

COMMITTEE ON LEGISLATIVE RESEARCH  
OVERSIGHT DIVISION

**FISCAL NOTE**

L.R. No.: 1261H.02C  
Bill No.: HCS for HB 489  
Subject: Education, Higher; Health Care; Boards, Commissions, Committees, and  
Councils; Professional Registration and Licensing  
Type: Original  
Date: April 3, 2023

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

**FISCAL SUMMARY**

<b>ESTIMATED NET EFFECT ON GENERAL REVENUE FUND</b>			
<b>FUND AFFECTED</b>	<b>FY 2024</b>	<b>FY 2025</b>	<b>FY 2026</b>
General Revenue	\$0 to (Unknown)	\$0 to (Unknown)	\$0 to (Unknown)
<b>Total Estimated Net Effect on General Revenue</b>	<b>\$0 to (Unknown)*</b>	<b>\$0 to (Unknown)*</b>	<b>\$0 to (Unknown)*</b>

\*Oversight assumes the combined losses relating to DMH training sites and additional LEF transfers could exceed the \$250,000 threshold.

<b>ESTIMATED NET EFFECT ON OTHER STATE FUNDS</b>			
<b>FUND AFFECTED</b>	<b>FY 2024</b>	<b>FY 2025</b>	<b>FY 2026</b>
Other State	\$0 to (Unknown)	\$0 to (Unknown)	\$0 to (Unknown)
LEF*	\$0	\$0	\$0
Colleges and Universities	\$0 to (Unknown)	\$0 to (Unknown)	\$0 to (Unknown)
<b>Total Estimated Net Effect on <u>Other</u> State Funds</b>	<b>\$0 to (Unknown)</b>	<b>\$0 to (Unknown)</b>	<b>\$0 to (Unknown)</b>

\*Indicates numbers net to \$0.

Numbers within parentheses: () indicate costs or losses.

<b>ESTIMATED NET EFFECT ON FEDERAL FUNDS</b>			
<b>FUND AFFECTED</b>	<b>FY 2024</b>	<b>FY 2025</b>	<b>FY 2026</b>
Federal - CMS	\$0 to (\$123,333,333)	\$0 to (\$148,000,000)	\$0 to (\$148,000,000)
Federal – Veterans Affairs**	\$0 to (\$287,500,000)	\$0 to (\$345,200,000)	\$0 to (\$345,200,000)
<b>Total Estimated Net Effect on <u>All</u> Federal Funds</b>	<b>\$0 to (Unknown, potentially exceeding \$410,833,333)</b>	<b>\$0 to (Unknown, potentially exceeding \$493,200,000)</b>	<b>\$0 to (Unknown, potentially exceeding \$493,200,000)</b>

\*Oversight notes DMH’s assumption of loss of federal funding for non-compliance with DEI provisions and the resulting loss of facilities’ accreditations could be significant; DMH noted a possible maximum loss of \$148 million annually.

\*\* Oversight notes MVC’s assumption of the potential loss of federal funding from the US Department of Veterans Affairs due to Recapture Provisions of CFR 59.110 which allows the VA to recover federal construction grant funds for non-compliance. The maximum recapture amount could exceed \$345 million annually.

<b>ESTIMATED NET EFFECT ON FULL TIME EQUIVALENT (FTE)</b>			
<b>FUND AFFECTED</b>	<b>FY 2024</b>	<b>FY 2025</b>	<b>FY 2026</b>
<b>Total Estimated Net Effect on FTE</b>	<b>0</b>	<b>0</b>	<b>0</b>

☒ Estimated Net Effect (expenditures or reduced revenues) expected to exceed \$250,000 in any of the three fiscal years after implementation of the act or at full implementation of the act.

☐ Estimated Net Effect (savings or increased revenues) expected to exceed \$250,000 in any of the three fiscal years after implementation of the act or at full implementation of the act.

<b>ESTIMATED NET EFFECT ON LOCAL FUNDS</b>			
<b>FUND AFFECTED</b>	<b>FY 2024</b>	<b>FY 2025</b>	<b>FY 2026</b>
<b>Local Government</b>	<b>\$0 to (Unknown)</b>	<b>\$0 to (Unknown)</b>	<b>\$0 to (Unknown)</b>

## **FISCAL ANALYSIS**

### **ASSUMPTION**

#### **§§191.230 and 292.648 – Refusal of medical procedures or treatment**

Officials from the **Department of Public Safety - Missouri Veterans Commission (MVC)** state MVC received approximately \$59 million in per diem payments through the VA State Veterans Homes Per Diem Grant Program during state fiscal year 21. If MVC does not comply with federal regulations MVC would lose all of its federal funding and may lose its Recognition and Certification as a VA State Skilled Care Home.

MVC currently holds contracts with entities that require COVID vaccinations for their employees. Any company MVC hires who also receive reimbursement from CMS will be subject to vaccination requirements. For example, their pharmacy vendor, skilled therapy vendor, dietary service vendor, wound care vendor, hospice vendors, lab vendors, etc. MVC also has agreements in place with the US Department of Veterans Affairs to provide care and service, they also require vaccinations for employment. If MVC were prohibited from contracting healthcare services with these vendors the MVC would assume financial responsibility for hiring/contracting qualified independent professionals to perform these necessary services who are not affiliated with or receiving reimbursement from CMS. MVC would have to close the Veterans Homes if they could not contract the services listed above. This Fiscal impact could exceed \$75M.

CFR 59.110 “Recapture Provisions” allows the VA to recover the federal construction grant funds if the facility does not maintain services previously specified in the construction MOU between VA and MVC for 20 years.

Most projects take 2 years from start of design to end of construction. The 5 previous projects total 28.7 million in federal dollars. The average revenue received over a 3 year period is \$9.55 million. An average calculation over the previous 20 years is \$191 million.

In addition, the cost of the original construction of facilities constructed since 2000 is approximately \$68.8 million. Included in this number is the construction of all 5 Veterans cemeteries, the Mt. Vernon Veterans Home, and the Warrensburg Veterans Home.

The language as it relates to the construction grant program could cost MVC in excess of \$260 million in “Recapture Provisions”.

**Oversight** does not have any information to the contrary. Oversight assumes it is unlikely the MVC will lose all federal funding under the Recapture Provisions but will range the potential loss of Federal Funds as \$0 to (\$345,200,000) annually.

Officials from the **Department of Mental Health (DMH)** state this proposal adds §§191.230 and 292.648 prohibiting a public body and employers in the state from requiring individuals to receive a COVID-19 vaccination. CMS expects all facilities' staff to receive a vaccination unless exempted as required by law. Facility staff vaccination rates under 100% constitute non-compliance (CMS guidance QSO-23-02-ALL). CMS rule currently allows for exemption in certain circumstances. However, in the event that CMS removes exemption option for vaccination, this requirement may put some DMH facilities and agencies at odds with federal requirements for licensure and/or CMS funding. These provisions will have an unknown impact on DMH.

**Oversight** notes the DMH assume the proposal could affect their funding because the facility staff vaccination rates under 100% constitute non-compliance (CMS guidance QSO-23-02-ALL).

In response to a similar proposal (HCS HBs700 & 445), **Oversight** received additional information from the DMH, via e-mail, and confirmed that officials from the DMH believe this bill, considering the allowable exclusions, could still have a potential impact on the funding reaching beyond \$250,000, due to the loss of CMS funding.

**Oversight** notes the proposal, specifically §191.230.4 (1) thru (6), allows for exclusions of certain organizations certified by the Medicare or Medicaid, and employees of state department and agency who are part of an onsite survey team performing federal oversight of certified providers and suppliers for the Centers for Medicare and Medicaid Services.

**Oversight** assumes both §§191.230 and 292.648 provide for exception which is applicable for facilities defined in §199.170. The exceptions would effectively include the Department of Mental Health facilities. Therefore, Oversight will reflect a zero impact in the fiscal note for DMH for these sections of the fiscal note.

#### §§191.1770 through 191.1810 – Do No Harm Act

Officials from the **Department of Mental Health (DMH)** state the proposed legislation establishes the “Do No Harm Act” under sections 191.1770 to 191.1810.

Section 191.1775(3) defines "health care provider" as "any public hospital or public health care provider including, but not limited to, physicians' offices, outpatient clinics, medical testing sites, medical laboratories, physical or occupational therapy or rehabilitation providers, chiropractors, dentists, optometrists, mental health and clinical social workers, and related providers".

Section 191.1795 prohibits health care providers and medical institutions of higher education from adopting or imposing any type of diversity-equity-inclusion (DEI) training, education, material or program as a condition of obtaining or renewing licensing.

Section 191.1800 would require any state entity applying for a federal health care grant related to DEI to publish materials on their website and submit copies to the state board of registration for the healing arts and to the legislative committees on health policy.

The DMH inpatient facilities are accredited by The Joint Commission (TJC) and Center for Medicare/Medicaid Services (CMS). TJC and CMS set several standards that facilities are required to meet for accreditation; cultural competency is included in seven areas of TJC Standards and in three areas of CMS hospital Conditions of Participation. Loss of accreditation by DMH facilities would result in the loss of federal funding. The fiscal impact is estimated to be \$0 to \$148 million annually.

Additionally, DMH offers training for various clinical disciplines. Various regulatory bodies oversee the training of these clinicians and specify the need to incorporate cultural competency. For example, the Accreditation Council for Graduate Medical Education (ACGME) has recognized cultural competency as a part of three out of six core competencies (patient care, interpersonal and communication skills and professionalism) that residency training programs are to provide training in. Loss of training sites would lead to further shortages in clinical disciplines.

Also, DMH clinicians (psychiatrists, psychologists, social workers, nurses, etc.) have continuing education requirements to maintain licensure to practice. Reducing acceptable types of continuing education by excluding those that contain DEI, could result in DMH clinicians being unable to attain the requisite amount of continuing education.

In addition, the Value Based Payment learning path follows the National Direct Support Professional (DSP) best practices which includes multiple DEI trainings and would be in conflict with the proposed language. In addition, this would impact DMH's contracting process since certification would have to occur prior to the award of a contract and subsequently may negatively impact the Department's ability to attract new providers. This could possibly cause a safety issue to those individuals the DMH is in charge of care if at the last minute there are providers DMH can no longer contract with. The term "certification" is not defined so it is unclear as to what would be involved with the process and the effect on DMH's workforce. This may cause an unknown impact to the department.

**Oversight** does not have any information to the contrary. Oversight has no information on the amount of federal funding that could potentially be lost. In addition, Oversight has no information relating to the likelihood of a loss of training sites that could be used by DMH if they offer DEI training. Therefore, Oversight will reflect \$0 to Unknown costs to General Revenue (assumed to be less than \$250,000 annually) and a \$0 to \$148 million loss in federal funding as a result of being out of compliance with federal provisions.

Officials from the **University of Central Missouri (UCM)** state this proposal may have an indeterminate but considerable negative fiscal impact due to loss of student enrollment, and potentially, degree programs.

- UCM is a "medical institution of higher education" under this proposed legislation because it "receives state funds and offers health care-related degrees, health care-related certifications, or health care-related training," including, under this legislation: Registered Nursing BS, Family Nurse Practitioner MS, Medical Lab Science BS, Radiologic Technology BS, and pre-med, pre-vet, pre-dental programs in Biology.
- This legislation would prohibit health related academic programs from teaching "Any reference to group differences within a given setting with respect to culture, ethnicity, gender, gender identity, national origin, race, religion, or sexual orientation."
- Healthcare credentialing boards require practitioners to be knowledgeable about how medical needs vary by these specific characteristics.
- Therefore, if this legislation passes, UCM would not be allowed to adequately train these students in the above degree programs.

Less impactful, but still notable, is the component that reads "Medical institutions of higher education shall not conduct internal DEI audits or otherwise engage DEI consultants." This would limit UCM's ability to conduct one key component of their strategic plan, goal 4: "Inclusive and Diverse Community".

**Oversight** does not have any information to the contrary. Therefore, Oversight will reflect a \$0 to unknown cost for colleges and universities for fiscal note purposes.

Officials from the **Office of Administration (OA)** state the provisions of §§191.1802 – 191.1805 have the potential to increase costs to the state Legal Expense Fund (LEF) for actions alleging violation of this provision against a state employee in connection with their official duties on behalf of the state or against another person covered by the LEF, due to the addition of an enforceable right under this section. This provision also waives sovereign immunity. This change will be subject to judicial construction; therefore, the cost impact to the state is unknown.

**Oversight** notes OA provided additional information relating to the LEF in response to similar legislation from the current session (HCS HB 700 & 445). In that response, OA stated the state self-assumes its own liability under the LEF, §105.711 RSMo. It is a self-funding mechanism whereby funds are made available for the payment of any claim or judgment rendered against the state in regard to the waivers of sovereign immunity or against employees and specified individuals. Investigation, defense, negotiation or settlement of such claims is provided by the Office of the Attorney General. Payment is made by the Commissioner of Administration with the approval of the Attorney General.

Because this bill creates a possible new cause of action, **Oversight** will show a net \$0 direct fiscal impact for the LEF, and a possible \$0 to (unknown) fiscal impact to General Revenue and other state funds. Oversight notes this possible litigation exposure as described by OA could also apply to colleges and universities, federal funds, as well as local political subdivisions.

Officials from the **Office of Administration - Budget and Planning (B&P)** state insofar as the new penalties created by the bill result in fine revenues that are deposited into the state treasury, the legislation would increase Total State Revenue (TSR).

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

**Oversight** does not have any information to the contrary. Therefore, Oversight assumes the AGO will be able to perform any additional duties required by this proposal with current staff and resources and will reflect no fiscal impact to the AGO for fiscal note purposes.

**Oversight** notes provisions in §191.1805.3 provide that the AGO may seek civil penalties up to \$1 million for violations. In addition, it is thought since these penalties would be for a violation of civil law rather than criminal law, the penalties would not be distributed to school districts. Oversight assumes any civil penalties collected by the AGO would be deposited in the General Revenue Fund. Since it is unknown whether any penalties will be collected, Oversight will range the penalties from \$0 to Unknown.

#### Rule Promulgation

Officials from the **Joint Committee on Administrative Rules** assume this proposal is not anticipated to cause a fiscal impact beyond its current appropriation.

Officials from the **Office of the Secretary of State (SOS)** note 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 \$5,000. 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 its 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.

#### Bill as a whole

Officials from the **Office of the State Courts Administrator (OSCA)** state this proposal may have some impact but there is no way to quantify that currently. Any significant changes will be reflected in future budget requests.

**Oversight** does not have any information to the contrary. Oversight will reflect no fiscal impact for this agency.

Officials from the **City of Kansas City** assume the proposal would have a potential negative fiscal impact of an indeterminate amount.

**Oversight** does not have any information to the contrary. As provided by OA, it is noted possible litigation exposure could apply to local political subdivisions. Therefore, Oversight will present a \$0 to (Unknown) fiscal impact to local governments.

Officials from the **Missouri House of Representatives (MHR)** state the proposal will have no impact, assuming the General Assembly will be in session when it needs to act.

**Oversight** does not have any information to the contrary. Oversight assumes the MHR will have no fiscal impact based on their assumption.

Officials from the **Office of Administration - Administrative Hearing Commission**, the **Department of Commerce and Insurance**, the **Department of Economic Development**, the **Department of Elementary and Secondary Education**, the **Department of Higher Education and Workforce Development**, the **Department of Health and Senior Services**, the **Department of Natural Resources**, **Department of Corrections**, the **Department of Labor and Industrial Relations**, the **Department of Revenue**, the **Department of Social Services**, the **Missouri National Guard**, the **Office of the Governor**, the **Missouri Department of Transportation**, the **MoDOT & Patrol Employees' Retirement System**, the **City of Springfield**, the **City of Urich**, the **Jackson County Board of Election Commissioners**, the **Kansas City Board of Election Commissioners**, the **Platte County Election Authority**, the **St. Louis County Board of Elections**, the **Newton County Health Department**, the **Phelps County Sheriff**, the **Branson Police Department**, the **Kansas City Police Department**, the **St. Louis County Police Department**, the **Cole Camp Ambulance District**, **Missouri State University**, the **Joint Committee on Public Employee Retirement**, the **Missouri Lottery Commission**, the **Missouri Consolidated Health Care Plan**, the **Department of Agriculture**, the **Missouri Office of Prosecution Services**, the **Missouri State Employee's Retirement System**, the **State Tax Commission**, the **Office of the State Auditor**, **Legislative Research**, the **Oversight Division**, the **Missouri Senate** and the **Office of the State Public Defender** each assume the proposal will have no fiscal impact on their respective organizations.

**Oversight** only reflects the responses received from state agencies and political subdivisions; however, other cities, local election authorities, various county officials, local public health agencies, nursing homes, police and sheriffs' departments, fire protection districts, ambulance and EMS, schools and charter schools, hospitals and colleges and universities were requested to respond to this proposed legislation but did not. A listing of political subdivisions included in the Missouri Legislative Information System (MOLIS) database is available upon request.



<u>FISCAL IMPACT – State Government</u>	FY 2024 (10 Mo.)	FY 2025	FY 2026
<b>GENERAL REVENUE FUND</b>			
<u>Income – AGO (§191.1805) – civil penalties collected p.7</u>	\$0 to Unknown	\$0 to Unknown	\$0 to Unknown
<u>Costs – DMH – loss of training sites (§191.1795) p.4-5</u>	\$0 to (Unknown)	\$0 to (Unknown)	\$0 to (Unknown)
<u>Cost Increase – OA (§191.1802) – Potential increase in transfer to LEF p.6</u>	\$0 to (Unknown)	\$0 to (Unknown)	\$0 to (Unknown)
<b>ESTIMATED NET EFFECT ON THE GENERAL REVENUE FUND</b>	<b><u>\$0 to (Unknown)</u></b>	<b><u>\$0 to (Unknown)</u></b>	<b><u>\$0 to (Unknown)</u></b>
<b>OTHER STATE FUNDS</b>			
<u>Cost Increase – OA (§191.1802) – Potential increase in transfer to LEF p.6</u>	\$0 to (Unknown)	\$0 to (Unknown)	\$0 to (Unknown)
<b>ESTIMATED NET EFFECT ON OTHER STATE FUNDS</b>	<b><u>\$0 to (Unknown)</u></b>	<b><u>\$0 to (Unknown)</u></b>	<b><u>\$0 to (Unknown)</u></b>
<b>LEGAL EXPENSE FUND (0692)</b>			
<u>Transfer-in – Increase in appropriation from General Revenue (§191.1802) p.6</u>	\$0 to Unknown	\$0 to Unknown	\$0 to Unknown
<u>Cost Increase – OA (§191.1802) – Potential increase in transfer to LEF p.6</u>	\$0 to (Unknown)	\$0 to (Unknown)	\$0 to (Unknown)
<b>ESTIMATED NET EFFECT ON THE LEGAL EXPENSE FUND</b>	<b><u>\$0</u></b>	<b><u>\$0</u></b>	<b><u>\$0</u></b>

<u>FISCAL IMPACT – State Government</u>	FY 2024 (10 Mo.)	FY 2025	FY 2026
<b>COLLEGES AND UNIVERSITIES</b>			
<u>Cost Increase</u> – Increase in LEF payouts (§191.1802) p.6	\$0 to (Unknown)	\$0 to (Unknown)	\$0 to (Unknown)
<u>Cost Increase</u> – Restrictions on DEI education in health care related programs and compliance (§191.1795) p.5-6	\$0 to (Unknown)	\$0 to (Unknown)	\$0 to (Unknown)
<b>ESTIMATED NET EFFECT ON COLLEGES AND UNIVERSITIES</b>	<b><u>\$0 to (Unknown)</u></b>	<b><u>\$0 to (Unknown)</u></b>	<b><u>\$0 to (Unknown)</u></b>
<b>FEDERAL FUNDS</b>			
<u>Loss – DPS-MVC</u> (§§191.230 and 292.648) – Reduction in federal funds for non-compliance with CFR 59.110 p.3	\$0 to (\$287,500,000)	\$0 to (\$345,200,000)	\$0 to (\$345,200,000)
<u>Loss – DMH</u> (§191.1800) – Reduction in federal funds for loss of accreditation p.4	\$0 to (\$123,333,333)	\$0 to (\$148,000,000)	\$0 to (\$148,000,000)
<b>ESTIMATED NET EFFECT ON FEDERAL FUNDS</b>	<b><u>\$0 to (Unknown, potentially exceeding \$410,833,333)</u></b>	<b><u>\$0 to (Unknown, potentially exceeding \$493,200,000)</u></b>	<b><u>\$0 to (Unknown, potentially exceeding \$493,200,000)</u></b>

<u>FISCAL IMPACT – Local Government</u>	FY 2024 (10 Mo.)	FY 2025	FY 2026
<b>LOCAL GOVERNMENTS</b>			
<u>Cost Increase – Increase in legal payouts (§191.1802) p.6-8</u>	<u>\$0 to (Unknown)</u>	<u>\$0 to (Unknown)</u>	<u>\$0 to (Unknown)</u>
<b>ESTIMATE NET EFFECT ON LOCAL GOVERNMENTS</b>	<b><u>\$0 to (Unknown)</u></b>	<b><u>\$0 to (Unknown)</u></b>	<b><u>\$0 to (Unknown)</u></b>

#### FISCAL IMPACT – Small Business

This proposal could directly impact small business health care providers. (§§191.1770 to 191.1810)

#### FISCAL DESCRIPTION

No public body, political subdivision, public school district, state department or agency, public official, peace officer, or person appointed by the Governor acting in an official capacity shall:

- (1) Require any person to receive a COVID-19 vaccination;
- (2) Condition any personal right or public service on a COVID-19 vaccination; or
- (3) Impose any fine, tax, or criminal or civil penalty on a COVID19 vaccination.

The proposal contains exclusions for specified schools, health care facilities, and individuals from the provisions regarding COVID-19 vaccinations.

Additionally, an employee shall be exempt from an employer's requirement to receive medical treatment as a condition of employment and shall not be subject to adverse employment action for declining to receive the treatment if:

- (1) The employee holds a sincerely held religious belief that forbids the employee from receiving the treatment and the reasonable accommodation of such belief would not pose an undue hardship on the employer;
- (2) The employee has received a written recommendation, based upon the employee's unique and individual situation, that a treatment is likely to be harmful to the employee or is not in the best interest of the employee or is harmful for the employee according to a licensed physician based on the employee's medical situation; and

(3) The employee submits a written request for the exemption to the employer.

Additionally, an student shall be exempt from a public college or university's requirement to receive medical treatment as a condition of participation in any project or activity sponsored by the college or university and shall not be subject to adverse action by the college or university for declining to receive the treatment if:

(1) The student holds a sincerely held religious belief that forbids the student from receiving the treatment and the reasonable accommodation of such belief would not pose an undue hardship on the college or university;

(2) The student has received a written recommendation, based upon the student's unique and individual situation, that a treatment is likely to be harmful to the student or is not in the best interest of the student or is harmful for the student according to a licensed physician based on the student's medical situation; and

(3) The student submits a written request for the exemption to the college or university.  
(§§191.230 and 292.648)

This bill establishes the "Do No Harm Act" and provides terms and definitions relating to "academic standards", "health care related academic programs", "medical institutions of higher education" and "Diversity-Equity-Inclusion" or "DEI" among others.

**CERTIFICATION AND TRANSPARENCY (Section 191.1780)** The bill requires medical institutions of higher education to submit an annual certification by December 31st to the State Board of Registration for Healing Arts, within the Department of Commerce and Insurance, and the coordinating Board of Higher Education, within the Department of Higher Education, that the institution does not require applicants or students to subscribe to DEI ideologies. This bill requires medical institutions of higher education to publish titles and syllabi for all mandatory courses, seminars, classes and trainings on a public online database, and prohibits institutions from conducting DEI audits or hiring DEI consultants.

**ASSESSMENTS AND STANDARDS (Section 191.1785)** The bill requires medical institutions of higher education to require applicants to complete a standardized admissions test and outlines academic standards for health care related courses of study, as specified in the bill. If a medical institution of higher education wants to alter the standards for admissions, the new standards must be submitted to either chamber of the General Assembly and shall not be effective until at least 60 days have passed during which a joint resolution of disapproval may be passed by both chambers and approved by the Governor to invalidate any such submitted standards.

**HEALTH CARE-RELATED DEI PROVISIONS (191.1790-191.1810)** The bill restricts health care-related professional licensing boards from any having any requirements for obtaining or renewing licenses be associated with DEI related materials or programs. State-required health care-related professional certifications shall not use DEI material or require DEI training as part

of the certification process. Such boards and organizations are prohibited from conducting DEI audits or hiring DEI consultants.

Health care providers and medical institutions of higher education are prohibited from receiving state contracts or grants without certifying that the provider or institution will not require specified individuals from subscribing to, studying, or receiving instruction on DEI material. Such providers and institutions must submit annual certification attesting to their compliance. All state entities applying for any federal health care related grant relating to DEI shall publish on a public website all materials, requirements, and instructions relating to the grant application along with a copy of the grant proposal to the State Board of Registration for the Healing Arts and to the members of the House and Senate Committees on Health Policy.

The bill provides any aggrieved person a cause of action for any violations of these sections to include declaratory and injunctive relief, damages of at least \$100,000 against the health care provider or medical institution of higher education for any violations, compensatory damages, and costs and attorney fees. Further the bill waives sovereign immunity for such providers and institutions for up to a year after any violation.

The bill requires health care providers with more than 50 employees or any medical institution of higher education to annually submit certification of compliance to the State Board of Registration for the Healing Arts with Sections 191.1770 to 191.1810, RSMo, and authorizes the Attorney General to investigate allegations of violations. In addition to any relief granted under a private right to action, the Attorney General may seek civil penalties up to \$1,000,000 against a health care provider or medical institution of higher education for each violation of sections 191.1770 to 191.1810.

The State Board of Registration for the Healing Arts shall publish on its website annually a list of all the health care providers and medical institutions that have provided annual certification.

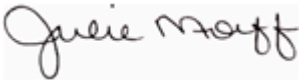
This legislation is not federally mandated, would not duplicate any other program and would not require additional capital improvements or rental space.

## SOURCES OF INFORMATION

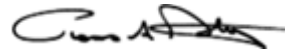
Attorney General's Office  
Office of Administration  
Office of Administration - Administrative Hearing Commission  
Department of Commerce and Insurance  
Department of Economic Development  
Department of Elementary and Secondary Education  
Department of Higher Education and Workforce Development  
Department of Health and Senior Services  
Department of Mental Health  
Department of Natural Resources  
Department of Corrections  
Department of Labor and Industrial Relations  
Department of Revenue  
Department of Public Safety –  
    Alcohol and Tobacco Control  
    Capitol Police  
    Fire Safety  
    Director's Officer  
    Missouri Gaming Commission  
    Missouri Highway Patrol  
    Missouri Veterans Commission  
    State Emergency Management Agency  
Department of Social Services  
Missouri Department of Agriculture  
Missouri National Guard  
Office of the Secretary of State  
Office of the State Public Defender  
University of Central Missouri  
Office of the Governor  
Missouri Department of Transportation  
MoDOT & Patrol Employees' Retirement System  
City of Kansas City  
City of Springfield  
City of Ulrich  
Jackson County Board of Election Commissioners  
Kansas City Board of Election Commissioners  
Platte County Election Authority  
St. Louis County Board of Elections  
Newton County Health Department  
Phelps County Sheriff  
Branson Police Department

SOURCES OF INFORMATION (continued)

Kansas City Police Department  
St. Louis County Police Department  
Cole Camp Ambulance District  
Missouri State University  
Missouri House of Representatives  
Joint Committee on Public Employee Retirement  
Joint Committee on Administrative Rules  
Legislative Research  
Oversight Division  
Missouri Senate  
Office of the State Auditor  
Missouri Lottery Commission  
Missouri Consolidated Health Care Plan  
Missouri Office of Prosecution Services  
Missouri State Employee's Retirement System  
State Tax Commission  
Office of the State Courts Administrator



Julie Morff  
Director  
April 3, 2023



Ross Strobe  
Assistant Director  
April 3, 2023