

COMMITTEE ON LEGISLATIVE RESEARCH
OVERSIGHT DIVISION

FISCAL NOTE

L.R. No.: 4774H.04T
 Bill No.: Truly Agreed To and Finally Passed HCS for SB 1019
 Subject: Health Care; Hospitals; Mental Health; Professional Registration and Licensing;
 Physicians; Department of Health and Senior Services; Medicaid/MO HealthNet;
 Drugs and Controlled Substances; Pharmacy; Health Insurance
 Type: Original
 Date: June 18, 2026

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

FISCAL SUMMARY

ESTIMATED NET EFFECT ON GENERAL REVENUE FUND

FUND AFFECTED	FY 2027	FY 2028	FY 2029
General Revenue	(\$169,356)	(\$188,467)	(\$191,909)
Total Estimated Net Effect on General Revenue	(\$169,356)	(\$188,467)	(\$191,909)

ESTIMATED NET EFFECT ON OTHER STATE FUNDS

FUND AFFECTED	FY 2027	FY 2028	FY 2029
Total Estimated Net Effect on <u>Other</u> State Funds	\$0	\$0	\$0

Numbers within parentheses: () indicate costs or losses.

ESTIMATED NET EFFECT ON FEDERAL FUNDS

FUND AFFECTED	FY 2027	FY 2028	FY 2029
Total Estimated Net Effect on <u>All</u> Federal Funds	\$0	\$0	\$0

ESTIMATED NET EFFECT ON FULL TIME EQUIVALENT (FTE)

FUND AFFECTED	FY 2027	FY 2028	FY 2029
General Revenue	1 FTE	1 FTE	1 FTE
Total Estimated Net Effect on FTE	1 FTE	1 FTE	1 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 2027	FY 2028	FY 2029
Local Government	\$0	\$0	\$0

FISCAL ANALYSIS

ASSUMPTION

§§96.192, 96.196, 206.110 & 206.158 – Provisions Relating to Hospital Investments and Service Areas

In response to a previous version, officials from the **City of Kansas City** 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.

In response to similar legislation, HB 2146 (2026), officials from the **University of Missouri System** 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 agency.

In response to similar legislation, SB 244 (2025), officials from the **Jackson County Election Board** 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 agency.

§192.026 – Missouri Lyme Disease Eradication Act

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

§192.026 of the proposed legislation Establishes the “Missouri Lyme Disease Eradication Act”

§192.026.2 of the proposed legislation defines Lyme disease.

Section 192.026.3 requires health care providers, laboratories, and local health departments to report to the Department of Health and Senior Services "all confirmed or suspected cases of Lyme disease within three days of diagnosis using standardized surveillance case definitions developed by the CDC.”

The Department of Health and Senior Services, Division of Regulation and Licensure’s (DRL) Section for Health Standards and Licensure (HSL) is responsible for Missouri’s Clinical Laboratory Improvement Amendment (CLIA) program, which oversees laboratory certification, inspection, and complaint investigations. HSL may experience minor additional work in terms of complaint investigations related to a facility’s failure to report within the timeframe imposed by the proposed legislation.

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

§192.026.4 of the proposed legislation requires the DHSS to compile an annual report on the incidence and prevalence of Lyme disease in Missouri, including treatment outcomes and barriers to care. Treatment outcomes are not generally followed beyond initial interview and barriers to care is currently not part of the routine investigation for Lyme disease.

§192.026.5 of the proposed legislation requires DHSS to collaborate with the University of Missouri or any public four-year institution of higher education to integrate Lyme disease surveillance data into existing tick-borne disease monitoring programs.

- Impact: The outreach and subsequent collaboration with University of Missouri or other four-year public institution will require an additional 1.0 FTE (Epidemiologist).
- The overall cost estimates could increase in the future, dependent on the extent of the collaboration and subsequent projects. If the workload significantly increased or other legislation was enacted, additional resources would be requested through the appropriation process.

§192.026.7 of the proposed legislation allows for DHSS to promulgate any rules and regulations necessary to implement the provision of this section and §192.027.

- Impact: DHSS would use the FTE requested and existing FTE to develop any additional Rules required.
- However, if the workload significantly increased or other legislation was enacted, additional resources would be requested through the appropriation process.

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

Responses regarding the proposed legislation as a whole

Officials from the **Department of Commerce and Insurance, Department of Higher Education and Workforce Development, Department of Revenue, Department of Social Services, Office of the State Treasurer, Platte County Board of Elections, St. Louis County Board of Elections, Newton County Health Department, University of Central Missouri, Northwest Missouri State University, Missouri Consolidated Health Care Plan, and State Tax Commission** 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.

In response to a previous version, officials from the **St. Louis City Board of Elections** 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 agency.

Oversight only reflects the responses that we have received from state agencies and political subdivisions; however, other cities, local election authorities, counties, county health departments, nursing homes, hospitals and colleges and universities were requested to respond to

this proposed legislation but did not. Upon the receipt of additional responses, Oversight will review to determine if an updated fiscal note should be prepared and seek the necessary approval to publish a new fiscal note. A general listing of political subdivisions included in our database is available upon request.

Rule Promulgation

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

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

<u>FISCAL IMPACT – State Government</u>	FY 2027 (10 Mo.)	FY 2028	FY 2029
GENERAL REVENUE			
Cost – DHSS (§192.026) p.4			
Personnel Service	(\$92,444)	(\$113,152)	(\$115,415)
Fringe Benefits	(\$50,794)	(\$61,846)	(\$62,756)
Expense & Equipment	(\$26,118)	(\$13,469)	(\$13,738)
<u>Total Costs – DHSS</u>	<u>(\$169,356)</u>	<u>(\$188,467)</u>	<u>(\$191,909)</u>
FTE Change – DHSS	1 FTE	1 FTE	1 FTE
ESTIMATED NET EFFECT ON GENERAL REVENUE	<u>(\$169,356)</u>	<u>(\$188,467)</u>	<u>(\$191,909)</u>
Estimated Net FTE Change on General Revenue	1 FTE	1 FTE	1 FTE

<u>FISCAL IMPACT – Local Government</u>	FY 2027 (10 Mo.)	FY 2028	FY 2029
	<u>\$0</u>	<u>\$0</u>	<u>\$0</u>

FISCAL IMPACT – Small Business

No direct fiscal impact on small businesses would be expected as a result of this proposal.

FISCAL DESCRIPTION

This act modifies several provisions relating to health care.

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

This act modifies the investment authority of boards of trustees of municipal hospitals in third class cities and hospital district hospitals. Current law permits investment of up to 25% of funds not required for operations of the hospital or other obligations. This act permits investment of up to 50% of funds not required for operations or other obligations in a manner described in the act, with the remaining portion to be invested into any investment in which the Treasurer is allowed to invest.

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

LYME DISEASE (Section 192.026)

This act establishes the "Missouri Lyme Disease Eradication Act." The Department shall compile an annual report on the incidence and prevalence of Lyme disease in Missouri, as described in the act. The Department shall collaborate with public four-year institutions of higher education to integrate Lyme disease surveillance data into existing tick-borne disease monitoring programs.

This act also contains a repeal of this section as truly agreed to and finally passed in SS/SCS/HCS/HB 2372 (2026).

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 Health and Senior Services
Department of Commerce and Insurance
Department of Higher Education and Workforce Development
Department of Revenue
Office of the State Treasurer
University of Missouri System
State Tax Commission
City of Kansas City
Jackson County Election Board
Platte County Board of Elections
St. Louis City Board of Elections
St. Louis County Board of Elections
Newton County Health Department
Department of Social Services
University of Central Missouri
Northwest Missouri State University
Missouri Consolidated Health Care Plan
Joint Committee on Administrative Rules
Office of the Secretary of State



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June 18, 2026



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June 18, 2026