

COMMITTEE ON LEGISLATIVE RESEARCH
OVERSIGHT DIVISION

FISCAL NOTE

L.R. No.: 3795-04
Bill No.: SCS for HB 1383
Subject: Drugs and Controlled Substances; Fire Protections; Health Care Professionals;
Department of Health and Senior Services; Hospitals; Insurance - Health;
Holidays; Health Care
Type: Original
Date: April 29, 2020

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

FISCAL SUMMARY

ESTIMATED NET EFFECT ON GENERAL REVENUE FUND			
FUND AFFECTED	FY 2021	FY 2022	FY 2023
General Revenue	(\$126,000)	(\$129,500)	(\$132,379)
Total Estimated Net Effect on General Revenue	(\$126,000)	(\$129,500)	(\$132,379)

Numbers within parentheses: () indicate costs or losses.

This fiscal note contains 18 pages.

ESTIMATED NET EFFECT ON OTHER STATE FUNDS			
FUND AFFECTED	FY 2021	FY 2022	FY 2023
Colleges and Universities	\$0 or (Unknown)	\$0 or (Unknown)	\$0 or (Unknown)
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
Epinephrine Auto-Injector Devices for Fire Personnel*	\$0	\$0	\$0
University of Missouri Health Care	(\$2,500,000)	(\$3,000,000)	(\$3,000,000)
Total Estimated Net Effect on <u>Other</u> State Funds	Could exceed (\$2,511,440)	Could exceed (\$2,968,528) or (\$3,004,994)	Could exceed (\$2,968,528) or (\$2,998,714)

* Transfers In and expenditures of approximately \$130,000 annually net to zero.

ESTIMATED NET EFFECT ON FEDERAL FUNDS			
FUND AFFECTED	FY 2021	FY 2022	FY 2023
Federal	\$0 to (\$25,000,000)	\$0 to (\$25,000,000)	\$0 to (\$25,000,000)
Total Estimated Net Effect on <u>All</u> Federal Funds	\$0 to (\$25,000,000)	\$0 to (\$25,000,000)	\$0 to (\$25,000,000)

ESTIMATED NET EFFECT ON FULL TIME EQUIVALENT (FTE)			
FUND AFFECTED	FY 2021	FY 2022	FY 2023
Vet Health and Care	0 FTE	0 to 1 FTE	0 to 1 FTE
Total Estimated Net Effect on FTE	0 FTE	0 to 1 FTE	0 to 1 FTE

☒ 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 2021	FY 2022	FY 2023
Local Government	Unknown to (Unknown)	Unknown to (Unknown)	Unknown to (Unknown)

FISCAL ANALYSIS

ASSUMPTION

Section 190.092 - Automated external defibrillators

In response to a similar proposal from this year (HCS/HB 1460), 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.

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 hours. 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.

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).

ASSUMPTION (continued)

In response to a similar proposal from this year (HCS/HB 1460), 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.

If FMDC were to acquire AEDs for State facilities, this bill would impose a substantial burden on FMDC, as it would require routine inspection, testing and maintenance of AEDs. However, 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 a similar proposal from this year (HCS/HB 1460), officials from the **University of Missouri Health Care (UMHC)** had 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.

ASSUMPTION (continued)

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.

Oversight notes the **Department of Health and Senior Services**, the **Department of Natural Resources**, the **Department of Public Safety, Divisions of: Director's Office, Fire Safety, Missouri National Guard** and the **State Emergency Management Agency**, the **Missouri Department of Conservation**, the **City of Hazelwood**, the **City of Kansas City**, the **City of Springfield**, **St. Louis County**, the **Adair County Health Department**, the **Boone County Sheriff's Department**, the **Joplin Police Department**, the **St. Louis County Department of Justice Services**, the **Springfield Police Department**, the **Brentwood Fire Department**, the **State Technical College of Missouri**, the **St. Charles Community College** and the **University of Central Missouri** 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.

Oversight only reflects the responses that we have received from state agencies and political subdivisions; however, other cities, counties, local public health agencies, ambulance districts, fire departments, sheriffs' departments, police departments, schools and colleges and universities 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.

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

In response to a similar proposal from this year (SB 764), 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.

ASSUMPTION (continued)

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 stated §195.805.3 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 (1) additional 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.

ASSUMPTION (continued)

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 a similar proposal from this year (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

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

ASSUMPTION (continued)

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.

§321.621 - Epinephrine auto-injector devices

In response to a similar proposal from this year (SCS for SB 617), officials from the **Department of Health and Senior Services (DHSS)** state 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.

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.

ASSUMPTION (continued)

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 in FY 2021, \$6,150 in FY 2022 and \$6,304 in FY 2023.

Oversight contacted DHSS to determine why the number of the epi-pens in this version changed from the original bill. In the original bill, DHSS assumed epi-pens would be provided for both adult and pediatric patients. This version states specifically the DHSS shall issue epinephrine auto-injector devices for adult patients; therefore, DHSS adjusted the numbers accordingly. Oversight also notes the DHSS assumed the auto-injectors would be shipped directly from the manufacturer to the State Fire Marshall's Office at no cost to DHSS in 3762-01. However, it has now been determined the auto-injectors will ship to each fire protection district at a cost of \$30 per package.

Oversight does not have any information contrary to that provided by DHSS. Therefore, Oversight will reflect DHSS's impact for fiscal note purposes to the Epinephrine Auto-Injector Devices for Fire Personnel Fund. 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:

ASSUMPTION (continued)

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).

In response to a similar proposal from this year (SB 617), officials from the **Missouri Office of Prosecution Services (MOPS)** assume the proposal will have no measurable fiscal impact on MOPS. The creation of a new crime creates additional responsibilities for county prosecutors which may, in turn, result in additional costs, which are difficult to determine.

For the purpose of this proposed legislation, officials from the **Office of State Public Defender (SPD)** state they cannot assume that existing staff will provide effective representation for any new cases arising where indigent persons are charged with the proposed new crimes regarding the acquisition, sale, or purchase of epinephrine auto-injector devices - a new class B misdemeanor. The Missouri State Public Defender System is currently providing legal representation in caseloads in excess of recognized standards.

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 where the right to counsel attaches.

Oversight assumes the SPD would not incur additional expenses from this section.

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 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 agencies.

ASSUMPTION (continued)

Oversight only reflects the responses that we have received from state agencies and political subdivisions; however, other police and sheriff's departments, EMS, and fire protection 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.

Oversight assumes a General Revenue transfer to the new fund for DHSS' expenses.

§334.285 -376.1578 - Maintenance of physician certification

In response to a similar proposal from this year (SB 891), officials from the **Department of Social Services (DSS), MO HealthNet Division (MHD)** stated the health plans that contract with the state to provide MO HealthNet services to MO HealthNet Managed care members are considered health carriers as defined under Chapter 376, RSMo. Since there is no specific exemption for them, it is assumed this could affect them.

Consistent with 42 CFR 438.602(b) and 438.608(b), all network providers must be enrolled with MO HealthNet as a Medicaid provider. The health plan must have written credentialing and re-credentialing policies and procedures for determining and assuring that all in-network providers are licensed by the State in which they practice and are qualified to perform their services. The health plan must notify the state agency of any denial of enrollment due to the results of the provider credentialing or re-credentialing process. Pursuant to 42 CFR 1002.3(b), the state agency shall notify the Health and Human Services (HHS) Office of the Inspector General of a denial based on the determination a provider has failed to renew his or her license or certification registration, or has a revoked professional license or certification.

As federal regulations require physicians to maintain their licenses in order to be enrolled as a Medicaid provider, it is assumed MO HealthNet's federal funding would be at risk if Missouri did not require maintenance of certification. MHD assumes an impact up to \$25M in federal disallowance. If federal funding is impacted, MHD would need a GR pick up to make up that difference.

FY21 Total: \$0 - \$25,000,000 (GR: \$0 - \$25,000,000)

FY22 Total: \$0 - \$25,000,000 (GR: \$0 - \$25,000,000)

FY23 Total: \$0 - \$25,000,000 (GR: \$0 - \$25,000,000)

Oversight notes provisions of this proposal do not provide for the General Revenue fund to replace lost federal monies. Therefore, for fiscal note purposes only, Oversight will show the loss of federal funds as \$0 to (\$25,000,000) annually.

ASSUMPTION (continued)

In response to a similar proposal from this year (SB 891), from the **University of Missouri Health Care (UMHC)** state the provisions of this proposal would create an annual estimated expense of \$3 million.

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

Oversight notes the **Department of Commerce and Insurance**, the **Department of Health and Senior Services**, the **Department of Public Safety**, **Missouri State Highway Patrol**, the **Missouri Consolidated Health Care Plan**, the **Missouri Department of Conservation** and the **Missouri Department of Transportation** 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.

<u>FISCAL IMPACT - State Government</u>	FY 2021 (10 Mo.)	FY 2022	FY 2023
GENERAL REVENUE FUND			
<u>Transfer Out - (\$321.621) to the Epinephrine Auto-Injector Devices for Fire Personnel Fund p. 12</u>	<u>(\$126,000)</u>	<u>(\$129,150)</u>	<u>(\$132,379)</u>
ESTIMATED NET EFFECT ON THE GENERAL REVENUE FUND	<u>(\$126,000)</u>	<u>(\$129,150)</u>	<u>(\$132,379)</u>

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

<u>Transfer In</u> - appropriation from General Revenue p. 12	\$126,000	\$129,150	\$132,379
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<u>Cost</u> - DHSS (§321.621) Epinephrine auto injector devices (200 packages (400 injectors) x \$600 per package) p. 9	(\$120,000)	(\$123,000)	(\$126,075)
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<u>Cost</u> - DHSS (§321.621) Shipping p. 9	<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

<u>Cost</u> - Colleges and Universities (§190.092) - AED maintenance and upkeep p. 5 - 6	\$0 or <u>(Unknown)</u>	\$0 or <u>(Unknown)</u>	\$0 or <u>(Unknown)</u>
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**ESTIMATED NET EFFECT ON
 COLLEGES AND UNIVERSITIES**

<u>\$0 or</u> <u>(Unknown)</u>	<u>\$0 or</u> <u>(Unknown)</u>	<u>\$0 or</u> <u>(Unknown)</u>
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FISCAL IMPACT - State Government
(continued)

FY 2021
 (10 Mo.)

FY 2022

FY 2023

**MO VET HEALTH AND CARE
 FUND (0606)**

Costs - DHSS (§195.805) p. 7

\$0 to...

\$0 to...

\$0 to...

Personal service

\$0

(\$40,400)

(\$40,804)

Fringe benefits

\$0

(\$25,071)

(\$25,071)

Equipment and expense

\$0

(\$13,457)

(\$6,339)

Total Costs - DHSS

\$0

(\$78,928)

(\$72,214)

FTE Change - DHSS

0 FTE

0 to 1 FTE

0 to 1 FTE

Costs - DHSS (§195.805) - IT contract
 costs p. 7

(\$88,000)

(\$12,000)

(\$12,000)

**ESTIMATED NET EFFECT ON THE
 MO VET HEALTH AND CARE
 FUND**

(\$88,000)

(\$12,000 to
\$90,794)

(\$12,000 to
\$84,214)

**CRIMINAL RECORD SYSTEM
 FUND (0671)**

Income - DPS, MHP (§195.830) -
 Increase in background check fees p. 9

\$76,560

\$43,472 to
\$85,800

\$43,472 to
\$85,800

**ESTIMATED NET EFFECT ON THE
 CRIMINAL RECORD SYSTEM
 FUND**

\$76,560

\$43,472 to
\$85,800

\$43,472 to
\$85,800

FISCAL IMPACT - State Government
(continued)

FY 2021
 (10 Mo.)

FY 2022

FY 2023

**UNIVERSITY OF MISSOURI
 HEALTH CARE**

Loss - UMHC (§334.285) - Reduction in
 federal funds due to no physician
 certification maintenance p. 13

(\$2,500,000)

(\$3,000,000)

(\$3,000,000)

**ESTIMATED NET EFFECT ON THE
 UNIVERSITY OF MISSOURI
 HEALTH CARE**

(\$2,500,000)

(\$3,000,000)

(\$3,000,000)

FEDERAL FUNDS

Loss - DSS (§334.285) - Reduction in
 federal funds due to no physician
 certification maintenance p. 13

\$0 to
(\$25,000,000)

\$0 to
(\$25,000,000)

\$0 to
(\$25,000,000)

**ESTIMATED NET EFFECT ON
 FEDERAL FUNDS**

\$0 to
(\$25,000,000)

\$0 to
(\$25,000,000)

\$0 to
(\$25,000,000)

<u>FISCAL IMPACT - Local Government</u>	FY 2021 (10 Mo.)	FY 2022	FY 2023
LOCAL GOVERNMENTS - ALL			
<u>Costs</u> - All Local Governments (§190.092) - AED maintenance and upkeep p. 4	<u>(Unknown)</u>	<u>(Unknown)</u>	<u>(Unknown)</u>
<u>Income</u> - School Districts (§195.805) - Penalty income p. 7	<u>\$0 to Unknown</u>	<u>\$0 to Unknown</u>	<u>\$0 to Unknown</u>
ESTIMATED NET EFFECT ON LOCAL GOVERNMENTS	<u>Unknown to (Unknown)</u>	<u>Unknown to (Unknown)</u>	<u>Unknown to (Unknown)</u>

FISCAL IMPACT - Small Business

This proposal may impact small business health care providers.

FISCAL DESCRIPTION

This proposal modifies provisions relating 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

Office of Administration
 University of Missouri Health Care
 St. Louis County Police Department
 Cooper County Public Health Center
 City of Riverside
 Department of Health and Senior Services
 Department of Natural Resources
 Department of Public Safety
 City of Hazelwood
 Kansas City
 City of Springfield

SOURCES OF INFORMATION (continued)

St. Louis County Adair County Health Department
Boone County Sheriff's Department
Joplin Police Department
St. Louis County Department of Justice
Office of Prosecution Services
Office of the State Public Defender
Missouri Department of Conservation
Office of the State Courts Administrator
Department of Social Services
Department of Commerce and Insurance
Missouri Consolidated Health Care Plan



Julie Morff
Director
April 29, 2020



Ross Strobe
Assistant Director
April 29, 2020