

COMMITTEE ON LEGISLATIVE RESEARCH
OVERSIGHT DIVISION

FISCAL NOTE

L.R. No.: 1407S.04F
 Bill No.: SS for HB 402 with SA 1
 Subject: Hospitals; Health Care Professionals; Department of Health and Senior Services; Medical Procedures and Personnel; ; Holidays and Observances; Health, Public; Physical Therapists; Physicians; Nurses; Mental Health; Emergencies; Children and Minors; Disabilities; Elderly; Medical Procedures and Personnel; Department of Mental Health; Department of Social Services; Notary Public; Drugs and Controlled Substances; Boards, Commissions, Committees, and Councils; Nursing Homes and Long-Term Care Facilities
 Type: Original
 Date: April 26, 2023

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

FISCAL SUMMARY

ESTIMATED NET EFFECT ON GENERAL REVENUE FUND				
FUND AFFECTED	FY 2024	FY 2025	FY 2026	Fully Implemented (FY 2029)
General Revenue*	(\$750,000 to Unknown)	(\$750,000 to Unknown)	\$0 to (Unknown)	(Unknown)
Total Estimated Net Effect on General Revenue	(\$750,000 to Unknown)	(\$750,000 to Unknown)	\$0 to (Unknown)	(Unknown)

*The Health Professional Loan Incentive Fund is subject to appropriations (therefore reflected as “\$0 or”) by the General Assembly. Along with the loss of revenue on forgiven loans, unknown costs for the program are assumed to exceed \$250,000 annually. (§§191.430 - 191.831).

Oversight assumes the increase in the State’s share of MO HealthNet costs to hospitals and surgical centers passed through costs reports for implementation of surgical smoke plume evacuation systems could possibly exceed \$250,000 beginning in 2029. (§197.185)

ESTIMATED NET EFFECT ON OTHER STATE FUNDS				
FUND AFFECTED	FY 2024	FY 2025	FY 2026	Fully Implemented (FY 2029)
Health Professional Loan Incentive*	\$0	\$0	\$0	\$0
Nurse Loan Fund	(\$66,000)	(\$1,300,000)	(\$66,000)	(\$1,300,000)
Board of Nursing Fund	\$56,120	\$1,211,515	\$57,465	Greater than \$57,465
Colleges & Universities	Unknown to (Unknown)	Unknown to (Unknown)	Unknown to (Unknown)	Unknown to (Unknown)
Total Estimated Net Effect on <u>Other</u> State Funds	Unknown to (Unknown)	Unknown to (Unknown)	Unknown to (Unknown)	Unknown to (Unknown)

Numbers within parentheses: () indicate costs or losses.

ESTIMATED NET EFFECT ON FEDERAL FUNDS				
FUND AFFECTED	FY 2024	FY 2025	FY 2026	Fully Implemented (FY 2029)
Federal*	\$0	\$0	\$0	\$0
Total Estimated Net Effect on <u>All</u> Federal Funds	\$0	\$0	\$0	\$0

*Income and expenses unknown, beginning in FY 2029, but net to \$0

ESTIMATED NET EFFECT ON FULL TIME EQUIVALENT (FTE)				
FUND AFFECTED	FY 2024	FY 2025	FY 2026	Fully Implemented (FY 2029)
Total Estimated Net Effect on FTE	0	0	0	\$0

- 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.

ESTIMATED NET EFFECT ON LOCAL FUNDS				
FUND AFFECTED	FY 2024	FY 2025	FY 2026	Fully Implemented (FY 2029)
Local Government	\$0	\$0	\$0	\$0

FISCAL ANALYSIS

ASSUMPTION

§9.384 – Rare kidney disease awareness month

Oversight assumes this provision will have no fiscal impact.

Senate Amendment #1 – 67.145, 105.500, 190.100, 190.103, 190.147, 192.2405, 208.1032, 285.040, 320.225, 321.620, 537.037, 650.320, 650.340, and deletes 190.134 – Emergency medical services

Officials from the **Department of Commerce and Insurance** assume the proposal will have no 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 DCI for these sections.

In response to similar legislation (SB 625), officials from the **Department of Health and Senior Services**, the **Department of Labor and Industrial Relations** and the **Kansas City Police Department** each assumed the proposal will have no fiscal impact on their respective organizations. **Oversight** does not have any information to the contrary. Therefore, Oversight will reflect a zero impact in the fiscal note for these agencies for these sections.

§§190.600, 190.603, 190.606, 190.612 and 190.613 – Do-not-resuscitate orders for children

Officials from the **Department of Commerce and Insurance** assume the proposal will have no 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 agency for these sections.

In response to similar legislation (HCS HB 594), officials from the **Department of Health and Senior Services** and the **Kansas City Police Department** each assumed the proposal will have no fiscal impact on their respective organizations. **Oversight** does not have any information to the contrary. Therefore, Oversight will reflect a zero impact in the fiscal note for these agencies for these sections.

In response to similar provisions from the current session (SB 228), officials from the **Office of the State Courts Administrator** and the **Fruitland Area Fire Protection District – Cape Girardeau** assumed the proposal would have no fiscal impact on their respective organizations.

§191.240 – Patient examinations

Officials from the **Department of Commerce and Insurance** assume the proposal will have no 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 agency for this section.

In response to similar legislation (HB 283), officials from the **Department of Health and Senior Services** and the **Office of the State Courts Administrator** each assumed the proposal will have no fiscal impact on their respective organizations. **Oversight** does not have any information to the contrary. Therefore, Oversight will reflect a zero impact in the fiscal note for these agencies.

§§ 191.305, 192.745, and 194.300 – Advisory bodies for the DHSS

In response to similar legislation (HB 1099), officials from the **Department of Health and Senior Services** and the **Office of the Governor** each assumed the proposal will have no fiscal impact on their respective organizations. **Oversight** does not have any information to the contrary. Therefore, Oversight will reflect a zero impact in the fiscal note for these agencies for these sections.

§§191.430 - 191.831 and 335.203 - 335.257 – Health professional loan repayment program and nursing education

In response to similar legislation (Perfected HB 542), officials from the **Department of Health and Senior Services (DHSS)** stated the proposed legislation was written in conjunction with a New Decision Item that would be necessary for successful implementation of the legislative changes. This proposed legislation will require General Revenue (GR) to run the Health Professional Loan Repayment Program, including funds for loan awards, based off regular appropriation process.

Oversight does not have any information to the contrary. Therefore, Oversight will reflect fiscal impact as provided by DHSS.

DHSS stated in its FY2024 Budget Preview that it will transition fully to a loan repayment program funding professionals and practitioners with educational debt for the purpose of paying all or a portion of their existing educational loans.

The Primary Care Resource Initiative of Missouri (PRIMO) program addresses the needs of areas with a shortage of health professionals by assisting in the development and expansion of community-based health systems that provide medical, dental, and behavioral health services. In addition, the PRIMO program provides forgivable student loans to health care professional students who agree to work within shortage areas.

The Missouri Professional and Practical Nursing Student Loan (NSL) and Loan Repayment Program (LRP) provides forgivable student loans to nursing students in exchange for service in designated underserved communities and/or facilities that are experiencing nursing shortages

upon completion of training. The program also provides loan repayment to practicing nurses in exchange for service in communities and/or facilities that are experiencing nursing shortages.

The Health Professional Loan and Health Professional Student Loan Repayment Program provides educational loan repayment to practicing primary care medical and dental health professionals in exchange for service in areas with a shortage of primary care medical and dental professionals.

FY 2024 Governor's Recommended Program funding for PRIMO, NSL and Loan Repayment Programs:

GR	\$700,000
Fed	\$425,000
Other	<u>\$2,256,790</u>
Total	\$3,381,790

FY 2020 Actual appropriations	\$3,131,542
FY 2021 Actual appropriation	\$3,310,292
FY 2022 Actual appropriations	\$3,060,540
FY 2023 Actual appropriations	\$3,181,790

Oversight notes that forgiveness of student loans includes the forgiveness of any accrued interest associated with those loans while the health professional meets the service obligations determined by DHSS.

Oversight assumes appropriations to the Health Professional Loan Repayment Program and loans/expenses incurred by the program will net to \$0.

In response to similar legislation (Perfected HB 542), officials from the **Department of Revenue (DOR)** stated this proposal will create a Health Professional Loan Repayment Program that would provide certain taxpayers a loan. The loans are to be used to pay off a qualified taxpayer's student loan debt. The loans offered under this program are eligible for forgiveness if certain criteria are met.

The Department of Health and Senior Services is the administrator of this program and has the authority to set criteria for receipt of the loans.

It should be noted that under current federal law IRC Section 108(f)(1)-(2), income from the discharge/forgiveness of a student loan from December 31, 2020 to January 1, 2026 is not taxable. However, after January 1, 2026, such income may potentially be taxable. At this time, DOR cannot determine how many students may receive these loans, how much of these loans will be distributed, or if any of the loans received will be discharged/forgiven or when and, therefore, the DOR is unable to determine an impact from this portion of the proposal. Any loss would be unknown and would be considered foregone revenue.

This does not have an administrative impact on DOR.

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

In response to similar legislation (Perfected HB 542), officials from the **University of Central Missouri (UCM)** stated this proposal would have an indeterminate fiscal impact on UCM.

Oversight notes, in response to the previous version of this proposal, UCM indicated the proposal could potentially increase revenue if it leads to increased enrollment. Therefore, Oversight will reflect a \$0 to Unknown increase in revenues for Colleges and Universities for fiscal note purposes.

In response to the previous version of HB 542, officials from the **University of Missouri Health Care System** stated they had reviewed the proposed legislation and has determined that as written it should not create expenses in excess of \$100,000.

Oversight does not have any information to the contrary. Oversight assumes less than \$100,000 in expenses to the University of Missouri Health Care is an amount that can be absorbed within current funding levels and is not significant. Therefore, Oversight will reflect no fiscal impact for the University of Missouri Health Care System.

In response to the previous version of HB 542, officials from the **Office of Administration, St. Charles Community College** and the **Office of the State Courts Administrator** each assumed the proposal would have no fiscal impact on their respective organizations. **Oversight** does not have any information to the contrary. Therefore, Oversight will reflect a zero impact in the fiscal note for these agencies.

In response to the previous version of HB 542, officials from the **Office of Administration - Budget and Planning** deferred to the Department of Health and Senior Services for response relating to the fiscal impact of this proposal on their organization.

Oversight notes a standard monthly payment (at current rates) for \$100,000 in student loans would be approximately \$1,150, or \$13,800 annually. To reach the \$250,000 annual threshold, the program would only have to include 19 participants ($19 \times \$13,800 = \$262,200$). Oversight assumes the \$250,000 threshold, subject to appropriation, could be met in any given year.

§335.203.2

In response to similar legislation (Perfected HB 542), officials from the **Department of Health and Senior Services (DHSS)** assumed §335.203.2, of the proposed legislation, proposes the removal of the \$150,000 grant limit for those awarded under the Nursing Education Incentive Program.

Oversight assumes removal of the \$150,000 grant limit for those awarded the Nursing Education Incentive Program in this subsection will have no fiscal impact on state or local government.

Oversight notes the Department of Commerce and Insurance (DCI) budget request included the following information: *The Nursing Education Incentive Program (NEIP) was established in 2011 through legislative action and appropriation of State Board of Nursing (Board) funds to increase the number of nursing graduates by expanding the physical and educational capacity of professional nursing programs in Missouri. This grant program is supported by nurse licensure fees and represents continued action by the Board to support nursing education. The board currently has the authority to award up to \$2,000,000 each fiscal year for the NEIP Program. This new decision item would allow the Board to award up to \$3,000,000 each fiscal year in NEIP funding.* Oversight notes the DCI asked for a \$1,000,000 new decision item from the State Board of Nursing Fund (0635).

§335.205

DHSS also noted §335.205, of proposed legislation, proposes the collection of a nursing education incentive program surcharge in addition to the nurse licensure fees for any initial nurse license and license renewal application to be deposited into the state board of nursing fund.

Officials from the **Department of Commerce and Insurance (DCI)** state that the board projects a 2% increase in licensees each year.

DCI assumes the surcharge only applies to applicants for a license by endorsement. Those numbers could decrease as more states join the nursing compact. Nurses will not need a Missouri license because they are able to practice in Missouri on the license from the other state.

DCI assumes the following:

FY 2024

LPN – Renewal Surcharge - \$45,668
LPN – Initial License Surcharge \$252
RN – Renewal Surcharge - \$0
RN – Initial Licensure Surcharge - \$10,200
Total - \$56,120

FY 2025

LPN – Renewal Surcharge - \$0
LPN – Initial License Surcharge \$260
RN – Renewal Surcharge - \$1,200,850
RN – Initial Licensure Surcharge - \$10,405
Total - \$1,211,515

FY 2026

LPN – Renewal Surcharge - \$46,582
LPN – Initial License Surcharge \$268

RN – Renewal Surcharge - \$0
RN – Initial Licensure Surcharge - \$10,615
Total - \$57,465

DCI Notes:

RNs are currently in renewal so the 120,085 number could decrease for multiple reasons:

- Licensees that retire and do not renew their license.
- Not having to renew due to the added nurse licensure compact states.
- This is the first renewal period since Kansas joined the nursing compact. The board does not know how many RNs that are Kansas residents that will not renew their Missouri license because they do not have to.

Oversight does not have any information to the contrary. Therefore, Oversight will reflect the revenues as estimated by the DCI to the Board of Nursing Fund (0635).

§335.212 - 353.242 (Removal)

In response to similar legislation (Perfected HB 542), officials **DHSS** also assumed HB 542 proposes the removal of §§335.212 through 335.242 which would eliminate the Nursing Student Loan Program and §§335.245 through 335.257, which would eliminate the Nursing Student Loan Repayment Program.

Additionally, eliminating §§335.212 through 335.257 would eliminate the established Professional and Practical Nursing Student Loan and Nurse Loan Repayment Fund which is also used to collect repayment and fees on any defaulted contracts. This section also gives the authority to the DHSS to institute any action to recover any amount due. Therefore, **the Department may lose the authority to collect on bad debt** from nurses who defaulted on their loans.

Currently, the educational surcharge collected on nurse licensure and licensure renewal applications is expended on administering the Nurse Student Loan (NSL) program and Nurse Loan Repayment Program (NLRP). This fee is based on either the Registered Nurse (RN) or Licensed Practical Nurse (LPN) and the year; the program receives \$5 for each RN license during odd numbered years and then \$1 from each LPN license during even numbered years. The removal of these sections results in a loss of revenue that is utilized for the NSL program and NLRP. If these funds are not received by DHSS, this would result in a loss of approximately \$1,300,000 on odd numbered years and \$66,000 on even numbered years.

Oversight does not have any information to the contrary. Therefore, Oversight will reflect the estimated loss provided by DHSS to the Nurse Loan Fund.

In response to similar legislation (Perfected HB 542), officials from the **Department of Mental Health** assumed the proposal would have no 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 agency.

§§191.1820 through 191.1855 – Missouri Parkinson’s disease Registry

Officials from the **University of Missouri System (UM)** did not respond to **Oversight’s** request for a statement of fiscal impact. However, Oversight assumes UM will incur some costs with this proposal and will show an unknown impact to Colleges & Universities. However, Oversight assumes the impact will be less than \$250,000 annually.

In response to similar legislation (SB 553), officials from the **Department of Health and Senior Services**, the **Office of Administration** and the **University of Central Missouri** each assumed the proposal will have no fiscal impact on their respective organizations. **Oversight** does not have any information to the contrary. Therefore, Oversight will reflect a zero impact in the fiscal note for these agencies for these sections.

In response to similar legislation from the current session (HB 822), officials from the **Office of the State Courts Administrator** assumed the proposal would have no fiscal impact on their organization.

§192.530 – Voluntary nonopioid directive forms

In response to similar legislation (HB 1286), officials from the **Department of Health and Senior Services (DHSS)** stated the proposed legislation would require the DHSS to develop a voluntary non-opioid direct form for patients who want to deny or refuse the administration or prescription of a controlled substance containing opioids by a health care provider. DHSS would be responsible for the following:

- Developing the forms in consultation with the board of registration for the healing arts and the board of pharmacy;
- Provide guidance for the form;
- Place the form on its website; and,
- Promulgate rules.

It is anticipated that this level of effort would be less than 100 hours for Public Health Program Specialist. The total amount for this level of effort is \$25.01 per hour for a total of \$2,501 (\$25.01/hr * 100 hours). This is based on the salary of a Public Health Program Specialist, a total cost of \$52.016 annually as of March 2023.

It is assumed that the DHSS can absorb the costs of this part of the bill with current resources. However, if the workload significantly increased or other legislation was enacted, additional resources would be requested through the appropriation process.

Oversight does not have any information to the contrary. Oversight assumes the DHSS has sufficient staff and resources available to absorb the minimal additional duties required by this proposal and will reflect no fiscal impact for this agency for this section.

Officials from the **Department of Commerce and Insurance** assume the proposal will have no 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 agency for this section.

In response to similar legislation (HB 1286), officials from the **Department of Mental Health** assumed the proposal will have no 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 agency.

§§195.070, 334.036, 334.104, 335.016 – 335.086 and 335.1745 – Licensure of health care professionals (APRNs)

Officials from the **Department of Commerce and Insurance (DCI)** state it is estimated that to fully investigate and prosecute complaints, the board may need additional resources. An unknown cost of up to \$100,000 from the Board of Nursing Fund may be necessary, depending on the number of cases and legal expenses that occur.

Oversight assumes because the potential for litigation is speculative that the Department of Commerce and Insurance will not incur significant cost related to this proposal. If a fiscal impact were to result, the DCI may request additional funding through the appropriation process.

Oversight contacted DCI officials and learned there are currently 14,673 registered APRNs in Missouri. APRNs are required to pay a one-time fee of \$150 for recognition of their APRN status. DCI officials state this proposal does not change the fee structure or requirements related to APRNs. The proposal instead changes the current APRN recognition model to a licensure model.

In response to a previous version, officials from the the **Department of Health and Senior Services** assumed the proposal will have no 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 agency.

§§195.100 and 334.735 – Prescription labeling requirements

Officials from the **Department of Commerce and Insurance** assume the proposal will have no 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 DCI for these sections.

§196.1050 – Proceeds of monetary settlements involving pharmacies

Oversight assumes the provisions of this section will have no fiscal impact.

§197.005 – Rural emergency hospitals

Oversight assumes the provisions of this section will have no direct fiscal impact.

§197.020 – Definition of a hospital to include rural hospitals

In response to an earlier version of this proposal, officials from the **Department of Health and Senior Services** and the **Department of Mental Health** each assumed the proposal will have no fiscal impact on their respective organizations. **Oversight** does not have any information to the contrary. Therefore, Oversight will reflect a zero impact in the fiscal note for this section.

§197.145 – Temporary hold for further behavioral assessment

Oversight assumes the provisions of this section will have no direct fiscal impact.

§197.185 – Policies and procedures to reduce surgical smoke plume

Officials from the **Department of Social Services (DSS)** state MO HealthNet bases hospital reimbursement for a given year on the fourth prior year cost report. Since each hospital has to have a surgical smoke plume evacuation system by no later than January 1, 2026, any additional cost would begin to be reflected in the 2028 cost reports. MO HealthNet would use 2025 cost reports to establish reimbursement for SFY 2028. Therefore, there would not be a fiscal impact to the MO HealthNet Division in SFY's 2025 through 2028, but starting SFY 2029 MHD estimates there could be additional costs associated with this proposal. The additional costs would be unknown at this time.

Oversight notes the provisions of this proposal provides that each hospital/ambulatory surgical center shall adopt and implement policies and procedures relating to the evacuation of surgical plume smoke on or before January 1, 2026. Therefore, Oversight will reflect an unknown increase in General Revenue costs for DSS beginning in FY 2029. In addition, Oversight assumes there will be an increase in federal Medicaid reimbursements equal to the Medicaid costs reported by hospitals for the surgical smoke plume evacuation system.

For fiscal note purposes, **Oversight** assumes the increase in the State's share of costs to hospitals and surgical centers passed through costs reports for implementation of surgical smoke plume evacuation systems could possibly exceed \$250,000 beginning in 2028, but will present costs as (Unknown).

In response to similar legislation (SB 462), officials from the **Department of Health and Senior Services** assumed the proposal will have no 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 DHHS this section.

§§205.375 and 205.377 – County or township-owned nursing homes

Officials from the **Department of Commerce and Insurance** assume the proposal will have no 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 DCI for these sections.

In response to similar legislation (SCS SB 349), officials from the **Department of Health and Senior Services** assumed the proposal would have no 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 DHSS for these sections.

In response to a previous version of SB 349, officials from the **St. Louis County Health Department** assumed the proposal will have no 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 these sections.

§208.030 - Home care in licensed residential care facilities shall be subject to appropriation

In response to similar legislation (SB 336), officials from the **Department of Social Services (DSS)** assumed appropriations will be sufficient to cover the Supplemental Nursing Care at a minimum of the 1983 levels. Therefore, DSS assumes no impact.

Oversight notes the [DSS Supplemental Nursing Care \(SNC\) Manual](#) states, “The purpose of the Supplemental Nursing Care (SNC) program is to provide individuals who meet certain requirements with reasonable subsistence compatible with decency and health in accordance with the standards developed by the Family Support Division (FSD). Cash benefits are granted to certain eligible adults residing in licensed skilled, intermediate care, residential care, or assisted living facilities.”

In discussions with DSS, **Oversight** learned the 1983 levels of assistance are part of the total state plan agreement with the Centers for Medicare and Medicaid Service (CMS). Although the current monthly SNC rate is \$156, the 1983 rate is \$120. Should appropriations be insufficient to support 1983 levels, there could be an unknown negative fiscal impact to federal funds. However, as this legislation removes the upper limit for total state payment for home care in licensed residential care facilities, Oversight assumes appropriations will continue to be sufficient to support the 1983 levels of assistance; therefore, Oversight assumes a zero impact in the fiscal note for this agency.

In response to similar legislation (SB 336), officials from the **Office of Administration - Budget & Planning (B&P)** stated this bill has no direct impact on B&P or on general and total state revenues. The B&P states it will not impact the calculation pursuant to Article X, Section 18(e).

In response to similar legislation (SB 336), officials from the **Department of Health and Senior Services** and the **Department of Mental Health** each assumed the proposal will have no fiscal impact on their respective organizations. **Oversight** does not have any information to the contrary. Therefore, Oversight will reflect a zero impact in the fiscal note for these agencies.

§334.747 – Controlled substance prescriptions by physician assistants

Officials from the **Department of Commerce and Insurance** assume the proposal will have no 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 DCI for this section.

§579.088 – Fentanyl testing

In response to similar legislation (SB 480), officials from the **Department of Health and Senior Services**, the **City of O’Fallon**, the **Kansas City Police Department**, the **St. Joseph Police Department** and the **Office of the State Courts Administrator** each assume the proposal will have no fiscal impact on their respective organizations. **Oversight** does not have any information to the contrary. Therefore, Oversight will reflect a zero impact in the fiscal note for these agencies for this section.

§630.1150 - Project to assess Mental Health services for vulnerable persons

In response to similar legislation (SB 419), officials from the **Department of Mental Health (DMH)** stated this proposal creates a collaborative project to assess Mental Health services for vulnerable persons.

Section 630.1150 of this proposal states DMH and the Department of Social Services (DSS) shall oversee and implement a collaborative project and removes the Mental Health Commission from the project. The project consists of assessing the incidence and implication of continued hospitalization of foster children and clients of DMH, as well as, foster children with mental illnesses, mental disorder, intellectual disabilities, and developmental disabilities that occurs without medical justification because appropriate post-discharge placement options are unavailable. The project also includes developing recommendations to ensure that patients described in this subsection receive treatment in the most cost-effective and efficacious settings, consistent with federal and state standards for treatment in the least restrictive environment. The provisions of this section shall expire on January 1, 2025.

The proposed language is included in Chapter 630, which applies to DMH. While DMH and DSS will work together on the project, DMH assumes it will be responsible for contracting with a vendor to perform the duties stated. DMH estimates the cost for a vendor to provide these services would be greater than or equal to \$750,000 for FY 2024 and FY 2025.

Oversight does not have information to the contrary and therefore, Oversight will reflect the estimates as provided by DMH.

Officials from the **Department of Commerce and Insurance** assume the proposal will have no 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 DCI.

In response to similar legislation (SB 419), officials from the **Department of Health and Senior Services** and the **Office of Administration** each assume the proposal will have no fiscal impact on their respective organizations. **Oversight** does not have any information to the contrary. Therefore, Oversight will reflect a zero impact in the fiscal note for these agencies.

§632.305 – Application for detention for evaluation and treatment

Officials from the **Department of Commerce and Insurance** assume the proposal will have no 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 the DCI.

In response to similar legislation (SB 564), officials from the **Department of Health and Senior Services**, the **Department of Mental Health**, the **Office of the State Courts Administrator**, the **Office of the State Public Defender**, the **Kansas City Police Department** and the **St. Joseph Police Department** each assumed the proposal will have no fiscal impact on their respective organizations. **Oversight** does not have any information to the contrary. Therefore, Oversight will reflect a zero impact in the fiscal note for these agencies.

In response to similar legislation from 2022 (SB 1109), officials from the **University of Missouri System** assumed the proposal will have no 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 section.

§§701.326 to 701.348 – Lead poisoning

In response to similar legislation (SCS SB 507), officials from the **Kansas City Health Department** stated this proposal will have an indeterminate fiscal impact.

Oversight assumes any fiscal impact the Kansas City Health Department may incur will be minimal and absorbable within current funding levels.

In response to similar legislation (SCS SB 507), officials from the **Department of Health and Senior Services** and the **St. Louis County Health Department** each assume the proposal will have no fiscal impact on their respective organizations. **Oversight** does not have any information to the contrary. Therefore, Oversight will reflect a zero impact in the fiscal note for these agencies for this section.

Bill as a whole

Officials from the **Office of Attorney General (AGO)** assume any potential litigation costs arising from this proposal can be absorbed with existing personnel and 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.

Officials from the **Department of Elementary and Secondary Education**, the **Department of Higher Education and Workforce Development**, the **Department of Corrections**, the **Department of Revenue**, the **Department of Public Safety, Director's Office** and the **Missouri Highway Patrol**, the **City of Kansas City**, the **City of Springfield**, the **Newton County Health Department**, the **Phelps County Sheriff's Department**, the **Branson Police Department**, the **St. Louis County Police Department**, the **Cole Camp Ambulance District**, the **Missouri House of Representatives**, the **Missouri Senate**, the **Missouri Office of Prosecution Services**, and the **Missouri Consolidated Health Care Plan** each assume the proposal will have no fiscal impact on their respective organizations. **Oversight** does not have any information to the contrary. Therefore, Oversight will reflect a zero impact in the fiscal note for these agencies.

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.

Oversight only reflects the responses received from state agencies and political subdivisions; however, other cities, various county officials, local public health departments, nursing homes, sheriffs' and police departments, fire protection districts, ambulance and EMS, 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	Fully Implemented (FY 2029)
GENERAL REVENUE FUND				
<u>Transfer to – Health Professional Loan Incentive Fund – appropriations (\$191.450) p.5-6</u>	\$0 to (Unknown)	\$0 to (Unknown)	\$0 to (Unknown)	\$0 to (Unknown)
<u>Costs – DSS (§197.185) – increase in the State share of hospital Medicaid costs p.12</u>	\$0	\$0	\$0	(Unknown)
<u>Costs – DMH (\$630.1150) Contractor services p. 14-15</u>	<u>(Could exceed \$750,000)</u>	<u>(Could exceed \$750,000)</u>	<u>\$0</u>	<u>\$0</u>
ESTIMATED NET EFFECT ON THE GENERAL REVENUE FUND	<u>(\$750,000 to Unknown)</u>	<u>(\$750,000 to Unknown)</u>	<u>\$0 to (Unknown)</u>	<u>(Unknown)</u>

<u>FISCAL IMPACT – State Government</u> (continued)	FY 2024 (10 Mo.)	FY 2025	FY 2026	Fully Implemented (FY 2029)
HEALTH PROFESSIONAL LOAN INCENTIVE FUND				
<u>Transfer in</u> – from General Revenue – appropriations (§191.450) p.5-6	\$0 to Unknown	\$0 to Unknown	\$0 to Unknown	\$0 to Unknown
<u>Income</u> – DHSS (§§191.430 – 191.831) - Loan repayments/ penalties for breach of contract p.5-6	\$0 to Unknown	\$0 to Unknown	\$0 to Unknown	\$0 to Unknown
<u>Costs</u> – DHSS – Loans to health professionals (§§191.430 - 191.831) p.5-6	\$0 to (Unknown)	\$0 to (Unknown)	\$0 to (Unknown)	\$0 to (Unknown)
ESTIMATED NET EFFECT ON THE HEALTH PROFESSIONAL LOAN INCENTIVE FUND*	<u>\$0</u>	<u>\$0</u>	<u>\$0</u>	<u>\$0</u>
*Income/appropriations and costs of loans distributed net to \$0.				

<u>FISCAL IMPACT – State Government (continued)</u>	FY 2024 (10 Mo.)	FY 2025	FY 2026	Fully Implemented (FY 2029)
NURSE LOAN FUND				
<u>Loss – DHSS</u> (§§<335.212 - 353.242>) Loss of educational surcharge collection p.9	<u>(\$66,000)</u>	<u>(\$1,300,000)</u>	<u>(\$66,000)</u>	<u>(\$1,300,000)</u>
ESTIMATED NET EFFECT ON THE NURSE LOAN FUND	<u>(\$66,000)</u>	<u>(\$1,300,000)</u>	<u>(\$66,000)</u>	<u>(\$1,300,000)</u>
BOARD OF NURSING FUND (0635)				
<u>Revenue – DCI</u> (§335.205) - Nursing Education Incentive Program Surcharge p.8- 9	<u>\$56,120</u>	<u>\$1,211,515</u>	<u>\$57,465</u>	<u>Greater than \$57,465</u>
ESTIMATED NET EFFECT TO THE BOARD OF NURSING FUND	<u>\$56,120</u>	<u>\$1,211,515</u>	<u>\$57,465</u>	<u>Greater than \$57,465</u>

<u>FISCAL IMPACT – State Government (continued)</u>	FY 2024 (10 Mo.)	FY 2025	FY 2026	Fully Implemented (FY 2029)
COLLEGES AND UNIVERSITIES				
<u>Income</u> – Colleges & Universities – increase in tuition and fees (§§191.430 - 191.831) p.7	\$0 to Unknown	\$0 to Unknown	\$0 to Unknown	\$0 to Unknown
<u>Costs</u> – Colleges & Universities (§§191.1820 through 191.1855) – Parkinson’s disease registry p.10	(Unknown)	(Unknown)	(Unknown)	(Unknown)
ESTIMATE NET EFFECT ON COLLEGES AND UNIVERSITIES	<u>Unknown to (Unknown)</u>	<u>Unknown to (Unknown)</u>	<u>Unknown to (Unknown)</u>	<u>Unknown to (Unknown)</u>
FEDERAL FUNDS				
<u>Income</u> - DSS (§197.185) – increase in program reimbursements p.12	\$0	\$0	\$0	Unknown
<u>Costs</u> - DSS (§197.185) – increase in program expenditures p.12	<u>\$0</u>	<u>\$0</u>	<u>\$0</u>	(Unknown)
ESTIMATED NET EFFECT ON FEDERAL FUNDS	<u>\$0</u>	<u>\$0</u>	<u>\$0</u>	<u>\$0</u>

<u>FISCAL IMPACT</u> – Local Government	FY 2024 (10 Mo.)	FY 2025	FY 2026	Fully Implemented (FY 2027)
	<u>\$0</u>	<u>\$0</u>	<u>\$0</u>	<u>\$0</u>

FISCAL IMPACT – Small Business

This proposal could directly impact small business health care providers. (§§191.430 – 191.831)
 This proposal may have a negative fiscal impact on small business surgical centers. (§197.185)

FISCAL DESCRIPTION

This bill establishes the Health Professional Loan Repayment Program within the Department of Health and Senior Services, offering forgivable loans to pay off existing student loans and other education expenses for health care, mental health, and public health professionals.

The Department of Health and Senior Services is the chief administrative agency and is responsible for oversight and rulemaking of the program, the Director shall be in charge of determining who will receive forgivable health professional loans, and the professionals or disciplines that receive funding in any given year are contingent on consultation with the Department of Mental Health and the Department of Higher Education and Workforce Development.

The Department will enter into a written contract with each qualifying individual for a forgivable loan, the provisions of which are specified in the bill. The contract shall include an agreement that the individual serve for a period equal to at least two years in an area of defined need, in order for the loan to be forgiven. The Department of Health and Senior Services will designate counties, communities, or sections of areas in the state as "areas of defined need" for health care, mental health, or public health services.

All health professional loans shall be made from funds appropriated to the health professional loan incentive fund by the General Assembly, which also includes funds from an individual and/or funds generated by loan repayments. Further stipulations of the fund may be found in the bill.

This bill repeals an existing loan program for students enrolled in certain health care degree programs. (§§191.430 – 191.831)

The "Nursing Education Incentive Program" within the State Board of Nursing is a program that awards grants to eligible institutions of higher education based on criteria jointly determined by the Board and the Department of Higher Education and Workforce Development. There is currently a cap on the grants of \$150,000. This bill removes that cap.

This bill also creates a new nursing education incentive program surcharge for initial license applications and renewal applications for nurses. Practical nurses will pay a \$1 fee per year and registered professional nurses will pay \$5 per year. The fee will be deposited in the State Board of Nursing Fund. This bill also repeals both the Nursing Student Loan Program and the Nursing Student Loan Repayment Program. (§§335.203 and 335.205)

This act establishes the "Missouri Parkinson's Disease Registry Act". Beginning January 1, 2024, the University of Missouri, or any medical research university in a memorandum of understanding with the University, shall establish a Parkinson's disease registry in order to collect data on the incidence of Parkinson's disease in Missouri, as well as other epidemiological data, as described in the act. All patients with Parkinson's disease or similar symptoms shall be given the opportunity to opt out of participation in the registry. The University shall establish an advisory committee in order to assist in the development of the registry and to determine the data to be collected.

Beginning August 28, 2024, all cases of Parkinson's disease and similar symptoms diagnosed or treated in Missouri shall be reported to the registry, as described in the act. The University may enter into agreements to share information in the registry with other states, the federal government, local health agencies, or researchers; provided, that the confidentiality of the information is maintained. The registry shall not contain any identifying information about patients. Finally, the University shall provide a report to the General Assembly before January 1 of each year summarizing the year's incidence of the disease by county and other demographic information. (§§191.1820 – 191.1855)

This act modifies several provisions relating to the licensure of health care professionals. Currently, a requirement for licensure as an assistant physician is that the applicant must be a graduate of any medical school. This act provides that the applicant must be a graduate of a medical school accredited by certain organizations listed in the act. This act repeals a provision of law that authorizes an assistant physician collaborative practice arrangement in any pilot project areas established in which assistant physicians may practice.

This act modifies licensing and collaborative practice arrangements for advanced practice registered nurses (APRNs). Under this act, an APRN may prescribe Schedule II controlled substances for hospice patients, as described in the act. Additionally, collaborative practice arrangements between the APRN and the collaborating physician may waive geographic proximity requirements, as described in the act, including when the arrangement outlines the use of telehealth and when the APRN is providing services in a correctional center. Collaborating

physicians or designated physicians shall be present with the APRN for sufficient periods of time, at least once every two weeks, to participate in chart reviews and supervision. Currently, an APRN shall practice with the collaborating physician continuously present for a one-month period when entering into an arrangement with the physician. This act waives that requirement when a primary care or behavioral health physician enters into an arrangement with a primary care or behavioral health APRN, the physician is new to the patient population, and the APRN is familiar with the patient population.

Currently, a nurse may be licensed to practice professional or practical nursing. This act adds a license to practice advanced practice nursing and modifies the definitions of APRN and the practice of professional nursing. Additionally, this act specifies the requirements for the advanced practice nursing license, including the requirement that an applicant first hold a current registered professional nurse license, and have completed certain graduate-level programs and certifications, or hold a document of recognition to practice as an APRN that is current as of August 28, 2023. License renewals for APRN licenses and registered professional nurse licenses shall occur at the same time and failure to renew and maintain the registered professional nurse license or failure to provide evidence of an active required certification shall result in the expiration of the APRN license. This act further modifies the names of the specific certifying organizations for nursing specialties.

Under this act, the State Board of Registration for the Healing Arts shall make information publicly available about which physicians and other health care providers have entered into collaborative practice arrangements. (§§195.070, 334.036, 334.104, 335.016 – 335.086 and 335.1745)

This act requires each hospital and ambulatory surgical center that performs procedures that produce surgical smoke plume, on or before January 1, 2025, to adopt and implement policies and procedures to ensure the evacuation of surgical smoke plume by use of a surgical smoke plume evacuation system for each procedure that generates surgical smoke plume from the use of energy-based devices, including, but not limited to, electrosurgery and lasers. (§197.185)

Under current law, certain persons may be eligible for up to \$156 a month in supplemental welfare assistance for home care in licensed residential care facilities. This act removes that monthly cap and makes such assistance subject to appropriations (§208.030).

Under this act, the Department of Mental Health (DMH) and the Department of Social Services shall oversee and implement a collaborative project to assess the continued hospitalization without medical justification of foster children and DMH clients due to a lack of post-discharge placement options or because they are awaiting screening for appropriateness of residential treatment services, as well as to develop recommendations to ensure these patients receive treatment in the most cost-effective and efficacious settings consistent with federal and state standards for treatment in the least restrictive environment. The Departments shall solicit

information from specified persons and entities and shall issue interim reports by December 31, 2023, and July 1, 2024, before issuing a final report by December 1, 2024. The provisions of this act shall expire on January 1, 2025 (§630.1150).

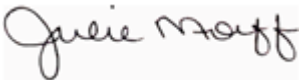
This legislation is not federally mandated, would not duplicate any other program and would not require additional capital improvements or rental space.

SOURCES OF INFORMATION

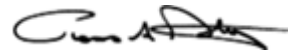
Attorney General's Office
Office of Administration - Budget and Planning
Department of Commerce and Insurance
Department of Elementary and Secondary Education
Department of Health and Senior Services
Department of Higher Education and Workforce Development
Department of Mental Health
Department of Corrections
Department of Labor and Industrial Relations
Department of Revenue
Department of Public Safety –
 Director's Office
 Missouri Highway Patrol
Department of Social Services
Office of the Governor
Office of Administration
Office of the State Public Defender
Office of the Secretary of State
University of Missouri System
City of Kansas City
City of O'Fallon
City of Springfield
Newton County Health Department
St. Louis County Health Department
Phelps County Sheriff's Department
Branson Police Department
Kansas City Police Department
St. Joseph Police Department
St. Louis County Police Department
Fruitland Area Fire Protection District – Cape Girardeau
Cole Camp Ambulance District
University of Central Missouri
St. Charles Community College

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Missouri House of Representatives
Joint Committee on Administrative Rules
Missouri Senate
Missouri Consolidated Health Care Plan
Missouri Office of Prosecution Services
Office of the State Courts Administrator



Julie Morff
Director
April 26, 2023



Ross Strobe
Assistant Director
April 26, 2023