

COMMITTEE ON LEGISLATIVE RESEARCH
OVERSIGHT DIVISION

FISCAL NOTE

L.R. No.: 5880H.011
 Bill No.: HB 2883
 Subject: Veterans; Health Care; Department of Public Safety; Boards, Commissions, Committees, and Councils; Physicians; Health Care Professionals
 Type: Original
 Date: April 8, 2024

Bill Summary: This proposal enacts provisions relating to alternative treatment options for veterans.

FISCAL SUMMARY

ESTIMATED NET EFFECT ON GENERAL REVENUE FUND			
FUND AFFECTED	FY 2025	FY 2026	FY 2027
General Revenue*	(Could exceed \$363,293)	(Could exceed \$363,420)	(Could exceed \$369,487)
Total Estimated Net Effect on General Revenue	(Could exceed \$363,293)	(Could exceed \$363,420)	(Could exceed \$369,487)

* The provisions at §42.0128.3 state the MVC “may” contract with institutions of higher education, clinics or hospitals to provide services. It is assumed if MVC does contract with these organizations that contract costs would exceed \$250,000 annually.

ESTIMATED NET EFFECT ON OTHER STATE FUNDS			
FUND AFFECTED	FY 2025	FY 2026	FY 2027
Total Estimated Net Effect on <u>Other</u> State Funds	\$0	\$0	\$0

Numbers within parentheses: () indicate costs or losses.

ESTIMATED NET EFFECT ON FEDERAL FUNDS			
FUND AFFECTED	FY 2025	FY 2026	FY 2027
Total Estimated Net Effect on <u>All</u> Federal Funds	\$0	\$0	\$0

ESTIMATED NET EFFECT ON FULL TIME EQUIVALENT (FTE)			
FUND AFFECTED	FY 2025	FY 2026	FY 2027
General Revenue	Up to 4 FTE	Up to 4 FTE	Up to 4 FTE
Total Estimated Net Effect on FTE	Up to 4 FTE	Up to 4 FTE	Up to 4 FTE

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 2025	FY 2026	FY 2027
Local Government	\$0	\$0	\$0

FISCAL ANALYSIS

ASSUMPTION

§42.018 – Alternative treatment options for veterans

Officials from the **Department of Public Safety (DPS) - Missouri Veterans Commission (MVC)** state the proposal is assumed to have no fiscal impact on their organization. However, there may be unspecified “expectations” that are not spelled out in the proposal that could cause a fiscal impact.

Oversight assumes the provisions of this proposal could have a similar impact on the MVC as HB 2215 (current session). Therefore, for fiscal note purposes, Oversight assumes the following information provided by MVC for HB 2215 could be applicable:

In response to HB 2215, the **MVC** stated the “assume this bill would require MVC to review, preapprove, obligate, pay, report, and audit the program on behalf of the Veterans in any authorized facility throughout the state. This work would require the creation of a new section within the Missouri Veterans Commission consisting of technicians with medical knowledge and staff familiar with accounting that does not currently exist.

The MVC made the following assumptions:

- require an administrative assistant - \$40,000 annual
- one accounts payable assistant - \$40,000 annual
- one accounts receivable assistant - \$45,000 annual
- a program manager - \$80,000 annual
- new computer equipped with tracking software and office space that MVC does not currently have available - \$103,000

The MVC anticipated a 6-month impact for 2025 of \$363,293; an impact of \$363,420 for FY 2026; and an impact of \$369,487 for FY 2027.

Oversight notes the provisions between the current proposal and HB 2215 may give the MVC some leeway in their implementation and they may not need all of the FTE requested in HB 2215. In addition, some of the provisions of §42.018 are permissive and it appears that the costs of care would be the responsibility of the patient if they weren’t provided free of charge, thereby possibly reducing the number of FTE needed to track information. Therefore, Oversight will range the costs associated with the FTE as “Up to” the amounts provided by MVC.

In addition, it is unknown how much contracts with institutions of higher education or clinics or hospitals may cost the MVC. Although the language is permissive (may contract), **Oversight** assumes any contract costs would exceed \$250,000 annually and will present costs as \$0 to (Unknown).

Officials from the **Department of Commerce and Insurance**, the **Department of Higher Education and Workforce Development**, the **Department of Health and Senior Services**, the **Department of Mental Health**, the **DPS – Director’s Office**, the **Department of Social Services**, the **Missouri National Guard**, the **Newton County Health Department**, **Northwest Missouri State University** and the **University of Central Missouri** 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 local public health departments, hospitals, and colleges 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 2025 (6 Mo.)	FY 2026	FY 2027
GENERAL REVENUE FUND			
<u>Costs – DPS-MVC (§42.018) Personal service (4 FTE), fringe benefits and equipment and expenses p.3</u>	(Up to <u>\$363,293</u>)	(Up to <u>\$363,420</u>)	(Up to <u>\$369,487</u>)
Contract costs	\$0 to (Unknown)	\$0 to (Unknown)	\$0 to (Unknown)
<u>Total Costs – DPS-MVC</u>	(Could exceed \$363,293)	(Could exceed \$363,420)	(Could exceed \$369,487)
FTE Change - MVC	Up to 4 FTE	Up to 4 FTE	Up to 4 FTE
ESTIMATED NET EFFECT ON THE GENERAL REVENUE FUND	(Could exceed <u>\$363,293</u>)	(Could exceed <u>\$363,420</u>)	(Could exceed <u>\$369,487</u>)
Estimated Net FTE Change on the General Revenue Fund	Up to 4 FTE	Up to 4 FTE	Up to 4 FTE

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

FISCAL IMPACT – Small Business

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

FISCAL DESCRIPTION

This bill establishes the "Veterans Traumatic Brain Injury Treatment Act".

The bill allows the Veterans Commission to contract with public or private institutions of higher education in this state, or public or private clinics or hospitals, to furnish alternative treatment options for veterans who have been certified by the United States Department of Veterans Affairs, any branch of the United States Armed Forces, or any state-licensed physician as having a traumatic brain injury (TBI) or posttraumatic stress disorder (PTSD). The institution of higher

education will manage, monitor, and ensure the compliance of contracted providers of any of the following alternative treatment options: (1) Accelerated resolution therapy; (2) Equine therapy; (3) Hyperbaric oxygen therapy, which will be provided at a registered and licensed hyperbaric oxygen facility; (4) Music therapy; or (5) Service animal training therapy.

A veteran qualifies to receive alternative treatment under this bill if he or she: (1) Has been diagnosed, by a health care practitioner, with service-connected posttraumatic stress disorder or a service-connected traumatic brain injury; and (2) Voluntarily agrees to such alternative treatment.

The provision of alternative treatment will be under the direction and supervision of an individual licensed under this state to perform such alternative treatment. The supervising licensed provider must agree to cooperate with the Veterans Commission to provide data sufficient to assess the efficacy of alternative treatment modalities. Acceptable data may include, but will not be limited to, institutional review board clinical trial data, pretreatment and post-treatment MRI brain scans, cognitive testing such as the RightEye testing approved by the United States Food and Drug Administration, Automated Neuropsychological Assessment Metrics approved by the United States Department of Defense, and CNS Vital Signs metrics.

This bill specifies that a health care provider or health care facility shall make hyperbaric oxygen therapy available to a military veteran who meets the requirements of this bill and who has requested the therapy. The health care provider or health care facility may provide the hyperbaric oxygen therapy without receiving compensation; require a military veteran to pay for the cost of the hyperbaric oxygen therapy and any associated costs, at a rate that will not exceed the maximum rate allowed by Medicare; or allow a military veteran to utilize alternative sources of funding to cover the cost of the hyperbaric oxygen therapy and any associated costs, as provided in the bill.

This bill specifies that a military veteran will be entitled to receive hyperbaric oxygen therapy if the military veteran: (1) Has received a diagnosis of PTSD or TBI; (2) Has received an official recommendation for hyperbaric oxygen therapy from the health care provider that treats the eligible patient; and (3) Resides in this state.

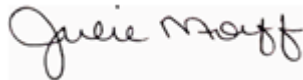
A licensing board will not revoke, suspend, or fail to renew the license of a health care provider or take any other punitive action against a health care provider, based on a recommendation or counseling by the health care provider relating to access to or treatment with a hyperbaric oxygen chamber for a military veteran.

No person acting on behalf of this state will block or attempt to block a military veteran from receiving access to hyperbaric oxygen treatment.


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

SOURCES OF INFORMATION

Department of Commerce and Insurance
Department of Higher Education and Workforce Development
Department of Health and Senior Services
Department of Mental Health
Department of Public Safety –
 Director's Office
 Missouri Veterans Commission
Department of Social Services
Missouri National Guard
Office of the Secretary of State
Newton County Health Department
Northwest Missouri State University
University of Central Missouri
Joint Committee on Administrative Rules



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April 8, 2024



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