COMMITTEE ON LEGISLATIVE RESEARCH **OVERSIGHT DIVISION**

FISCAL NOTE

5335-02 L.R. No.: Bill No.: Perfected HCS for HB 1875 Subject: Hospitals; Health Care; Children and Minors Original Type: March 2, 2016 Date:

This proposal establishes the Perinatal Advisory Council and requires the Bill Summary: council to establish standards for all neonatal and maternal levels of birthing hospital care.

FISCAL SUMMARY

ESTIMATED NET EFFECT ON GENERAL REVENUE FUND				
FUND AFFECTED	FY 2017	FY 2018	FY 2019	
General Revenue	(\$106,710)	(\$90,247)	(\$91,500)	
Total Estimated Net Effect on General Revenue	(\$106,710)	(\$90,247)	(\$91,500)	

ESTIMATED NET EFFECT ON OTHER STATE FUNDS				
FUND AFFECTED	FY 2017	FY 2018	FY 2019	
Total Estimated Net Effect on <u>Other</u> State Funds	\$0	\$0	\$0	

Numbers within parentheses: () indicate costs or losses.

This fiscal note contains 7 pages.

L.R. No. 5335-02 Bill No. Perfected HCS for HB 1875 Page 2 of 7 March 2, 2016

ESTIMATED NET EFFECT ON FEDERAL FUNDS				
FUND AFFECTED	FY 2017	FY 2018	FY 2019	
Total Estimated Net Effect on <u>All</u> Federal Funds	\$0	\$0	\$0	

ESTIMATED NET EFFECT ON FULL TIME EQUIVALENT (FTE)				
FUND AFFECTED	FY 2017	FY 2018	FY 2019	
General Revenue	1	1	1	
Total Estimated Net Effect on FTE	1	1	1	

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

ESTIMATED NET EFFECT ON LOCAL FUNDS				
FUND AFFECTED	FY 2017	FY 2018	FY 2019	
Local Government	\$0	\$0	\$0	

L.R. No. 5335-02 Bill No. Perfected HCS for HB 1875 Page 3 of 7 March 2, 2016

FISCAL ANALYSIS

ASSUMPTION

Officials from the **Department of Health and Senior Services (DHSS)** state section 192.380.2 creates a Perinatal Advisory Committee (PAC) and directs the DHSS to provide necessary support to the council. In addition, DHSS would be responsible for organizing and hosting stakeholder meetings to gather public input to be shared with the PAC. DHSS will need a full time Health Program Representative III (\$38,928 annually) to support and staff the 21 member Perinatal Advisory Council appointed by the Governor. Duties of this position include but are not limited to the following:

- Coordinate with Governor's Office to ensure appointments are made according to membership requirements in Section 192.380.2;
- Assisting potential members with the application process;
- Arrange the council meetings, identify locations for the meetings, and prepare agendas and minutes of the meeting as requested by the Council Chair;
- Coordinate the stakeholder input meetings to be held around the state;
- Provide support for the members of the council, performing relevant data inquiries and compilation of information as requested by the Chair or other members;
- Coordinate collaboration with other appropriate agencies and entities needed to administer provisions of the proposed legislation; and

Additional funds are requested for the reimbursement of travel expenses for PAC members to attend PAC meetings and to attend the stakeholder public input meetings to be held around the state. DHSS assumes the regular meetings will be held monthly for the first year and quarterly thereafter. It is also assumed that there will be four stakeholder meetings around the state (two urban and two rural) and that a maximum of 6 PAC members will attend those meetings. The cost per PAC member to attend these meetings is calculated at \$180 per day for lodging, meals, and mileage. The total travel cost for stakeholder meetings in the first year calculates to \$4,320 (6 members x 4 meetings x \$180). The total cost for PAC regular meetings in the first year is calculated at \$37,800 (21 members x 10 meetings x \$180). The total cost for PAC meetings in subsequent years is calculated at \$15,120 (21 members x 4 meetings x \$180) each year.

Oversight assumes the DHSS would not need additional rental space for one FTE.

Officials from the **University of Missouri (UM) Health Care** has reviewed this proposed legislation and determined that as written, it should not create additional expenses in excess of \$100,000 annually.

Oversight assumes this is the materiality threshold for the UM Health Care and that any costs incurred by UM can be absorbed within current resource levels.

L.R. No. 5335-02 Bill No. Perfected HCS for HB 1875 Page 4 of 7 March 2, 2016

ASSUMPTION (continued)

Officials from the **Office of the Governor (GOV)** state Section 192.380 establishes the Perinatal Advisory Council which is comprised of twenty-one gubernatorial appointees. There should be no added cost to the GOV as a result of this measure. However, if additional duties are placed on the office related to appointments in other Truly Agreed To and Finally Passed (TAFP) legislation, there may be the need for additional staff resources in future years.

Officials from the **Joint Committee on Administrative Rules (JCAR)** state the legislation is not anticipated to cause a fiscal impact to JCAR beyond its current appropriation.

Officials from the **Department of Social Services** assume the proposal would not fiscally impact their agency.

Officials from the **Office of the Secretary of State (SOS)** state many bills considered by the General Assembly include provisions allowing or requiring agencies to submit rules and regulations to implement the act. The SOS is provided with core funding to handle a certain amount of normal activity resulting from each year's legislative session. The fiscal impact for this fiscal note to the SOS for Administrative Rules is less than \$2,500. The SOS recognizes that this is a small amount and does not expect that additional funding would be required to meet these costs. However, the SOS also recognizes that many such bills may be passed by the General Assembly in a given year and that collectively the costs may be in excess of what the office can sustain with the core budget. Therefore, the SOS reserves the right to request funding for the cost of supporting administrative rules requirements should the need arise based on a review of the finally approved bills signed by the governor.

Oversight assumes the SOS could absorb the costs of printing and distributing regulations related to this proposal. If multiple bills pass which require the printing and distribution of regulations at substantial costs, the SOS could request funding through the appropriation process.

Officials from the following **hospitals**: Barton County Memorial Hospital, Bates County Memorial Hospital, Cedar County Memorial Hospital, Cooper County Hospital, Excelsior Springs Medical Center, Putnam County Memorial Hospital and Washington County Memorial Hospital did not respond to **Oversight's** request for a statement of fiscal impact. L.R. No. 5335-02 Bill No. Perfected HCS for HB 1875 Page 5 of 7 March 2, 2016

FISCAL IMPACT - State Government	FY 2017 (10 Mo.)	FY 2018	FY 2019
GENERAL REVENUE FUND			
<u>Costs</u> - DHSS (§192.380)			
Personal service	(\$32,440)	(\$39,317)	(\$39,710)
Fringe benefits	(\$17,273)	(\$20,833)	(\$20,941)
Equipment and expense	(\$14,877)	(\$10,171)	(\$10,425)
PAC meeting expense	(\$42,120)	<u>(\$19,926)</u>	<u>(\$20,424)</u>
Total <u>Costs</u> - DHSS	<u>(\$106,710)</u>	<u>(\$90,247)</u>	<u>(\$91,500)</u>
FTE Change - DHSS	1 FTE	1 FTE	1 FTE
ESTIMATED NET EFFECT ON THE			(001 500)
GENERAL REVENUE FUND	<u>(\$106,710)</u>	<u>(\$90,247)</u>	<u>(\$91,500)</u>
Estimated Net FTE Change on the			
General Revenue Fund	1 FTE	1 FTE	1 FTE
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FISCAL IMPACT - Local Government	FY 2017	FY 2018	FY 2019
i	(10 Mo.)		
	<u>\$0</u>	<u>\$0</u>	<u>\$0</u>

FISCAL IMPACT - Small Business

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

FISCAL DESCRIPTION

The bill establishes the Perinatal Advisory Council which must be composed of representatives from specified organizations who must focus on and have experience in maternal and infant health, one of whom must be elected chair by a majority of the members, to be appointed by the Governor with the advice and consent of the Senate. After seeking broad public and stakeholder input, the council must make recommendations in the best interest of patients for the division of the state into neonatal and maternal care regions. When making the recommendations the council must make specified considerations. The council must establish criteria for levels of maternal care designations and levels of neonatal care designations for birthing facilities and regional perinatal centers. The levels developed under these provisions must be based on specified criteria.

Nothing in these provisions must be construed in any way to modify or expand the licensure of any health care professional or to require a patient be transferred to a different facility.

L.R. No. 5335-02 Bill No. Perfected HCS for HB 1875 Page 6 of 7 March 2, 2016

FISCAL DESCRIPTION (continued)

Beginning January 1, 2017, hospital applications for license must include the appropriate level of neonatal care designations and levels of maternal care designations for birthing facilities and regional perinatal centers as determined by the council under these provisions. Beginning January 1, 2018, any hospital with a birthing facility must report to the department its appropriate level of maternal care designation and neonatal care designation as determined by the criteria specified under these provisions. Nothing in these provisions must be construed to impose liability for referral or failure to refer in accordance with the recommendations of the council. The department may partner with appropriate nationally recognized professional organizations with demonstrated expertise in maternal and neonatal standards of care to administer these provisions.

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

SOURCES OF INFORMATION

Department of Higher Education Department of Health and Senior Services Department of Insurance, Financial Institutions and Professional Registration Department of Mental Health Department of Revenue Department of Social Services -MO HealthNet Division Division of Legal Services Office of the Governor Joint Committee on Administrative Rules Office of Administration -Division of Budget and Planning Office of Secretary of State University of Missouri

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L.R. No. 5335-02 Bill No. Perfected HCS for HB 1875 Page 7 of 7 March 2, 2016

Director March 2, 2016 Assistant Director March 2, 2016