COMMITTEE ON LEGISLATIVE RESEARCH OVERSIGHT DIVISION

FISCAL NOTE

<u>L.R. No.:</u> 5285-01 <u>Bill No.:</u> HB 1554

Subject: Drugs and Controlled Substances

Type: Original

Date: February 5, 2018

Bill Summary: This proposal allows persons with certain serious medical conditions to

use medical cannabis.

FISCAL SUMMARY

ESTIMATED NET EFFECT ON GENERAL REVENUE FUND				
FUND AFFECTED	FY 2019	FY 2020	FY 2021	
General Revenue	(\$641,266)	(\$68,507)	(\$161,610)	
Total Estimated Net Effect on General Revenue	(\$641,266)	(\$68,507)	(\$161,610)	

ESTIMATED NET EFFECT ON OTHER STATE FUNDS					
FUND AFFECTED	FY 2019	FY 2020	FY 2021		
Criminal Records	\$33,000	\$33,000	\$33,000		
Total Estimated Net Effect on <u>Other</u> State Funds	\$33,000	\$33,000	\$33,000		

Numbers within parentheses: () indicate costs or losses.

This fiscal note contains 18 pages.

L.R. No. 5285-01 Bill No. HB 1554 Page 2 of 18 February 5, 2018

ESTIMATED NET EFFECT ON FEDERAL FUNDS					
FUND AFFECTED	FY 2020				
Total Estimated Net Effect on <u>All</u> Federal Funds	\$0	\$0	\$0		

ESTIMATED NET EFFECT ON FULL TIME EQUIVALENT (FTE)					
FUND AFFECTED	FY 2018	FY 2019	FY 2020		
General Revenue 4 6		6			
Total Estimated Net Effect on FTE	4	6	6		

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 2019	FY 2020		
Local Government	\$0	\$0	\$0	

L.R. No. 5285-01 Bill No. HB 1554 Page 3 of 18 February 5, 2018

FISCAL ANALYSIS

ASSUMPTION

§191.480 - Misdemeanor charges

Officials from the **Department of Corrections (DOC)** provide the following assumptions related to this proposal:

HB 1554 proposes to legalize cannabis for medical use and regulate the cultivation, manufacturing and distribution of medical cannabis by repealing six current MO statutes on investigational drug research and usage of hemp extract for intractable epilepsy (RSMo 191.480, 192.945, 192.947, 195.207, 261.265, and 263.250). Each section is revised to make cannabis available to persons with a terminal illness. No effective date is established.

Section 191.480 sets the penalty for inhibiting the use of medical cannabis as an investigatory drug as a class A misdemeanor. Since the DOC has no jurisdiction over this type of misdemeanor, this statute has no impact on the DOC.

As of September 14, 2017, twenty-nine states, the District of Columbia, Guam and Puerto Rico have approved medical marijuana usage. The difficulty with, and the research used, in estimating the impact with the legalization of medical marijuana for the DOC is as follows:

Chu (2014) found that similar medical marijuana laws (MML) were related to a 15-20% increase in marijuana arrests in adult males, and Alford (2014) found that allowances for marijuana dispensaries increased property crime rates by 8% and robbery rates by 11%. Conversely, Alford also found that home cultivation allowance may have decreased robbery by 10%. Choi (2014) found that MMLs were associated with a 12% increase in other drug use but allowing home cultivation was related to a 13% decrease in driving under the influence of drugs. Morris et al. (2014) found that MMLs did not exacerbate rates of major or violent crimes. However, Pacula et al. (2014) suggested that some details of MMLs, particularly legal protection of dispensaries and home cultivation, can lead to greater marijuana use and abuse among adults. The authors also found relationships to increased alcohol use and alcohol-related driving fatalities. The link with increased drinking was also found by Wen et al. (2014), but they found no evidence of increased use of other substances.

Results of studies at this time show conflicting results on the criminal impacts of current MMLs. However, with the increased licensing and regulation there are also increased possibilities of secondary crimes through false physician recommendations, non-compliance in registration, illegal possession, vehicular infractions or injury, and theft. While many of these violations may carry only municipal or licensing level penalties, some would ultimately fall under felony charges.

L.R. No. 5285-01 Bill No. HB 1554 Page 4 of 18 February 5, 2018

ASSUMPTION (continued)

According to this research, a MML will result in an increase in violations of possession and production/distribution of controlled substances (579.020 and 579.020 and 579.055 RSMo): three new class C offenders (one to incarceration and two admitted to probation) and one additional class B felony offender to incarceration each year. Analysis of FY17 data shows a class C felony for possession of a controlled substance has a sentence of 6.5 years with an average of 3.9 years in prison and 2.6 years on parole; those on probation receive a 3-year term. For a class B felony for distribution and production, the average sentence is 8.3 years with 4.9 years in prison and 3.4 years on parole.

The proposed legislation also creates a new class D felony for distributing medical cannabis to minors in violation of the six proposed statutes (Section 261.625.13). This is a new offense without historical data. Current law provides penalty for distributing marijuana to minors, however, whether it is medical or non-medical cannabis is not indicated (579.020.4 and .5 RSMo enacted August 2016). To estimate the impact of this new class D felony requires figures from the standard impact for non-violent class C felony in FY17. Eight offenders are estimated to be sentenced with this offense; three are incarcerated and five are sent to probation. Incarcerated offenders' average sentence is 5.0 years with 3.8 years in prison and 1.2 years on parole; the term for probation is three years.

The full, yearly impact of FN 5284.01 occurs in FY27 with an additional cost of supervision of 51 offenders, 20 offenders to incarceration and 31 to field supervision.

If this impact statement has changed from statements submitted in previous years, it is because the DOC has changed the way probation and parole daily costs are calculated to more accurately reflect the way the Division of Probation and Parole is staffed across the entire state.

In December 2017, the DOC reevaluated the calculation used for computing the Probation and Parole average daily cost of supervision and revised the cost calculation to be used for 2018 fiscal notes. The new calculation estimates the increase/decrease in caseloads at each Probation and Parole district due to the proposed legislative change. For the purposes of fiscal note calculations, the DOC averaged district caseloads across the state and came up with an average caseload of 51 offender cases per officer. The new calculation assumes that an increase/decrease of 51 cases in a district would result in a change in costs/cost avoidance equal to the cost of one FTE staff person in the district. Increases/decreases smaller than 51 offenders are assumed to be absorbable.

In instances where the proposed legislation would only affect a specific caseload, such as sex offenders, the DOC will use the average caseload figure for that specific type of offender to calculate cost increases/decreases.

L.R. No. 5285-01 Bill No. HB 1554 Page 5 of 18 February 5, 2018

<u>ASSUMPTION</u> (continued)

The DOC cost of incarceration is \$17.003 per day or an annual cost of \$6,206 per offender. The DOC cost of probation or parole is determined by the number of P&P Officer II positions that would be needed to cover the new caseload.

The DOC would assume this legislation will result in the following long term costs to the General Revenue Fund (assumes a 2% annual inflation in costs):

FY19 (Year 1, 10 months)	\$25,858
FY20 (Year 2)	\$63,301
FY21 (Year 3)	\$96,851
FY22 (Year 4)	\$125,131
FY23 (Year 5)	\$134,351
FY24 (Year 6)	\$137,039
FY25 (Year 7)	\$139,779
FY26 (Year 8)	\$142,575
FY27 (Year 9)	\$145,426
FY28 (Year 10)	\$148,335

For the purpose of this proposed legislation, officials from the **Office of State Public Defender** (**SPD**) cannot assume that existing staff will provide competent, effective representation for any new cases where indigent persons are charged with the proposed new crimes regarding medical cannabis including distributing medical cannabis to minors, new Class D felonies.

While the number of new cases (or cases with increased penalties) may be too few or uncertain to request additional funding for this specific bill, the SPD will continue to request sufficient appropriations to provide effective representation in all cases.

The SPD also states the proposed legislation would allow the medical use of marijuana. This could have some impact on the SPD System. In FY16, the SPD provided representation in an estimated 10,984 possession of a controlled substance cases. If a percentage of these cases were for the proposed appropriate medical use of marijuana, this number could/would be reduced. It is not possible to estimate a number that would have been for "legal" use.

The SPD is currently providing legal representation in caseloads in excess of recognized standards. Removing these cases would assist public defenders by reducing their caseloads, but it is not expected to result in significant savings.

Oversight assumes the SPD can absorb the additional caseload that may result from this proposal.

L.R. No. 5285-01 Bill No. HB 1554 Page 6 of 18 February 5, 2018

<u>ASSUMPTION</u> (continued)

§192.945 - Medical cannabis

Officials from the **Department of Health and Senior Services (DHSS), Division of Community and Public Health (DCPH)** state that under section 192.945, RSMo, DHSS is currently issuing hemp extract registration cards for persons suffering from intractable epilepsy. This proposal would expand the current program by allowing the issuance of medical cannabis registration cards for persons with terminal illness.

Applications

Currently, the Missouri Hemp Extract Registration Program is issuing registration cards for adults and minors with intractable epilepsy who have received certification from a neurologist. As of December 19, 2017, 130 Missouri Hemp Extract Registration Cards were issued for 2017. Under the proposed legislation, a physician or neurologist may sign the certification needed to receive the hemp extract registration card. Allowing both physicians and neurologists to sign the certification, Missouri expects the number of Missouri Hemp Extract Registration cards issued to increase by 200 percent. Therefore, for purposes of this fiscal note, DCPH estimates 390 Missouri Hemp Extract Registration Cards to be issued each year (130 current cards *200% = 260 new cards + 130 current cards = 390 registration cards).

In addition to issuing hemp extract registration cards, the proposed legislation requires DHSS to issue medical cannabis registration cards for adults and minors who receive certification from a neurologist or physician that the patient suffers from a "terminal illness". Terminal illness is defined in the legislation as "a disease that without life-sustaining procedures will result in death in the near future or a state of permanent unconsciousness from which recovery is unlikely." Since hospice serves patients who meet specific terminal illness criteria certified by a physician, data on the number of hospice patients served in Missouri is being utilized for an estimate on the potential number of terminally ill patients who may seek a medical cannabis registration card. According to the annual report issued by the Missouri Hospice and Palliative Care Association, an average of 31,740 patients of all ages were admitted into hospice care each year during 2014 through 2016. For purposes of this fiscal note estimate, DHSS anticipates 5 percent of the average hospice admissions (31,740 x .05 = 1,587) would apply for a medical cannabis registration card. Per information received from the Illinois Department of Public Health, this estimate is comparable to the number of applications for terminally ill patients that is actually being received for their Medical Cannabis Pilot Program. Therefore, DHSS estimates processing 1,977 (390 +1,587) applications for either a hemp extract registration or medical cannabis registration annually.

L.R. No. 5285-01 Bill No. HB 1554 Page 7 of 18 February 5, 2018

<u>ASSUMPTION</u> (continued)

Staffing

Section 192.945 requires the establishment of the medical cannabis registration program and modifications to the hemp extract registration program through promulgation of rules, including the development of program forms, registration cards, and a system to record the name of each registrant and each minor receiving care from a registrant. Section 192.945 also requires DHSS to publish a list of terminal illnesses for which a medical cannabis registration card can be issued. It is also requires DHSS to publish a list of diseases and conditions for which a hemp extract registration card may be issued, containing intractable epilepsy. As a result, DCPH anticipates the need to hire the following staff beginning on August 28, 2018 (FY 2019) to develop the Medical Cannabis Registration Program and modify the current Missouri Hemp Extract Registration Program:

One Program Manager Broad Band 2 (\$65,000 annually) to serve as Chief of the Hemp Extract and Medical Cannabis Registration Program. Duties will include overall program management, with activities including, but not limited to:

- rule promulgation,
- development of forms,
- development of program policies and procedures,
- information system development (liaison with ITSD) and maintenance, and
- supervision and training of all staff within the program.

One Environmental Public Health Specialist V position (\$46,056 annually) whose duties will include:

- researching and developing the list of requirements that all manufacturing, storage or testing of medical cannabis or any medical cannabis product shall meet;
- providing technical assistance to the Missouri Department of Agriculture (AGR) in development of administrative rules and continuous revision/updating of administrative rules related to the requirements established by DHSS for manufacturing, storage and testing of medical cannabis, and
- providing technical assistance to AGR regarding problematic inspections related to DHSS requirements.

The proposed legislation does not limit the amount of licenses that may be issued by AGR for medical cannabis cultivation and production facilities. If these cannabis care centers manufacture food products with medical cannabis, DHSS would be required by sections 196.010 through 196.298, RSMo, to inspect these facilities to ensure the product is manufactured in a sanitary environment. DHSS assumes that the EPHS V position will also perform these inspections. It is possible that additional staff may need to be acquired based on the number of facilities and products established in order to meet the registrant demand.

L.R. No. 5285-01 Bill No. HB 1554 Page 8 of 18 February 5, 2018

<u>ASSUMPTION</u> (continued)

For fiscal note purposes DCPH calculated 45 minutes of processing time per registration application. Based on this assumption, it was determined 1.0 FTE will be needed (1,977 applications X 0.75 hours per application/ 2,080 hours per year = 0.71, round to 1.0 FTE). Because of the importance of accuracy and validation to the registration process, the activities related to the registration need to be divided across two positions for cross-checking and quality assurance. Therefore, both the HPR II and AOSA positions will be involved in application processing. The following staff will be hired effective July 1, 2019 (FY 2020) upon completion of the information system development, rule promulgation process, and implementation of the program:

One Health Program Representative II (\$35,640 annually) whose duties will include:

- checking quality assurance of the application including valid, Missouri licensed practitioners and required documentation of allowed condition(s);
- verifying and approving applications including final approval of application rejects and card issuances;
- drafting correspondence for incomplete, inaccurate, or unapproved applicants;
- generation of renewal notices; and
- handling applicant and physician questions, complaints and concerns.

One Administrative Office Support Assistant (\$28,668 annually) whose duties will include:

- initial processing of paper applications for the medical cannabis and hemp extract registration program, to include opening and date stamping of mail;
- entering application information into the electronic registry;
- verifying applicant and physician/neurologist identification;
- preparing registration cards;
- mailing applicant correspondence, renewal notices, and registration cards
- answering and assisting telephone callers; and
- providing administrative assistance to the Bureau Chief and all other positions.

Printing

DCPH assumes that 90% of hemp extract registrants will renew each year and renewal cards will also need to be printed for each registrant annually. DCPH also estimates new hemp extract applicants to grow by 10 percent annually. DCPH does not expect any renewals for medical cannabis but would expect the same amount of new cards to be issued each year. DCPH will purchase a high quality color printer (estimated at \$656) and use special paper manufactured by state printing for production of the registration cards.

L.R. No. 5285-01 Bill No. HB 1554 Page 9 of 18 February 5, 2018

ASSUMPTION (continued)

DCPH will print 2,500 brochures each year the program is operational at a cost of \$.06 per brochure. This brochure will provide the public with information about the medical cannabis and hemp extract registration program and assistance in completing a valid registration.

	FY 2019	FY 2020	FY 2021
Cards for New Hemp Extract Applicants	0	260	39
Cards for Hemp Extract Renewals	0	130	351
Cards for New Medical Cannabis			
Applicants	0	1,587	1,587
Total Cards Issued	0	1,977	1,977

FY20

- 2,000 sheets of specialty print paper @ \$330/2,000 sheets = \$330
- 2,000 card protector sleeves @ \$21.00 per 1,000 = \$42
- 2,500 brochures (\$0.06 per brochure) = \$150

FY21

- 2,000 sheets of specialty print paper @ \$330/2,000 sheets = \$330
- 2,000 card protector sleeves (a) \$21.00 per 1,000 = \$42
- 2,500 brochures (\$0.06 per brochure) = \$150

Mailing costs

Each registrant will receive his/her card in the mail. Renewal cards will also be mailed to each registrant annually. It is also assumed five percent of applications (new and renewal) will be incomplete, requiring written notification of an incomplete application. It is also projected that 25 percent of the printed brochures (625) along with paper applications will be mailed to the public upon request. The other printed brochures will be available for distribution at conferences and other public venues.

Projected mailings are as follows:

	FY 2019	FY 2020	FY 2021
Cards mailed to new applicants	0	1,847	1,626
Renewal cards mailed	0	130	351
Brochures/app mailed	0	625	625
Incomplete Application	0	99	99
Total mailings	0	2,701	2,701

L.R. No. 5285-01 Bill No. HB 1554 Page 10 of 18 February 5, 2018

<u>ASSUMPTION</u> (continued)

FY20

2,701 envelopes (\$41 per 1,000) = $3 \times 41 = 123$ Postage (2,701 x \$0.39/postage rate) = \$1,053

FY21

2,701 envelopes (\$41 per 1,000) = $3 \times 41 = 123$ Postage (2,701 x \$0.39/postage rate) = \$1,053

Application Storage Costs

In order to manage the final storage of paper applications submitted, Content Manager for electronic scanning and storage will be utilized. The costs for Content Manager are estimated at \$132 per month for the state data server costs, \$234 for an annual license for each user who needs to view files, and \$828 for an annual license for each position with ability to scan/import documents.

Application Registration Fees

The proposal allows the DHSS to establish a fee for the issuance of a registration cards. For purposes of this fiscal note, it is estimated that DHSS would charge a \$225 registration fee resulting in additional revenues to the General Revenue (GR) Fund.

It is anticipated that Missouri will receive 1,977 applications in its first year of operation (FY 2020) with a fee of \$225. In subsequent years, new applications for hemp extract registrations are estimated to grow by 10 percent annually; however, renewals are estimated to decline by 10 percent annually. Since medical cannabis registration cards are issued to patients who are terminal, DHSS does not expect to renew any medical cannabis registration cards, but would expect to issue the same amount of new cards each year.

Projected fees received for the three years (FY 2019 – FY 2021) are as follows:

•	y	,		
		FY 2019	FY 2020	FY 2021
	Application & Renewals	0	1,977	1,977
	Application Fees	\$0	\$444,825	\$444,825

DHSS estimates the net impact to the General Revenue Fund to be a cost of \$478,093 for FY19 and a positive impact of \$31,849 and \$43,238 for FY20 and FY 21, respectively.

L.R. No. 5285-01 Bill No. HB 1554 Page 11 of 18 February 5, 2018

ASSUMPTION (continued)

Oversight assumes the DHSS would not need additional rental space for four (4) new FTE for this single proposal. However, Oversight notes, depending on the number of proposals passed during the legislative session, that cumulatively, the DHSS may need additional rental space or capital improvements as determined by the Office of Administration, Facilities Management, Design and Construction.

DHSS provided the following assumptions from the **Office of Administration (OA)**, **Information Technology Services Division (ITSD)**. ITSD states it is assumed that every new IT project/system will be bid out because all ITSD resources are at full capacity

A 12-month project effort with three contractors has been assumed. It is assumed the application will be hosted in the State Data Center (SDC) on existing web application servers. Disk space has been assumed at 50 GB per environment (DEVO, TEST, and PROD). Funding for ongoing maintenance will come from registration fees established by DHSS.

FY19 costs to the General Revenue Fund are estimated to be \$308,749. On-going support costs for FY20 and FY21 are estimated to be \$63,769 and \$65,363 respectively.

§§261.265 - Medical marijuana cultivation

Officials from the **Department of Agriculture (AGR)** state Colorado has approximately 1,000 licensed medical marijuana cultivation and infused product manufacturers; New Mexico has approximately 50 licensed medical marijuana producers; and Illinois limited the number of medical marijuana producers to 21. It estimated that Missouri will license approximately 50 medical marijuana and/or hemp extract cultivation and production facilities across the state. It is assumed that each production facility would be inspected four times per year. It is also assumed that approximately 30 facilities would be licensed in the first year of implementation and 50 facilities in subsequent years. It is assumed that an inspection would require 20 hours of inspection-related duties (20 hours * 50 facilities = 1,000 hours * 4 inspections/year = 4,000 hours).

Total inspection hours 4,000 / 1,800 hours (actual work hours after taking into consideration vacation/sick leave, etc.) = 2.2 (2 FTEs). The field FTEs. Feed and Seed Inspectors II (\$36,924 each, annually) would be responsible for the inspections of cultivation/production facilities. A Program Coordinator (\$57,648 annually) and a Senior Office Support Assistant (\$29,484 annually) would be needed as well.

Approximately \$10,000 will be needed to update the MOPlants computer system to enable license and inspection capabilities.

L.R. No. 5285-01 Bill No. HB 1554 Page 12 of 18 February 5, 2018

<u>ASSUMPTION</u> (continued)

The AGR estimates the fiscal impact of this proposal on the General Revenue Fund to be a cost of \$266,131 for FY 19; \$259,259 for FY 20; and \$273,476 for FY 21.

Oversight assumes the AGR would not need a Program Coordinator and Senior Office Support Assistant (SOSA) for 2 additional Feed and Seed Inspectors II and that the duties of the Program Coordinator and SOSA could be performed by existing staff. However, depending on the number of proposal that pass this session, the AGR may need additional staff and funding.

Officials from the **Department of Public Safety (DPS), Missouri State Highway Patrol (MHP)** state Section 261.265.9(1) states "The department shall promulgate rules including, but not limited to:

(1) Application requirements for licensing, including requirements for the submission of fingerprints and the completion of a criminal background check;"

The Criminal Justice Information Services (CJIS) Division of the Oregon State Police processed approximately 1,500 fingerprint-based criminal record checks for the Oregon Heath Authority associated with medical marijuana. Based on Oregon's figures, the CJIS Division estimates the following fiscal impact:

The cost for a fingerprint-based criminal record check, to include state and federal open and closed records, is as follows:

State fee: \$20.00 FBI fee: \$12.00 Applicant fingerprinting vendor fee: \$8.30 Total fee per applicant: \$40.30

Of this amount, the state retains the \$20 fee and \$2 of the federal charge of \$12 for a pass-thru fee (total \$22). The \$8.30 charge is paid directly to the vendor at the time of application.

Estimated Revenue FY19 and beyond

1,500 x \$32 (state/federal background check) \$48,000

Estimated Expense FY19 and beyond

1,500 x \$10 (federal background check charge)

Net revenue to the Criminal Records Fund

\$15,000

\$33,000

It should be noted that Oregon's population is approximately 20 percent less than the state of Missouri; therefore, the actual fiscal impact may be slightly higher than the estimate.

L.R. No. 5285-01 Bill No. HB 1554 Page 13 of 18 February 5, 2018

<u>ASSUMPTION</u> (continued)

Bill as a whole

Officials from the **Cooper County Public Health Center** assume the proposal will have an unknown impact on revenues and costs to the DHSS and local public health agencies.

Officials from the **Office of Attorney General (AGO)** assume any potential costs arising from this proposal can be absorbed with existing resources. The AGO may seek additional appropriations if the proposal results in a significant increase in litigation.

Officials from the Department of Insurance, Financial Institutions and Professional Registration, the Joint Committee on Administrative Rules, the Missouri Office of Prosecution Services, the OA, Division of General Services and Administrative Hearing Commission, the Office of State Courts Administrator and the Columbia/Boone County Department of Public Health and Human Services each assume the proposal would not fiscally impact their respective agencies.

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 **sheriffs' departments**: the Boone County Sheriff's Department, Buchanan County Sheriff's Department, Cass County Sheriff's Office, Clark County Sheriff's Department, Cole County Sheriff's Department, Jackson County Sheriff's Department, and the Platte County Sheriff's Department did not respond to **Oversight's** request for a statement of fiscal impact.

L.R. No. 5285-01 Bill No. HB 1554 Page 14 of 18 February 5, 2018

<u>ASSUMPTION</u> (continued)

Oversight assumes this proposal will, at least initially, result in increased activity by local law enforcement agencies. Oversight further assumes that those agencies will request additional resources through decision items in the appropriate political subdivision budgets.

Officials from the following health departments: Audrain County Health Unit, Cass County Health Department, Clay County Public Health Center, Harrison County Public Health Department and Hospice, Henry County Health Center, Hickory County Health Department, Howell County Health Department, City of Independence Health Department, Jefferson County Health Department, Knox County Health Department, Linn County Health Department, McDonald County Health Department, Madison County Health Department, Marion County Health Department, Miller County Health Center, Morgan County Health Center, Nodaway County Health Center, Platte County Health Department, Polk County Health Center, Pulaski County Health Center and Home Health Agency, Randolph County Health Department, Reynolds County Health Center, Ripley County Health Center, Shelby County Health Department did not respond to Oversight's request for a statement of fiscal impact.

FISCAL IMPACT - State Government	FY 2019 (10 Mo.)	FY 2020	FY 2021
GENERAL REVENUE FUND	()		
Income - DHSS (§192.945) (p. 10) Application fees	\$0	\$444,825	\$444,825
Costs - DOC (§191.480) (p. 5) Increase in incarceration and parole			
expenditures	(\$25,858)	(\$63,301)	(\$96,851)
<u>Costs</u> - DHSS (§192.945) (p. 6-10)			
Personal service	(\$92,547)	(\$117,118)	(\$178,889)
Fringe benefits	(\$45,466)	(\$95,756)	(\$96,282)
Equipment and expense	(\$21,939)	(\$53,229)	(\$37,371)
ITSD costs/on-going support	<u>(\$308,749)</u>	(\$63,769)	(\$65,363)
Total <u>Costs</u> - DHSS	<u>(\$468,701)</u>	(\$329,872)	(\$377,905)
FTE Change - DHSS	2 FTE	4 FTE	4 FTE

L.R. No. 5285-01 Bill No. HB 1554 Page 15 of 18 February 5, 2018

FISCAL IMPACT - State Government	FY 2019 (10 Mo.)	FY 2020	FY 2021
GENERAL REVENUE FUND (continued)			
Costs - AGR (§261.265) (p. 11) Personal service Fringe benefits Equipment and expense Total Costs - AGR FTE Change - AGR	(\$61,540) (\$36,257) (\$48,910) (\$146,707) 2 FTE	(\$74,586) (\$43,728) (\$1,845) (\$120,159) 2 FTE	(\$75,332) (\$43,950) (\$12,397) (\$131,679) 2 FTE
ESTIMATED NET EFFECT ON THE GENERAL REVENUE FUND	<u>(\$641,266)</u>	<u>(\$68,507)</u>	<u>(\$161,610)</u>
Estimated Net FTE Change for the General Revenue Fund	4 FTE	6 FTE	6 FTE
CRIMINAL RECORDS FUND			
Income - DPS (§261.265) (p. 12) Increase in background check fees	\$33,000	<u>\$33,000</u>	\$33,000
ESTIMATED NET EFFECT ON THE CRIMINAL RECORDS FUND	<u>\$33,000</u>	<u>\$33,000</u>	<u>\$33,000</u>
FISCAL IMPACT - Local Government	FY 2019 (10 Mo.)	FY 2020	FY 2021
	<u>\$0</u>	<u>\$0</u>	<u>\$0</u>

FISCAL IMPACT - Small Business

§261.265 - The proposed legislation allows the Missouri Department of Agriculture to issue licenses to cultivation and production facilities in the state to grow or cultivate the cannabis plant used to make hemp extract. There could be an unknown impact on small businesses that may serve as these facilities.

L.R. No. 5285-01 Bill No. HB 1554 Page 16 of 18 February 5, 2018

FISCAL DESCRIPTION

INVESTIGATIONAL DRUG USE BY TERMINAL PATIENTS

This bill expands the definition of investigational drug, biological product, or device so that it can include medical cannabis. Under this provision a dispensing organization or manufacturer of an investigational drug, biological product, or device that has successfully completed phase one of a clinical trial but has not been approved for general use by the FDA and remains under investigation in a clinical trial can be made available to certain eligible patients who have terminal illnesses and meet all the other requirements of the section. This bill makes it a class A misdemeanor for any official, employee, or agent of the state to block or attempt to block the access of an eligible patient to an investigational drug, biological product, or device (Section 191.480, RSMo).

MEDICAL CANNABIS AND HEMP EXTRACT REGISTRATION CARDS

This bill changes the law regarding the use of hemp extract to treat intractable epilepsy to authorize the legal use of medical marijuana to treat terminal illnesses. This bill authorizes the Department of Health and Senior Services to issue medical cannabis registration cards to any Missouri resident, 18 years old or older, who can provide a statement signed by a doctor stating that the individual suffers from a terminal illness and may benefit from treatment with medical cannabis and that the individual has considered all other treatment options currently approved by the FDA and all relevant clinical trials conducted in Missouri.

Parents of minor children suffering from intractable epilepsy or a terminal illness or condition can also obtain medical cannabis cards on behalf of their children. These registration cards will only be valid for one year but can be renewed.

The department will publish a list of debilitating diseases or conditions for which a medical cannabis or hemp extract registration card can be issued. A medical cannabis registration card may only be issued for terminal illnesses and a hemp extract registration card may only be issued for intractable epilepsy.

Any physician who signs a statement for a patient to obtain a medical cannabis registration card must keep a record of his or her evaluation and observation of that patient, including the patient's response to medical cannabis, and transmit such record to the department. The department must maintain a database of these records, which it can share with a higher education institution for the purpose of studying medical cannabis. The department is also required to maintain a record of each person it issues a registration card to. The department can also authorize clinical trials involving medical cannabis (Section 192.945).

L.R. No. 5285-01 Bill No. HB 1554 Page 17 of 18 February 5, 2018

FISCAL DESCRIPTION (continued)

THE USE OF MEDICAL CANNABIS

An individual who has been issued a medical cannabis registration card can only possess or use medical cannabis to treat a terminal illness. An individual who has been issued a medical cannabis registration card may possess up to 20 ounces of medical cannabis.

An individual may be allowed to apply for a waiver of this limit under the rules established by the Department of Health and Senior Services. The individual must also have a certificate of analysis detailing the ingredients of the medical cannabis (Section 195.207).

THE CULTIVATION AND PRODUCTION OF MEDICAL CANNABIS

The Department of Agriculture shall issue cultivation and production facility licenses to grow or cultivate medical cannabis.

The department will maintain a list of all licensed growers. The department is responsible for establishing rules relating to application requirements, including submission of fingerprints and criminal background checks; security requirements for cultivation and production premises; cannabis monitoring systems; the submission of medical cannabis to an approved testing facility; and the manufacture, storage, and transportation of medical cannabis (Section 261.265).

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

SOURCES OF INFORMATION

Office of Attorney General

Department of Agriculture

Department of Health and Senior Services

Department of Insurance, Financial Institutions and Professional Registration

Department of Corrections

Department of Public Safety -

Missouri State Highway Patrol

Joint Committee on Administrative Rules

Missouri Office of Prosecution Services

Office of Administration -

Information Technology Services Division/DHSS

Division of General Services

Office of State Courts Administrator

L.R. No. 5285-01 Bill No. HB 1554 Page 18 of 18 February 5, 2018

SOURCES OF INFORMATION (continued)

Office of Secretary of State
Office of State Public Defender
Columbia/Boone County Department of Public
Health and Human Services
Cooper County Public Health Center

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