

COMMITTEE ON LEGISLATIVE RESEARCH
OVERSIGHT DIVISION

FISCAL NOTE

L.R. No.: 5868H.03C
 Bill No.: HCS for HB 2372
 Subject: Health Care; Emergencies; Ambulances and Ambulance Districts; Hospitals; Drugs and Controlled Substances
 Type: Original
 Date: February 26, 2026

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

FISCAL SUMMARY

ESTIMATED NET EFFECT ON GENERAL REVENUE FUND

FUND AFFECTED	FY 2027	FY 2028	FY 2029
General Revenue	(Unknown, could exceed \$600,300)	(Unknown, less than \$1,234,307 to 1,248,707)	(Unknown, less than \$1,237,268 to \$1,251,668)
Total Estimated Net Effect on General Revenue	(Unknown, could exceed \$600,300)	(Unknown, less than \$1,234,307 to 1,248,707)	(Unknown, less than \$1,237,268 to \$1,251,668)

ESTIMATED NET EFFECT ON OTHER STATE FUNDS

FUND AFFECTED	FY 2027	FY 2028	FY 2029
State Road Fund (1320)	(\$300,000, could exceed \$550,000)	(\$300,000, could exceed \$550,000)	(\$300,000, could exceed \$550,000)
Board of Pharmacy Fund (1637)	Unknown, less than \$250,000	Unknown, less than \$250,000	Unknown, less than \$250,000
Other State Funds	(Unknown, Less than \$75,000)	(Unknown, Less than \$75,000)	(Unknown, Less than \$75,000)
Total Estimated Net Effect on Other State Funds	(Unknown, more or less than \$550,000)	(Unknown, more or less than \$550,000)	(Unknown, more or less than \$550,000)

Numbers within parentheses: () indicate costs or losses.

ESTIMATED NET EFFECT ON FEDERAL FUNDS

FUND AFFECTED	FY 2027	FY 2028	FY 2029
Federal Funds	(Unknown, less than \$105,000)	(Unknown, less than \$105,000)	(Unknown, less than \$105,000)
Total Estimated Net Effect on <u>All</u> Federal Funds	(Unknown, less than \$105,000)	(Unknown, less than \$105,000)	(Unknown, less than \$105,000)

ESTIMATED NET EFFECT ON FULL TIME EQUIVALENT (FTE)

FUND AFFECTED	FY 2027	FY 2028	FY 2029
General Revenue	1 FTE	1 FTE	1 FTE
Total Estimated Net Effect on FTE	1 FTE	1 FTE	1 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 2027	FY 2028	FY 2029
Local Government	\$0 to (Unknown)	\$0 to (Unknown)	\$0 to (Unknown)

FISCAL ANALYSIS

ASSUMPTION

Officials from the **Missouri Office of Prosecution Services** did not respond to **Oversight's** request for fiscal impact for this proposal.

§§167.627, 167.630, 190.246, 196.990 and 321.621 - Epinephrine Products

Officials from the **Department of Social Services (DSS), Division of Youth Services (DYS)** state that the cost of Epinephrine nasal spray devices has an average cost of \$100 per device. It is anticipated that the Division of Youth Services would need to purchase 144 Epinephrine devices to meet the needs of this legislation. Therefore, the fiscal impact to DYS would be \$14,400 in FY 2027 and an ongoing cost of \$0 to \$14,400 for the fiscal years following.

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

In response to similar legislation, HB 1826 (2026), officials from the **High Point R-III School District** assumed the proposal will have a fiscal impact but did not provide any additional information.

Oversight notes the proposal authorizes each board of education in this state to grant permission to pupils, as well as each school board in this state to grant permission to school nurses to use this medication (Epinephrine delivery devices). Oversight assumes there could be a potential cost to schools to purchase these devices. Therefore, Oversight will reflect a \$0 to Unknown cost to schools in the fiscal note.

In response to similar legislation, HB 1826 (2026), officials from the **Department of Health and Senior Services (DHSS)** stated section 196.990.1(2) of the proposed legislation adds facilities licensed under Chapter 198 as an authorized entity to administer epinephrine delivery devices to the body of an individual. As an authorized entity, a physician may prescribe epinephrine delivery devices in the name of the authorized entity, and the authorized entity may acquire and stock a supply of injectors onsite. The statute includes expectations related to training, storage, post-use review, and notification of emergency medical services. DHSS has confirmed with Centers for Medicare and Medicaid Services that this legislation does not conflict with current federal regulations for nursing homes.

This will require the Section for Long Term Care Regulation (SLCR) to review policies to ensure they meet all regulatory requirements; promulgate rules, including update of inspection policies and procedures, and training of DHSS staff and providers. Review of facility policy and procedures and training of employees can be incorporated into the inspection process to review current policies and procedures related to safe and effective system of medication administration and emergency procedures.

It is assumed that the Department can absorb the costs of this 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 assumes DHSS is provided with core funding to handle a certain amount of activity each year. Oversight assumes DHSS could absorb the costs related to this proposal. If multiple bills pass which require additional staffing and duties at substantial costs, DHSS could request funding through the appropriation process. Officials from the DHSS assume the proposal will have no fiscal impact on their organization.

§190.098 - Community Paramedic Services

Officials from the **DHSS** state as follows:

Section 190.098.1 of the proposed legislation defines community paramedic services as services that are provided by any entity that: employs licensed paramedics who are certified as community paramedics by the department; and has received an endorsement by the department as a community paramedic service entity; provided in a nonemergent setting, independent of a 911 system or emergency summons; consistent with the training and education, as well as within the scope of skill and practice, of the personnel and with the supervisory standard approved by the medical director; and reflected and documented in the entity's patient care plans or protocols approved by the medical director in accordance with section 190.142.

Section 190.098.4(1) requires any ambulance service that seeks to provide community paramedic services outside of its ambulance service area, as described in section 190.105 and administered by the department, and in the service area of another ambulance service that currently provides community paramedic services to have a memorandum of understanding with that ambulance service regarding the provision of such community paramedic services. An ambulance service that provides community paramedic services may provide community paramedic services without a memorandum of understanding in the ambulance service area of an ambulance service that is not providing community paramedic services, but the ambulance service providing community paramedic services shall provide notification to the ambulance service with emergency service responsibilities in the service area of the general community paramedic activities being performed.

Section 190.098.4(2) permits an ambulance service that provides community paramedic services and that has executed formal contract or agreements with health care institutions, hospitals, health clinics, or insurance companies for the provision of community paramedic services to honor said agreements.

Section 190.098.4(3) requires any ambulance service that provides sustained community paramedic services in an area outside the ambulance service's primary 911 response territory and where another service offers community paramedic services to coordinate with the local

ambulance service.

Section 190.098.4(4) requires any emergency medical response agency seeking to provide community paramedic services within its designated response service area may do so if the ground ambulance service covering the area within which the emergency medical response agency is located does not provide community paramedic services. If such ground ambulance service does provide community paramedic services, the ground ambulance service may establish, at its sole discretion, a memorandum of understanding with the emergency medical response agency planning to offer community paramedic services in order to coordinate programs and avoid service duplication. If an emergency medical response agency is providing community paramedic services in a service area before the ground ambulance service in that service area begins offering community paramedic services, the emergency medical response agency and the ground ambulance service shall establish a memorandum of understanding for the coordination of services.

Section 190.098.4(5) requires community paramedic programs to notify the appropriate local ambulance service when providing services within the service area of an ambulance service.

Currently, the Division of Regulation and Licensure's Bureau of Emergency Medical Services (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 endorsement 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 endorsement and existing ground ambulances that use community paramedics would have to apply and get a new endorsement, separate from their ground ambulance service license, to be renewed every five (5) years. It is assumed there will be less than ten community paramedic services endorsements issued.

Section 190.098.4(6) states the Department of Health and Senior Services shall establish regulations for the purpose of recognizing community paramedic service entities that have met the standards necessary to provide community paramedic services, including physician medical oversight, training, patient record keeping, formal relationships with primary care services where necessary, and quality improvement policies. The Department shall issue an endorsement to any community paramedic service entity that meets such standards that allows the entity to provide community paramedic services for a period of five years.

The Bureau of Emergency Medical Services (BEMS) will be responsible for the establishment of rules and regulations. It is estimated that it will take one (1) Regulatory Compliance Manager (salary \$102,115) approximately 1,040 hours to make the required changes. Based on 2,080 working hours per year, this would require 0.5 FTE ($1,040 \text{ hours} \div 2,080 \text{ hours per year}$) to accomplish these duties for a total personal service cost of \$51,058 ($\$102,115 * 0.5$). It is assumed that the Department can absorb the costs of this 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 assumes DHSS is provided with core funding to handle a certain amount of activity each year. Oversight assumes DHSS could absorb the costs related to this proposal. If multiple bills pass which require additional staffing and duties at substantial costs, DHSS could request funding through the appropriation process. Officials from the DHSS assume the proposal will have no fiscal impact on their organization.

§§191.708, 208.152, 208.662 and 208.1400-1425 - Doula Services

Officials from the **Department of Social Services (DSS), MO HealthNet Division (MHD)** state currently, MO HealthNet does not include childbirth education classes as a covered service, except for doulas who can bill childbirth classes, which started on 10/1/2024. However, some of the Managed Care health plans offer this as an additional benefit at no cost to the patient. If this were a required service, it is possible a state plan amendment and amendment to the 1915(b) Waiver would be needed.

The cost of a study on the impact of childbirth classes on infant and maternal mortality among pregnant women of color would be a one-time cost of approximately \$45,000 and would be contracted to a vendor.

The cost of adding this service would result in an impact to the Managed Care capitation rates of \$30,000. For FY28 and FY29, a 6.765% medical inflation rate was used. The cost of the actuarial study to evaluate this program change would be \$50,000 in the first year.

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

§192.021 - Department Of Health and Senior Services Contracts for Public Health

Officials from the **DHSS** state section 192.021 of the proposed legislation authorizes the Department of Health and Senior Services (DHSS) to contract directly with a Missouri affiliate of a national public health association or public health institute. The impact of the proposed change is that DHSS can get assistance from the affiliates to promote health and deliver health services to Missouri residents.

It is assumed that the Department can absorb the costs of Section 192.021 with current resources. However, if the workload significantly increased or other legislation was enacted, additional resources would be requested through the appropriation process.

Oversight assumes DHSS is provided with core funding to handle a certain amount of activity each year. Oversight assumes DHSS could absorb the costs related to this proposal. If multiple bills pass which require additional staffing and duties at substantial costs, DHSS could request funding through the appropriation process. Officials from the DHSS assume the proposal will have no fiscal impact on their organization.

§§196.990 and 335.081 - Administration of Medications

Officials from the **DHSS** state section 196.990.1(2) of the proposed legislation adds facilities licensed under Chapter 198 as an authorized entity to administer epinephrine delivery devices to the body of an individual. As an authorized entity- a physician may prescribe epinephrine delivery devices in the name of the authorized entity, and the authorized entity may acquire and stock a supply of injectors onsite. The statute includes expectations related to training, storage, post-use review, and notification of emergency medical services. The Department has confirmed with Centers for Medicare and Medicaid Services that this legislation does not conflict with current federal regulations for nursing homes.

This will require the Section for Long Term Care Regulation (SLCR) to review policies to ensure they meet all regulatory requirements; promulgate rules, including update of inspection policies and procedures, and training of DHSS staff and providers. Review of facility policy and procedures and training of employees can be incorporated into the inspection process to review current policies and procedures related to safe and effective system of medication administration and emergency procedures. It is assumed that the Department can absorb the costs of this 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 assumes DHSS is provided with core funding to handle a certain amount of activity each year. Oversight assumes DHSS could absorb the costs related to this proposal. If multiple bills pass which require additional staffing and duties at substantial costs, DHSS could request funding through the appropriation process. Officials from the DHSS assume the proposal will have no fiscal impact on their organization.

§197.708 - Hospital Workplace Violence

Officials from the **DHSS** state section 197.708 of the proposed legislation requires hospitals to prominently display a printed sign, in all capital letters, warning that assaulting a health care professional is a serious crime which may be punishable as a class A misdemeanor. The Division of Regulation and Licensure's (DRL) Section for Health Standards and Licensure (HSL) is responsible for hospital facility licensing, inspection, and complaints, which includes verifying compliance with state statutes and regulations. It is assumed that the Department can absorb the costs of this 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 assumes DHSS is provided with core funding to handle a certain amount of activity each year. Oversight assumes DHSS could absorb the costs related to this proposal. If multiple bills pass which require additional staffing and duties at substantial costs, DHSS could request funding through the appropriation process. Officials from the DHSS assume the proposal will have no fiscal impact on their organization.

In response to similar legislation, HB 1213 (2025), officials from the **Cass Regional Medical Center** stated with ten locations and depending on the number of signs per location at \$50 per sign, the estimated cost is \$2,000 for Cass Regional Medical Center. If posted at all treatment locations within the facilities, the cost could increase to \$10,000.

Oversight notes the cost for the Cass Regional Medical Center and is unable to project a statewide cost; therefore, the impact to local governments-political subdivisions will be presented as (Unknown). Oversight assumes the fiscal impact will be less than \$250,000.

§§198.022 and 198.070 - Inspections of Long-Term Care Facilities

Officials from the **DHSS** state section 198.022.6 of the proposed legislation proposes to allow accreditation in lieu of any inspections required by 198.003 to 198.166. SLCR anticipates few facilities will choose to be accredited due to the costs of fees and surveys by the agencies. The proposed legislation will require DHSS to promulgate rules, establish policies and procedures for gathering and evaluating accreditation reports and posting online. It is assumed that the Department can absorb the costs of this 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 assumes DHSS is provided with core funding to handle a certain amount of activity each year. Oversight assumes DHSS could absorb the costs related to this proposal. If multiple bills pass which require additional staffing and duties at substantial costs, DHSS could request funding through the appropriation process. Officials from the DHSS assume the proposal will have no fiscal impact on their organization.

§208.149 - MO HealthNet Coverage of Certain Clinical Pathology Services

Officials from the **DSS-MHD** state the provisions in this section are not currently an allowed billable service amount. In order to establish this payment, the State would need to seek State Plan Approval from CMS. The State actuary would need to evaluate this program change to include in Managed Care rate development. The cost of the actuarial analysis is estimated to be \$25,000.

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

§301.142 – Placards and License Plates for Disabled Persons

Officials from the **Department of Revenue (DOR)** provided the following regarding the provisions in this section:

§301.141(3) of the proposed language adds occupational therapist licensed pursuant to chapter 324 as an authorized healthcare practitioner.

§301.141(4) of the proposed language adjusts to state, “A natural person with medical disabilities that prohibit, limit, or severely impair the person’s ability to ambulate or walk.”

§301.141.17 of the proposed language is adding the state board of occupational therapy, established in section 324.063 with respect to physicians’ statements, signed by licensed occupational therapist.

Administrative Impact

To implement the proposed changes, the Department will be required to:

- Update procedures, forms, and the Department web site; and
- Send communications to license offices and Missouri citizens.

FY 2027 – Strategy & Communications Office

Associate Research/Data Analyst 40 hrs. @ \$31.16/hr. =\$1,246

FY 2027 – Motor Vehicle

Research/Data Analyst 40 hrs. @ \$37.14/hr. =\$1,486

Administrative Manager 40 hrs. @ \$51.40/hr. =\$2,056

Grand Total = **\$4,788**

The Department anticipates that they will be able to absorb these costs and that there will be minimal impact. If multiple bills are passed that require department resources, FTE may be requested through the appropriations process.

Oversight assumes DOR is provided with core funding to handle a certain amount of activity each year. Oversight assumes DOR could absorb the costs related to this proposal. If multiple bills pass which require additional staffing and duties at substantial costs, DOR could request funding through the appropriation process. Officials from the DOR assume the proposal will have no fiscal impact on their organization.

§338.333 - Licensure of Wholesale Drug Distributors

Officials from the **Department of Commerce and Insurance (DCI)** assume this section of the proposal will have no fiscal impact on their organization.

Oversight notes currently, no person or outlet can act as a wholesale drug distributor, pharmacy distributor, drug outsourcer, or third-party logistics provider without obtaining a license from the Missouri Board of Pharmacy. Oversight assumes this legislation permits the Board of Pharmacy

to license out-of-state entities if those entities possess a valid license from another state with comparable standards.

DCI notes the current fees for instate licenses are:

\$360 for Original Pharmacy Distributor/Wholesale Drug, Distributor, Drug Outsourcer, or Third-Party, Logistics Provider License Fee (includes both temporary and permanent license)

\$540 for Pharmacy Distributor/Wholesale Drug Distributor/Drug Outsourcer or Third-Party Logistics Provider License Renewal Fee

Although the current “in-state” fee is known, the number of out-of-state licenses that could be issued and the fee that will be charged to the new licensees is unknown. **Oversight** will reflect a \$0 (no new licenses are issued) to Unknown revenue to the Board of Pharmacy Fund (1637). Oversight assumes the revenue generated (if any) will be less than \$250,000.

§338.710 - Rx Cares for Missouri Program

In response to similar legislation, HB 1978 (2026), officials from the **DCI** assumed the proposal would have no fiscal impact on their organization.

Oversight notes that the most recent [Missouri Board of Pharmacy annual report](#) (2024) states as follows:

*The Missouri General Assembly enacted § 338.710 in 2017 which created the Rx Cares for Missouri Program within the Board of Pharmacy to promote medication safety and to prevent prescription drug abuse, misuse and diversion in Missouri. Rx Cares Program funding is appropriated annually by the Missouri General Assembly. The Board expended **\$ 368,430.88 in FY 24** on the following Rx Cares program activities.*

The report also states that the FY 2024 Legislative Appropriation was \$750,000.

Oversight does not have information to the contrary and therefore, Oversight will reflect the 2024 Legislative Appropriation of “Up to 750,000” annually as a cost to DCI to continue this program.

§376.417 - 340B Drugs

Officials from the **DCI** state the proposal includes a provision that would prohibit health carriers and pharmacy benefit managers from engaging in activity, outlined in the statute, which would constitute discrimination against a covered entity under the 340B drug program. It would give the Department the authority to impose a civil penalty on health carriers, pharmacy benefit

managers, or their affiliates for violations of the statute, and requires the Department to promulgate rules. This provision does have an impact on the Insurance Divisions.

The department believes the costs of this bill can be absorbed within their current appropriations. However, should the cost exceed the anticipated amount, the department would request an increase to their FTE and/or appropriations as appropriate through the budget process.

Oversight assumes DCI is provided with core funding to handle a certain amount of activity each year. Oversight assumes DCI could absorb the costs related to this proposal. If multiple bills pass which require additional staffing and duties at substantial costs, DCI could request funding through the appropriation process. Officials from the DCI assume the proposal will have no fiscal impact on their organization.

Officials from the **Missouri Department of Transportation (MoDOT) - Missouri Highway Patrol (MHP)** state this section has no direct impact on the MoDOT-MSHP medical plan but would increase costs for third party administrators which in turn would be passed on to the plan when the contract is renewed.

Since it is unknown if this proposal will result in a cost to the medical plan that could pass on to members, **Oversight** will range the fiscal impact as \$0 to Unknown, greater than \$250,000 to the State Road Fund (1320). Oversight assumes this proposal could have a fiscal impact on local political subdivisions.

Oversight notes provisions of §376.417.3 imposes a civil penalty on any health carrier, pharmacy benefits manager, or agent or affiliate of such health carrier or pharmacy benefits manager that violates provisions of this subsection. The penalty may not exceed \$5,000 per day. Oversight notes that violations resulting in fines could vary widely from year to year. Civil penalties collected per Article IX, Section 7 of the Missouri Constitution requires fines to be distributed to the school district where the violation occurred; therefore, Oversight will reflect a positive fiscal impact of \$0 to Unknown to local school districts on the fiscal note.

§376.1245 - Insurance Coverage of Anesthesia Services

Officials from the **Missouri Consolidated Health Care Plan (MCHCP)** state this proposal contains language related to anesthesia services. As MCHCP is not a health care plan under the definition of 376.1350, this legislation would not apply to MCHCP using that definition. However, section 104.801 requires MCHCP to follow any law which mandates coverage of specific health benefits, services, or providers. Since this legislation does mandate benefits, services, or providers it would apply to MCHCP.

This bill includes a health insurance carrier mandate that in most cases will result in additional cost to the health plan, employer and employee.

The potential fiscal impact of this portion of HB 2372 is unknown but less than \$500,000.

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

Oversight assumes prohibiting policy or practices of limiting timeframes for payment of anesthesia services and restricting or excluding anesthesia time could increase health insurance costs for insurance plans. Oversight assumes the cost could be less than \$500,000 based on MCHCP's response. Therefore, Oversight will reflect the fiscal impact as provided by MCHCP as follows:

General Revenue (64%): (Unknown, Less than \$320,000)
Federal Funds (21%): (Unknown, Less than \$105,000)
Other Funds (15%): (Unknown, Less than \$75,000)
Total: (Unknown, Less than \$500,000)

Officials from the **DCI** state the proposal would require that health carriers offering or issuing health benefit plans that are delivered, issued for delivery, continued, or renewed in this state on or after the section's effective date and that provide coverage for anesthesia services, be prohibited from imposing a time limit for the payment of anesthesia services provided during a medical or surgical procedure. It also prohibits health carriers from establishing, implementing or enforcing practices or procedures that restrict or exclude all anesthesia time in calculating the payment of anesthesia services. The language of this section of the proposal specifies that these provisions also apply to the MO HealthNet Division and Medicaid Managed care organizations. This provision does have an impact on the Insurance Divisions.

The department believes the costs of this bill can be absorbed within their current appropriations. However, should the cost exceed the anticipated amount, the department would request an increase to their FTE and/or appropriations as appropriate through the budget process.

Oversight assumes DCI is provided with core funding to handle a certain amount of activity each year. Oversight assumes DCI could absorb the costs related to this proposal. If multiple bills pass which require additional staffing and duties at substantial costs, DCI could request funding through the appropriation process. Officials from the DCI assume the proposal will have no fiscal impact on their organization.

Officials from the **Department of Social Services (DSS)** state this legislation applies to Chapter 376, payment for anesthesia services is determined within the system and is based on minutes of use, the Anesthesia Relative Value and the conversion factor for the anesthesiologist or CRNA. The MC plans have to pay according to the FFS payment standard and this is already in place. This legislation would have no fiscal impact on managed care operations or rates.

Officials from the DSS assume this section of 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.

In response to similar legislation, SB 930 (2026), officials from **Missouri Department of Transportation (MoDOT)** stated that the current MoDOT-MSHP plan carrier, does not restrict medically necessary anesthesia services, so although a cost has been shown on similar legislation in previous years, MoDOT is no longer showing an impact. That could change if the plan adopted another administrator with this restriction.

Oversight does not have any information to the contrary. Therefore, Oversight will reflect a zero impact in the fiscal note for MoDOT for this section.

§376.1280 - Insurance Coverage of Alternatives to Opioid Drugs

Officials from the **DCI** state the proposal specifies that in situations where a health care provider prescribes a nonopioid medication for the treatment of acute pain, a health benefit plan may not deny coverage of the nonopioid drug in favor of an opioid drug; may not require the enrollee to try an opioid before covering the nonopioid drug, or require higher cost-sharing for the nonopioid drug than for the opioid drug. This section of the proposal is not a new health benefit mandate.

The department believes the costs of this bill can be absorbed within their current appropriations. However, should the cost exceed the anticipated amount, the department would request an increase to their FTE and/or appropriations as appropriate through the budget process.

Oversight assumes DCI is provided with core funding to handle a certain amount of activity each year. Oversight assumes DCI could absorb the costs related to this proposal. If multiple bills pass which require additional staffing and duties at substantial costs, DCI could request funding through the appropriation process. Officials from the DCI assume the proposal will have no fiscal impact on their organization.

§§376.1758 and 376.1765 - Insurance Coverage of Doula Services

Officials from the **Missouri Department of Transportation (MoDOT)** state section 376.1765 mandates coverage of specific health benefits for doula services. Currently the MoDOT-MSHP medical plan does not cover this benefit with maternity services and estimates a negative yearly impact of \$300,000 to the State Road Fund if implemented.

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

Officials from the **DHSS** state section 376.1758.2 of the proposed legislation requires DHSS to review and approve doula registration to allow for health insurance reimbursement of doula services.

Section 376.1758.3 of the proposed legislation requires DHSS to create the criteria for the doula registration application.

Section 376.1758.4 of the proposed legislation requires DHSS to promulgate all necessary rules and regulations for the administration of the proposed legislation.

To implement the provisions of Section 376.1758, the Office on Women's Health within DHSS would need to hire a Public Health Program Specialist (with an average salary within DCPH of \$67,294) to implement each of the components of the program fully.

DHSS assumes it needs to develop and maintain an online registry of doulas approved for health insurance reimbursement as required in 376.1758. DHSS officials have indicated that they are waiting on an ITSD response.

In response to similar legislation, HB 3169 (2026), DHSS officials stated the Office on Women's Health (OWH) would also need a contract with an external vendor to develop and maintain the online registry. This would take an average of approximately 10 hours a week for 12 months a year at a rate of approximately \$45/hour for a total of \$26,910.

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

In response to similar legislation, HB 3169 (2026), officials from the **Oversight Division** stated as follows:

In 2011, the Missouri General Assembly enacted section 376.1190, which states, "any health care benefit mandate proposed after August 28, 2011, shall be subject to review by the oversight division of the joint committee on legislative research. The oversight division shall perform an actuarial analysis of the cost impact to private and public payers of any new or revised mandated health care benefit proposed by the general assembly after August 28, 2011, and a recommendation shall be delivered to the speaker and the president pro tem prior to mandate being enacted."

The customary process for an actuarial analysis involves Oversight contracting with an outside firm who will request experience data from the largest insurance carriers in the State of Missouri. Since current law (§376.1190) requires any "proposed" mandate receive an actuarial analysis, the timing may not allow for such in-depth reviews. In 2013 Oversight contracted with a company to perform an actuarial analysis for Senate Bill 262, Senate Bill 159, and Senate Bill 161. Due to the timing of the analysis, the company noted requesting outside data was not possible. This limited analysis in 2013 cost almost \$25,000. Given the cost increases over the last ten years, the varying degree of available information to the outside firm and the potential for more in-depth analysis if the information and timing allow, Oversight can easily assume that a current analysis "could exceed \$50,000".

The Oversight Division does not currently have the appropriation to cover the costs of an actuarial analysis and would need to request such additional funding through the budget process.

Officials from the **DCI** state this section of this proposed legislation would enact two provisions related to doulas.

First, it would require the Department of Health and Senior Services to create criteria for doula registration and approve doula registration to allow for health insurance reimbursement of doula services. This provision, which is in the insurance laws, does not impose any requirements on the Insurance Divisions of the Department.

Second, the proposed substitute would enact a second section related to doulas that would require health carrier issuing health benefit plans that are delivered, issued for delivery, continue, or renewed on or after January 1, 2027, to provide coverage of doula services.

The Affordable Care Act (ACA) requires all non-grandfathered individual and small group health plans to cover a core set of healthcare services within 10 essential health benefit (EHB) categories. In 2011, Missouri, like other states, adopted a benchmark plan that defined the core benefits these plans must offer in the state. The ACA also requires that the cost of a new coverage mandate added by a state after adoption of its benchmark plan that is above and beyond the EHB benchmark will be the responsibility of the state. There is no clear guidance whether the services of a doula would be considered “maternity services” which are part of the EHB requirements.

45 C.F.R 155.170 requires states to defray the cost of additional required benefits mandated by a state on or after January 1, 2012. States may require qualified health plans to offer benefits in addition to essential health benefits. States will identify which state-required benefits are in addition to the EHB and must make payments to defray the cost of additional benefits either to enrollees in qualified health plans or directly to the qualified health plans, on behalf of their enrollees. Documentation provided by the U. S. Department of Health and Human Services, Center for Consumer Information & Insurance Oversight (CCIIO) in October 2018 instructed states as follows:

[A]lthough it is the state’s responsibility to identify which state required benefits require defrayal, states must make such determinations using the framework finalized at §155.170, which specifies that benefits required by state action taking place on or before December 31, 2011, may be considered EHB, whereas benefits required by state action taking place after December 31, 2011, other than for purposes of compliance with federal requirements, are in addition to EHB and must be defrayed by the state. For example, a law requiring coverage of a benefit passed by a state after December 31, 2011, is still a state mandated benefit requiring defrayal even if the text of the law says otherwise.

This proposed substitute requires, in pertinent part, that “Each health carrier and health benefit plan that offers or issues health benefit plans that are delivered, issued for delivery, continued, or

renewed in this state on or after January 1, 2027, shall provide coverage of doula services.” The proposed substitute includes a definition of “doula services,” however the definition is not sufficiently specific to as to determine whether or not the types of services a doula would provide are or are not part of the state’s EHB benchmark. As a result, the state may be required to defray the actuarial cost of new coverage requirement and make payments to either issuers or beneficiaries to negate increased potentially increased premiums. DCI does not know the increased utilization that may be created by the provisions of this bill. As a result, there is a zero to unknown negative impact to General Revenue.

In 2011, the Missouri General Assembly enacted section 376.1190, which states that “any health care benefit mandate proposed after August 28, 2011, shall be subject to review by the oversight division of the joint committee on legislative research. The oversight division shall perform an actuarial analysis of the cost impact to private and public payers of any new or revised mandated health care benefit proposed by the general assembly after August 28, 2011, and a recommendation shall be delivered to the speaker and the president pro tem prior to mandate being enacted.”

The department believes the costs of this section can be absorbed within their current appropriations. However, should the cost exceed the anticipated amount, the department would request an increase to their FTE and/or appropriations as appropriate through the budget process.

Oversight assumes DCI is provided with core funding to handle a certain amount of activity each year. Oversight assumes DCI could absorb the costs related to this proposal. If multiple bills pass which require additional staffing and duties at substantial costs, DCI could request funding through the appropriation process. Officials from the DCI assume the proposal will have no fiscal impact on their organization.

Responses Regarding the Proposed Legislation as a Whole

Officials from the **City of Kansas City** state the proposed legislation may have a negative fiscal impact of an indeterminate amount.

Oversight notes that several provisions included in this legislation increase medical insurance obligations which may have an unknown direct or indirect fiscal impact on local political subdivisions. Therefore, for fiscal note purposes, Oversight will reflect the overall impact on local political subdivisions as \$0 or unknown.

In response to a previous version, officials from the **Office of Attorney General (AGO)** assumed 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 **Office of State Courts Administrator (OSCA)** state there may be some impact but there is no way to quantify that currently. Any significant changes will be reflected in future budget requests.

Oversight notes OSCA assumes this proposal may have some impact on their organization although it can't be quantified at this time. As OSCA is unable to provide additional information regarding the potential impact, Oversight assumes the proposed legislation will have a \$0 or (Unknown) cost to the General Revenue Fund. For fiscal note purposes, Oversight also assumes the impact will be under \$250,000 annually. If this assumption is incorrect, this would alter the fiscal impact as presented in this fiscal note. If additional information is received, Oversight will review it to determine if an updated fiscal note should be prepared and seek approval to publish a new fiscal note.

Officials from the **Department of Corrections (DOC)** state, as misdemeanors fall outside the purview of the Department of Corrections, this legislation will have no impact on the department.

Oversight does not have any information to the contrary. Therefore, Oversight will reflect a zero impact in the fiscal note for this agency.

Officials from the **Department of Economic Development, Department of Elementary and Secondary Education, Department of Higher Education and Workforce Development, Department of Labor and Industrial Relations, Department of Mental Health, Department of Natural Resources, Department of Public Safety (Capitol Police, Division of Fire Safety, Office of the Director, Gaming Commission, Missouri Veterans Commission, State Emergency Management Agency), Missouri Department of Agriculture, Missouri Department of Conservation, Missouri National Guard, Office of Administration (OA), OA - Administrative Hearing Commission, Office of the Governor, Office of the State Auditor, Office of the State Public Defender, Office of the State Treasurer, State Tax Commission, Platte County Board of Elections, St. Louis City Board of Elections, St. Louis County Board of Elections, Newton County Health Department, Phelps County Sheriff's Department, Branson Police Department, Kansas City Police Department, St. Louis County Police Department, Eastern Clay Ambulance District, Northwest Missouri State University and 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.

Officials from the **Department of Public Safety, Missouri Highway Patrol (MHP)** defer to the Missouri Department of Transportation/MHP Health Care Board for an impact statement.

In response to a previous version, officials from the **City of O'Fallon** 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.

Oversight only reflects the responses that we have received from state agencies and political subdivisions; however, other city officials, county officials, local election authorities, local public health agencies, nursing homes, local law enforcement agencies, fire protection districts, EMS, schools and colleges were requested to respond to this proposed legislation but did not. Upon the receipt of additional 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. A general listing of political subdivisions included in our 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 2027 (10 Mo.)	FY 2028	FY 2029
GENERAL REVENUE			
<u>Cost – OSCA (Various Sections)</u> Potential increase in court costs p. 16	\$0 or (Unknown)	\$0 or (Unknown)	\$0 or (Unknown)
<u>Cost – DSS/DYS (§190.246)</u> Purchase of epinephrine nasal spray devices p.3	(\$14,400)	\$0 to (\$14,400)	\$0 to (\$14,400)
<u>Cost – DSS/MHD (§208.149)</u> Actuarial analysis of MHN coverage of certain clinical pathology services p.8	(\$12,500)	\$0	\$0
<u>Cost – DSS/MHD (§208.662)</u> Actuarial study to evaluate program change p.6	(\$25,000)	\$0	\$0
<u>Cost – DSS/MHD (§§208.662 & 208.1400-208.1425)</u> Study of impact of childbirth education classes p.6	(\$22,500)	\$0	\$0
<u>Cost – DSS/MHD (§§208.662 & 208.1400-208.1425)</u> Increase in managed care capitation rates p.6	(\$10,626)	(\$11,345)	(\$12,112)
<u>Cost – DCI (§338.710)</u> Removal of Rx Cares for Missouri expiration p.10	\$0	(Up to \$750,000)	(Up to \$750,000)
<u>Cost – MCHCP (§376.1245)</u> Anesthesia cost p.11	(Unknown, less than \$320,000)	(Unknown, less than \$320,000)	(Unknown, less than \$320,000)
<u>Cost – DHSS (§376.1758) p.13</u>			
Personal service	(\$56,078)	(\$68,640)	(\$70,013)
Fringe benefits	(\$36,168)	(\$43,943)	(\$44,495)
Equipment and expense	(\$26,118)	(\$13,469)	(\$13,738)
<u>Total Costs - DHSS</u>	<u>(\$118,364)</u>	<u>(\$126,052)</u>	<u>(\$128,246)</u>
FTE Change - DHSS	1 FTE	1 FTE	1 FTE
<u>Cost – OA/ITSD, DHSS (§376.1758)</u> Develop and maintain an online registry of doulas p.14	(\$26,910)	(\$26,910)	(\$26,910)

<u>FISCAL IMPACT – State Government</u>	FY 2027 (10 Mo.)	FY 2028	FY 2029
<u>Cost – Oversight Division (§§376.1758 and 376.1765) Actuarial analysis p.14</u>	(Could exceed \$50,000)	\$0	\$0
ESTIMATED NET EFFECT ON GENERAL REVENUE	(Unknown, could exceed \$600,300)	(Unknown, less than \$1,234,307 to 1,248,707)	(Unknown, less than \$1,237,268 to \$1,251,668)
Estimated Net FTE Change on General Revenue	1 FTE	1 FTE	1 FTE
FEDERAL FUNDS			
<u>Revenue Gain - DSS/MHD (§208.149) Program reimbursement for actuarial analysis p.8</u>	\$12,500	\$0	\$0
<u>Cost - DSS/MHD (§208.149) Actuarial analysis p.8</u>	(\$12,500)	\$0	\$0
<u>Revenue Gain – DSS/MHD (§208.662) Actuarial study to evaluate program change p.6</u>	\$25,000	\$0	\$0
<u>Revenue Gain – DSS/MHD (§§208.662 & 208.1400-208.1425) Reimbursement for increase in managed care capitation rates p.6</u>	\$19,374	\$20,685	\$22,084
<u>Revenue Gain – DSS/MHD (§§208.662 & 208.1400-208.1425) Reimbursement for study of impact of childbirth education classes p.6</u>	\$22,500	\$0	\$0
<u>Cost – DSS/MHD (§208.662) Actuarial study to evaluate program change p.6</u>	(\$25,000)	\$0	\$0
<u>Cost – DSS/MHD (§§208.662 & 208.1400-208.1425) Increase in managed care capitation rates p.6</u>	(\$19,374)	(\$20,685)	(\$22,084)

<u>FISCAL IMPACT – State Government</u>	FY 2027 (10 Mo.)	FY 2028	FY 2029
<u>Cost – DSS/MHD (§§208.662 & 208.1400-208.1425) Study of impact of childbirth education classes p.6</u>	(\$22,500)	\$0	\$0
<u>Cost – MCHCP (§376.1245) Anesthesia cost p.11</u>	(Unknown, less than <u>\$105,000</u>)	(Unknown, less than <u>\$105,000</u>)	(Unknown, less than <u>\$105,000</u>)
ESTIMATED NET EFFECT ON FEDERAL FUNDS	(Unknown, less than <u>\$105,000</u>)	(Unknown, less than <u>\$105,000</u>)	(Unknown, less than <u>\$105,000</u>)
BOARD OF PHARMACY FUND (1637)			
<u>Revenue Gain – DCI (§338.333) License fee p.9</u>	Unknown, less than <u>\$250,000</u>	Unknown, less than <u>\$250,000</u>	Unknown, less than <u>\$250,000</u>
ESTIMATED NET EFFECT TO THE BOARD OF PHARMACY FUND	Unknown, less than <u>\$250,000</u>	Unknown, less than <u>\$250,000</u>	Unknown, less than <u>\$250,000</u>
STATE ROAD FUND (1320)			
<u>Cost – MoDOT (§376.417) Enrollee’s cost sharing p.11</u>	\$0 to (Unknown, could exceed <u>\$250,000</u>)	\$0 to (Unknown, could exceed <u>\$250,000</u>)	\$0 to (Unknown, could exceed <u>\$250,000</u>)
<u>Cost – MoDOT (§376.1765) Enrollee’s cost sharing p.13</u>	(\$300,000)	(\$300,000)	(\$300,000)
ESTIMATED NET EFFECT TO THE STATE ROAD FUND	(\$300,000, could exceed <u>\$550,000</u>)	(\$300,000, could exceed <u>\$550,000</u>)	(\$300,000, could exceed <u>\$550,000</u>)

<u>FISCAL IMPACT – State Government</u>	FY 2027 (10 Mo.)	FY 2028	FY 2029
OTHER STATE FUNDS			
<u>Cost – MCHCP (§376.1245) Anesthesia cost p.11</u>	(Unknown, less than \$75,000)	(Unknown, less than \$75,000)	(Unknown, less than \$75,000)
ESTIMATED NET EFFECT ON OTHER STATE FUNDS	(Unknown, less than \$75,000)	(Unknown, less than \$75,000)	(Unknown, less than \$75,000)

<u>FISCAL IMPACT – Local Government</u>	FY 2027 (10 Mo.)	FY 2028	FY 2029
LOCAL POLITICAL SUBDIVISIONS			
<u>Cost – School Districts (§§167.627 & 167.630) Purchase of epinephrine nasal spray devices p.3</u>	\$0 to (Unknown)	\$0 to (Unknown)	\$0 to (Unknown)
<u>Cost - Health Facilities - (§197.708) Printed signs at various health care facilities p.7</u>	(Unknown)	(Unknown)	(Unknown)
<u>Revenue gain – School Districts (§376.417.3) Fines from violations p.11</u>	\$0 to Unknown*	\$0 to Unknown*	\$0 to Unknown*
<u>Cost – Medical Plans (§376.417) Enrollee’s cost sharing p.11</u>	\$0 to (Unknown)*	\$0 to (Unknown)*	\$0 to (Unknown)*
<u>Cost - Local Political Subdivisions - Increased medical insurance obligations p.13</u>	\$0 or (Unknown)	\$0 or (Unknown)	\$0 or (Unknown)
ESTIMATED NET EFFECT ON LOCAL POLITICAL SUBDIVISIONS	\$0 to (Unknown)	\$0 to (Unknown)	\$0 to (Unknown)

*Oversight assumes this proposal could result in a cost to the MoDOT-MSHP and local medical plans that could potentially be passed on to members. Oversight also assumes a potential revenue from civil fine penalties.

FISCAL IMPACT – Small Business

A direct fiscal impact to small business medical services and equipment providers could be expected as a result of this proposal. (§376.1245)

FISCAL DESCRIPTION

AWARENESS DAYS (Sections 9.412, 9.418, and 9.502, RSMo)

This bill designates each September as "Brain Aneurysm Awareness Month" in Missouri, the last full week of April each year as "Infertility Awareness Week" in Missouri, and March 26th of each year as "Pediatric Acute-Onset Neuropsychiatric Syndrome (PANS)/Pediatric Autoimmune Neuropsychiatric Disorder Associated with Streptococcus (PANDAS) Awareness Day".

HOSPITAL INVESTMENTS AND SERVICE AREAS (Sections 96.192, 96.196, 206.110, and 206.158)

This bill modifies the investment authority of boards of trustees of municipal hospitals in third class cities and hospital district hospitals. Current law permits investment of up to 25% of funds not required for operations of the hospital or other obligations. This bill permits investment of up to 50% of funds not required for operations or other obligations in the manner described in the bill, with the remaining portion to be invested into any investment in which the state Treasurer is allowed to invest. These provisions will only apply if the hospital receives less than three percent of its annual revenues from municipal, county, hospital district, or state taxes, or appropriated funds from the municipality in which such hospital is located. Under this bill, municipal hospitals in third class cities can operate in areas where hospital district hospitals and county hospitals operate. Hospital district hospitals can operate in areas where municipal hospitals in third class cities and county hospitals operate.

EPINEPHRINE PRODUCTS (Sections 167.627, 167.630, 190.246, 196.990, and 321.621)

This bill changes the term "epinephrine auto-injector" to "epinephrine delivery system" throughout statute, defined as a single-use device or system used for the delivery of a premeasured dose of epinephrine into the human body. This bill adds epinephrine delivery systems to provisions of statute that permit the possession and self-administration of the medication to treat a student's chronic health condition, such as asthma or anaphylaxis. The bill authorizes each Board of Education in this state to grant permission to pupils, as well as each school board in this state to grant permission to school nurses to use this medication. This bill additionally modifies existing provisions for epinephrine possession, use limitations, and stock supply by adding epinephrine delivery systems as eligible products and nursing homes and facilities, as well as child care facilities, to the list of authorized entities. Current law authorizes qualified first responders, as defined in the bill, to administer epinephrine auto-injectors to a person who is suffering from an apparent anaphylactic reaction. This bill extends that authorization to epinephrine delivery systems.

COMMUNITY PARAMEDIC SERVICES (Sections 190.098)

This bill modifies provisions relating to certification of community paramedics and the provision of community paramedic services. Community paramedic services must mean those services provided by an entity that employs licensed paramedics certified by the Department of Health and Senior Services (DHSS) 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.

Any ambulance service that seeks to provide community paramedic services outside of its service area must have a memorandum of understanding (MOU) with the ambulance service of that area if that ambulance service is already providing those services or must notify the ambulance services of that area if that ambulance service is not providing community paramedic services. Emergency medical response agencies (EMRAs) can provide community paramedic services in a ground ambulance service's service area. If the ground ambulance service is already providing those services, then the EMRA and ground ambulance service can enter into a MOU for the coordination of services. If the ground ambulance service provides those services after the EMRA begins to provide them, then the ground ambulance service and EMRA must enter into a MOU for the coordination of services. A community paramedic program must notify the appropriate local ambulance service when providing services within the service area of an ambulance service.

The DHSS must establish regulations for the purpose of recognizing community paramedic services entities that have met the standards necessary to provide such services. The DHSS will endorse such entities to provide community paramedic services for a period of five years.

DOULA SERVICES (Sections 191.708, 208.662, and 208.1400-1425)

This bill allows for the chief medical officer or chief medical director of DHSS, the MO HealthNet division of the Department of Social Services, or any licensed physician acting with the written consent of any of the aforementioned department directors, to issue nonspecific recommendations for doula services, a medical standing order for prenatal vitamins, or a medical standing order for purposes not related to that of controlled substances or of nonemergency pregnancy termination. Additionally, the bill requires MO HealthNet coverage of doula services and childbirth education classes for pregnant women and a support person. The bill adds childbirth education classes to covered services for unborn children enrolled in the Show-Me Healthy Babies program. The bill also establishes the "Missouri Doula Reimbursement Act". Under the provisions of this bill, the MO HealthNet program is required to cover the following doula services: (1) A combined total of six support sessions, provided that a participant who needs more than the six is entitled to up to ten additional support sessions for a combined total of 16 support sessions; (2) One birth attendance, including attendance at a scheduled cesarean section; (3) Up to two visits for general education and support on lactation at any time during the prenatal and postpartum periods; and (4) Community navigation services, except that those services provided outside any of the above visits or sessions will only be billed up to 10 times total over the course of the pregnancy and postpartum period. The bill specifies under what conditions a doula is eligible for participation as a provider of doula services and that once enrolled as a provider, a doula is eligible to enroll as a provider with fee-for-service, and

managed care payers affiliated with MO HealthNet program, but that services must be reimbursed on a fee-for-service schedule. The MO HealthNet division must promulgate all necessary rules and regulations for the administration of this provision.

TELEHEALTH (Sections 191.1146 and 334.108)

Currently, the establishment of a physician-patient relationship for purposes of telehealth must include an interview and a physical examination. Under this bill, an evaluation is required, but a physical examination will be required only if needed to meet the standard of care. Current law prohibits the use of an internet or telephone questionnaire completed by a patient from constituting an acceptable medical interview for the provision of treatment by telehealth. This bill permits such questionnaires if the information provided is sufficient as though the medical evaluation was performed in person, with a report to be provided to the patient's primary health care provider within 14 days of evaluation, as described in the bill. Additionally, current law requires a physician-patient relationship for purposes of telehealth to include a sufficient dialogue with the patient regarding treatment. This bill changes "dialogue" to "exchange" with the patient regarding treatment options. Finally, current law prohibits a health care provider from prescribing any drug, controlled substance, or other treatment to a patient based solely on an internet request or questionnaire. Under this bill, a health care provider must not prescribe any drug, controlled substance, or other treatment to a patient in the absence of a proper provider-patient relationship and medical records of such prescriptions must be collected, stored, and maintained in accordance with the Health Insurance Portability and Accountability Act of 1996.

DEPARTMENT OF HEALTH AND SENIOR SERVICES CONTRACTS FOR PUBLIC HEALTH (Section 192.021)

This bill authorizes DHSS to contract with an affiliate of a national public health associations or public health institutes in order to assist in carrying out its duties to promote the health and wellbeing of Missouri residents. Such contracts can include efforts to assist in the delivery of health services throughout the State and the administration of grant funds and related programs. The DHSS and the designated affiliate must provide a report to the General Assembly as specified in the bill.

LIMITS ON SALE OF OVER-THE-COUNTER DRUGS (Sections 195.417 and 579.060)

Current law prohibits the sale, purchase, or dispensation of ephedrine, phenylpropanolamine, or pseudoephedrine to the same individual in a 12 month period in any total amount greater than 43.2 grams without a valid prescription. This bill changes the total amount to 61.2 grams. Beginning October 1, 2026, any manufacturer of any drug product containing any detectable amount of ephedrine, phenylpropanolamine, or pseudoephedrine sold in this state must, on a monthly basis, pay fees to the administrator of the real-time electronic pseudoephedrine tracking system, as specified in the bill. A manufacturer who fails to knowingly pay such fee will have committed the offense of unlawful sale, distribution, or purchase of over-the-counter methamphetamine precursor drugs, which is a Class A misdemeanor.

HOSPITAL WORKPLACE VIOLENCE (Section 197.708)

This bill requires hospitals to display a printed sign in the waiting rooms of the emergency department and the labor and delivery department with the following text in all capital letters: "WARNING: ASSAULTING A HEALTH CARE PROFESSIONAL WHO IS ENGAGED IN THE PERFORMANCE OF HIS OR HER OFFICIAL DUTIES, INCLUDING STRIKING A HEALTH CARE PROFESSIONAL WITH ANY BODILY FLUID, IS A SERIOUS CRIME AND WILL BE PROSECUTED TO THE FULLEST EXTENT OF THE LAW."

INSPECTIONS OF LONG-TERM CARE FACILITIES (Section 198.022)

Under this bill, DHSS can accept, in lieu of an inspection conducted by DHSS, a written report of a survey or inspection conducted by any State or Federal agency, provided the survey or inspection is comparable in scope or method to DHSS's inspections and conducted in accordance with Title XVIII of the Social Security Act. A residential care or assisted living facility will be subject to an inspection by DHSS if the facility fails to maintain an accredited status by a recognized accreditation entity. Finally, if a facility exempt from an annual inspection under this bill has one or more violations of any class I standards, then the facility must be subject to a full inspection by DHSS.

MO HEALTHNET COVERAGE OF CERTAIN CLINICAL PATHOLOGY SERVICES (Section 208.149)

This bill requires MO HealthNet to pay the fee for the portion of clinical pathology services for professional services provided by a hospital-based pathologist for clinical pathology services provided to patients covered by the MO HealthNet program. The reimbursement rate is set at no less than 30% of the approved MO HealthNet Independent Lab - Technical Component fee schedule. The payment will be made directly to the physician or to the entity that physician has assigned the right to receive payment for the services provided. The Department of Social Services is responsible for creating necessary rules and regulations for the provisions of this bill.

ELIJAH'S LAW (Section 210.225)

The bill also establishes "Elijah's Law" and requires licensed child care providers to adopt a policy on allergy prevention and response, with priority given to addressing deadly foodborne allergies. The policy must contain elements specified in the bill and be adopted before July 1, 2028. The adoption of this policy is required for licensure. The Department of Elementary and Secondary Education must develop a model policy or policies on allergy prevention and response before July 1, 2027.

LICENSE PLATES AND PLACARDS FOR PERSONS WITH DISABILITIES (Section 301.142)

This bill adds occupational therapists to the list of licensed professionals who can issue a statement so that disabled plates or a disabled windshield placard can be obtained by a patient.

LICENSURE RECIPROCITY (Section 324.009)

This bill specifies that a health care provider who has received his or her license to practice in Missouri via the state's licensure reciprocity law may provide telehealth services.

PRACTICE OF DENTISTRY IN CORRECTIONAL CENTERS (Section 332.081)

Current law provides that no corporation will practice dentistry unless that corporation is a nonprofit corporation or a professional corporation under Missouri law. This bill provides that such provision will not apply to entities contracted with the State to provide care in correctional centers.

ADMINISTRATION OF MEDICATIONS (Section 335.081)

This bill provides that the administration by technicians, nurses' aides, or their equivalent in long-term care facilities of epinephrine delivery systems and subcutaneous injectable medications to treat diabetes shall not be prohibited by nurse licensing laws.

ADMINISTRATION OF CERTAIN VACCINES (Section 338.010)

This bill provides that the practice of pharmacy will include the ordering and administering of vaccines, except for the vaccine for chikungunya and those vaccines approved by the U.S. Food and Drug Administration after January 1, 2026, instead of those after January 1, 2023.

LICENSURE OF WHOLESALE DRUG DISTRIBUTORS (Section 338.333)

Under this bill, the Board of Pharmacy can permit an out-of-state wholesale drug distributor or third-party logistics provider to be licensed in this state despite not having a license issued by the distributor's or provider's resident state if the distributor or provider has a current and valid drug distributor accreditation from the National Association of Boards of Pharmacy.

RX CARES FOR MISSOURI PROGRAM (Section 338.710) This bill removes the expiration date of August 28, 2026, from the RX Cares for Missouri Program.

SPEECH-LANGUAGE PATHOLOGISTS (Section 345.050)

Currently, a requirement for licensure for speech-language pathologists and audiologists is submitting evidence of completion of a clinical fellowship from supervisors. The period of employment must be under the direct supervision of a person who is licensed by the State of Missouri in the profession in which the applicant seeks to be licensed. This bill changes the period of employment to be under the direct supervision of a speech-language pathologist in good standing.

340B DRUGS (Section 376.417)

Under this bill, a health carrier, a pharmacy benefits manager, or an agent or affiliate of such, will not discriminate against a "covered entity", as defined in the bill, including by reimbursing the covered entity for a quantity of a 340B drug in an amount less than it would pay similarly situated non-covered entities for such drugs, imposing different terms and conditions as compared to similarly situated entities, refusing to cover 340B drugs or discriminating in reimbursement for 340B drugs, and other situations described under this bill. The Director of the Department of Commerce and Insurance must impose a civil penalty on any health carrier, pharmacy benefits manager, or agent or affiliate of such, that violates this provision, not to exceed \$5,000 per violation, per day.

MULTIPLE EMPLOYER SELF-INSURED HEALTH PLANS (Sections 376.1000, 376.1012, and 376.1017)

This bill changes the definition of "multiple employer self-insured health plans" to include plans established for the purpose of offering benefits to two or more self-employed individuals, each with at least one common-law employee, and their dependents. Current law requires funds collected from participating employers under multiple employer self-insured health plans to be held in trust subject to certain requirements, including filing an annual report with the director of the Department of Commerce and Insurance showing the condition and affairs of the plan. This bill modifies that requirement by adding the report must be in compliance with Section 375.041, RSMo and also requires that the plan file an RBC report with the director. Additionally, current law requires health plans to establish loss reserves for incurred losses and unearned premiums, as well as surplus accounts equal to certain amounts. This bill requires the surplus accounts to be equal to the greater of the following: (1) \$600,000; or (2) An amount equal to two times the authorized control level risk-based capital.

INSURANCE COVERAGE OF ANESTHESIA SERVICES (Section 376.1245)

The bill prohibits health carriers or health benefit plans from establishing or implementing any policy or practice that imposes a time limit for the payment of anesthesia services provided during a medical or surgical procedure. Moreover, health carriers or health benefit plans are prohibited from establishing or implementing any policy or practice that restricts or excludes all anesthesia time in calculating the payment of anesthesia services. Excepted benefit plans will be subject to the requirements of this bill.

INSURANCE COVERAGE OF ALTERNATIVES TO OPIOID DRUGS (Section 376.1280)

This bill requires that when a licensed health care professional acting within the scope of his or her license prescribes a nonopioid medication for the treatment of acute or chronic pain to an enrollee, it will be unlawful for a health benefit plan to: (1) Deny coverage of the nonopioid prescription drug in favor of an opioid prescription drug; (2) Require the enrollee to try an opioid prescription drug before providing coverage of the nonopioid prescription drug; or (3) Require a higher level of cost-sharing for the nonopioid prescription drug than for an opioid prescription drug. This will apply to health benefit plans delivered, issued for delivery, continued, or renewed on or after January 1, 2027.

DETENTION FOR EVALUATION AND TREATMENT FOR MENTAL HEALTH (Section 632.305)

Currently, an application for detention and evaluation for treatment at a mental health facility may be executed by any adult person, who is not required to be an attorney or represented by an attorney, without a notarization requirement. This bill repeals the provision that notarization is not required and specifies that no notarization will be required for any application, or for any affidavits, declarations, or other supporting documents, that were completed or executed by certain peace officers, licensed physicians, mental health professionals, registered professional nurses, or employees acting on behalf of a hospital, as specified in the bill.

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 Economic Development
Department of Elementary and Secondary Education
Department of Health and Senior Services
Department of Higher Education and Workforce Development
Department of Labor and Industrial Relations
Department of Mental Health
Department of Natural Resources
Department of Public Safety -
 Office of the Director
 Capitol Police
 Division of Fire Safety
 Gaming Commission
 Missouri Highway Patrol
 Missouri Veterans Commission
 State Emergency Management Agency
Department of Revenue
Department of Social Services
Joint Committee on Administrative Rules
Missouri Consolidated Health Care Plan
Missouri Department of Agriculture
Missouri Department of Conservation
Missouri Department of Transportation
Missouri National Guard
Office of Administration - Administrative Hearing Commission
Office of the Governor
Office of the Secretary of State
Office of the State Auditor
Office of the State Courts Administrator
Office of the State Public Defender
Office of the State Treasurer
Oversight Division
State Tax Commission
City of Kansas City
City of O'Fallon
Platte County Board of Elections
St. Louis City Board of Elections

L.R. No. 5868H.03C
Bill No. HCS for HB 2372
Page **30** of **30**
February 26, 2026

St. Louis County Board of Elections
Newton County Health Department
Phelps County Sheriff's Department
Branson Police Department
Kansas City Police Department
St. Louis County Police Department
Eastern Clay Ambulance District
Northwest Missouri State University
University of Central Missouri



Julie Morff
Director
February 26, 2026



Jessica Harris
Assistant Director
February 26, 2026