

COMMITTEE ON LEGISLATIVE RESEARCH
OVERSIGHT DIVISION

FISCAL NOTE

L.R. No.: 2192H.011
 Bill No.: HB 943
 Subject: Health Care; Drugs and Controlled Substances; Department of Health and Senior Services; Public Health; Pharmacy; Nursing Homes and Long-Term Care Facilities; Emergencies; Health Care Professionals
 Type: Original
 Date: January 27, 2025

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

FISCAL SUMMARY

ESTIMATED NET EFFECT ON GENERAL REVENUE FUND			
FUND AFFECTED	FY 2026	FY 2027	FY 2028
General	(\$122,674)	(\$2,621,545)	(\$796,697)
Total Estimated Net Effect on General Revenue	(\$122,674)	(\$2,621,545)	(\$796,697)

ESTIMATED NET EFFECT ON OTHER STATE FUNDS			
FUND AFFECTED	FY 2026	FY 2027	FY 2028
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 2026	FY 2027	FY 2028
Federal*	\$0	\$0	\$0
Total Estimated Net Effect on <u>All</u> Federal Funds	\$0	\$0	\$0

* Income and expenses are estimated at \$7.9 million in FY26 and \$2.1 in FY27 and ongoing and net to \$0.

ESTIMATED NET EFFECT ON FULL TIME EQUIVALENT (FTE)			
FUND AFFECTED	FY 2026	FY 2027	FY 2028
Total Estimated Net Effect on FTE	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 2026	FY 2027	FY 2028
Local Government	\$0	\$0	\$0

FISCAL ANALYSIS

ASSUMPTION

Oversight was unable to receive some of the agency responses in a timely manner due to the short fiscal note request time. Oversight has presented this fiscal note on the best current information that we have or on prior year information regarding a similar bill. Upon the receipt of agency responses, Oversight will review to determine if an updated fiscal note should be prepared and seek the necessary approval to publish a new fiscal note.

§§ 190.053 to 190.166 – Provisions related to emergency medical services

In response to similar legislation from the current session (SB 548), officials from the **Department of Health and Senior Services (DHSS)** state § 190.053.2 of the proposed legislation requires ambulance district board members to complete three hours of continuing education training for each term of office. Training shall be offered by a statewide association or program approved by the State Advisory Council on Emergency Medical Services. This will require the Department of Health and Senior Services (DHSS), Division of Regulation and Licensure's (DRL) Bureau of Emergency Medical Services (BEMS) to verify ambulance district board member training records through the licensure application review process and during inspections.

Section 190.053.3 immediately disqualifies from office any ambulance district board member who does not complete the required training under Section 190.053.2. Should a board member be found non-compliant with this provision, BEMS will be required to provide notice to the district board and other agencies in authority regarding the removal of the ineligible member.

Section 190.076 requires each ambulance district to be audited by an outside Certified Public Accountant (CPA) firm at least once every three years. BEMS will verify audit compliance through the licensure application review process and during inspections.

Section 190.098.2 of the proposed legislation defines community paramedic services as those services provided by any entity that employs licensed paramedics certified by the Department of Health and Senior Services as community paramedics for services that are provided in a nonemergent setting, consistent with the education and training of a community paramedic and the supervisory standard approved by the medical director and documented in the entity's patient care plans or protocols.

Section 190.098.3 requires any ambulance service that seeks to provide community paramedic services outside of its service area to have a memorandum of understanding (MOU) with the ambulance service of that area if that ambulance service is already providing those services or shall notify the ambulance services of that area if that ambulance service is not providing

community paramedic services. Emergency medical response agencies (EMRA) may provide community paramedic services in a ground ambulance service's service area. If the ground ambulance service is already providing those services or provides them after the EMRA offers them, then the EMRA and ground ambulance service shall enter into an MOU for the coordination of services.

Currently, BEMS licenses community paramedics that have completed the required program and can provide training certificates. The proposed legislation would require the BEMS to create a new type of license to issue a five-year certification to businesses and entities that employ and use community paramedics. Any newly established business or entity using community paramedics would be required to obtain this certification and existing ground ambulances that use community paramedics would have to apply and get a new, separate certification to be renewed every five (5) years. It is assumed there will be less than 10 community paramedic services licenses issued.

Section 190.098.3(4) requires the Department to promulgate rules and regulations for the purpose of certifying community paramedic services entities and the standards necessary to provide such services. Certified entities shall be eligible to provide community paramedic services for five (5) years.

Section 190.101 increases the number of members on the State Advisory Council on Emergency Medical Services from 16 to no more than 23, outlines membership requirements and changes member appointment responsibility from the Governor to the Director of the Department of Health and Senior Services (DHSS).

Sections 190.109.6(12) and 190.109.6(13) require BEMS to promulgate rules related to the requirements for a ground ambulance service license including "participation with regional EMS advisory committees" and "ambulance service administrator qualifications."

Section 190.112 requires licensed ambulance services to identify an individual to DHSS who will serve as the ambulance service administrator responsible for ambulance service operations and staffing. Additionally, the identified administrator is required to complete 40 initial training hours and two hours of continuing education annually related to the operations of an ambulance service. Training shall be offered by a statewide association or program approved by the State Advisory Council on Emergency Medical Services. Individuals serving as an ambulance service administrator as of August 28, 2025, will have until January 1, 2027, to demonstrate compliance with these provisions. This will require BEMS to verify training records through the licensure application review process for the individual administrator and the ambulance service, as well as during inspections of the ambulance service.

Section 190.166.1 allows the Department to refuse to issue, deny renewal of, or suspend an

ambulance service license required pursuant to Section 190.109, or take other corrective actions based on the following:

- (1) Determined to be financially insolvent.
- (2) Inadequate personnel to provide basic emergency operations at a level in which one ambulance unit is available twenty-four hours per day, seven days per week, with at least two licensed emergency medical technicians and a reasonable plan and schedule for the services of a second ambulance.
- (3) Requires an inordinate amount of mutual aid from neighboring services (more than ten percent of calls in any given month or more than would be considered prudent to provide an appropriate level of response for the service area).
- (4) Principal manager, board members, or other executives determined to be criminally liable for actions related to the license or service provided.
- (5) License holder or principal manager, board members, or other executives determined by Centers for Medicare and Medicaid Services (CMS) to be ineligible for participation in Medicare.
- (6) License holder or principal manager, board members, or other executives determined by MO HealthNet Division to be ineligible for participation in MO HealthNet.
- (7) Ambulance service administrator failed to meet the required qualifications or failed to complete training required under Section 190.112.
- (8) Three or more board members failed to complete training required under Section 190.053 if the ambulance service is an ambulance district.

As a result, BEMS will be required to investigate ambulance service agency financial records, operations data, number of runs and responses, ambulance vehicle inventory, training records, and determine percentage of calls covered by other agencies giving mutual aid and/or appropriate level of response for a service area. A report will be prepared to determine what action should be taken by the Department.

Section 190.166.2 requires any ambulance service determined to be financially insolvent or its operations insufficient to submit a corrective plan within fifteen days. Said plan must be implemented within thirty days. Corrective plan collection and tracking will be completed by BEMS as part of the investigation required under Section 190.166.1.

Section 190.166.3 of the proposed legislation requires the Department to provide notice of any determination of insolvency or insufficiency of operations of a license holder to other license holders operating in the license holder's vicinity; members of the general assembly who represent

the license holder's service area; the governing officials of any county or municipal entity in the license holder's service area; the appropriate regional emergency medical services advisory committee; and the state advisory council on emergency medical services.” The BEMS will mail or email a notice to all entities required by this Section.

Section 190.166.4 of the proposed legislation requires the Department to, upon taking disciplinary action, immediately engage with other license holders in the affected area and allows the license holder to enter into an agreement with other license holders to provide services to the affected area. Agreements between the license holders may include an agreement to provide services, a joint powers agreement, formal consideration, or some payment for services rendered. BEMS will work with license holders as needed to ensure services are provided to any area affected by disciplinary action and will track all agreements received.

Section 190.166.5 states that any license holder who provides assistance to a service area affected by disciplinary action has a right to seek reasonable compensation from the license holder whose license has been suspended. Reasonable compensation may include expenses incurred in actual responses and reasonable expenses to maintain ambulance service. The license holder providing assistance is entitled to an award of costs and reasonable attorney fees in any action to enforce these provisions.

Should the proposed legislation become law, BEMS will offer an educational presentation to ambulance districts that will review the law, the new requirements, and what BEMS will be reviewing during inspections and complaints as a result.

DRL will need one full-time Regulatory Auditor (\$59,112) to carry out the provisions outlined in the proposed legislation. This is assumed to be a remote position.

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

§ 191.648 – Sexually transmitted infections

Officials from the **Department of Public Safety (DPS), Missouri Highway Patrol (MHP)** defer to the Missouri Department of Transportation (MODOT)/MSHP Healthcare Board for an impact statement for the potential fiscal impact of this section.

§ 196.990 and 335.081 – Administration of medications

Officials from the **Department of Public Safety (DPS), Missouri Highway Patrol (MHP)** defer to the Missouri Department of Transportation (MODOT)/MSHP Healthcare Board for an impact statement for the potential fiscal impact of these sections.

§ 198.700 - Provisions relating to referrals to assisted living facilities

In response to a similar proposal from the current session (HB 390), officials from the **Department of Health and Senior Services** 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 for this section.

§ 208.152 - MO HealthNet hearing aids

Officials from the **Department of Social Services (DSS), MO HealthNet Division (MHD)** identified 193,308 adults who are currently enrolled in MHD Fee-for-Service could be eligible for hearing aid services. Using data from the [CDC](#), MHD estimates that 7.1% (13,725) of those adults may utilize these services. The average cost of hearing aid services is \$210.73.

This legislation would also result in an impact to the Managed Care capitation rates of up to \$10 million. The cost of the actuarial study to evaluate this program change would be no more than \$25,000 in the first year.

Due to the timing of obtaining a State Plan Amendment (SPA) and waiver for this legislation, MHD assumes additional costs for hearing aid services will begin in FY27. MHD estimates 80% of the participants identified will obtain hearing aid services in the first year due to pent-up demand, and 20% in subsequent years. A 6.5% medical inflation rate was used for FY28.

FY26 Total: \$25,000 (GR: \$12,500; Federal: \$12,500)

FY27 Total: Up to \$10,313,793 (GR: \$2,491,096; Federal: \$7,822,697)

FY28 Total: Up to \$2,746,047 (GR: \$663,254; Federal: \$2,082,793)

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

§ 210.030 - Prenatal tests for certain diseases

In response to similar legislation from the current session (SB 548), officials from the **Department of Health and Senior Services (DHSS)** stated § 210.030.1 of the proposed legislation would increase the number of patient samples that the Missouri State Public Health Laboratory (MSPHL) would receive for HIV, syphilis, Hepatitis C, and Hepatitis B testing. Approximately 4.5 percent of women are pregnant at any one time, so this percentage was used on the total number of female samples received for HIV and syphilis testing in 2024. An additional 500 to 800 samples a year would be tested for all conditions if this legislation passed. The estimated number of pregnant females was used in the calculations for HIV, syphilis, Hepatitis C, and Hepatitis B expenses for both screening and confirmatory costs. Confirmatory numbers were based on current trends that are seen for each test. The cost estimates are based

upon the expected number of samples and cost per test with an applied algorithm for testing and confirmation.

- HIV (765 samples times \$6.20 per test plus \$327.60 confirmation testing = \$5,071)
- Syphilis (675 samples times \$3.25 per test plus \$1,420.25 confirmation testing = \$3,614)
- Hepatitis B (500 samples times \$14.93 per test = \$7,465)
- Hepatitis C (500 samples times \$7.63 per test plus \$3,815 confirmation testing = \$6,080)

The projected total per year would be \$22,230 in additional reagents and kit costs. The cost of reagents will go up each year with an inflation cost of 5 percent per year. MSPHL cannot absorb this cost. The workload for performing the additional testing can be absorbed by current staff.

Oversight does not have information to the contrary. Oversight notes this proposal does not have an emergency clause. Therefore, Oversight will reflect the FY 2026 estimates as provided by the DHSS as \$18,525 ($\$22,230/12 \times 10$).

Officials from the **Department of Corrections (DOC)** state there is no apparent fiscal impact on the **Division of Offender Rehabilitative Services (DORS)**, however additional obstetric labs and treatment may impact contracted healthcare provider.

Oversight assumes because the potential increased costs due to additional obstetric labs and treatment is speculative, that the DOC, DORS will not incur significant costs related to this proposal. If a fiscal impact were to result, the DOC, DORS may request additional funding through the appropriations process.

Officials from the **Department of Public Safety (DPS), Missouri Highway Patrol (MHP)** defer to the Missouri Department of Transportation (MODOT)/MSHP Healthcare Board for an impact statement for the potential fiscal impact of this section.

§ 338.010 - Administration of certain vaccines

Officials from the **Department of Public Safety (DPS), Missouri Highway Patrol (MHP)** defer to the Missouri Department of Transportation (MODOT)/MSHP Healthcare Board for an impact statement for the potential fiscal impact of this section.

In response to similar legislation from the 2024 Session (SB 1455), officials from the **DHSS** 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.

Responses regarding the proposed legislation 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 resources. The AGO may seek

additional appropriations if the proposal results in a significant increase in litigation or investigation costs.

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 **University of Central Missouri (UCM)** stated there is an indeterminate fiscal impact related to the cost of training.

Oversight does not have any information to the contrary. However, UCM did not provide the amount or type of impact. Therefore, Oversight assumes UCM has sufficient ability to provide one hour of training to staff within current funding levels and will present no fiscal impact to this agency for fiscal note purposes.

Officials from the **Department of Commerce and Insurance, the Department of Higher Education and Workforce Development, the Department of Mental Health, the Department of Public Safety (Division of Fire Safety, Missouri Veterans Commission), the Missouri Consolidated Health Care Plan, the Missouri Department of Transportation, the City of Kansas City, the City of O'Fallon, the Newton County Health Department, the Phelps County Sheriff's Department, the Kansas City Police Department, the Springfield Police Department, the St. Louis County Police Department and Northwest Missouri State University** 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 the current session (SB 548), officials from the **Missouri Department of Conservation** 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.

Oversight only reflects the responses received from state agencies and political subdivisions; however, other cities, counties, local public health agencies, nursing homes, county clerks, sheriff departments, police departments, fire protection districts, emergency services, 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.

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.

<u>FISCAL IMPACT – State Government</u>	FY 2026 (10 Mo.)	FY 2027	FY 2028
GENERAL REVENUE FUND			
<u>Costs – DHSS §§ 190.053 to 190.166</u> p. 3-6			
Personal Service	(\$49,260)	(\$60,294)	(\$61,500)
Fringe Benefits	(\$32,903)	(\$39,958)	(\$40,441)
Expense & Equipment	(\$9,486)	(\$6,855)	(\$6,993)
<u>Total Costs - DHSS</u>	<u>(\$91,649)</u>	<u>(\$107,107)</u>	<u>(\$108,934)</u>
FTE Change	1	1	1
<u>Costs – DSS/MHD (§ 208.152) p. 7</u>		Up to...	Up to...
Actuarial study	(\$12,500)	\$0	\$0
Coverage of hearing devices	\$0	(\$2,491,096)	(\$663,254)
<u>Total Costs - DSS/MHD</u>	<u>(\$12,500)</u>	<u>(\$2,491,096)</u>	<u>(\$663,254)</u>
<u>Costs – DHSS/MSPHL (§ 210.030)</u> Additional testing supplies p. 7-8	(\$18,525)	(\$23,342)	(\$24,509)
ESTIMATED NET EFFECT ON THE GENERAL REVENUE FUND	<u>(\$122,674)</u>	<u>(\$2,621,545)</u>	<u>(\$796,697)</u>
Estimated Net FTE Change on the General Revenue Fund	1	1	1

<u>FISCAL IMPACT – State Government</u>	FY 2026 (10 Mo.)	FY 2027	FY 2028
FEDERAL FUNDS			
<u>Income</u> – DSS/MHD (§ 208.152) Program reimbursements for coverage of hearing devices p. 7	\$12,500	Up to \$7,822,697	Up to \$2,082,793
<u>Costs</u> – DSS/MHD (§ 208.152) p. 7		Up to...	Up to...
Actuarial study	(\$12,500)	\$0	\$0
Coverage of hearing devices	\$0	(\$7,822,697)	(\$2,082,793)
<u>Total Costs</u> - DSS/MHD	(\$12,500)	(\$7,822,697)	(\$2,082,793)
ESTIMATED NET EFFECT ON FEDERAL FUNDS	<u>\$0</u>	<u>\$0</u>	<u>\$0</u>

<u>FISCAL IMPACT – Local Government</u>	FY 2026 (10 Mo.)	FY 2027	FY 2028
	<u>\$0</u>	<u>\$0</u>	<u>\$0</u>

FISCAL IMPACT – Small Business

This legislation may impact small business community paramedic services in that entities shall be certified every five years.

FISCAL DESCRIPTION

AMBULANCE DISTRICT BOARDS OF DIRECTORS

The bill modifies training requirements for members of an ambulance district board of directors. Under this bill, board members must complete three hours of continuing education for each term of office. Failure to do so will result in immediate disqualification and the office will be vacant until filled. (§ 190.053)

AMBULANCE DISTRICT AUDITS

The bill requires each ambulance district to arrange for an audit of the district's records and accounts every three years by a certified public accountant. The audit must be made available to the public on the district's website or otherwise freely available by other electronic means. (§ 190.076)

COMMUNITY PARAMEDICS

Under this bill, community paramedic services mean those services provided by an entity that employs licensed paramedics certified by the DHSS as community paramedics for services that are provided in a non-emergent setting, consistent with the education and training of a community paramedic and the supervisory standard approved by the medical director, and documented in the entity's patient care plans or protocols. Certified entities are eligible to provide community paramedic services for five years. (§ 190.098)

AMBULANCE LICENSES

The bill requires ambulance services to report to the Department individuals serving as ambulance service administrators. These administrators are required to complete training as provided in the bill. The Department is required to provide notice of any determination of insolvency or insufficiency of services to other license holders operating in the license holder's vicinity, members of the General Assembly who represent that area, other governing officials, the appropriate regional emergency medical services advisory committee, and the State Advisory Council on Emergency Medical Services. The Department must immediately engage with other license holders in the area to determine how ground ambulance services may be provided to the affected area during the service disruption. Assisting license holders may be compensated for the assistance as provided in the bill. (§§ 190.109, 190.112, and 190.166)

MO HEALTHNET HEARING AIDS

Currently, reimbursable MO HealthNet services include hearing aids for eligible needy children, pregnant women, and blind persons. The bill mandates MO HealthNet coverage of medically necessary cochlear implants and hearing instruments for all eligible participants. (§ 208.152)

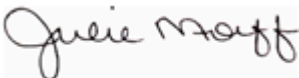
PRENATAL TESTS FOR CERTAIN DISEASES

Currently, a physician or other health care provider must draw and test a pregnant woman's blood at or soon after her first prenatal examination, with her consent, for syphilis, hepatitis B, or other similar diseases. Under this bill, the testing of the pregnant woman's blood must also occur at the 28th week of her pregnancy as well as immediately after birth. Additionally, the test must include hepatitis C and HIV. Current law requires the DHSS to work in consultation with the Missouri Genetic Disease Advisory Committee to make rules pertaining to these blood tests. The bill repeals the requirement to work with the Committee and requires that the tests be approved or accepted by the U.S. Food and Drug Administration. (§ 210.030)

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
Department of Commerce and Insurance
Department of Corrections
Department of Health and Senior Services
Department of Higher Education and Workforce Development
Department of Mental Health
Department of Public Safety -
 Division of Fire Safety
 Missouri Highway Patrol
 Missouri Veterans Commission
Department of Social Services
Joint Committee on Administrative Rules
Missouri Consolidated Health Care Plan
Missouri Department of Conservation
Missouri Department of Transportation
Office of the Governor
Office of the Secretary of State
Office of the State Courts Administrator
Oversight Division
City of Kansas City
City of O'Fallon
Newton County Health Department
Phelps County Sheriff's Department
Kansas City Police Department
Springfield Police Department
St. Louis County Police Department
Northwest Missouri State University
University of Central Missouri



Julie Morff
Director
January 27, 2025



Jessica Harris
Assistant Director
January 27, 2025