

COMMITTEE ON LEGISLATIVE RESEARCH  
OVERSIGHT DIVISION

**FISCAL NOTE**

L.R. No.: 4231-03  
Bill No.: SCS for HCS for HB 1682  
Subject: Drugs and Controlled Substances; Education, Elementary and Secondary;  
Elementary and Secondary Education Department; Health Care; Health, Public;  
Health and Senior Services Department; Insurance - Health; Health Care  
Professionals; Tobacco Products  
Type: Original  
Date: May 4, 2020

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

**FISCAL SUMMARY**

<b>ESTIMATED NET EFFECT ON GENERAL REVENUE FUND</b>			
FUND AFFECTED	FY 2021	FY 2022	FY 2023
General Revenue	Could exceed (\$826,037)	Could exceed (\$776,196)	Could exceed (\$773,044)
<b>Total Estimated Net Effect on General Revenue</b>	<b>Could exceed (\$826,037)</b>	<b>Could exceed (\$776,196)</b>	<b>Could exceed (\$773,044)</b>

Numbers within parentheses: ( ) indicate costs or losses.

This fiscal note contains 31 pages.

<b>ESTIMATED NET EFFECT ON OTHER STATE FUNDS</b>			
<b>FUND AFFECTED</b>	<b>FY 2021</b>	<b>FY 2022</b>	<b>FY 2023</b>
MO Vet Health and Care Fund (0606)	(\$88,000)	(\$12,000 to \$90,794)	(\$12,000 to \$84,214)
Criminal Record System (0671)	\$76,560	\$43,472 to \$85,800	\$43,472 to \$85,800
Colleges and Universities	\$0 or (Unknown)	\$0 or (Unknown)	\$0 or (Unknown)
Epinephrine Auto-Injector Devices For Fire Personnel Fund <sup>2</sup>	\$0	\$0	\$0
Opioid Addiction Treatment and Recovery Fund <sup>1</sup>	\$0	\$0	\$0
<b>Total Estimated Net Effect on <u>Other</u> State Funds</b>	<b>Could exceed (\$11,440)</b>	<b>Could exceed (\$4,994)</b>	<b>\$1,586 to (Unknown)</b>

\* indicates net to zero

<b>ESTIMATED NET EFFECT ON FEDERAL FUNDS</b>			
<b>FUND AFFECTED</b>	<b>FY 2021</b>	<b>FY 2022</b>	<b>FY 2023</b>
Federal <sup>2</sup>	\$0	\$0	\$0
<b>Total Estimated Net Effect on <u>All</u> Federal Funds</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>

<sup>1</sup> Any proceeds from a global opioid-related settlement is assumed to be spent for opioid addiction treatment and services, health care, and law enforcement within the same fiscal year.

<sup>2</sup> Income, savings, costs and losses could exceed \$120,000 annually and net to \$0.

<b>ESTIMATED NET EFFECT ON FULL TIME EQUIVALENT (FTE)</b>			
<b>FUND AFFECTED</b>	<b>FY 2021</b>	<b>FY 2022</b>	<b>FY 2023</b>
General Revenue	7.25	7.25	7.25
Federal Funds	0.5	0.5	0.5
Vet Health and Care	0 FTE	0 to 1 FTE	0 to 1 FTE
<b>Total Estimated Net Effect on FTE</b>	<b>7.75 FTE</b>	<b>7.75 to 8.75 FTE</b>	<b>7.75 to 8.75 FTE</b>

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

<b>ESTIMATED NET EFFECT ON LOCAL FUNDS</b>			
<b>FUND AFFECTED</b>	<b>FY 2021</b>	<b>FY 2022</b>	<b>FY 2023</b>
<b>Local Government</b>	<b>Unknown to (Unknown)</b>	<b>Unknown to (Unknown)</b>	<b>Unknown to (Unknown)</b>

## FISCAL ANALYSIS

### ASSUMPTION

Due to time constraints, **Oversight** was unable to receive some of the 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 the necessary approval of the chairperson of the Joint Committee on Legislative Research to publish a new fiscal note.

Officials from the **Department of Elementary and Secondary Education, Department of Higher Education and Workforce Development, Department of Public Safety - Director's Office and Fire Safety, Office of the Attorney General, and Office of Prosecution Services** state this proposal has no fiscal impact.

#### Health awareness month designations - §§ 9.152, 9.166, and 9.182

In response to HB 1322, officials from the **Office of Administration** and the **Department of Mental Health** each assumed this will have no fiscal impact on their organization.

**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.

#### Automated External Defibrillators - § 190.092 and § 190.1005

In response to similar provisions in SB 692, officials from the **St. Louis County Police Department (St. Louis County PD)** stated they have approximately 38 automated external defibrillators (AEDs) that would need to be tested on the 90-day schedule. Each test/inspection would take approximately 15 minutes. The total testing time would be 9.5 hours (38 AEDs \* 15 minutes/60 minutes per hour = 9.5 hours). Additionally, the testing would have to be done every quarter (12 months/4 = every 3 months or approximately 90 days) to stay within the time-line of the proposal. This increases the testing time to 38 hours (9.5 hours \* 4 quarters = 38 hours).

Because the locations of the AED vary across St. Louis County boundaries, drive time would be a significant addition to the cost of the tests. Drive time to each AED device is difficult to estimate due to varying time-lines.

ASSUMPTION (continued)

The St. Louis County PD would have to devote a minimum of 40 hours a year, or 120 hours every three years, to test the AEDs. Basing the salary on a Professional Staff 110, the average hourly wage with fringe benefits is \$31.82 per hour. The estimated total cost per year is \$1,273 per year (\$3,818 for the three years of the fiscal note) to the St. Louis County PD.

In response to SB 692, officials from the **Cooper County Public Health Center** stated this proposal would cost their county health center \$1,500 annually.

In response to similar provisions from the current session (HB 1460), officials from the **City of Riverside** assumed no/minimal fiscal impact as a result of this legislation.

**Oversight** does not have any information to the contrary for local government costs for this proposal. For fiscal note purposes, Oversight will reflect the costs for all local governments as (Unknown).

In response to SB 692, officials from the **Office of Administration (OA), Facilities Management, Design and Construction (FMDC)** stated this bill modifies the requirements associated with an automated external defibrillator (AED). This bill states that any person or entity who acquires an AED shall comply with all regulations governing the placement of an

AED; notify an agent of the local emergency medical services agency of the existence, location, and type of AED acquired; ensure that the AED is maintained and tested according to the operation and maintenance guidelines set forth by the manufacturer; ensure that the AED is tested at least biannually and after each use; and ensure that an inspection is made of all AEDs on the premises at least every ninety days for potential issues related to operability of the device.

The bill also states that any person who in good faith renders emergency care by use of or provision of an AED shall not be held liable for any civil damages or subject to any criminal penalty as a result of such care or treatment, unless the person acts in a willful and wanton or reckless manner in providing the care, advice, or assistance.

The person or entity who provides training to the person using an AED, the person or entity responsible for the site where the AED is located, and the person or entity that owns the AED shall likewise not be held liable for civil damages or subject to any criminal penalty resulting from the use of an AED.

ASSUMPTION (continued)

FMDC estimates these changes to the requirements associated with AEDs will not materially alter FMDC's costs associated with AEDs because FMDC rarely "acquires" AEDs. FMDC also assumes that if another state agency acquires an AED for placement in a state facility that the acquiring agency will be responsible for complying with the requirements of this bill. Based on those assumptions, FMDC estimates that the fiscal impact will be less than \$10,000. FMDC anticipates being able to absorb these costs. However, until the FY21 budget is final, FMDC cannot identify specific funding sources.

**Oversight** does not have any information to the contrary. Therefore, Oversight assumes costs will be absorbed within current funding sources and will reflect no fiscal impact for OA for fiscal note purposes.

In response to SB 692, officials from the **University of Missouri Health Care (UMHC)** stated they have reviewed the proposed legislation and determined that, as written, it should not create expenses in excess of \$100,000 annually.

**Oversight** contacted UMHC officials and determined that expenses expected to be less than \$100,000 annually are "absorbable" within current funding levels. The organization can and has to absorb the costs to be compliant with the regulation, but it may be at the expense of other priorities.

Based on the responses **Oversight** received from the UMHC and other Colleges and Universities, Oversight assumes a range of \$0 or (Unknown) for Colleges and Universities.

In response to SB 692, officials from the **City of Springfield** stated the proposed changes would have an insignificant or minimal fiscal impact on their city. **Oversight** does not have any information to the contrary. Therefore, Oversight will reflect no fiscal impact for the City of Springfield for fiscal note purposes.

Oversight notes the **Department of Health and Senior Services**, the **Department of Natural Resources**, the **Department of Public Safety, Divisions of: Alcohol and Tobacco Control, Capitol Police, Director's Office, Fire Safety, Missouri Gaming Commission, Missouri State Highway Patrol, Missouri National Guard** and the **State Emergency Management Agency**, the **Missouri Department of Conservation**, the **City of Brentwood**, the **City of Kansas City**, the **St. Louis County**, the **Columbia/Boone County Department of Public Health and Human Services**, the **St. Louis County Department of Justice Services**, the **Springfield Police Department**, and **State Technical College of Missouri** have stated SB 692 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.

ASSUMPTION (continued)

Physician Assistants Staff on Ambulance - §§ 190.094, 194.105, 194.143 and 194.196.

In response to SB 866, officials at the **Department of Health and Senior Services**, the **Department of Commerce and Insurance** and the **Department of Labor and Industrial Relations** each assumed no fiscal impact to their respective agencies from this proposal.

In response to SB 866, officials at the **University of Missouri Health Care** assumed no fiscal impact from this proposal.

**Oversight** notes this proposal permits physician assistants to serve as staff on ambulances and exempts them from any mileage limitations in any collaborative practice arrangements when attending a patient on an ambulance. The Department of Health and Senior Services, the Department of Commerce and Insurance, the Department of Labor and Industrial Relations and the University of Missouri Health Care have each stated the proposal would not have a direct 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.

**Oversight** only reflects the responses that we have received from state agencies and political subdivisions; however, other ambulance districts and hospitals were requested to respond to this proposed legislation, but did not. A general listing of political subdivisions included in our database is available upon request.

Alzheimer's State Plan Task Force - §§ 191.116, 192.2000

Officials from the **Department of Health and Senior Services (DHSS)** state the proposed legislation would create the Alzheimer's State Plan Task Force.

The House Committee Substitute for HB 1683 revised date the report of recommendations is due to the Governor and General Assembly from December 31, 2020, to June 1, 2021. The substitute also adds a representative of licensed skilled nursing facilities to the Task Force.

The revised timeframe for the report will allow current employees to assist the H&I; therefore, the number of hours to research, prepare, and create the report would take the same number of hours indicated in the original version of the bill.

The Department would utilize an hourly and intermittent employee (H&I) from September 1, 2020, to January 1, 2021, to assist with writing the report for the Governor and General Assembly. It is estimated that the employee would spend approximately

ASSUMPTION (continued)

686.4 hours (2,080 x .33) researching and preparing the report. The H&I employee would be paid \$20.00 per hour due to the comprehensive nature of the report requirements. Therefore, the total cost to the Department would be approximately \$14,778 (686.4 x \$20 + fringe) for the first year. After FY 2021, additional information gathering would exist within the normal duties of the department. It is assumed that the Department would be tasked with the logistics of ongoing support for the task force such as scheduling meetings, travel arrangements, etc. The Department anticipates being able to absorb these costs. However, until the FY 21 budget is final, DHSS cannot identify specific funding sources.

Officials from the **Missouri Senate** state this provision will cost approximately \$110.50 per meeting.

**Oversight** does not have any information to the contrary. Therefore, Oversight will reflect the costs provided for FY 21 and assumes any duties required by the task force beyond FY 21 can be accomplished with the personnel and resources appropriated to the department.

**Oversight** notes the **Office of the Governor**, the **Department of Higher Education and Workforce Development**, the **Department of Mental Health**, the **Department of Social Services**, **House of Representatives** and the **Lieutenant Governor's Office** have stated the proposal would not have a direct fiscal impact on their organizations. Oversight does not have any information to the contrary. Therefore, Oversight will reflect a zero impact in the fiscal note for these organizations.

Vapor Products in Schools - § 191.775

In response to an earlier version of this bill, officials at the **Department of Elementary and Secondary Education** assumed this proposal has no direct fiscal impact on their agency.

**Oversight** only reflects the responses that we have received from state agencies and political subdivisions; however, school districts were requested to respond to this proposed legislation but did not. A general listing of political subdivisions included in our database is available upon request.

A previous version made vaping on school property an infraction. Smoking was already an infraction, and according to the Office of State Courts Administrator (OSCA), there were only 7 cigarette smoking infractions in FY 2019. Oversight assumed adding vaping would immaterially increase the number of infractions. This version removes the infraction for both smoking and



ASSUMPTION (continued)

vaping. **Oversight** assumes removing the infraction altogether would immaterially reduce the number of smoking infractions, and not have a material fiscal impact.

**Oversight** assumes that school district policies already bar the use of vapor products on campus. Oversight notes the Kansas City Public School District, Columbia Public School District and Springfield Public School student codes of conduct already bar this behavior.

Because of a lack of contrary information, this note has a \$0 net direct fiscal impact.

§192.2000 - Alzheimer's/dementia family support groups

Officials from the **Department of Health and Senior Services (DHSS)** state this section requires the DHSS, Division of Senior and Disability Services (DSDS) to establish a family support group in every county in the state to provide information and support to persons with Alzheimer's disease and related dementias.

To complete the requirements of this section the DSDS would add six (6 FTE) Aging Program Specialists (APS) II positions (\$45,000 annual salary). One APS II would be located in each of the five regions to collaborate with local resources to establish and maintain the family support groups. An additional APS II would be located in a centralized office to coordinate and support consistent efforts statewide. The total salary for all APS II would be approximately \$270,000 (\$45,000 x 6 FTE).

DSDS assumes each APS II will travel to all counties within their region twice monthly to establish and provide ongoing support to the family support groups. This will require each APS II to travel 1,000 miles per month at the standard mileage rate of \$.43/mile which will provide an annual mileage reimbursement of \$30,960 ( $\$0.43 \times 1,000 \text{ miles} \times 12 \text{ months} \times 6 \text{ APS II}$ ).

DHSS estimates FY 21 costs of \$462,781 to General Revenue; FY 22 costs of \$464,118; and FY 23 costs of \$468,543.

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

ASSUMPTION (continued)

State Ombudsman in Veterans Homes - § 192.2305

In response to an identical provision in SB 718, the **Attorney General's Office, Department of Commerce and Insurance, Department of Conservation, Department of Economic Development, Department of Elementary and Secondary Education, Governor's Office, Department of Health and Senior Services, Joint Committee on Administrative Rules, Department of Mental Health, Department of Public Safety, Department of Revenue, Department of Social Services, Department of Transportation, Office of Administration, Office of Administration - Budget and Planning, and Office of Secretary of State** assigned no cost to this provision.

Delivery of Controlled Substances by Non-Physicians - § 195.070

Officials from the **Department of Health and Senior Services (DHSS)** state the proposed legislation modifies provisions relating to the administration of certain controlled substances by allowing practitioners to administer a controlled substance when it is delivered to the practitioner to administer to the patient for whom the medication is prescribed. The Division of Regulation and Licensure, Section for Health Standards and Licensure, Bureau of Narcotics and Dangerous Drugs (BNDD) is responsible for the regulation of controlled substances. The proposed legislation would require amending current rules and regulations.

It is assumed it will take a Health and Senior Services Manager (salary \$68,802) approximately 16 hours to make the required changes to state rules. Based on 2,080 working hours per year, this would require 0.01 FTE to assume these duties (16 hours ÷ 2,080 hours per year = 0.01) for a total personal service cost of \$688 (\$68,802 X 0.01).

The DHSS anticipates being able to absorb these costs. However, until the FY21 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 cost associated with implementing this proposal and will reflect no impact as provided by the DHSS for fiscal note purposes.

**Oversight** notes the **Department of Commerce and Insurance** has 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 this organization.

ASSUMPTION (continued)

Marijuana-Infused Edibles; Medical Marijuana Background Checks - §§ 195.805, 195.830

§195.805 - No marketing of medical marijuana products that appeal to persons under 18 years of age

Officials from the **Department of Health and Senior Services (DHSS)** state §195.805.1 and .2 prohibits edible marijuana-infused products sold in Missouri to be designed, produced, or marketed in a manner that is designed to appeal to persons under 18 years of age. It provides for enforcement actions on the part of the DHSS. The department expects to absorb these costs in the normal ebb and flow of its operations. However, until the FY21 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 to perform the additional work required by this proposal and will reflect no fiscal impact for the DHSS for fiscal note purposes.

**Oversight** notes provisions of §195.805.2 provides for departmental sanctions, including administrative penalties, for any licensed or certified entity regulated by the Department of Health and Senior Services that designs, produces, or markets medical marijuana products that would appeal to persons under eighteen years of age. Administrative penalties are distributed to school districts based on the location of the entity receiving the penalty. It is unknown whether penalties will be imposed or how much in penalties may be distributed to school districts.

Therefore, Oversight will present penalties to school districts as \$0 to Unknown, for fiscal note purposes.

**DHSS** states §195.805.4 requires the DRL, Section for Medical Marijuana Regulation (SMMR) to promulgate new rules and regulations regarding edible marijuana-infused products as well as promulgate rules and regulations to establish a process by which a licensed or certified entity may seek approval of an edible product design, package, or label prior to the product's manufacture or sale.

This will require SMMR to establish a process by which a medical marijuana facility may seek pre-approval for its edible product design, package, or label. It is unknown the number of pre-approval requests that will be required from facilities. Research of other states indicates the volume of pre-approval requests is highly unpredictable; however, the volume is enough to require additional staff. Therefore, the number of staff needed is unknown up to one additional

ASSUMPTION (continued)

Health Program Representative II (salary of \$40,000) to provide public assistance and processing of applications for pre-approval who would be hired in July 2021.

In addition, the Medical Marijuana program has a contract for Information Technology (IT) systems in place for processing applications and tracking program activities. It is assumed a similar contract for processing facility preapproval product and packaging design applications and enhancements will be required for the activities under this legislation at a cost of \$88,000 for FY2021 and \$12,000 each year thereafter. DHSS anticipates costs to the Missouri Veterans Health and Care Fund of \$88,000 for FY 2021; \$12,000 to \$95,038 for FY 2022; and \$12,000 to \$88,564 for FY 2023.

**Oversight** notes DHSS assumes it will need a total of 0 to 1 new FTE as a result of the provisions of this proposal. Oversight assumes the additional FTE can be housed within current DHSS locations. However, if multiple proposals pass during the legislative session requiring additional FTE, cumulatively the effect of all proposals passed may result in the DHSS needing additional rental space.

**Oversight** does not have any information to the contrary. Therefore, Oversight will reflect a range for the costs provided by DHSS, less rental space costs, for fiscal note purposes.

§195.830 - Medical marijuana industry background checks

In response to SB 764, officials from the **Department of Public Safety (DPS), Missouri State Highway Patrol (MHP)** stated the Missouri Department of Health and Senior Services (DHSS) notes there are 348 medical marijuana “facilities” and assumes each facility will request background checks on 10 employees. DHSS has the ability to conduct the state fingerprint portion of the employee background check requirement pursuant to the Missouri Constitution Article XIV. This legislation, if enacted and approved by the Federal Bureau of Investigation (FBI) Criminal Justice Information Law Unit (CJILU), would authorize the federal fingerprint portion of the employee background check requirement. With the estimation of 348 facilities conducting background checks on 10 employees, it is assume that \$6,960 will be deposited into the Criminal Record System Fund which includes a \$2.00 FBI fee (CJISD retains \$2.00 of the FBI fee).

348 medical marijuana facilities x 10 employees per facility = 3,480 employees

3,480 employees x \$2.00 CJISD retains from FBI fee = \$6,960

ASSUMPTION (continued)

The state fee for a fingerprint based criminal record check is \$20.00 per request. The federal fee for a fingerprint based criminal record check is \$13.25 per request, of which, the CJIS Division retains \$2.00. This equates to \$22 of the total state and federal fingerprint background check fee that is retained in the Criminal Record System Fund per request.

State and Federal Fingerprint Fee Schedule

State Fee = \$20.00

Federal Fee = \$13.25

Total State and Federal fee = \$33.25

Vendor Fee (if applicable) = \$8.50

Total State and Federal with Vendor fee = \$41.75

Total Retained in the Criminal Record System (CRS) Fund = \$22.00

**Oversight** obtained additional information from the Department of Health and Senior Services (DHSS) regarding the number of background checks that could be required as a result of this legislation. DHSS notes there are 348 medical marijuana “facilities” and assumes each facility will request background checks on 10 employees. Therefore, Oversight assumes \$76,560 (348 facilities x 10 employees x \$22/background check) will be deposited into the Criminal Record System Fund for FY 21.

Based on DHSS’ analysis, it is expected the DHSS will receive 38 to 75 background check requests per week once the industry is up and running. Therefore, for fiscal note purposes, **Oversight** will present an impact to the Criminal Records System Fund of \$43,472 (38 checks/week x 52 weeks x \$22 fee retained in CRS Fund) to \$85,800 (75 checks/week x 52 weeks x \$22 fee retained in CRS Fund) for FY 22 and FY 23.

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

In response to SB 764, officials from the **Joint Committee on Administrative Rules (JCAR)** stated the legislation is not anticipated to cause a fiscal impact to JCAR beyond its current appropriation.

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

ASSUMPTION (continued)

Opioid Lawsuit Settlement - § 196.1050

In response to SB 609, officials from the **Office of the State Treasurer**, the **Missouri House of Representatives**, the **Missouri Senate**, the **Department of Health and Senior Services**, the **Department of Public Safety**, the **Office of Administration - Budget and Planning**, the

**Department of Social Services** and the **Department of Mental Health** each assumed the proposal would not fiscally impact their respective agencies.

In response to a previous version of that bill, officials from the **Office of the Attorney General** assumed the proposal would not fiscally impact their agency.

**Oversight** notes that the agencies stated above have each stated the proposal would not have a direct 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 these agencies.

Oversight will reflect an unknown amount of potential settlement proceeds being received into the new fund and said proceeds being spent on various expenses related to opioid addiction.

Consumer Directed Services - §§ 208.909, .918, .924, and .935

§208.909 - Consumers' responsibilities; vendors responsible for monitoring

In response to SB 595, officials **Department of Health and Senior Services (DHSS)** interpreted this section to mean that DHSS would develop guidance for Consumer Directed Services (CDS) vendors regarding the process to notify DHSS if the attendant was not present or providing services. DHSS staff would follow normal investigation protocol to determine appropriate circumstances to suspend services to the consumer. This will not result in a fiscal impact.

Oversight does not have any information to the contrary. Therefore, Oversight will reflect the no fiscal impact assumed by DHSS for this section for fiscal note purposes.

§208.918 - Development of interactive assessment tool

Officials from the **Department of Social Services (DSS)** note §208.918 states "(a) the department of health and senior services shall promulgate by rule a consumer-directed services division provider certification manager course;" There are currently more than 850 enrolled CDS providers that will need to complete the certified manager training. Some of the CDS providers

ASSUMPTION (continued)

will request that more than one staff member also complete the certified manager training due to the size of their agency or because they have satellite offices around the state. There are approximately 150 CDS enrollment applications in progress at any given time. The Missouri Medicaid Audit Compliance Unit (MMAC) estimates they will have a minimum of 1,000 to 1,200 providers who will need to complete the certified manager training course. MMAC will need one (1) new FTE, a Medicaid Specialist (\$47,079 annually), to help the providers complete the training. The new Medicaid Specialist would be responsible for developing the CDS certified manager training course, administration of the tests to pass the course, and for maintaining a registry of providers that have completed and passed the course. The Medicaid Specialist would also be responsible for updating Missouri Medicaid Provider Enrollment files with the CDS certified manager training information.

MMAC will monitor compliance with this statute through provider attestation.

**Oversight** notes DSS assumes it will need a total of 1 FTE at \$47,079 annually plus equipment and expense (50% GR; 50% Federal) as a result of the provisions of this proposal. Based on discussions with DSS officials, it is assumed the additional FTE can be housed within current DSS locations. Therefore, Oversight is using a recalculated amount adjusted for rent, utilities, and janitorial services. However, if multiple proposals pass during the legislative session requiring additional FTE, cumulatively the effect of all proposals passed may result in DSS needing additional rental space.

Section 208.918 states that "(a) the department of health and senior services shall promulgate by rule a consumer-directed services division provider certification manager course;" There are currently more than 850 enrolled CDS providers that will need to complete the certified manager training. Some of the CDS providers will request that more than one staff member also complete the certified manager training, due to the size of their agency or because they have satellite offices around the state. There are approximately 150 CDS enrollment applications in progress at any given time. MMAC estimates that we will have minimum of 1,000 to 1,200 providers that  
ASSUMPTION (continued)

will need to complete the certified manager training course. MMAC will need one (1) new FTE, a Medicaid Specialist, to help the providers complete the training. The new Medicaid Specialist would be responsible for developing the CDS certified manager training course, administration of the tests to pass the course, and for maintaining a registry of providers that have completed and passed the course. The Medicaid Specialist would also be responsible for updating Missouri Medicaid Provider Enrollment files with the CDS certified manager training information.

ASSUMPTION (continued)

MMAC will monitor compliance with this statute through provider attestation.

§208.924 - Circumstances when a consumer's services may be discontinued

DHSS interprets the language in this section to give the department authority to terminate consumer-directed services in the outlined circumstances, in addition to those already listed in (1) - (6). DHSS would develop guidance for staff related to this additional circumstance leading to the closure of services. This will not result in a fiscal impact.

**Oversight** does not have any information to the contrary. Therefore, Oversight will reflect the no fiscal impact assumed by DHSS for this section for fiscal note purposes.

§208.935 - Mobile assessments and development of interactive assessment tool

DHSS officials state HCBS assessor staff conduct initial assessments to determine nursing home level of care (LOC) eligibility for services. In addition, assessors conduct annual reassessments on current participants to ensure continued eligibility for HCBS and aid in care plan changes. Currently, the assessments and reassessments are completed in the participant's home using a 13-page paper copy form which is manually filled out by DSDS staff and then manually entered into the CyberAccess WebTool, resulting in a duplication of efforts. It is estimated DSDS assessor staff spend one hour of time for the manual data entry of initial assessments, as well as one hour of time for the manual data entry of annual reassessments in the WebTool. Based on FY 2018 data, the manual data entry results in 38,002 hours of staff time per year (18,170 initial assessments + 19,832 annual reassessment = 38,002 x 1 hour of time = 38,002 hours). Staff time will be reinvested in a variety of ways to improve integrity of the program, including: implementation of a certified assessor process which requires more stringent training guidelines and quality assurance for assessors to ensure quality and accuracy in HCBS assessments; and completion of additional annual reassessments in person. (Currently, reassessments may be completed via telephone when workload exceeds staff capacity.)

§208.935 would allow for the development of a mobile application to conduct both initial HCBS assessments as well as annual reassessments. This would equip assessor staff with tablets that could be preloaded each morning with assessments to be completed using a touch screen application rather than a hard paper copy. Staff could then upload or sync those assessments to the CyberAccess WebTool using a secure Wi-Fi connection or "docked" at the office at the end of the day, thereby eliminating the need to manually enter the information at a desktop.



ASSUMPTION (continued)

Eliminating the hard paper copy would also lead to cost savings in the amount of paper and toner used annually. The current hard paper copy assessment tool is 13 pages - seven pages front and back, resulting in 266,014 pieces of paper annually, or 532 reams (7 pages x 38,002 assessments = 266,014; 266,014 pieces of paper / 500 pieces of paper per ream = 532 reams). At a cost of \$2.77 per ream the total savings for paper per year would be \$1,474 (532 x \$2.77 = \$1,474). It is estimated one toner cartridge can print 35,000 pieces of paper. The reduction in hard paper copies would also lead to \$1,314 in toner savings per year (266,014 pieces of paper / 35,000 pieces of paper per toner cartridge = 7.6 less cartridges used; 7.6 x \$172.90 cost per cartridge = \$1,314 savings - GR 50% / Fed 50%). Total cost savings per year are estimated to be \$2,788 (\$1,474 + \$1,314 - GR 50% / Fed 50%). (Savings for FY 2021 will be \$2,322 for 10 months.)

One-time development costs by the current CyberAccess contractor, Conduent, for the mobile assessment application are estimated to be \$500,000 (GR 10% / Fed 90%), which would occur in SFY 2021, and annual maintenance fees of \$179,831 in SFY 2022 (GR 25% / Fed 75%), and \$105,717 in SFY 2023 (GR 25% / Fed 75%). In addition, an initial investment of approximately \$50,750 will be required for the purchase of 125 tablets/iPads with related accessories (as quoted to us by ITSD vendor as of 1/18/19) with an anticipated replacement cycle of every three years (GR 50% / Fed 50%).

FY 2021 fiscal impact: \$548,428 (\$74,214 GR; \$474,214 Fed);  
FY 2022 fiscal impact: \$177,043 (\$43,564 GR; \$133,479 Fed); and,  
FY 2023 fiscal impact: \$102,929 (\$25,035 GR; \$77,894 Fed).

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

Distribution of Epi-Pens to Fire Protection Districts - § 321.621, § 196.990

Officials from the **Department of Health and Senior Services (DHSS)** stated the proposed legislation provides for the distribution of epinephrine adult auto-injector devices to fire protection districts.

This will require promulgation of new rules and ordering supplies for the program. DHSS assumes it will take a Health and Senior Services Manager (salary \$68,802) approximately 40 hours to make the required changes to state rules. Based on 2,080 working hours per year, this would require 0.02 FTE to assume these duties (40 hours ÷ 2,080 hours per year = 0.02) for a total personal service cost of \$1,376 (\$68,802 X 0.02) in FY 2021. The department anticipates

ASSUMPTION (continued)

being able to absorb these costs. However, until the FY21 budget is final, the department cannot identify specific funding sources.

According to the State Fire Marshall's Office, there are 200 fire protection districts in Missouri that would qualify to receive the injectors. It is estimated that each district would require two injectors annually, totaling 400 injectors annually. They are sold in packages of 2 for \$600. The annual cost of Epi auto-injectors will be approximately \$120,000.

Ordering supplies are within the normal duties for the Divisions of Regulation and Licensure's Financial Support Services Unit. It is assumed it will take an Executive I (salary \$36,050) approximately 100 hours to process injector orders (0.5 minutes per order x 200 fire protection districts = 100 hours). Based on 2,080 working hours per year, this would require 0.05 FTE to assume these duties (100 hours ÷ 2,080 hours per year = 0.05) for a total personal service cost of \$1,803 (\$36,050 x 0.05).

The department anticipates being able to absorb these costs. However, until the FY 2021 budget is final, the department cannot identify specific funding sources.

According to the State Fire Marshall's Office, there are 200 fire protection districts in Missouri which would qualify to receive the injectors. It is estimated that each district would require two injectors annually, totaling 400 injectors annually. They are sold in packages of 2 for approximately \$600. The cost of 400 injectors (200 packages) will be \$120,000 in FY 2021, \$123,000 in FY 2022 and \$126,075 in FY 2023.

It is assumed the auto-injectors would be directly shipped from the manufacturer to the fire protection districts. Shipping cost is assumed to be five percent of product cost, or \$30 per package ( $\$599.99 \times 0.05 = \$30$ ) for a total shipping cost of \$6,000.

The bill further establishes the "Epinephrine Auto-Injector Devices for Fire Personnel Fund" for the purpose of providing epinephrine auto-injector devices for patients to qualified first responders. This fund is subject to appropriation.

In a previous response to SB 617, DHSS showed \$6,000 in FY 2021, \$6,150 in FY 2022 and \$6,304 in FY 2023.

**Oversight** will reflect DHSS's impact for fiscal note purposes to the Epinephrine Auto-Injector Devices for Fire Personnel Fund, and will substitute their previous response for the most current.

ASSUMPTION (continued)

Oversight will assume the new fund will receive an appropriation from the General Revenue Fund and therefore, net to zero.

**Oversight** notes the **Department of Public Safety - Fire Safety (FS)** has stated the proposal would not have a direct fiscal impact on their organization. Oversight does not have any information to the contrary. Therefore, Oversight will reflect a zero impact on the fiscal note for this agency.

**Oversight** contacted FS to determine if fire protection districts in non-metropolitan areas of Missouri currently have epi-pens they can administer, if needed. Fire Safety officials indicated they conducted a study on the budgetary impact of the purchase, use of, and training for Epinephrine Auto-Injector Pens. This study was only conducted in non-metro areas of the state (per U.S. Census data) and only for Fire Protection Districts (per DFS FD Registration Data).

Thirty-seven departments out of 168 non-metro fire departments registered in 2019 responded as follows:

One department carries or uses epi-pens on response vehicles; 36 do not. For the department that carries epi-pens, only one injector is available for the whole department but none have been used on an annual basis. The cost of the injector was \$300 and the annual training cost is \$1,000.

Of the 36 departments that do not have injectors, 16 state that funding is the reason they do not carry the injectors, and 20 state that funding was not a factor in their decision to not carry injectors.

**Oversight** assumes that if the DHSS provides epi-pens to fire protection districts in non-metropolitan areas of Missouri, those organizations can absorb the cost of annual training. With the information provided above, Oversight assumes this program would not result in a material savings to fire protection districts (no longer required to purchase auto-injectors on their own).

**Oversight** notes the **Department of Natural Resources**, the **Department of Public Safety - (Capitol Police and Missouri State Highway Patrol)**, the **Department of Social Services**, the **Department of Conservation**, the **Office of State Courts Administrator**, the **State Treasurer's Office**, the **St. Louis County Department of Justice Services**, and the **Springfield Police Department** have each stated SB 617 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 agencies.

ASSUMPTION (continued)

Charitable Pharmacies Designation - § 328.220

In response to SB 1088, the **Department of Commerce and Insurance, Department of Health and Senior Services, and Department of Social Services** stated this proposal has no fiscal impact.

Pharmacy Benefit Managers licensure & Registration; Conflict of Interest - § 376.393

Officials from the **Department of Commerce and Insurance (DCI)** state under this legislation, the department would be required to license pharmacy benefit managers. The department would establish the application process and licensure fee by rule. According to the Pharmacy Benefit Management Institute, there are currently 40 pharmacy benefit managers nationwide. The department does not believe any additional FTE would be needed to license all 40 pharmacy benefit managers should they request to become licensed, but the department would need to request General Revenue (GR) appropriation to cover the FTE and expenses of existing department staff processing the pharmacy benefit manager license applications or working on any complaint, unless it is deemed an appropriate use of the Insurance Dedicated Fund. The department estimates charging a licensure and renewal fee of \$1,000 based upon the licensure fee of third party administrators (TPAs). The department estimates needing to cover the cost of .25 Insurance Financial Analyst II FTE, .25 Fiscal and Administrative Manager FTE and .25 of a Legal Counsel FTE, with the licensure fee and requesting GR appropriation for any shortfall of licensure revenue.

In summary, DCI assumes a cost of \$32,169 in FY 2021, \$69,164 in FY 2022 and \$69,770 in FY 2023 to the General Revenue Fund to provide for the implementation of the changes in this proposal.

DCI also assumes a revenue of \$40,000 (40 pharmacy benefit managers x Annual \$1,000 licensing fee) to the General Revenue Fund.

**Oversight** does not have any information to the contrary. Therefore, Oversight will reflect the estimates provided by DCI.

ASSUMPTION (continued)

Officials from the **Missouri Consolidated Health Care Plan (MCHCP)** state this proposal enacts provisions relating to payments for prescription drugs. To the extent the proposed language would not preclude MCHCP separately contracting with a specialty pharmacy for supply and payment of specialty drugs, the expected fiscal impact would be \$0. Should the language allow retail pharmacies to supply and bill for specialty drugs, then MCHCP would likely have an unknown increased cost.

**Oversight** will range the fiscal impact to MCHCP as \$0 (the language would preclude MCHCP separately contracting with a specialty pharmacy for supply and payment of specialty drugs) to (Unknown) (retail pharmacies are allowed to supply and bill for specialty drugs) to the General Revenue Fund, Other State Funds, and Federal Funds.

Officials from the **Department of Transportation (MoDOT)** state this proposal will have no direct fiscal impact to MoDOT because the legislation could have an impact on pharmacy benefit managers, which the MoDOT/MSHP plan has a contract with.

The costs associated with contracting with a pharmacy benefit manager could lead to a negative impact to the Plan, though this amount is not quantifiable.

Officials from the **Office of Administration - Administrative Hearing Commission**, the **Office of Administration**, the **Missouri Department of Conservation** and the **Department of Social Services** each assume the proposal will have no fiscal impact on their respective organizations.

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

Officials from the **Department of Public Safety - Missouri Highway Patrol** defer to the Department of Transportation to estimate the fiscal impact of the proposed legislation on their organization.

Life Care Contracts - § 376.945

In response to SB 804, officials from the **Department of Commerce and Insurance (DCI)** stated that as written, DCI believes this bill will not add any new regulatory requirements. As a result, there will be no fiscal impact to DCI.

ASSUMPTION (continued)

In response to SB 804, officials from the **Department of Health and Senior Services** assumed the proposal will have no fiscal impact on their organization.

**Oversight** notes that all respondents stated the proposal would not have a direct fiscal impact on their organization. Oversight does not have any information to the contrary, and will reflect a zero impact on the fiscal note.

Prompt Credentialing Compromise - § 376.1578

§ 376.1578(3)

The **Department of Social Services** states currently the health plans are not required to reimburse practitioners for services delivered during the credentialing period except in the case of emergencies. In non-emergency cases, the health plans may reimburse the practitioner at a non-participating provider rate or at a negotiated rate under a single case agreement. Since this legislation does not specify if the rate must be a participating or non-participating rate, it is assumed the health plans will pay the non-participating rate or negotiate a single case agreement and will follow the prior authorization policies of the respective health plans. Under these assumptions, there will be no fiscal impact to the rates paid by the state to the health plans, and there will be no fiscal impact to Managed Care operations.

However, if the author's intent were that the participating rate must be paid for services delivered during the credentialing period, an actuarial study would be needed to evaluate the potential impact on the rates paid to the health plans. We estimate the actuarial cost to evaluate this change to the Managed Care capitation rates to be approximately \$50,000, and the fiscal impact to rates to be at least \$100,000.

Mohealthnet (DMH) submitted the following tables, showing increased costs for claims submitted and paid.

**Section: 376.1578.3**

Actuarial Cost	\$	50,000
Rate adjustment	\$	100,000

Total 376.1578.3	GR	Federal	Other	Total
FY21 Costs	\$ 59,867	\$ 90,133		\$ 150,000
FY22 Costs	\$ 36,645	\$ 68,455		\$ 105,100
FY23 Costs	\$ 38,514	\$ 71,946		\$ 110,460

**Section: 376.1578.4 - 5**

Actuarial Cost	\$	50,000
Rate adjustment	\$	100,000

Total 376.1578.4 - 5	GR	Federal	Other	Total
FY21 Costs	\$ 59,867	\$ 90,133		\$ 150,000
FY22 Costs	\$ 36,645	\$ 68,455		\$ 105,100
FY23 Costs	\$ 38,514	\$ 71,946		\$ 110,460

**Grand Total**

Grand Total	GR	Federal	Other	Total
FY21 Costs	\$ 119,734	\$ 180,266		\$ 300,000
FY22 Costs	\$ 73,290	\$ 136,910		\$ 210,200
FY23 Costs	\$ 77,028	\$ 143,892		\$ 220,920

<u>FISCAL IMPACT - State Government</u>	FY 2021 (10 Mo.)	FY 2022	FY 2023
 <b>GENERAL REVENUE FUND</b>			
 <u>Costs - DHSS (§191.116) - H&amp;I employee and benefits for Alzheimer's State Plan Task Force p. 8</u>			
	(\$14,778)	\$0	\$0
 <u>Savings - DHSS (§208.935)</u>			
Paper and toner p. 17	\$1,161	\$1,394	\$1,394
 <u>Costs - DHSS (§192.2000) p. 9</u>			
Personal service	(\$238,728)	(\$272,700)	(\$275,427)
Fringe benefits	(\$191,430)	(\$159,684)	(\$160,589)
Expense and equipment	(\$32,623)	(\$31,734)	(\$32,527)
<u>Total Costs - DHSS</u>	<u>(\$462,781)</u>	<u>(\$464,118)</u>	<u>(\$468,543)</u>
FTE Change - DHSS	6 FTE	6 FTE	6 FTE
 <u>Costs - DSS/MHD (§208.918) p. 16</u>			
Personal service	(\$19,616)	(\$23,775)	(\$24,013)
Fringe benefits	(\$11,314)	(\$13,656)	(\$13,735)
Equipment and expense	(\$5,431)	(\$2,479)	(\$2,541)
<u>Total Costs - DSS</u>	<u>(\$36,361)</u>	<u>(\$39,910)</u>	<u>(\$40,289)</u>
FTE Change - DSS	0.5 FTE	0.5 FTE	0.5 FTE
 <u>Costs - DHSS (§208.935 p. 17</u>			
Mobile assessment system changes	(\$50,000)	(\$44,958)	(\$26,429)
Mobile assessment tablets and accessories	(\$25,375)	\$0	\$0
<u>Total Costs - DHSS</u>	<u>(\$75,375)</u>	<u>(\$44,958)</u>	<u>(\$26,429)</u>
 <u>Transfer Out - to the Epinephrine Auto-Injector Devices for Fire Personnel Fund</u>			
	(\$126,000)	(\$129,150)	(\$132,379)
 <u>Revenue - DCI (§376.393)</u>			
\$1,000 Pharmacy Benefits Manager License Fee	\$40,000	\$40,000	\$40,000



<u>FISCAL IMPACT - State Government</u> (continued)	FY 2021 (10 Mo.)	FY 2022	FY 2023
<u>Cost - DCI (§376.393) p. 10</u>			
Salaries	(\$18,744)	(\$45,435)	(\$45,890)
Fringe Benefits	(\$13,425)	(\$23,729)	(\$23,880)
Equipment and Expense	<u>\$0</u>	<u>\$0</u>	<u>\$0</u>
<u>Total Cost - DCI (§376.393)</u>	<u>(\$32,169)</u>	<u>(\$69,164)</u>	<u>(\$69,770)</u>
FTE Change - DCI	.75 FTE	.75 FTE	.75 FTE
 <u>Cost - MHD (§ 376.1578.3-.5) Increased payments p. 23</u>	 (\$119,734)	 (\$73,290)	 (\$77,028)
 <u>Cost - MCHCP (§376.393)</u>	 \$0 to	 \$0 to	 \$0 to
Specialty Pharmacy for Specialty Drugs	<u>(Unknown)</u>	<u>(Unknown)</u>	<u>(Unknown)</u>
 <b>ESTIMATED NET EFFECT ON THE GENERAL REVENUE FUND</b>	 <b>Could exceed</b> <b><u>(\$826,037)</u></b>	 <b>Could exceed</b> <b><u>(\$776,196)</u></b>	 <b>Could exceed</b> <b><u>(\$773,044)</u></b>
 <b>MO VET HEALTH AND CARE FUND (0606)</b>			
<u>Costs - DHSS (§195.805)</u>	\$0 to...	\$0 to...	\$0 to...
Personal service	\$0	(\$40,400)	(\$40,804)
Fringe benefits	\$0	(\$25,071)	(\$25,071)
Equipment and expense	<u>\$0</u>	<u>(\$13,457)</u>	<u>(\$6,339)</u>
<u>Total Costs - DHSS</u>	<u>\$0</u>	<u>(\$78,928)</u>	<u>(\$72,214)</u>
FTE Change - DHSS	0 FTE	0 to 1 FTE	0 to 1 FTE
 <u>Costs - DHSS (§195.805) - IT contract costs</u>	 <u>(\$88,000)</u>	 <u>(\$12,000)</u>	 <u>(\$12,000)</u>
 <b>ESTIMATED NET EFFECT ON THE MO VET HEALTH AND CARE FUND</b>	 <b><u>(\$88,000)</u></b>	 <b>(\$12,000 to</b> <b><u>\$90,794)</u></b>	 <b>(\$12,000 to</b> <b><u>\$84,214)</u></b>

<u>FISCAL IMPACT - State Government</u>	FY 2021	FY 2022	FY 2023
(continued)	(10 Mo.)		

**CRIMINAL RECORD SYSTEM  
 FUND (0671)**

Income - DPS, MHP (§195.830) - Increase in background check fees	<u>\$76,560</u>	\$43,472 to <u>\$85,800</u>	\$43,472 to <u>\$85,800</u>
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**ESTIMATED NET EFFECT ON THE  
 CRIMINAL RECORD SYSTEM  
 FUND**

	<u>\$76,560</u>	\$43,472 to <u>\$85,800</u>	\$43,472 to <u>\$85,800</u>
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**OPIOID ADDICTION TREATMENT  
 AND RECOVERY FUND**

Income - AGO (§ 196.1050) - potential proceeds of an opioid-related global settlement with drug manufacturers, distributors, or combination	\$0 or Unknown	\$0 or Unknown	\$0 or Unknown
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Costs - various agencies (§ 196.1050) - utilizing proceeds for opioid addiction treatment and prevention services, health car, and/or law enforcement	<u>\$0 or (Unknown)</u>	<u>\$0 or (Unknown)</u>	<u>\$0 or (Unknown)</u>
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**ESTIMATED NET EFFECT TO THE  
 OPIOID ADDICTION TREATMENT  
 AND RECOVERY FUND**

	<u>\$0</u>	<u>\$0</u>	<u>\$0</u>
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<u>FISCAL IMPACT - State Government</u> (continued)	FY 2021 (10 Mo.)	FY 2022	FY 2023
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**EPINEPHRINE AUTO-INJECTOR  
 DEVICES FOR FIRE PERSONNEL  
 FUND**

<u>Transfer In</u> - appropriation from General Revenue	\$126,000	\$129,150	\$132,379
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Cost - DHSS (§321.621) Epinephrine auto injector devices (200 packages (400 injectors) x \$600 per package)	(\$120,000)	(\$123,000)	(\$126,075)
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Cost - DHSS (§321.621) Shipping	<u>(\$6,000)</u>	<u>(\$6,150)</u>	<u>(\$6,304)</u>
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**ESTIMATED NET EFFECT ON THE  
 EPINEPHRINE AUTO-INJECTOR  
 DEVICES FOR FIRE PERSONNEL  
 FUND**

	<u>\$0</u>	<u>\$0</u>	<u>\$0</u>
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**COLLEGES AND UNIVERSITIES**

Costs - Colleges and Universities (§190.092) - AED maintenance and upkeep	\$0 or <u>(Unknown)</u>	\$0 or <u>(Unknown)</u>	\$0 or <u>(Unknown)</u>
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<b>ESTIMATED NET EFFECT ON COLLEGES AND UNIVERSITIES</b>	<u>\$0 or (Unknown)</u>	<u>\$0 or (Unknown)</u>	<u>\$0 or (Unknown)</u>
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<u>FISCAL IMPACT - State Government</u> (continued)	FY 2021 (10 Mo.)	FY 2022	FY 2023
<b>FEDERAL FUNDS</b>			
<u>Income - DSS (§208.918)</u>			
Reimbursement for program expenditures	\$36,361	\$39,910	\$40,289
<u>Income - DHSS (§208.935)</u>			
Reimbursement for mobile assessment system changes and equipment	\$475,375	\$134,873	\$79,288
<u>Savings - DHSS (§208.935)</u>			
Paper and toner	\$1,161	\$1,394	\$1,394
<u>Costs - DSS/MHD (§208.918)</u>			
Personal service	(\$19,616)	(\$23,775)	(\$24,013)
Fringe benefits	(\$11,314)	(\$13,656)	(\$13,735)
Equipment and expense	<u>(\$5,431)</u>	<u>(\$2,479)</u>	<u>(\$2,541)</u>
<u>Total Costs - DSS</u>	<u>(\$36,361)</u>	<u>(\$39,910)</u>	<u>(\$40,289)</u>
FTE Change - DSS	0.5 FTE	0.5 FTE	0.5 FTE
<u>Costs - DHSS (§208.935)</u>			
Mobile assessment system changes	(\$450,000)	(\$134,873)	(\$79,288)
Mobile assessment tablets and accessories	<u>(\$25,375)</u>	<u>\$0</u>	<u>\$0</u>
<u>Total Costs - DHSS (§208.935)</u>	<u>(\$475,375)</u>	<u>(\$134,873)</u>	<u>(\$79,288)</u>
<u>Losses - DHSS (§208.935)</u>			
Reduction in program expenditure reimbursement for paper and toner	<u>(\$1,161)</u>	<u>(\$1,394)</u>	<u>(\$1,394)</u>
<u>Cost - MCHCP (§376.393)</u>			
Specialty Pharmacy for Specialty Drugs	\$0 to <u>(Unknown)</u>	\$0 to <u>(Unknown)</u>	\$0 to <u>(Unknown)</u>
<b>ESTIMATED NET EFFECT ON FEDERAL FUNDS</b>			
	<b><u>\$0</u></b>	<b><u>\$0</u></b>	<b><u>\$0</u></b>
Estimated net FTE Change on Federal Funds	0.5 FTE	0.5 FTE	0.5 FTE

<u>FISCAL IMPACT - Local Government</u>	FY 2021 (10 Mo.)	FY 2022	FY 2023
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**LOCAL POLITICAL  
 SUBDIVISIONS**

<u>Costs - All Local Governments</u> (§190.092) - AED maintenance and upkeep	(Unknown)	(Unknown)	(Unknown)
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<u>Income - School Districts (§195.805) -</u> Penalty income	<u>\$0 to Unknown</u>	<u>\$0 to Unknown</u>	<u>\$0 to Unknown</u>
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<b>ESTIMATED NET EFFECT ON    LOCAL POLITICAL    SUBDIVISIONS</b>	<b>(Unknown) to  <u>Unknown</u></b>	<b>(Unknown) to  <u>Unknown</u></b>	<b>(Unknown) to  <u>Unknown</u></b>
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FISCAL IMPACT - Small Business

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

FISCAL DESCRIPTION

This proposal modifies various provisions related to health care.

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

SOURCES OF INFORMATION

- Columbia/Boone County Department of Public Health and Human Services
- City of Brentwood
- City of Kansas City
- City of Riverside
- City of Springfield
- Cooper County Public Health Center
- Department of Conservation
- Department of Commerce and Insurance
- Department of Elementary and Secondary Education
- Department of Health and Senior Services

SOURCES OF INFORMATION (continued)


Department of Higher Education and Workforce Development  
Department of Labor and Industrial Relations  
Department of Mental Health  
Department of Natural Resources  
Department of Public Safety  
Department of Public Safety - Capitol Police  
Department of Public Safety - Fire Safety  
Department of Public Safety - Missouri Highway Patrol  
Department of Revenue  
Department of Social Services  
Department of Transportation  
Joint Committee on Administrative Rules  
Missouri Consolidated Health Care Plan  
Missouri Department of Conservation  
Missouri Gaming Commission  
Missouri House of Representatives  
Missouri National Guard  
Missouri Senate  
Missouri State Highway Patrol  
Office of Administration  
Office of Administration - Administrative Hearing Commission  
Office of Administration - Budget and Planning  
Office of the Attorney General  
Office of the Governor  
Office of the Lieutenant Governor  
Office of Prosecution Services  
Office of the Secretary of State  
Office of the State Treasurer  
Office of the State Courts Administrator  
Springfield Police Department  
State Emergency Management Agency,  
State Technical College of Missouri  
St. Louis County

SOURCES OF INFORMATION (continued)

St. Louis County Department of Justice Services,  
St. Louis County Police Department  
University of Missouri Health Care



Julie Morff  
Director  
May 4, 2020



Ross Strobe  
Assistant Director  
May 4, 2020