COMMITTEE ON LEGISLATIVE RESEARCH
OVERSIGHT DIVISION

FISCAL NOTE

L.R. No.: 1155-10
Bill No.: Truly Agreed To and Finally Passed CCS for HS for HCS for SCS for SB 266
Subject: Health Care; Health Care Professionals; Health Department; Health, Public; Medical Procedures
Type: Original
Date: June 25, 2001

FISCAL SUMMARY

ESTIMATED NET EFFECT ON STATE FUNDS			
FUND AFFECTED	FY 2002	FY 2003	FY 2004
All funds	(Unknown)	(Unknown)	(Unknown)
General Revenue*	(Could exceed $713,772)	(Could exceed $795,493)	(Could exceed $812,756)
Insurance Dedicated	$10,000	$0	$0
Childhood Lead Testing	$0	$0	$0
Total Estimated Net Effect on All State Funds*	**(COULD EXCEED $703,772)**	**(COULD EXCEED $795,493)**	**(COULD EXCEED $812,756)**

***Does not include unknown medical assistance payments expected to exceed $100,000 annually.**

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

***Unknown revenues and expenditures annually net to $0.**

ESTIMATED NET EFFECT ON LOCAL FUNDS			
FUND AFFECTED	FY 2002	FY 2003	FY 2004
Local Government	**(UNKNOWN)**	**(UNKNOWN)**	**(UNKNOWN)**

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

FISCAL ANALYSIS

ASSUMPTION

Officials from the **Department of Elementary and Secondary Education**, the **Office of Administration**, the **Department of Revenue**, and the **Department of Conservation** assume this proposal would not fiscally impact their agencies.

Department of Social Services (**DOS**) officials state they assume the following:

Section 191.714

DOS - Division of Medical Services (**DMS**) assumes that if nursing homes and hospitals have increased costs for special needles, these costs would be reflected on the nursing and hospital cost reports. Therefore, an unknown cost could result to DMS for rebasing.

Section 376.1199

The proposal would affect DMS. Currently, MC+ managed care does not provide enrollees with direct access to OB/GYN services. State law does mandate access to one annual visit. Many health plans require a referral from the enrollees primary care physician to obtain OB/GYN services. This would increase DMS's capitated rate when the health plans rebid their contracts. The MC+ managed care program does not currently notify enrollees of cancer screenings. This requirement would increase administrative costs for the MC+ health plans. The fiscal impact to DMS is unknown.

Section 701.340

DMS assumes that there would not be a fiscal impact. Currently, the Medicaid program covers lead testing for children and pregnant women.

DOS - Division of Family Services (**DFS**) states the adoption awareness materials would be a cost that would be solely incurred by DFS. This cost would be subject to appropriations. DFS would be responsible for developing brochures, educational materials, and a toll-free number.

ASSUMPTION (continued)

DFS estimates the costs to develop brochures and printing to be approximately $100,000. The cost for developing a video would be approximately $7,000. To duplicate the videos for dissemination, the cost would be $10 per video. DFS estimates the distribution of approximately 500 videos for a total cost of $5,000 for duplication.

Officials from the **Department of Health** (**DOH**) assume that at a minimum one additional staff person would be needed. A Health Educator I ($30,204) would be responsible for planning, coordination of daily program operation, and integration of the lupus program in all seven Regional Arthritis Centers. In order to track and monitor the prevalence of lupus the existing surveillance system can be utilized, once modified. DOH anticipates that data collection and analysis would be conducted in-house. DOH states that regional arthritis centers would receive $5,000 each for educational efforts to include materials and related expenses. When initial surveillance activities are completed and if prevalence is found to be higher in the urban areas, contracts would be adjusted.

Oversight assumes that DOH could use the existing resources of the Office of Women's Health, the Office of Minority Health, and the State Arthritis Program to track and monitor the prevalence of lupus.

DOH officials state that one Consultant Community Health Nurse (CCHN) would be required to establish the DOH program, to develop for adoption a blood-borne pathogen standard governing occupational exposure of public employees to blood and other potentially infectious materials, and to develop the department's written exposure control plan. The CCHN would be responsible for collecting and recording the required data on exposure incidents in the sharps injury log, assessing engineering, administrative, or work practice controls to prevent such incidents/injuries, to train department staff, and lead the evaluation committee. The CCHN would develop additional measures to prevent sharps injuries or exposure incidents, compile and maintain a list of needleless systems and sharps with engineered sharps injury protection, and prepare the annual report on the use of needle safety technology as a means of reducing needlestick injuries and to place the report on the Department's internet site.

DOH officials state there would be expenses for five committee members meeting four times a year. DOH stated this would be $65 for lodging, $45 for meals, and $75 for travel per meeting per member. DOH assumes the administrative and technical support to the committee would be provided using existing resources with DOH's Bureau of Emergency Medical Services.

DOH states the testing assumptions reflect only identified high risk areas. DOH assumes the following:

1. **High Risk areas for lead poisoning** (using 1990 housing data and lead testing data)
· Local Public Health Agency (LPHA)Jurisdictions with 50% or more pre-1960 housing.

ASSUMPTION (continued)

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

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

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

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

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

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

ASSUMPTION (continued)

B. Additional Assumptions

Personnel Needs:

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

Other:

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

Assumptions: State Public Health Laboratory (SPHL)

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

. Routine screening would produce an increase of 100,592 tests statewide. Of the total new tests done annually, it is assumed the SPHL would perform approximately 20% of the total. Previously, the assumption was higher, based on an estimate of the immunizations performed in local health departments. After further research, the DOH feels the 20% is a more accurate projection. This would be 20,118 tests. Follow up testing by the SPHL of those children found to have initial elevated lead level (11%) would add an additional 2,213 tests. Total increased testing for the SPHL is estimated to be 22,331 (20,118 + 2,213). The SPHL would perform lead testing for those children who receive lead testing services from local health departments throughout the State who are not Medicaid clients.

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

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

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

ASSUMPTION (continued)

Clerk II 1
.Prepare testing kits for mailing to providers

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

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

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

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

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

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

D. Assumptions regarding fees

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

Oversight assumes that the DOH would implement a fee to help cover the cost of the lead tests. The estimated revenue to the Childhood Lead Fund is unknown. However, if these fees are not sufficient General Revenue appropriations would likely be sought.

Officials from the **Department of Mental Health** (**DMH**) state they are currently compliant with or very near compliant with OSHA standards and, where deficiencies exist, the cost of correction is minimal and can be absorbed within the current funding. Therefore, there is no fiscal impact of the proposed legislation upon the DMH.

Department of Insurance (**INS**) officials state that health insurers and HMOs would be required

ASSUMPTION (continued)

to amend policy forms in order to comply with this portion of the proposal. INS states that they anticipate that current appropriations and staff would be able to absorb the work for implementation of this proposal. However, if additional proposals are approved during the legislative session, INS may need to request an increase in appropriations due to the combined effect of multiple proposals. INS states there are 171 health insurers and 29 HMOs that offer health insurance coverage. INS states that of the health insurers, many offer coverage through out-of-state trusts which are not typically subject to such mandates. INS estimates that 171 health insurers and 29 HMOs would each submit one policy form amendment resulting in revenues of $10,000 to the Insurance Dedicated Fund. If multiple proposals pass during the legislative session which would require form amendments to be filed, the insurers would probably file one amendment for all required mandates. INS states this would result in increased revenue of $10,000 for all proposals.

Officials from the Missouri Consolidated Health Care Plan (HCP) state this proposal would add or modify: 191.714 RSMo dealing with adopting a blood-borne pathogen standard, 191.938 RSMO dealing with the establishment of an "Automated External Defibrillator Advisory Committee", 191.975 establishing the "Adoption Awareness Law", 191.729 establishes a state systemic lupus erythematosus program, 199.180 RSMo regarding the tuberculosis board and their duties, 376.1199 RSMo allowing open access to an OB/GYN, treatment for osteoprosis, notification of cancer screenings and coverage for contraceptives unless against any moral or religious beliefs, 376.1290 regarding lead testing for pregnant women, and Section 701 dealing with lead testing for children.

The adoption of a blood-borne pathogen standard, the creation of an Automated External Defibrillator Advisory Committee, the establishment of the "Adoption Awareness Laws", and the modifications to the tuberculosis board do not fiscally impact HCP.

The 376.1199 RSMo, does fiscally impact HCP. This proposal would allow members to directly access participating obstetricians or gynecologists without a referral from a primary care physician (PCP). The more "open" the access to providers, the higher the premium associated with the product. As evident in the HCP plans, the open access plans are considerably more costly than those requiring a PCP referral to a specialist. It is very difficult to accurately predict the cost associated with this proposal.

Next, this proposal would require carriers to annually notify female members of available cancer screenings. The plans currently have the ability to notify their members through mailings of newsletters, id cards, etc. Therefore, HCP would expect no additional cost associated with this provision.

Plans currently cover bone density testing for postmenopausal women for the detection of osteoprosis. Therefore, this provision would not have a fiscal impact.

MW:LR:OD (12/00)

ASSUMPTION (continued)

The last provision in 376.1199 would require carriers to offer contraceptive coverage at either no charge or on a formulary. If contraceptive coverage is provided on a formulary, such coverage shall not be a greater financial burden than other services provide by the policy. HCP's contracts provide oral contraception to members at no cost. This proposal does not mandate all contraceptives be covered so HCP would not be fiscally impacted by this provision.

Finally, this proposal would require medical plans to offer coverage for testing pregnant women for lead poisoning and for all testing for lead poisoning authorized in Chapter 710. Testing for lead would be done through testing blood specimens. This type of test is not costly. Therefore, this proposal should have a minimal, if any, impact on HCP

Department of Transportation (**DHT**) officials state the Highway & Patrol Medical Plan currently covers diagnosis and treatment of osteoporosis and contraceptives, and has direct access to participating obstetrician/gynecologists, therefore this part of this would have no fiscal impact to the Medical Plan. The other items of this proposal are not applicable to the Medical Plan and would have no fiscal impact.

DHT states the items pertaining to lead poisoning tests, would require health carriers to provide coverage for lead poisoning testing for pregnant women and children less than six years of age and reside in geographic areas determined to be at high risk for lead poisoning. The Department of Health in coordination with the Department of Social Services is responsible for developing and providing questionnaires for every child to be assessed within six months of birth and annually until the child is six years of age to determine whether a child is at high risk for lead poisoning. All children six months of age through six years of age who reside or spend more than ten hours a week in an area identified as high risk by the Department of Health, shall be tested annually for lead poisoning. In addition, any child to be considered at high risk and resides in housing currently undergoing renovations shall be tested at least once every six months during the renovation and once after the completion of the renovation. Children that are not at high risk for lead poisoning shall be assessed annually using a questionnaire to determine whether the child is at high risk for lead poisoning. The tests for lead poisoning shall consist of a blood sample that shall be sent to a state-licensed laboratory for analysis.

DHT states that to determine the fiscal impact of providing the coverage for pregnant women they found that over the past three years the Medical Plan has had an average of 1,520 pregnancies per year and Westport Benefits, third party administrator, provided the usual and customary rate (UCR) for the lead poisoning screening and specimen collection. The CPT codes used would be 83645 for the screening and 36415 for the specimen collection. The average UCR, using the rates for Jefferson City and St. Louis, are $32 for the screening and $14 for the specimen collection. DHT assumes that this test would be part of a woman's pre-natal care and no office visit charge would be necessary. Assuming that the women have met their deductibles and maximum out of pocket benefits, the total fiscal impact to the Medical Plan for the lead

ASSUMPTION (continued)

poisoning testing of pregnant women would be approximately $69,920 per year (1,520 pregnancies x ($32/screening + $14/specimen collection)).

DHT also states that to determine the fiscal impact of providing the coverage for children they had to determine how many of the children in the plan would be at high risk for lead poisoning. The Department of Health provided information that they used in preparing their fiscal impact to this proposal. They calculated this by five groups within the state. Those groups are St. Louis City, St. Louis County, Jackson County/Kansas City, Greene County/Springfield and Outstate (all other health jurisdictions). High risk was determined by Local Public Health Agency jurisdiction and whether 50% or greater of the housing stock was built prior to 1960. St. Louis City and 26 other counties were included in the high risk areas. Based on information for the Department of Health, 100% of the children in St. Louis City and 11% of the children in the outstate areas would be at high risk for lead poisoning. All other children would be considered not at high risk. The Department of Health also used 1990 census data, adjusted for 1999, to determine the number of children in each group. The census data from Department of Health showed 38,034 children in St. Louis, 84,088 in St. Louis County, 58,427 in Jackson County/Kansas City, 16,111 in Greene County/Springfield and 251,233 in Outstate. The total population of children under the age of six was 447,893.

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

Ages	# in STL.City	# in STL. Co.	# in Jack Co./KC	# in Greene/ Spgfld	# in OS	Total
<1	22	48	33	9	143	254.675
<2	22	49	34	9	145	259.015
<3	23	52	36	10	155	276.46
<4	23	50	35	10	150	267.78
<5	22	49	34	8	145	257.93

ASSUMPTION (continued)

<6	22	49	34	9	146	260.1
Total	134	297	206	55	884	1576

The number of children at high risk in each group is as follows:

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

ASSUMPTION (continued)

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

Ages	# in STL.City	# in STL. Co.	# in Jack Co./KC	# in Greene/Spgfld	# in OS	Total # of Tests
<10	0	480	33	9	127	217
<20	0	490	34	9	129	221
<30	0	520	36	10	138	236
<40	0	500	35	10	133	228
<50	0	490	34	8	129	220
<60	0	490	34	9	130	222
Total	0	297	206	55	786	1,344

The Department of Health also determined that 5% of children at high risk would be living in a home being renovated. DHT assumed the renovation period would be one year. The proposal would require these children to be tested every six months during the renovation period. These children would have an addition test. The number of children at high risk and living in a home being renovated is approximately 12 (232 x .05), resulting in an additional 12 (12 x 1) tests. The total number of tests that the Medical Plan would be responsible for covering each year is approximately 244 (12+232) tests.

Westport Benefits, DHT's third party administrator, provided the usual and customary rate (UCR) for the lead poisoning screening and specimen collection. The CPT codes being used are 83645 for the screening and 36415 for the specimen collection. The average UCR, using the rates for Jefferson City and St. Louis, are $32 for the screening and $14 for the specimen collection. We also assumed that there would be an office visit charge. The average office visit charge is $62.50 per visit and the Medical Plan has a $15 copay on PPO office visits. DHT

ASSUMPTION (continued)

assumes that the children have met their deductible, maximum out of pocket benefit, and would be using a PPO physician, the total fiscal impact to the Medical Plan for the lead poisoning testing of children under the age of six years would be approximately $22,814 per year (244 tests x ($32/screening + $14/specimen collection + $62.50/office visit - $15 copay)).

The total fiscal impact to the Highway & Patrol Medical Plan would be approximately $92,734 for each year. DHT would be responsible for 75 percent of the Medical Plan's participants and the Patrol would be responsible for 25 percent of the participants. Based on this information, $69,550.50 of the cost would be due to DHT participants while $23,183.50 of the costs would be due to Patrol participants.

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

This proposal would result in a increase in Total State Revenues.

FISCAL IMPACT - State Government	FY 2002 (6 Mo.)	FY 2003	FY 2004
ALL FUNDS			
Costs - All Funds			
Increased state contributions*	(Unknown)	(Unknown)	(Unknown)
ESTIMATED NET EFFECT ON ALL FUNDS	**(UNKNOWN)**	**(UNKNOWN)**	**(UNKNOWN)**

***Expected to exceed $100,000 annually.**

GENERAL REVENUE FUND

Costs - Department of Health			
Personal services (1 FTE)	($41,974)	($51,628)	($52,918)
Fringe benefits	($13,990)	($17,208)	($17,638)
Expense and equipment	($13,055)	($10,630)	($10,949)

FISCAL IMPACT - State Government	FY 2002 (6 Mo.)	FY 2003	FY 2004
Total Costs - Department of Health	($69,019)	($79,466)	($81,505)
Costs - Department of Health			
Board meeting expenses	($3,700)	($3,700)	$0
Costs - Department of Health			
Expense and equipment	($35,000)	($35,000)	($35,000)
Costs - Department of Social Services			
Medical assistance payments	(Unknown)	(Unknown)	(Unknown)
Costs - Department of Social Services			
Printing Pamphlets	($112,000)	($108,150)	($111,395)
Transfer Out - Childhood Lead Testing Fund			
Program Costs - Department of Health	$0 to ($494,053)	$0 to ($569,177)	$0 to ($584,856)
ESTIMATED NET EFFECT ON GENERAL REVENUE FUND*	**(COULD EXCEED $713,772)**	**(COULD EXCEED $795,493)**	**(COULD EXCEED $812,756)**

***Does not include unknown medical assistance payments.**

INSURANCE DEDICATED FUND			
Income - Department of Insurance			
Form filing fees	$10,000	$0	$0
ESTIMATED NET EFFECT ON INSURANCE DEDICATED FUND	**$10,000**	**$0**	**$0**
CHILDHOOD LEAD TESTING FUND			
Income - Department of Health			
Fees to Defray Testing Costs	Unknown	Unknown	Unknown

FISCAL IMPACT - State Government	FY 2002 (6 Mo.)	FY 2003	FY 2004
Transfer In - General Revenue Fund	$0 to ($494,053)	$0 to ($569,177)	$0 to ($584,856)
Costs - Department of Health			
Personal Services (7 FTE)	($170,376)	($209,562)	($214,801)
Fringe Benefits	($56,786)	($69,847)	($71,593)
Equipment and Expenses	($266,891)	($289,768)	($298,462)
Total Costs - Department of Health	($494,053)	($569,177)	($584,856)
ESTIMATED NET EFFECT ON CHILDHOOD LEAD TESTING FUND	**$0**	**$0**	**$0**

FEDERAL FUNDS

Income - Department of Social Services			
Medicaid reimbursements	Unknown	Unknown	Unknown
Costs - Department of Social Services			
Medical assistance payments	(Unknown)	(Unknown)	(Unknown)
ESTIMATED NET EFFECT ON FEDERAL FUNDS	**$0**	**$0**	**$0**

FISCAL IMPACT - Local Government	FY 2002 (10 Mo.)	FY 2003	FY 2004
PUBLIC HEALTH AGENCIES			
Costs - Public Health Agencies			
Operation expenses	(Unknown)	(Unknown)	(Unknown)
ESTIMATED NET EFFECT ON PUBLIC HEALTH AGENCIES	**(UNKNOWN)**	**(UNKNOWN)**	**(UNKNOWN)**

FISCAL IMPACT - Small Business

Small businesses would expect to be fiscally impacted to the extent that they could have an increase in health insurance premiums as a result of the requirements of this proposal.

MW:LR:OD (12/00)

DESCRIPTION

This proposal would expand programs within the Department of Health (DOH):

Within six months of the effective date of this proposal, DOH must adopt a blood-borne pathogen standard for occupational exposure of public employees to blood or infectious materials. Standards must meet federal OSHA standards and a requirement must be included that the most effective needleless systems be used except in certain circumstances. A sharps injury log must be maintained and an evaluation committee must be established. Anyone may report a suspected violation and OSHA would be notified in the case of private employers. The Department would maintain a list of needleless systems and sharps with engineered sharps injury protection. The Department would report annually on needle safety. Any employer violating these provisions would be subject to a reduction or loss of state funding.

The "Automated External Defibrillator Advisory Committee" would be established to advise on the placement of AEDs in public buildings. The initial report would be due June 1, 2002, and a final report would be due before December 31, 2002. The Committee would consist of five members, appointed by the Director of the Department of Health.

This proposal outlines the adoption education and promotion duties of the Departments of Social Services and Health. The Department of Social Services would make a variety of materials available on: 1) benefits of adoption and foster care; 2) adoption and foster care procedures; 3) methods of payment; 4) methods of controlling adoption and choice of adoptive parents; 5) protection for and rights of the birth parents; 6) location of adoption and foster care agencies; 7) discussion of state assistance programs for women and children; and 8) direction to appropriate counseling services which would include information for parents who elect to keep their children. This information would be available in a variety of clinics and facilities. The Department would establish a toll-free telephone number for adoption and foster care information.

A state systemic lupus erythematosus program would be established in the Department of Health. The program would track lupus incidents in Missouri, identify medical professionals specializing in the treatment of lupus, and promote lupus research. The Department may implement the lupus program by expanding on existing programs, such as the Office of Women's Health, the Office of Minority Health, and the State Arthritis Program.

This proposal would exempt certain beverage manufacturers from state regulation.

ELDERLY - Current law authorizes the creation of four aging-in-place pilot projects. This proposal remove the current restriction on the location of such pilot projects. These projects would also be exempted from certificate of need.

TUBERCULOSIS - This proposal further outlines the procedure for treating and committing a

DESCRIPTION (continued)

person found to have active tuberculosis. Springfield-Greene County and St. Louis County health departments would be added to the Board.

WOMEN'S HEALTH - A new section would require health carriers to provide direct access to OB/GYNs for women, coverage for cancer screenings, osteoporosis, and contraceptives if pharmaceutical benefits are available. Provisions for exemption from such contraceptive coverage are included.

LEAD TESTING - A new section would require insurance companies to provide coverage to test pregnant women for lead poisoning. Sections 701.322 through 701.349 would also be modified regarding lead testing and reporting. Fees for blood tests for lead would be credited to the Childhood Lead Testing Fund created in section 701.345. Lead level reports would include a patient's full address and blood lead level. Lead poisoning cases would be reported to local public health boards and agencies. Beginning January 1, 2002, the Department would implement a childhood lead testing program for every child under six years of age. The Department would define high risk areas throughout the state and would evaluate children living in such areas at least annually. Parents would provide evidence of lead testing to child care facilities in high risk areas.

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

SOURCES OF INFORMATION

Department of Revenue
Department of Health
Department of Insurance
Missouri Consolidated Health Care Plan
Department of Transportation
Department of Social Services
Department of Conservation
Department of Public Safety
  Missouri State Highway Patrol
Department of Mental Health
Department of Elementary and Secondary Education
Office of Administration
  Division of Budget and Planning

NOT RESPONDING: Office of Secretary of State, Office of State Courts Administrator Office of Prosecution Services, State Public Defender, City of Kansas City, University of Missouri, Department of Corrections, Office of the Secretary of State, Office of the State Treasurer, Cooper County Memorial Hospital

Jeanne Jarrett, CPA
Director

June 25, 2001

MW:LR:OD (12/00)