FUND AFFECTED	FY 2023	FY 2024	FY 2025
Federal*	\$0	\$0	\$0
Total Estimated Net Effect on <u>All</u> Federal Funds	\$0	\$0	\$0

*Income, savings, costs and losses could exceed \$30 million annually and net to \$0.

ESTIMATED NET EFFECT ON FULL TIME EQUIVALENT (FTE)			
FUND AFFECTED	FY 2023	FY 2024	FY 2025
General Revenue	6 to 15 FTE	7 to 16 FTE	7 to 16 FTE
Total Estimated Net Effect on FTE	6 to 15 FTE	7 to 16 FTE	7 to 16 FTE

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

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

ESTIMATED NET EFFECT ON LOCAL FUNDS			
FUND AFFECTED	FY 2023	FY 2024	FY 2025
Local Government	\$0 to (Unknown)	\$0 to (Unknown)	\$0 to (Unknown)

FISCAL ANALYSIS

ASSUMPTION

Due to time constraints, **Oversight** was unable to receive some agency responses in a timely manner and performed limited analysis. Oversight has presented this fiscal note on the best current information that we have or on information regarding a similar bill(s). Upon the receipt of agency responses, Oversight will review to determine if an updated fiscal note should be prepared and seek approval to publish a new fiscal note.

§§9.236 and 208.184 - "Sickle Cell Awareness Week" & MHD annual review

In response to similar legislation (HCS HB 2658), officials from the **Department of Health and Senior Services**, the **Department of Social Services** and the **Office of Administration** and 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 for these sections.

§9.347 – Designates month of October as Substance Abuse Awareness and Prevention Month in Missouri

In response to similar legislation (HB 1838), officials from the **Department of Health and Senior Services**, the **Office of Administration** and the **Department of Mental Health** 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 no fiscal impact for these agencies.

§9.364 - Black Maternal Health Week

Oversight assumes the provisions of this section in which citizens of the state are encouraged to engage in appropriate events and activities to commemorate black maternal health will have no fiscal impact on the state.

§9.365 – April designated as Minority Health Month

Oversight assumes the provisions of this section in which citizens of the state are encouraged to engage in appropriate events and activities to commemorate minority health will have no fiscal impact on the state.

§135.690 – Preceptorship tax credit

In response to similar legislation (HB 2595), officials from the **Office of Administration – Budget & Planning (B&P)** assumed the proposal would create a tax credit for any community-based faculty preceptor who serves as the community-based faculty preceptor for a medical student core preceptorship or a physician assistant student core preceptorship. The credit is equal to \$1,000 for each preceptorship, up to a maximum of \$3,000 per tax year if he or she completes up to three preceptorship rotations and did not receive any direct compensation for the preceptorships. The cumulative amount of tax credits awarded under this section shall not exceed \$200,000 per year.

The Department of Health and Senior Services is authorized to exceed the \$200,000 program cap in any amount not to exceed the amount of funds remaining in the Medical Preceptor Fund. This would result in an unknown negative impact on TSR if the program cap is exceeded.

Effective January 1, 2023, funding for the tax credit program shall be generated from a license fee increase of \$7 per license for physicians and surgeons and from a license fee increase of \$3 per license for physician assistants. This money would be deposited into the Medical Preceptor Fund. At the end of every tax year, an amount equal to the dollar amount of all tax credits claimed under this section shall be transferred from the Medical Preceptor Fund to GR. Any

excess money shall remain in the fund.

This proposal will lead to an increase in total state revenues, as additional fees are collected and deposited in the Medical Preceptor Fund. Concurrently, general and total state revenues will decrease as tax credits are redeemed. The net impact to TSR could be positive or negative in a given year, depending on fees collected and credits redeemed. While general revenue collections will decrease, these losses are to be offset by a transfer from the Medical Preceptor Fund; such a transfer will be subject to appropriation. B&P defers to the division of professional registration on specific revenue impacts.

This proposal could impact the calculation under Article X, Section 18(e).

In response to similar legislation (HB 2595), officials from the **Missouri Department of Commerce and Insurance (DCI)** stated there are approximately 30,095 active physicians licensed in Missouri. A seven dollar (\$7) fee increase would generate approximately \$210,665. Furthermore, there are approximately 1,830 active assistant physicians licensed in Missouri. A three dollar (\$3) fee increase would generate approximately \$5,490. DCI estimates a total of \$216,155 would be generated as a result of the fee increase(s).

No more than 200 preceptorship tax credits shall be authorized by the Division of Professional Registration in a calendar year. The cumulative amount of tax credits awarded shall not exceed \$200,000.

It is estimated that the collection of fee increase(s) will begin at annual renewal in **November 2023**. Appropriation will not be received until July 2024.

If the number of licenses largely vary from the number estimated above, the licensure fee(s) will be adjusted accordingly.

Officials from the **Department of Health and Senior Services (DHSS)** state the proposed legislation would allow community-based faculty preceptors who serve as a community-based faculty preceptor for a medical student core preceptorship or a physician assistant student core preceptorship to receive a tax credit. The tax credit can be in an amount equal to one thousand dollars for each preceptorship, up to a maximum of three thousand dollars per tax year, if he or she completes up to three preceptorship rotations during the tax year and did not receive any direct compensation for the preceptorships.

The number of eligible preceptorship tax credits would be limited to 200 per year; however the Department of Health and Senior Services (DHSS) could receive more than 200 requests to be processed. The tax credit program would be funded by a license fee increase of seven dollars per license for physicians and surgeons and three dollars per license for physician assistants by the division of professional registration in the department of commerce and insurance. All funds collected from the license fee increase would be deposited to the medical preceptor fund

annually. Any balance in the fund would carry-over to the next year and would not be transferred into general revenue.

The medical schools would verify the preceptor hours, whereas the department would develop and implement a process to verify the preceptor hours, create forms and letters, promulgate the Rules, and establish an application or attestation and ways to submit those to the department, and the actual tax credit form provided to the preceptor who will submit it to the Department of Revenue.

There is no anticipated actual loss of revenue, as the loss of revenue due to the tax credit will be offset by the Medical Preceptor Fund. DHSS does not have an estimate for the total amount of additional revenue generated by the license fee increases, but assumes that it will exceed the \$200,000 in reduced revenue collections.

Section 135.690.3(2) establishes the Medical Preceptor Fund and states that the fund will be “used solely by the division for the administration of the tax credit program...” with “the division” defined as the division of professional registration in the department of commerce and insurance. As the proposed legislation provides the division the authority to utilize the funds for administration of the program, the department does not assume that the funds will be used to offset staffing costs within the department to administer its responsibilities related to the program. The DHSS, therefore, presumes additional general revenue will be needed to fund one FTE that will be needed to meet the statutory requirements placed on the department.

The minimum staffing DHSS estimates that will be needed to administer the new grant program is one (1) FTE. The FTE will be required to develop, implement and manage the program as required by the legislation. The position should be classified as an Accountant with expertise in Missouri and federal tax codes and requirements. The average annual salary of an Accountant in the Division of Community and Public Health is \$51,828 per year as of March 1, 2022.

Oversight will include the DHSS costs (FTE). Costs for the FTE required by the DHSS will be put against the General Revenue Fund as this proposed legislation states the funds in the Medical Preceptor Fund may be used by the “division” (Division of Professional Registration) for the administration of the tax credit program created.

Officials from the **Department of Revenue (DOR)** assume beginning January 1, 2023, any community-based faculty preceptor who serves as the community-based faculty preceptor for a medical student core preceptorship or a physician assistant student core preceptorship (and serves without direct compensation) shall be allowed a credit in an amount equal to one thousand dollars (\$1,000) for each preceptorship, up to a maximum of three thousand dollars (\$3,000) per tax year (for three students). No more than 200 preceptorship tax credits (\$200,000) shall be authorized annually. DOR notes the first tax returns reporting this tax credit will be filed starting January 1, 2024 (FY 2024).

The Department reached out to the University of Missouri’s Medical School in 2020, to

determine if any of their medical students participate in such a program. They stated they have 250 certified physicians registered to serve as a community-based faculty preceptor and that the University does not provide any compensation for these duties. They have 25 first year students, 25 third year students and 25 fourth year students participate in the Rural Track program at the University. Those 75 students meet the definition outlined in the bill. Each of the 25 first year and 25 fourth year students work with 1 each community-based faculty preceptor. The 25 third year students each work with at least 3 community-based faculty preceptors each. Therefore, at least the 125 physicians a year that are working with the University Medical School could potentially qualify for this tax credit.

DOR notes that the University is not the only medical school in Missouri that has such a program. Therefore, DOR assumes the full \$200,000 in tax credits may be utilized annually. This credit is not refundable, and cannot be sold, transferred or assigned.

This proposal also creates funding for the administration of the tax credit. An additional license fee of \$7.00 per physician and surgeon and an additional license fee of \$3.00 per physician assistant is to be assessed starting January 1, 2023. These fees are to be transferred into the Medical Preceptor Fund. The DOR checked with the Department of Commerce and Insurance, who informed DOR that there are 29,080 active physicians and 1,613 assistant physicians. Therefore, this fund could result in \$203,560 in physician fees and \$4,839 in assistant physician fees being collected annually. The Department of Commerce and Insurance noted that the annual license fees are paid by the physicians and assistant physicians in November. The state would expect to receive the fees starting in Fiscal Year 2024 (November 2023) annually.

This proposal states that the money received into the Medical Preceptor Fund is to cover the Division of Professional Registration's administration costs of the tax credit. Additionally, this proposal states that the money collected at the end of each tax year is to be transferred from the Medical Preceptor Fund to General Revenue in an amount equal to the total dollar amount of credits claimed. DOR assumes that based on the possible usage of the program the entire \$200,000 would need to be transferred to General Revenue to cover the tax credit program.

This proposal allows that if the Medical Preceptor Fund collects more money than the \$200,000 cap on the tax credit, the Department of Commerce and Insurance, Division of Professional Registration can allow additional preceptorship credits to be claimed.

This proposal requires the Department of Commerce and Insurance to administer the tax credit including determining who is eligible for the credit.

This proposal requires the Department of Health and Senior Services and the Division of Professional Registration to administer the tax credit including determining who is eligible for the credit.

This is a new tax credit that will need to be added to the MO-TC form as well as into the

individual income tax filing system. The estimated cost of this credit is \$3,596.

This legislation will result in a maximum increase of 200 tax credits redeemed and an unknown, but minimal increase errors/correspondences generated. The Department anticipates being able to absorb this increase. If the increase is significant or if multiple bills pass that increase the number of tax credits redeemed, the Department will request FTE through the appropriations process based on the following:

- 1 FTE Associate Customer Service Rep for every 6,000 credits redeemed
- 1 FTE Associate Customer Service Rep for every 7,600 errors/correspondence generated

Oversight notes the Missouri Department of Revenue assumes the responsibilities of the tax credit program created under this proposed legislation can be absorbed with existing resources. Oversight does not have any information to the contrary.

Oversight notes Tax Year 2023 tax returns will not be filed claiming the credit until after January 1, 2024 (Fiscal Year 2024).

Oversight notes, if the total amount of tax credits claimed in any given year is less than the amount readily available in the Medical Preceptor Fund, the excess amount(s) shall remain in the Medical Preceptor Fund.

Oversight notes there are currently six medical schools in Missouri. The potential 125 tax credit applicants, as provided by the DOR, only represent the credits potentially awarded for applicants of one school. Given there are 5 other medical schools, and potential for more physician or assistants physicians in other schools who could potentially apply for this tax credit, it is probable that Medical Preceptor Fund will be able to issue up to maximum amount and exhausting all the funds collected annually. This bill specifically notes that the application for such a tax credits will be handled on first-come - first-serve basis. The current projection shows, after paying all administrative costs, this fund will be able to provide tax credit for about 111 to 120 applicants in FY 2024 & FY 2025 respectively (at \$1,000 per applicant).

Oversight will report a revenue gain to the Medical Preceptor Fund by an amount “Up to \$216,155” beginning in Fiscal Year 2024. Oversight will report a cost to the General Revenue Fund by the amount(s) reported as administrative costs for the Department of Health and Senior Services totaling \$104,514 in FY 2024 & \$95,213 in FY 2024 for (1) FTE. Oversight will report a revenue reduction to the Medical Preceptor Fund by an amount up to the difference between the revenue gain and the cost(s); the amount that would be transferred to GR to reimburse GR for the tax credit(s) awarded.

Oversight notes if the total amount of tax credits claimed in any given year is less than the amount readily available in the Medical Preceptor Fund, the excess amount(s) shall remain in the Medical Preceptor Fund.

In response to similar legislation (HB 2595), officials from the **Missouri State Treasurer's Office** and **Department of Economic Development** both did not anticipate this proposed legislation will result in a fiscal impact on their organizations. Oversight does not have any information to the contrary. Therefore, **Oversight** will not report a fiscal impact for these organizations for this program.

§160.485 – Bleeding control kits

Officials from **Department of Elementary and Secondary Education (DESE)** state, subject to appropriation, the total cost to implement the bleeding control kits would be \$340,725.

The cost per bleeding control kit is estimated at \$35 each. The number buildings in Missouri is 2,391. The department estimates 4 kits per building (auditorium, library, gymnasiums, and cafeterias) at a minimum number of kits is estimated to be around 9,564. Additional kits to be required at the career-technical centers (57) at a minimum of three per center is estimated to be approximately 171.

- 9,735 kits x \$35 per kit = \$340,725

DESE notes, this estimate does not include kits in instances where high school may have more than one of the aforementioned locations.

In response to similar legislation (HB 1722), officials from the **Department of Public Safety - Office of the Director** and the **Department of Social Services** 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 for this section.

In response to a similar proposal, HCS HB 1991 (2020), officials from the **Maries County R-1 School District** assumed the cost would be approximately \$69.99 per classroom: \$68.99 for the Curaplex Stop the Bleed Kit and \$1.00 for the Emergency Thermal Blanket (10 for \$9.95). Fifty five spaces would need one in their school, it would cost them \$3,849.45 to put them in. They would have to replace the kits when they expire.

Oversight assumes the requirements in this proposal are subject to an appropriation by the General Assembly that would cover all costs. Oversight notes DESE estimated the cost to provide bleeding control kits at \$340,725. Oversight assumes kits will not be used frequently, so restocking and annual training costs will be shown as 'could exceed (\$100,000)' in future years.

§167.625 - Will's Law

Officials from the **Department of Elementary and Secondary Education** assume the proposal would have no fiscal impact on their organization.

In response to similar legislation (HCS SB 710), officials from the **Department of Health and Senior Services** and the **Department of Social Services** each assumed the provision would have no fiscal impact on their respective organizations.

Officials from the above listed agencies each assume the provision 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 for this section.

In response to a similar proposal, SB 187 (2021), officials from the **High Point R-III School District** assumed the proposal would not fiscally impact their district.

In response to a similar proposal, SB 187 (2021), officials from **Fordland R-III School District** stated the proposal would require an additional position to administer.

Oversight will reflect a potential cost to school districts for additional staff training and administration of the requirements established in the bill.

§170.047 - Suicide prevention training

Officials from the **Department of Elementary and Secondary Education (DESE)** state this creates a potential fiscal impact for DESE to develop professional development materials/guidelines or provide 3rd Party-developed materials for said instruction material: \$22,300.

In response to similar legislation (HB 2136), officials from the **Department of Higher Education and Workforce Development** assumed the proposal will have no fiscal impact on their organization.

In response to a similar proposal from 2020 (HCS for HBs 1820 & 1470), officials from the **Normandy Schools Collaborative** estimated that this additional required training will cost \$8,000 or more per year to find time for the additional training, identify and pay trainers, and pay extra time extra duty if necessary for teachers to attend if the PD schedule is already packed full.

Oversight assumes this proposal allows, but does not require all teachers, principals, and licensed educators in each district to attend suicide prevention training which shall count as two hours of professional development under section 168.021. Oversight assumes this proposal would not have a fiscal impact as the teachers are already required to have a set number of professional development hours, and suicide education is permissive.

§170.048 - Public school identification cards

In response to similar legislation (HB 2136), officials from the **Department of Elementary and Secondary Education** and the **Department of Higher Education and Workforce**

Development each assumed the proposal will have no fiscal impact on their respective organizations.

Oversight assumes this provision requires public schools, including charter schools, which issue pupil identification cards to have printed on the card specific phone numbers including those for the National Suicide Prevention and the Crisis Text Line.

Oversight assumes the provision could result in one-time additional costs for equipment or supplies. Oversight will show a range of impact of \$0 (any additional cost is minimal and can be absorbed with existing resources) to an unknown cost.

§172.800 – Task force for Alzheimer’s disease

Oversight assumes removing the definition of “task force” as established pursuant to §§660.065 and 660.066 will have no fiscal impact.

§173.1200 - Public institutions of higher education identification cards

In response to similar legislation (HB 2136), officials from the **Department of Elementary and Secondary Education** and the **Department of Higher Education and Workforce**

Development each assumed the proposal will have no fiscal impact on their respective organizations.

In response to similar legislation (HB 2136), officials from **University of Central Missouri** assumed there is potential for minimal increase in costs to print different cards and possible staff time.

In response to a similar proposal from 2020 (HB 1820), officials from the **University of Missouri System** assumed, as written, the proposed bill would have little to no fiscal impact on the University. Many of the four UM universities already include some, if not all, of this information on their student ID cards. If provision 173.1200 Section 7 Subsection (2) were removed relating to the use of existing supplies, the fiscal impact of this legislation would be significant.

In response to a similar proposal, HB 304 (2022), officials from **State Technical College of Missouri** stated this proposal would have a negative fiscal impact on the College. Their current student ID printer will not allow information to be printed on the back of the ID card.

In response to similar legislation (HB 2136), officials from the **St. Charles Community College** assumed the proposal will have no fiscal impact on their organization.

Oversight assumes this provision requires public institutions of higher education that issue pupil identification cards to have printed on the card specific phone numbers including those for the National Suicide Prevention and the Crisis Text Line.

Oversight assumes the provision could result in one-time additional costs for equipment or supplies. Oversight will show a range of impact of \$0 (any additional cost is minimal and can be absorbed with existing resources) to an unknown cost.

Oversight received a limited number of responses from college, universities and school districts related to the fiscal impact of this proposal. Oversight has presented this fiscal note on the best current information available. Upon the receipt of additional responses, Oversight will review to determine if an updated fiscal note should be prepared and seek the necessary approval to publish a new fiscal note.

§190.245 – Peer review committees

In response to similar legislation (HB 2109), officials from the **Department of Health and Senior Services** assumed 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 for this section.

Oversight only reflects the responses received from state agencies and political subdivisions; however, fire protection districts and ambulance and EMS organizations were requested to respond to this proposed legislation but did not. A listing of political subdivisions included in the Missouri Legislative Information System database is available upon request.

§191.116 – Alzheimer’s state plan task force

In response to similar legislation (HB 2174), officials from the **Department of Health and Senior Services**, the **Office of the Governor**, the **Missouri House of Representatives** and the **Missouri Senate** 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 this section.

§§191.500, 191.515, 191.520, 191.525, 335.230, and 335.257 – Medical student loan program

In response to similar legislation (SB 757), officials from the **Department of Health and Senior Services (DHSS)** stated this proposal would not create a fiscal impact.

Oversight contacted DHSS officials for more information regarding their response. DHSS officials stated this proposal adds the practitioners to the statute who are already defined in the regulation (PRIMO – 19 SCS 10-4.010 and NLS – 19 CSR 10-6.010) and the amounts that students may qualify for are also currently in the regulation.

DHSS also stated this act also modifies the Nursing Student Loan Program by modifying the amount of financial assistance available to students from \$5,000 each academic year for professional nursing programs to \$10,000 each academic year and from \$2,500 each academic

year for practical nursing programs to \$5,000 each academic year (increasing the amount given to each eligible student utilizing the current fund and appropriated amount).

Finally, **DHSS** also stated this act modifies the Nursing Student Loan Repayment Program by removing the June and December deadlines for qualified employment verification while retaining the requirement that such employment be verified twice each year. Simply changing the regulations from specified months each year to twice a year allows DHSS to remain in compliance if it is off a month checking for compliance.

According to the submitted budget books, **Oversight** notes the following budget authority and expenditures for the PRIMO program over the past three years:

	FY 2019	FY 2020	FY 2021
Budget Authority (all funds)	\$2,915,434	\$2,995,292	\$3,298,929
Actual Expenditures	<u>\$2,726,907</u>	<u>\$2,961,261</u>	<u>\$3,245,230</u>
Unexpended funds	\$ 188,527	\$ 34,031	\$ 53,699

Appropriation authority (10.745) for PRIMO for FY 2022 includes:

From General Revenue	\$378,750
From DHSS federal fund	\$425,000
From Health Access Incentive Fund	\$650,000
From Prof. & Practical Nurse (0565)	\$650,000
From DHSS donated fund	\$956,790
TOTAL	\$3,060,540

Based on responses from the Department of Health and Senior Services, **Oversight** will assume these sections will not create a material fiscal impact to the state.

In response to similar legislation (SB 757), officials from the **University of Missouri** stated the proposed legislation could have a positive impact for the University of Missouri. The University currently has 1,300 students which would qualify for this program. The impact amount cannot be determined.

In response to similar legislation (SB 757), officials from **Missouri State University** stated this bill has a positive fiscal impact of an undetermined amount.

In response to similar legislation (SB 757), officials from the **Department of Commerce and Insurance**, the **Department of Higher Education and Workforce Development**, the **University of Central Missouri** and **St. Charles Community College** 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 for these sections.

Repeal of §§191.743, 196.866 and 196.868 – Frozen desert licensing

Officials from the **Department of Health and Senior Services (DHSS)** state the proposed legislation would eliminate §§196.866 and 196.868, RSMo, from statute, thereby ending frozen dessert licensing. The DHSS, Bureau of Environmental Health Services (BEHS) currently licenses approximately 2,000 facilities that are required to maintain a frozen dessert license. These licenses are projected to generate approximately \$32,000 in annual general revenue in future years. The proposed legislation would therefore end the collection of that revenue.

Oversight does not have any information to the contrary. Therefore, Oversight will reflect a loss of license fees deposited into the General Revenue Fund of \$32,000 annually as the fiscal impact for the DHSS.

In response to similar legislation (Perfected HB 2331), officials from the **Department of Commerce and Insurance**, the **Department of Social Services**, the **Office of the State Treasurer**, the **Missouri Office of Prosecution Services** and the **Office of the State Courts Administrator** 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 for these sections.

§§192.2001 and 660.010 – Implementation of the Older Americans Act

In response to similar legislation (HB 2373), officials from the **Department of Health and Senior Services** and the **Department of Social Services** 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 for these sections.

§§192.2225, 197.100, 197.256, 197.258, 197.415, 198.006, 198.022, 198.026, 198.036, 198.525, 198.526, and 198.545 – Health care facility inspections

In response to similar legislation (SB 1029), officials from the **Department of Health and Senior Services**, the **Department of Public Safety - Missouri Highway Patrol**, the **Department of Social Services**, the **Office of the State Public Defender**, the **Newton County Health Department**, the **St. Louis County Health Department**, the **Missouri Office of Prosecution Services** and the **Office of the State Courts Administrator** 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 for these sections.

§§194.210 -194.304, 301.020 and 302.171 – Organ donation

Officials from the **Department of Health and Senior Services (DHSS)** state §194.297.1 of the proposed legislation would allow the Organ Donor Program Fund to receive contributions from grants, gifts, bequests, the federal government, and other sources.

Section 194.297.2 of the proposed legislation would allow the DHSS to pursue funding to support programmatic efforts and initiatives. The DHSS's Organ and Tissue Donor Program staff plans to inform estate-planning attorneys of the opportunity to donate to the fund and include information on the program website; existing program staff will implement.

Section 194.297.3 of the proposed legislation instructs the state treasurer to invest any moneys in excess of \$500,000 not required for immediate disbursement in the same manner as surplus state funds are invested. These earnings will be deposited back into the Organ Donor Program Fund.

Section 194.299(2) of the proposed legislation would allow programmatic initiatives to include donor family recognition, training, and strategic planning efforts.

Interest earned on Organ Donor Program Fund in excess of \$500,000 and deposited into the fund would have a positive impact to the Organ Donor Program Fund balance. The impact is unknown and dependent upon how the State Treasurer invests the money; the impact should exceed \$0.

Sections 301.020.8 and 302.171.2, RSMo, currently allow for individuals to make a \$1 donation to the Organ Donor Program Fund. Proposed amendments to those sections would allow for donations no less than \$1 be made to the fund, meaning that donations greater than the current \$1 donation would be possible. The DHSS does not have any basis to project how many donations would be increased from \$1 or what amount donations may increase to. The Department therefore projects an unknown amount of additional revenue greater than zero dollars.

The proposed legislation expands expenditure authority for education, registry, and donor family initiatives. Expenditures for the Donor Family Recognition Program are expected, and costs are dependent upon the national theme that changes annually and influences supplies needed. The DHSS will utilize the State of Missouri's Statewide Services Contracts to secure advertising services to develop and disseminate messages about organ, eye and tissue donation in addition to living donation. The total impact of program appropriations, grants, gifts, and bequests is expected to be greater than \$0 but total impact is unknown.

The DHSS anticipates that the existing spending authority for the Organ Donor Program Fund is adequate for FY 2023. Expanding contractual options and fund utilization aids program efforts in implementing law intent. No additional FTE will be required.

In response to similar legislation (HB 2680), officials from the **Department of Revenue (DOR)** stated the Drivers' License Bureau (DLB) provides the following:

§301.020.8

This proposal modifies the amount of donation by a motor vehicle transaction applicant for registration from one dollar to allow a variable amount not less than a dollar to promote an organ donor program.

§302.171.2

This proposal modifies the amount of donation by a license applicant from one dollar to allow a variable amount not less than a dollar to promote an organ donor program.

Administrative Impact

To implement the provisions of this section, the DOR would be required to:

- Modify current MTAS code to change the amount of \$1.00 for the donor donation to a variable field;
- Update policies, procedures, and the Uniform License Issuance Manual (ULIM);
- Update forms, manuals, and the Department website;
- Complete project documentation such as the business case and project charter;
- Complete business requirements and design documents to modify the Missouri Electronic Driver License (MEDL) issuance system, MEDL central application and supporting applications;
- Complete programming and user acceptance testing of the Missouri Electronic Driver License (MEDL) issuance system; and
- Train staff.

FY 2023 – Driver License Bureau

Research/Data Assistant 320hrs. @ \$16.30 per hr. = \$5,216
Research/Data Analyst 320hrs. @ \$24.29 per hr. = \$7,773
Administrative Manager 80 hrs. @ \$26.37 per hr. = \$2,110
Total \$15,099

FY 2023 – Personnel Services Bureau

Associate Research/Data Analyst 80 hrs. @ \$19.47 per hr. = \$1,558

Total Costs \$16,657 (\$15,099 + \$1,558)

DOR officials state the Motor Vehicle Bureau (MVB) provides the following:

§301.020.8

Modifies the donation amount an applicant for motor vehicle registration can make to the organ donor program from one dollar to an amount not less than one dollar.

Administrative Impact

To implement the proposed legislation, the DOR will be required to:

- Update policies, procedures, forms, and the Department website;
- Implement identified system changes and conduct UAT testing and
- Train staff.

FY 2023 – Motor Vehicle Bureau

Associate Research/Data Analyst 27 hrs. @ \$18.87 per hr. =	\$509
Research/Data Assistant 10 hrs. @ \$15.80 per hr. =	\$158
Research/Data Analyst 17 hrs. @ \$23.55 per hr. =	\$400
Administrative Manager 10 hrs. @ \$25.56 per hr. =	\$256

FY 2023 – Strategy and Communications

Research/Data Assistant 10 hrs. @ \$15.80 per hr. =	\$158
Research/Data Analyst 10 hrs. @ \$23.55 per hr. =	<u>\$236</u>
Total	\$1,717

Total All Costs \$18,374 (\$15,099 + \$1,558 + \$1,717)

The DOR anticipates being able to absorb these administrative costs. If multiple bills are passed that require Department resources, funding may be requested through the appropriations process.

DOR officials also provide that ITSD consultants will be needed for updates. It is assumed that every new IT project/system will be bid out because all ITSD resources are at full capacity. The following IT consultant hours at the current contract rate of \$95/hr will be required:

71.28 hours to update MEDL (DL)
71.28 hours to update MODL (DL)
71.28 hours to update MORE (MV)
213.84 hours X \$95/hr = **\$20,315** one-time costs to General Revenue

Oversight does not have any information to the contrary. Therefore, Oversight will reflect the one-time costs against the General Revenue Fund as provided by DOR.

In response to similar legislation (HB 2680), officials from the **Hermann Area Hospital District**, the **University of Central Missouri**, **St. Charles County Community College** and the **Office of the Governor** 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 for these sections.

§195.010 – Definition changes

Oversight assumes modifying the definition of “drug paraphernalia” to exclude fentanyl testing strips will have no direct fiscal impact on the state or local political subdivisions.

§195.206 – Naltrexone hydrochloride

Oversight notes the provisions of this section are similar to SB 1037 from the current session. In response to SB 1037, officials from the **Department of Commerce and Insurance** and the **Department of Health and Senior Services** each assumed the provisions would have no fiscal

impact on their organizations. As no agency provided a response that specifically addressed this section, Oversight assumes no fiscal impact.

§196.1170 – Sale of kratom products

In response to similar legislation (Perfect HB 1667), officials from the **City of Kansas City** stated this legislation could have a negative fiscal impact on the City of Kansas City, Missouri, of an indeterminate amount, if the legislation limits Kansas City's ability to issue business licenses and permits.

Oversight notes provisions of this proposal (§196.1170.3) provides that the General Assembly occupies and preempts the regulation of kratom products to the exclusion of any order, ordinance, or regulation of any political subdivision of the state and that any political subdivision's existing or future orders, ordinances or regulations relating to kratom will be void. As Oversight does not have information to the contrary, Oversight will reflect a \$0 to (Unknown) potential loss of revenue to local governments.

Oversight also notes subsection .7 provides that if a kratom dealer violates certain provisions of this proposal, the director of the Department of Health and Senior Services (DHSS) may, after notice and hearing, impose a fine of no more than \$500 for the first offense and no more than \$1,000 for second and subsequent offenses. In addition, a dealer that violates certain provisions of this proposal is guilty of a class D misdemeanor. As it is unknown whether the DHSS will impose any fines. Oversight assumes, for fiscal note purposes, the amount of fines collected will be minimal and will not present fine revenue for fiscal note purposes.

In response to similar legislation (Perfect HB 1667), officials from the **Missouri Office of Prosecution Services (MOPS)** stated there is no measurable fiscal impact to MOPS. The enactment of a new crime [196.1170.7(2)] creates additional responsibilities for county prosecutors and the circuit attorney which may in turn result in additional costs which are difficult to determine.

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

In response to similar legislation (Perfect HB 1667), officials from the **Department of Commerce and Insurance**, the **Department of Health and Senior Services**, the **Department of Public Safety - Missouri Highway Patrol**, the **Office of the State Public Defender**, the **City of Springfield** and the **Office of the State Courts Administrator** 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 for this section.

§§197.400 and 197.445 – Home health licensing

In response to similar legislation (SB 830), officials from the **Department of Commerce and Insurance** and the **Department of Health and Senior Services** 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 for these sections.

§§198.640 - 198.648 – Registration for supplemental health care services agencies

Officials from the **Department of Health and Senior Services (DHSS)** state this proposal requires the DHSS to create a registration process and registry for a "supplemental health care services agency", which is defined as a person, firm, corporation, partnership, or association engaged for hire in the business of providing or procuring temporary employment in health care facilities for health care personnel, including a temporary nursing staffing agency as defined in section 383.130, or that operates a digital website or digital smartphone application that facilitates the provision of the engagement of health care personnel and accepts requests for health care personnel through its digital website or digital smartphone application. Agencies are required to register annually with the department and each separate location of the agency will be required to register. The registration process includes a registration application, collection of fees, and review of administrative policies/procedures. The legislation also requires oversight through annual unannounced surveys, complaint investigations, and other actions to ensure compliance.

DHSS is unsure of the number of facilities that will apply to be registered, so a range of zero to 400 facilities was used as an estimate for fiscal note purposes. This would require DHSS to complete up to 400 additional inspections and up to 600 additional investigations of complaints per year.

Section 198.644 requires DHSS to do the following:

1. Each registered supplemental health care services agency shall be required, as a condition of registration, to meet the following minimum criteria, which may be supplemented by rules promulgated by the department:
 - (7) (a) Submit a report to the department on a quarterly basis for each health care facility participating in Medicare or Medicaid with which the agency contracts that includes all of the following:
 - a. A detailed list of the average amount charged to the health care facility for each individual health care personnel category; and
 - b. A detailed list of the average amount paid by the agency to health care personnel in each individual health care personnel category;
 - (b) Such reports shall be considered closed records under section 610.021, provided that the department shall annually prepare reports of aggregate data that does not identify any data specific to any supplemental health care services agency;

DHSS is unsure of the number of agencies that will apply to be registered, so a range of zero to 400 agencies was used as an estimate for fiscal note purposes. This would require DHSS to complete up to 400 additional inspections and up to 600 additional investigations of complaints per year. To establish the registration process, promulgation of rules, revision or creation of applications, forms, and policies, etc. of this proposal the DHSS will hire six FTE to start on September 1, 2022, as described below:

- One FTE Regulatory Compliance Manager (\$71,621 annually) will be needed to promulgate rules; establish policies and procedures; and create applications and forms for the registration process. This manager will oversee the implementation of the program and supervise the registration process, including application review, issuance of licenses, and record retention.
- One FTE Administrative Support Assistant (\$31,200 annually) will be needed to provide data entry into databases to track applicants, inspections, and complaint investigations; issue registrations agencies; monitor inspection packets; and assist in imaging of records for record retention.
- Two (2) FTE Accountants (\$50,866 each, annually) will be needed to review applications and attachments including ownership documentation, policies/procedures, review insurance, bond, and workers compensation documentation, and contracts on a yearly basis.
- One FTE Public Health Program Specialist (\$45,593 annually) will be needed to coordinate the registration process between the accounting specialist, regional offices and unit support staff; monitor expiration dates; provide application materials and consultation; and ensure compliance prior to approving registration.

§198.642 states each separate location of the agency shall have a registration with the department. If 400 agencies applied for registration, this would require DHSS to hire an additional nine (9) FTE to start on January 1, 2023, as described below:

- Two (2) Registered Nurse Supervisors (\$68,649 each, annually) will be needed to provide direct oversight of the Registered Nurses. Due to many of the services/personnel provided by supplemental health care services agencies, a registered nurse will be needed in order to assist in medically-related complaints.
- Seven (7) Registered Nurses (\$60,842 each, annually) will be needed to conduct initial inspections of agencies, annual inspections, and complaint investigations.

The Registered Nurse Supervisors and Registered Nurses will be telecommuters and are expected to travel extensively. It is assumed the travel costs will be \$10,103 annually for these staff. This may also include out of state travel for those agencies based outside of Missouri.

Oversight does not have any information to the contrary. Oversight notes the DHSS estimates it will need 5 FTE to establish the process regardless of the number of health care service agency applicants and then 9 additional staff to inspect health care services agencies and investigate complaints, for a total of 14 staff. DHSS estimated costs from \$0 to greater than \$1.4 million annually before collection of registration fees. **Oversight** assumes DHSS will require at least the 5 FTE to develop the program before registrations begin to be submitted and will range costs to the General Revenue Fund from approximately \$440,000 annually to the amount provided by DHSS.

In response to similar legislation (HCS HB 2506), from the **Office of Administration - Budget and Planning (BAP)** state the provisions of §198.642 would require supplemental health care service agencies to annually register each individual business location with DHSS. Subsection 2(6) requires that the department establish a fee of no less than \$1,000 for each location being registered. This fee will cover DHSS' cost of administering the program, including surveys, complaint investigations, and other oversight actions necessary to ensure compliance. Additionally, if an agency is sold or ownership/management is transferred, the registration shall be void and the new owner or operator may apply for a new registration. These annual registration fees would result in an increase to TSR and impact the calculation under Article X, Section 18(e). B&P defers to DHSS for a more detailed revenue impact.

In response to similar legislation (HCS HB 2506), from the **Department of Commerce and Insurance**, the **Department of Revenue**, the **Department of Social Services** and the **Hermann Area Hospital District** 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 for these sections.

In response to similar legislation (HCS HB 2506), officials from the **Office of Administration (OA) - Administrative Hearing Commission** assumed the proposal would have no fiscal impact on their organization.

§208.151 and §208.662 - 12 month post-partum coverage for MPW and SMHB participants

Officials from the **Department of Social Services (DSS), Family Support Division (FSD)** state this proposal amends §208.151 to extend pregnancy-related and postpartum coverage from the last day of the month that includes the sixtieth day to one year after the pregnancy ends for individuals receiving MO HealthNet for Pregnancy (MPW). DSS shall submit a state plan amendment (SPA) to the Centers for Medicare and Medicaid Services (CMS) within sixty days of the effective date of this act and the provisions of this legislation shall remain in effect for any period of time during which there is federal authority under 42 U.S.C. Section 1396a(e)(16) or any successor statutes or regulations, is in effect. Section B contains an emergency clause, enacting Section 208.151 upon the passage of the legislation.

Subsection 208.662.6 is amended to extend pregnancy-related and postpartum coverage from the last day of the month that includes the sixtieth day to one year after the pregnancy ends for

individuals receiving Show Me Healthy Babies (SMHB). DSS shall submit a SPA to CMS within sixty days of the effective date of this act and the provisions of this legislation shall remain in effect for any period of time during which there is federal authority under 42 U.S.C. Section 1397gg(e)(1)(J) or any successor statutes or regulations, is in effect. Section B contains an emergency clause, enacting Section 208.151 upon the passage of the legislation.

Beginning April 1, 2022, sections 9812 and 9822 of The American Rescue Plan Act of 2021 (ARPA) give states the option to extend Medicaid coverage for pregnant women beyond the required 60-day postpartum period through the end of the month in which a 12-month postpartum period ends. The option provides for continuous eligibility. States electing this option must provide full state plan benefits during the pregnancy and postpartum period; they may not limit coverage to pregnancy-related services. If adopted for Medicaid, the extended postpartum coverage election applies automatically to the Children's Health Insurance Program (CHIP) in the state. This option is time-limited to a 5-year period beginning on the effective date of the provision, April 1, 2022.

Due to the Families First Coronavirus Response Act (HR 6201, Section 6008), MO HealthNet coverage was maintained at the same benefit level for all cases as of March 18, 2020 and coverage was only closed for voluntary requests, deceased participants, participants moving out of the state, or aging out of CHIP under Title XXI. Due to this requirement, FSD has used data from FY 2020.

The Family Support Division (FSD) determined that approximately 4,565 individuals who received MPW postpartum benefits beginning on the last day of their pregnancy would have coverage extended to twelve months.

FSD arrived at the number in the following manner:

In FY 2020, 46,455 MPW participants lost postpartum coverage after 60 days. Of these:

14,513 MPW moved to other assistance assuming a full benefit package
12,449 MPW moved to Extended Women's Health Services (EWHS) with limited benefits
19,493 MPW received no other assistance
Total: 46,455 MPW participants lost postpartum coverage after 60 days

Under Amendment 2, Missouri Constitution Article IV, Section 36(c), effective July 1, 2021, the DSS extended MO HealthNet coverage to persons age 19 to 64 with income under 138% of the federal poverty level (FPL), known as the Adult Expansion Group (AEG). The extension of this MO HealthNet coverage results in MPW participants that would have previously moved to Extended Women's Health Services (EWHS) or received no other assistance to potentially be eligible for AEG. To estimate the number of MPW participants that could now move directly from MPW to AEG, DSS analyzed MPW participants receiving in February 2020 with income under 138% FPL that do not receive Medicare and determined 87% of the MPW population will

now be eligible for AEG and receive a full benefit package. DSS then used the 87% to estimate 27,790 ((12,449 + 19,493 = 31,942) and (31,942 * 0.87 = 27,789.54)) could now move to AEG.

Therefore, the total MPW participants estimated to receive extended postpartum for twelve months is 4,152 (46,455 – 14,513 – 27,790 = 4,152).

46,455 MPW participants lost postpartum coverage after 60 days
14,513 MPW moved to other assistance assuming a full benefit package
27,790 MPW moved to AEG
Total: 4,152 estimated to receive extended postpartum for twelve months

In FY 2020, 553 SMHB participants lost postpartum coverage after 60 days. Of these:
140 moved to other assistance assuming a full benefit package
68 moved to Women’s Health Services (WHS) with limited benefits
345 received no other assistance
Total: 553 SMHB participants lost postpartum coverage after 60 days

FSD assumes SMHB participants who moved to EWHS will not be eligible for AEG as their income at the SMHB determination exceeds eligibility guidelines for AEG. The total SMHB participants estimated to receive extended postpartum for twelve months is 413 (553 total – 140 moved to other assistance = 413).

Amending these sections would extend MPW and SMHB coverage for 4,565 (4,152 + 413 = 4,565) total individuals after the postpartum period ended. DSS assumes eligibility for the extended coverage would also include any postpartum participant currently within the initial 60-days of coverage as of the effective date.

If the provisions of this legislation are enacted, the DSS will submit a SPA to CMS for approval. DSS estimates it will take approximately 90 days for the State Plan Amendment (SPA) to be approved. Therefore, DSS estimates implementation of the provisions of this legislation cannot occur until July 1, 2022.

The extension of coverage would have no fiscal impact to FSD.

FSD defers to the MO HealthNet Division (MHD) for costs to the program.

FSD assumes the Office of Administration (OA), Information Technology Services Division (ITSD)/DSS will include the MEDES programming costs for the system changes needed to implement provisions of this bill in their response.

Oversight notes FSD’s deferral to MHD and OA, ITSD/DSS for a statement of fiscal impact; for fiscal note purposes, Oversight assumes no fiscal impact for FSD.

Officials from **DSS, MHD** state, currently, MHD covers pregnancy-related and postpartum mothers for up to 60 days after the pregnancy ends. This legislation would extend coverage to twelve months after the pregnancy ends. An SPA amendment and MCO Contract Amendment would be needed for this legislation. There is a portion of the SMHB population that may not be eligible for coverage under the ARPA state plan option but may be eligible under the CHIP state plan option.

FSD determined a grand total of 4,565 (413 SMHB plus 4,152 MPW) participants would qualify for coverage under this legislation. MHD assumes a new Medical Eligibility (ME) code would need to be created for this population, with a total cost of \$75,000, split 10% GR; 90% Federal. MHD also found an average monthly per member per month (PMPM) rate of \$547.21 for this population. This rate includes carved-out services, which mainly includes DMH services as well as Pharmacy related services.

MHD will assume: system costs and the creation of the ME Code in FY23; plus 4 months of coverage for this population due to the timing to acquire a SPA amendment; and the MCO Contract Amendment. MHD assumes only new eligible mothers would qualify for extended coverage when this legislation takes effect.

FY23 Total: \$5,326,574 (GR: \$1,803,013; Federal: \$3,523,561)
FY24 Total: \$28,968,149 (GR: \$9,904,210; Federal: \$19,063,939)
FY25 Total: \$31,004,016 (GR: \$10,600,273; Federal: \$20,403,743)

Oversight notes the estimate of MO HealthNet coverage costs provided by DSS have changed slightly from those provided for similar proposals. DSS has reviewed costs based on the timing of the program's implementation. Oversight does not have information to the contrary and therefore, Oversight will reflect the estimates as provided by MHD.

Officials from the **DSS, Division of Legal Services (DLS)** estimate it will require one (1) additional FTE Hearing Officer to implement this legislation. This need stems from a likely increase in administrative appeals associated with the bill's new requirements. The Family Support Division estimates that 4,565 new participants would qualify for services under this legislation. MO HealthNet Division estimates that 5% of those new participants would need an administrative hearing for some reason during the year. DLS's hearings unit will need to adjudicate an additional 229 administrative hearings. Given the hearings officer's normal caseload of 696 hearings, one (1) additional hearing officer will be needed to absorb this increase in hearings [$((4,565 * 0.05) / (696)) = 0.33 = \underline{1 \text{ new FTE hearings officer}}$].

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

Officials from the **Office of Administration (OA), Information Technology Services Division (ITSD)/DSS** state there is an impact but it will be covered under existing contracts. Specifically, the changes to MEDES required with the passage of this bill are estimated to require less than

500 hours of effort in total and would be handled via current maintenance and operations activities under an existing services contract with Redmane. Impacts by section are as follows:

- Section 208.151.1(28)(a) changes the end date for Medicaid for Pregnant Women benefits for the mother from the last day of the month that includes the 60th day post-partum to the last day of the 12th post-partum month. These changes simplify the rules and will not be enough effort to warrant a PAQ. The MEDES project would prioritize the change and use part of the 2,000 hours of effort per month included under Contract C2170849002 (MEDES Maintenance & Operations – Redmane, LLC). Total effort is estimated to be less than 500 hours.
- Section 208.662.6(2) changes the end date for Show-Me Healthy Baby benefits for the mother from the last day of the month that includes the 60th day after the child's birth to extending the coverage to the last day of the 12th month after the pregnancy ends. These changes simplify the rules and will not be enough effort to warrant a PAQ. The MEDES project would prioritize the change and use part of the 2,000 hours of effort per month included under Contract C2170849002 (MEDES Maintenance & Operations – Redmane, LLC). Total effort is estimated to be less than 500 hours.

These provisions have an emergency clause.

Officials from the **Department of Mental Health (DMH)** defer to the DSS for these sections of the proposal. The anticipated fiscal impact to DMH for CPR, CSTAR, CCBHO and DD waiver services are included in the DSS estimate.

§208.152 - Health home services for children with medically complex conditions

Officials from the **Department of Social Services (DSS), MO HealthNet Division (MHD)** state this legislation revises Chapter 208, RSMo, by adding one new section which states DSS shall submit a state plan amendment (SPA) to the Centers for Medicare and Medicaid Services (CMS) to implement health home services for children with medically complex conditions.

DSS assumes 6,100 children will qualify for this program. DSS structured the per member, per month (PMPM) costs comparable to the Primary Care Health Home Program. Total PMPM costs are \$112.05. An inflationary rate of 1.7% was applied for subsequent years.

MHD assumes no impact in FY23 due to timing of obtaining a waiver for this legislation.

FY23: Total - \$0 (GR - \$0; Federal - \$0)

FY24: Total - \$8,341,577 (GR - \$2,851,985; Federal - \$5,489,592)

FY25: Total - \$8,483,384 (GR - \$2,900,469; Federal - \$5,582,915)

DSS also estimates a potential savings associated with this proposal. Officials from MHD estimate 800 children are enrolled in Medicaid that have complex medical needs. Under this

legislation, the population will utilize case management services that will result in projected savings due to reduced emergency room visits. MHD arrived at a potential savings amount that will offset the cost of the program based upon a pilot program with Mercy Hospital.

DSS calculated the potential program savings as follows:

800 Estimated medically complex kids to see ER savings
* \$868.91 Estimated PMPM Savings
* 12 Months for Program in SFY 2024
\$8,341,536 Estimated Program Savings in SFY 2024

800 Estimated medically complex kids to see ER savings
* \$883.69 Estimated PMPM Savings
* 12 Months for Program in SFY 2025
\$8,483,424 Estimated Program Savings in SFY 2025

FY23: Total - \$0 (GR - \$0; Federal - \$0)
FY24: Total - \$8,341,577 (GR - \$2,851,985; Federal - \$5,489,592)
FY25: Total - \$8,483,384 (GR - \$2,900,469; Federal - \$5,582,915)

Oversight assumes the potential for the savings from the program to completely offset the costs of the program is speculative and therefore, Oversight will reflect the new savings estimates as provided by DSS as “Up to \$8,341,577” in FY 2024 and “Up to \$8,483,384” in FY 2025.

Oversight notes the fund split presented by DSS is 34.19% GR; 65.81% Federal. Oversight does not have information to the contrary and therefore, Oversight will reflect the estimates as provided by DSS/MHD.

In response to similar legislation (HB 2368), officials from the **Office of Administration - Budget and Planning (B&P)** deferred to DSS for the potential fiscal impact of this proposal.

Oversight notes B&P’s deferral to DSS for a statement of fiscal impact; for fiscal note purposes, Oversight assumes no fiscal impact for B&P.

In response to similar legislation (HB 2368), officials from the **Department of Commerce and Insurance**, the **Department of Health and Senior Services** and the **Hermann Area Hospital District** 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 for this section.

§208.798 - Extends the Missouri Rx plan to August 28, 2029

In response to similar legislation (HB 2820), officials from the **Department of Social Services (DSS)** assumed the proposal will have no fiscal impact on their organization.

Oversight assumes extending the termination date for §208.798 to August 28, 2029 (currently August 28, 2022) will result in a continuation of costs to the State. Oversight notes the Governor's recommendations for FY23 includes funding for the MO Rx Drug Program of \$6,554,552 (General Revenue \$3,765,778 and Other State Funds (MO Rx Plan Fund # 0779) of \$2,788,774).

For fiscal note purposes, Oversight will assume funding for the MO Rx Drug Program will be \$6,554,552 (GR \$3,765,778; Other State Funds \$2,788,774) for each FY23, FY24 and FY25. Oversight will reflect 10 months of impact in FY23.

Expenditures for the program have been: \$3,663,929 in FY 2021;
 \$3,915,789 in FY 2020; and
 \$4,768,479 in FY 2019

In response to similar legislation (HB 2820), officials from the **Office of Administration - Budget & Planning (B&P)** stated this bill has no direct impact on B&P or on general and total state revenues. The B&P states it will not impact the calculation pursuant to Article X, Section 18(e).

In response to similar legislation (HB 2820), officials from the **Department of Commerce and Insurance**, the **Department of Health and Senior Services** and the **Department of Mental Health** 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 for this section.

§210.921 – Registry information

Oversight assumes this provision will not have any fiscal impact on the state as it is simply stating the department will not provide any registry information unless it first obtains the name and address of the person or entity requesting the information.

§§334.530 and 334.655 – Physical therapists and physical therapist assistants

In response to similar provisions (Perfected HB 2149), officials from the **Department of Commerce and Insurance** assumed 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 for these sections.

§338.010 - Pharmacists

In response to similar provisions (SB 682), officials from the **Department of Commerce and Insurance**, the **Department of Health and Senior Services** and the **Department of Social Services** 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 no fiscal impact for these agencies for this section.

§338.061 - Tricia Leann Tharp Act

In response to similar legislation (HB 1644), officials from the **Department of Commerce and Insurance** and the **Department of Health and Senior Services** 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 for this section.

§376.427 – Prepaid dental plans

In response to similar provisions (HCS HB 2743), officials from the **Department of Commerce and Insurance**, the **Missouri Department of Transportation** and the **Missouri Consolidated Health Care Plan** each assumed the proposal will have no fiscal impact on their respective organizations.

In response to similar provisions (HCS HB 2743), officials from the **Department of Public Safety - Missouri Highway Patrol** deferred to the Missouri Department of Transportation for the potential fiscal impact of this proposal.

In response to similar provisions (HCS HB 2743), officials from the **Department of Social Services** and the **Missouri Department of Conservation** 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 for this section.

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.

§376.1575 – Credentialing of health care practitioners

In response to similar legislation (HB 2199), officials from the **Department of Commerce and Insurance**, the **Department of Health and Senior Services**, the **Department of Mental Health** and the **Department of Social Services** 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 on the fiscal note for this section.

§376.1800 – Medical retainer agreements

In response to similar legislation (HB 2340), officials from the **Department of Commerce and Insurance** and the **Department of Social Services** 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 on the fiscal note for this section.

§§579.040 and 579.076 – Distributors of hypodermic needles

Officials from the **Department of Health and Senior Services (DHSS)** state the proposed legislation 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 DHSS. The duties associated with the registration of entities would require an additional 25 hours per year by a Public Health Program Specialist, which would cost of \$572.25 annually. (The average Public Health Program Specialist salary in the Division of Community and Public Health is \$47,616.16 as of March 2022. An average hourly salary of \$22.89 X 25 hours = \$572.25).

The 25 hours per year is based on data entry of entities into the registry. The department anticipates being able to absorb these costs. However, until the FY23 budget is final, the department cannot identify specific funding sources.

Oversight does not have any information to the contrary. Oversight assumes the DHSS has sufficient staff and resources available to absorb the minimal additional duties imposed by the provisions of this proposal and will reflect no fiscal impact for DHSS for these sections for fiscal note purposes.

In response to similar legislation (Perfectured SS SB 690), officials from the **Department of Commerce and Insurance**, the **Department of Corrections**, the **Department of Public Safety - Missouri Highway Patrol**, the **Kansas City Health Department**, the **Newton County Health Department**, the **St. Louis County Health Department** and the **Missouri Office of Prosecution Services** 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 for these sections.

In response to similar legislation (Perfectured SS SB 690), officials from the **Office of the State Courts Administrator** assumed the proposal would 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 for this agency for these sections.

§630.980 – Behavior crisis care centers

Officials from the **Department of Mental Health (DMH)** state §630.980 establishes the “Behavioral Crisis Grant Program” within the DMH. Subject to appropriation, the department shall establish the behavioral crisis grant program to assist not-for-profit organizations in the creation or maintenance of programs to assist individuals experiencing behavioral crises.

DMH would develop a process for not-for-profit or 217.021 entities to request assistance and award funding based on criteria deemed relevant. The amount of the appropriation would determine how much staff time and effort would be required to operate the program. DMH does not anticipate the need for any FTEs to operate this program. The cost for this program would be determined by the amount appropriated.

Oversight notes, in response to HB 2253, DMH assumed this would be new GR funding. Although there could be opportunities to utilize federal funds; the amount would vary, subject to availability. There may be eligible services for federal funding but it depends on who provides the service and if there are grants that are applicable. Funding was appropriated in FY 2022 for the Behavioral Health Crisis Center (BHCC) as both GR and Federal Match Funds. In addition, the Division of Behavioral Health (DBH) has funding in the Governor's Recommended Budget for the 988 initiative. Funds will come as GR for the call centers and a mix of GR and Federal match for the mobile crisis portion. Future funding would need to be GR; monies appropriated from the newly created fund established in this legislation; and federal coming either as grant or federal match.

Oversight notes this proposed legislation creates a new fund under the Behavioral Crisis Grant Program. Subject to appropriation, DMH shall establish a Behavioral Crisis Grant Program to assist nonprofit organizations in the creation or maintenance of programs that support individuals experiencing behavioral crises. The monies in the fund may be 100% GR or a mix of GR and Federal funds (grants and/or match). The director of DMH or his or her designee shall administer the program including the grant application process and determining grant amounts to be awarded. Oversight assumes monies in the new fund will be spent on services in the same fiscal year as they are appropriated, therefore, Oversight will reflect that unknown income and expenditures in GR and Federal funds will net to \$0 for fiscal note purposes.

In response to similar provisions (HB 2253), officials from the **Department of Health and Senior Services**, the **Department of Public Safety - Missouri Highway Patrol**, the **Office of the State Treasurer**, the **Kansas City Police Department**, the **Phelps County Sheriff's Department**, the **Springfield Police Department** and the **St. Louis County Police Department** each 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 for this section.

Oversight only reflects the responses received from state agencies and political subdivisions; however, other sheriffs, police and hospitals were requested to respond to this proposed legislation but did not. A listing of political subdivisions included in the Missouri Legislative Information System database is available upon request.

Bill as a whole

Officials from the **City of Claycomo**, the **City of O'Fallon**, the **St. Louis Budget Division**, the **St. Louis County Clerk**, the **St. Joseph Police Department**, and the **Crawford County 911 Board** each assume the proposal will have no fiscal impact on their organization. **Oversight** has no information to the contrary and will present no fiscal impact for these organizations.

Rule Promulgation

Officials from the **Joint Committee on Administrative Rules** assume this proposal is not anticipated to cause a fiscal impact beyond its current appropriation.

Officials from the **Office of the Secretary of State (SOS)** note many bills considered by the General Assembly include provisions allowing or requiring agencies to submit rules and regulations to implement the act. The SOS is provided with core funding to handle a certain amount of normal activity resulting from each year's legislative session. The fiscal impact for this fiscal note to the SOS for Administrative Rules is less than \$5,000. The SOS recognizes that this is a small amount and does not expect that additional funding would be required to meet these costs. However, the SOS also recognizes that many such bills may be passed by the General Assembly in a given year and that collectively the costs may be in excess of what the office can sustain with its core budget. Therefore, the SOS reserves the right to request funding for the cost of supporting administrative rules requirements should the need arise based on a review of the finally approved bills signed by the governor.

<u>FISCAL IMPACT – State Government</u>	FY 2023	FY 2024	FY 2025
GENERAL REVENUE FUND			
<u>Income</u> – DHSS – licensing fees – supplemental health care registry (§§198.640 - 198.648) p. 18-21	\$0 to \$1,000,000	\$0 to \$1,200,000	\$0 to \$1,200,000
<u>Savings</u> - DSS/MHD (§208.152) Reduced utilization of emergency services p. 25-26	\$0	Up to \$2,851,985	Up to \$2,900,469
<u>Revenue Reduction</u> – Preceptorship Tax Credit (§135.690) p. 4-8	\$0	(\$200,000)	(\$200,000)
<u>Revenue Gain/Transfer In</u> – Reimbursement For Tax Credit From Medical Preceptor Fund (§135.690) p. 4-8	\$0	\$200,000	\$200,000
<u>Cost</u> – DHSS (§135.690) p. 5-6			
Personnel Services	\$0	(\$52,346)	(\$52,870)
Fringe Benefits	\$0	(\$31,599)	(\$31,789)
Equipment & Expense	\$0	(\$20,569)	(\$10,554)
<u>Total Cost</u> – DHSS	<u>\$0</u>	<u>(\$104,514)</u>	<u>(\$95,213)</u>
FTE Change – DHSS	0 FTE	1 FTE	1 FTE
<u>Costs</u> – DESE (§170.047) – materials/guidelines to provide to 3rd party p. 9-10	(\$22,300)	\$0	\$0
<u>Costs</u> – DOR (§§194.210 -194.304, 301.020 and 302.171) – System updates p. 14-16	(\$20,315)	\$0	\$0
<u>FISCAL IMPACT – State Government</u>	FY 2023	FY 2024	FY 2025

GENERAL REVENUE FUND			
(continued)			
<u>Costs - DHSS (§§198.640 - 198.648) – supplemental health care registry p. 18-21</u>			
Personal service	(\$208,455 to \$677,782)	(\$252,647 to \$821,471)	(\$255,174 to \$829,686)
Fringe benefits	(\$128,153 to \$393,026)	(\$154,692 to \$474,587)	(\$155,610 to \$477,572)
Equipment and expense	(\$70,006 to \$171,200)	(\$30,560 to \$131,158)	(\$31,322 to \$134,436)
<u>Total Costs - DHSS</u>	<u>(\$406,614 to \$1,242,008)</u>	<u>(\$437,889 to \$1,427,216)</u>	<u>(\$422,106 to \$1,441,694)</u>
FTE Change – DHSS	5 to 14 FTE	5 to 14 FTE	5 to 14 FTE
*The larger negative fiscal impact corresponds to \$0 licensing fees being collected by DHSS; the lower negative fiscal impact corresponds to the collection of licensing fees.			
<u>Costs – DSS/DLS (§§208.151 and 208.662) p. 21-25</u>			
Personal service	(\$61,073)	(\$61,684)	(\$62,301)
Fringe benefits	(\$35,269)	(\$35,473)	(\$35,680)
Equipment and expense	(\$14,149)	(\$11,195)	(\$11,474)
<u>Total Costs - DSS/DLS</u>	<u>(\$110,491)</u>	<u>(\$108,352)</u>	<u>(\$109,455)</u>
FTE Changes	1 FTE	1 FTE	1 FTE
<u>Costs – DSS/MHD (§208.662) new SMHB ME code p. 21-25</u>	(\$7,500)	\$0	\$0
<u>Costs - DSS/MHD (§208.662) Program distributions for SMHB p. 21-25</u>	(\$1,803,013)	(\$9,904,210)	(\$10,600,273)
<u>Costs – DSS/MHD (§208.152) PMPM p. 25-26</u>	\$0	(\$2,851,985)	(\$2,900,469)
<u>Costs - DSS - On-going MO Rx Drug Program expenditures (extension of §208.798 termination date) p. 26</u>	(\$3,138,148)	(\$3,765,778)	(\$3,765,778)
<u>FISCAL IMPACT – State Government</u>	FY 2023	FY 2024	FY 2025

GENERAL REVENUE FUND (continued)			
<u>Loss</u> – DHSS – reduction in licensing fees from frozen desserts (repeal of §§191.743) p.13	(\$26,667)	(\$32,000)	(\$32,000)
<u>Transfer Out</u> - DESE - bleeding control kits and school personnel training – (\$160.485) p. 8-9	\$0 to (Could exceed \$340,725)	\$0 or (Could exceed \$100,000)	\$0 or (Could exceed \$100,000)
<u>Transfer Out</u> - DMH (§630.980) To Behavioral Crisis Grant Program Fund p. 28-29	(Unknown)	(Unknown)	(Unknown)
ESTIMATED NET EFFECT ON THE GENERAL REVENUE FUND	<u>Could exceed (\$5,535,048 to \$5,711,167)</u>	<u>Could exceed (\$14,242,070 to \$17,204,728)</u>	<u>Could exceed (\$14,944,413 to \$17,925,294)</u>
Estimated Net FTE Change on the General Revenue Fund	6-15 FTE	7-16 FTE	7-16 FTE
MEDICAL PRECEPTOR FUND			
<u>Revenue Gain</u> – Increase In License Fee For Physicians, Surgeons, and Physician Assistants (§135.690) p. 4-8	\$0	Up to \$216,155	Up to \$216,155
<u>Revenue Reduction/Transfer Out</u> – Reimbursement To GR For Cost Of Tax Credits (§135.690) p. 4-8	\$0	Up to (\$200,000)	Up to (\$200,000)
ESTIMATED NET EFFECT ON MEDICAL PRECEPTOR FUND	<u>\$0</u>	<u>Up to or could exceed \$16,155</u>	<u>Up to or could exceed \$16,155</u>
<u>FISCAL IMPACT</u> – State Government (continued)	FY 2023	FY 2024	FY 2025
COLLEGE & UNIVERSITY FUNDS			

<u>Cost</u> – supplies and equipment to print cards (§173.1200) p. 10-11	\$0 or <u>(Unknown)</u>	\$0	\$0
ESTIMATED NET EFFECT ON COLLEGE & UNIVERSITY FUNDS	<u>\$0 or (Unknown)</u>	<u>\$0</u>	<u>\$0</u>
ORGAN DONOR PROGRAM (0824)			
<u>Income</u> – DHSS (§§194.210 -194.304, 301.020 and 302.171) – increased donations p. 13-14	<u>Unknown</u>	<u>Unknown</u>	<u>Unknown</u>
ESTIMATED NET EFFECT ON THE ORGAN DONOR PROGRAM	<u>Unknown</u>	<u>Unknown</u>	<u>Unknown</u>
MO Rx PLAN FUND (779)			
<u>Costs</u> - DSS (extension of §208.798 termination date) On-going MO Rx Drug Program expenditures p. 26	<u>(\$2,323,978)</u>	<u>(\$2,788,774)</u>	<u>(\$2,788,978)</u>
ESTIMATED NET EFFECT ON THE MO Rx PLAN FUND	<u>(\$2,323,978)</u>	<u>(\$2,788,774)</u>	<u>(\$2,788,978)</u>
<u>FISCAL IMPACT – State Government (continued)</u>	FY 2023	FY 2024	FY 2025
BEHAVIORAL CRISIS GRANT PROGRAM FUND			

<u>Transfer In</u> - DMH (§630.980) From General Revenue Fund p. 28-29	Unknown	Unknown	Unknown
<u>Income</u> – DMH (§630.980) From Gifts, Contributions, Grants, Bequests, et. p. 28-29	Unknown	Unknown	Unknown
<u>Costs</u> – DMH (§630.980) Nonprofit Organizations/Crisis Care Programs p. 28-29	(Unknown)	(Unknown)	(Unknown)
ESTIMATED NET EFFECT ON THE BEHAVIORAL CRISIS GRANT PROGRAM FUND	<u>\$0</u>	<u>\$0</u>	<u>\$0</u>
FEDERAL FUNDS			
<u>Income</u> – DSS/MHD (§208.152) Program reimbursements p. 25-26	\$0	\$5,489,592	\$5,582,915
<u>Income</u> - DSS/MHD (§208.662) Reimbursement for SMHB program p. 21-25	\$3,523,561	\$19,063,939	\$20,403,743
<u>Income</u> – DSS/MHD (§208.662) Reimbursement for new SMHB ME code p. 21-25	\$67,500	\$0	\$0
<u>Income</u> - DMH (§630.980) Grants and/or program reimbursements to Behavioral Crisis Grant Program Fund p. 28-29	Unknown	Unknown	Unknown
<u>Savings</u> - DSS/MHD (§208.152) Reduced utilization of emergency services p. 25-26	\$0	\$5,489,592	\$5,582,915
<u>FISCAL IMPACT</u> – State Government (continued)	FY 2023	FY 2024	FY 2025
FEDERAL FUNDS (continued)			

<u>Costs</u> – DSS/MHD (§208.152) PMPM p. 25-26	\$0	(\$5,489,592)	(\$5,582,915)
<u>Costs</u> - DSS/MHD (§208.662) Program distributions for SMHB p. 21-25	(\$3,523,561)	(\$19,063,939)	(\$20,403,743)
<u>Costs</u> – DSS/MHD (§208.662) new SMHB ME code p. 21-25	(\$67,500)	\$0	\$0
<u>Costs</u> - DMH (§630.980) Nonprofit Organizations/Crisis Care Programs p. 28-29	(Unknown)	(Unknown)	(Unknown)
<u>Losses</u> - DSS/MHD (§208.152) Decreased reimbursements due to reduced utilization of emergency services p. 25-26	\$0	(\$5,489,592)	(\$5,582,915)
ESTIMATED NET EFFECT ON FEDERAL FUNDS	<u>\$0</u>	<u>\$0</u>	<u>\$0</u>

<u>FISCAL IMPACT – Local Government</u>	FY 2023	FY 2024	FY 2025
LOCAL GOVERNMENTS			
<u>Transfer-in</u> – from General Revenue to School Districts (§160.485) p. 8-9	\$0 to Could exceed \$340,725	\$0 or Could exceed \$100,000	\$0 or Could exceed \$100,000
<u>Costs</u> – School Districts for bleeding control kits and school personnel training (§160.485) p. 8-9	\$0 to (Could exceed \$340,725)	\$0 or (Could exceed \$100,000)	\$0 or (Could exceed \$100,000)
<u>Costs</u> – School Districts to train employees and administer provisions of Will’s Law (§167.625) p. 9	\$0 or (Unknown)	\$0 or (Unknown)	\$0 or (Unknown)
<u>Costs</u> – Public and Charter School supplies and equipment to print cards (§170.048) p. 10-11	\$0 or (Unknown)	\$0	\$0
<u>Revenue Reduction</u> – Cities - Kratom-reduction in licensing fees (§196.1170) p. 17-18	\$0 to (Unknown)	\$0 to (Unknown)	\$0 to (Unknown)
ESTIMATED NET EFFECT ON LOCAL GOVERNMENTS	\$0 to (Unknown)	\$0 to (Unknown)	\$0 to (Unknown)

FISCAL IMPACT – Small Business

This proposal would have a positive fiscal impact on certain small businesses as they would no longer have to obtain a license or incur costs associated with maintaining the license. (Repeal of §§191.743)

This proposal may directly impact small businesses that sell kratom products. (§196.1170)

This proposal may positively impact small business home health agencies as it allows home health service plans to be signed by additional practitioners. (§§197.400 and 197.445)

This proposal will have a fiscal impact on small business health care service agencies. (§§198.640 - 198.648)

Physical therapists and physical therapist assistants could be impacted by this proposal. (§§334.530 and 334.655)

A direct fiscal impact to small pharmacist could be expected as a result of this proposal. (§338.010)

A direct fiscal impact to pharmacies and pharmacist would be expected as a result of this proposal. (§338.061)

Small business prepaid dental plans could be affected by this proposal. (§376.427)

Certain dental businesses could be impacted by this proposal. (§376.1800)

FISCAL DESCRIPTION

Beginning January 1, 2023, this bill creates a tax credit for any community-based faculty preceptor, as defined in the bill, who serves as the community-based faculty preceptor for a medical student core preceptorship or a physician assistant student core preceptorship, as defined in the bill. The amount of the tax credit will be worth \$1000 for each preceptorship, up to a maximum of \$3000 per tax year, if he or she completes up to three preceptorship rotations during the tax year and did not receive any direct compensation for the preceptorships. To receive the credit, a community-based faculty preceptor must claim the credit on his or her return for the tax year in which he or she completes the preceptorship rotations and must submit supporting documentation as prescribed by the Missouri Board of Registration for the Healing Arts and the Missouri Department of Health and Senior Services.

This tax credit is nonrefundable and cannot be carried forward or carried back, transferred, assigned or sold. No more than 200 preceptorship tax credits will be authorized for any one calendar year and will be awarded on a first-come, first-served basis, capped at a total amount of \$200,000 per year. Some discretion to use remaining funds in a particular fiscal year is provided.

Additionally, this bill creates a "Medical Preceptor Fund" which is funded from a license fee increase of \$7.00 per license for physicians and surgeons and from a license fee increase of \$3.00 per license for physician assistants. This will be a dedicated fund designed to fund additional tax credits that may exceed the established cap of \$200,000 per year.

The Missouri Department of Health and Senior Services will administer the tax credit program. Each taxpayer claiming a tax credit must file an application with the Department verifying the number of hours of instruction and the amount of the tax credit claimed. The hours claimed on the application must be verified by the program director on the application. The certification by the Department affirming the taxpayer's eligibility for the tax credit provided to the taxpayer must be filed with the taxpayer's income tax return.

The Department of Commerce and Insurance and the Department of Health and Senior Services will jointly administer the tax credit and each taxpayer claiming a tax credit must file an affidavit with his or her income tax return, affirming that he or she is eligible for the tax credit. Additionally, the Department of Commerce and Insurance and the Department of Health and Senior Services will jointly promulgate rules to implement the provisions of this bill. (§135.690)

This bill creates the "Stop the Bleed Act", defines "bleeding control kits" and requires the Department of Elementary and Secondary Education (DESE) to develop a traumatic blood loss protocol for school personal by January 1, 2023.

The bill outlines the specific requirements for the blood loss protocol which shall include a bleeding control kit be placed in areas where there is likely to be high traffic or congregation, and areas where risk of injury may be elevated. Additionally, each district must designate a school nurse or school health care provider, or if no school nurse or school health care provider is available, a school personnel member to receive annual training on the use of a blood control kit.

The bill requires DESE and each school district and charter school to maintain information regarding the traumatic blood loss protocol and the Stop the Bleed national awareness campaign on their respective websites. (§160.485)

This act establishes "Will's Law," requiring individualized health care plans to be developed by school nurses in public schools and charter schools. Such plans shall be developed in consultation with a student's parent or guardian and appropriate medical professionals that address procedural guidelines and specific directions for particular emergency situations relating to the student's epilepsy or seizure disorder. Plans are to be updated at the beginning of each school year and as necessary. Notice must be given to any school employee that may interact with the student, including symptoms of the epilepsy or seizure disorder and any medical and treatment issues that may affect the educational process.

All school employees shall be trained every two years in the care of students with epilepsy and seizure disorders. Training shall include an online or in-person course of instruction approved by the Department of Health and Senior Services. School personnel shall obtain a release from a student's parent to authorize the sharing of medical information with other school employees as necessary.

This act protects school employees from being held liable for any good faith act or omission while performing their duties. (§167.625)

This bill requires public schools, charter schools, and public institutions of higher education that issue pupil identification cards to have printed on the card specific phone numbers including those for the National Suicide Prevention and the Crisis Text Line. (§§170.048 and 173.1200)

This bill repeals in their entirety §§191.743, 196.866, and 196.868, RSMo, dealing with frozen desert licensure and perinatal substance abuse.

This bill modifies provisions relating to the Organ Donor Program Fund. (§§194.210 -194.304, 301.020 and 302.171)

This bill establishes the "Kratom Consumer Protection Act", which requires dealers who prepare, distribute, sell, or expose for sale a food that is represented to be a kratom product to disclose on the product label the basis on which this representation is made. A dealer is prohibited from preparing, distributing, selling, or exposing for sale a kratom product that does not conform to these labeling requirements. (§196.1170)

This bill establishes procedures and requirements for the registration and qualifications of supplemental health care service agencies, defined as persons or entities engaged in the business of providing or procuring temporary employment in health care facilities for health care personnel.

A person operating a supplemental health care service agency shall register annually with the Department of Health and Senior Services pursuant to forms and procedures established by the Department. Each agency as a condition of registration must meet minimum criteria as described in the bill, which may be supplemented by the Department by rules. Failure to comply with such criteria will subject the agency to revocation or nonrenewal, subject to administrative appeal, and if an agency is sold or ownership is transferred, registration shall be void.

The controlling person of a supplemental health care service agency whose registration has been revoked under the provisions of this bill is not eligible to apply for or receive a registration for five years following such revocation.

This bill establishes a maximum billing and payment amount that a supplemental health care service agency may charge a health care facility. (§§198.640 - 198.648)

Currently, low-income pregnant and postpartum women receiving benefits through MO HealthNet for Pregnant Women or Show-Me Healthy Babies are eligible for pregnancy-related coverage throughout the pregnancy and for 60 days following the end of the pregnancy. Under this act, MO HealthNet coverage for these low-income women will include full Medicaid benefits for the duration of the pregnancy and for one year following the end of the pregnancy. Currently, the federal American Rescue Plan of 2021 has authorized 5 years of this coverage.

These sections contain an emergency clause. (§208.151 and §208.662)

This bill provides that, beginning October 1, 2022, MO HealthNet beneficiaries shall be eligible to receive coverage for health home services for children with medically complex conditions under 42 U.S.C. Section 1396w-4a. The Department of Social Services shall submit a state plan amendment necessary to implement this coverage. (§208.152)

This act changes the expiration date of the Missouri Rx Plan from August 28, 2022, to August 28, 2029. (§208.798)

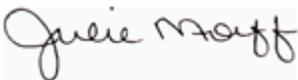
The proposal contains emergency clauses for the enactment of section 167.625, the repeal and reenactment of sections 191.116, 208.151, and 208.662.

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 Commerce and Insurance
Department of Economic Development
Department of Elementary and Secondary Education
Department of Higher Education and Workforce Development
Department of Health and Senior Services
Department of Mental Health
Department of Corrections
Department of Revenue
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 Administration - Administrative Hearing Commission
Office of Administration - Budget and Planning
Office of Administration – Information Technology Services Division/DSS
Office of the Secretary of State
Office of the State Public Defender
University of Missouri System
City of Kansas City
City of Claycomo
City of O’Fallon
City of Springfield
St. Louis Budget Division
Kansas City Health Department
Newton County Health Department
St. Louis County Health Department
St. Louis County Clerk
Phelps County Sheriff’s Department
Kansas City Police Department

Springfield Police Department
St. Joseph Police Department
St. Louis County Police Department
Crawford County 911 Board
Hermann Area Hospital District
Fordland R-III School District
High Point R-III School District
Maries County R-1 School District
Normandy Schools Collaborative
Missouri State University
University of Central Missouri
State Technical College of Missouri
St. Charles Community College
Office of the Governor
Office of the State Treasurer
Missouri House of Representatives
Joint Committee on Administrative Rules
Missouri Senate
Missouri Consolidated Health Care Plan
Missouri Office of Prosecution Services
Office of the State Courts Administrator



Julie Morff
Director
May 2, 2022



Ross Strobe
Assistant Director
May 2, 2022