

COMMITTEE ON LEGISLATIVE RESEARCH  
OVERSIGHT DIVISION

**FISCAL NOTE**

L.R. No.: 5868H.03P  
 Bill No.: Perfected HCS for HB 2372  
 Subject: Health Care; Emergencies; Ambulances and Ambulance Districts; Hospitals; Drugs and Controlled Substances  
 Type: Original  
 Date: March 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 \$1,256,622)	(Unknown, more or less than \$4,711,148)	(Unknown, more or less than \$4,924,961)
<b>Total Estimated Net Effect on General Revenue</b>	<b>(Unknown, could exceed \$1,256,622)</b>	<b>(Unknown, more or less than \$4,711,148)</b>	<b>(Unknown, more or less than \$4,924,961)</b>

**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
Merchandising Practices Revolving (1631)*	\$0 or Unknown	\$0 or Unknown	\$0 or Unknown
Other State Funds	(Unknown, Less than \$75,000)	(Unknown, Less than \$75,000)	(Unknown, Less than \$75,000)
<b>Total Estimated Net Effect on <u>Other</u> State Funds</b>	<b>(Unknown, more or less than \$550,000)</b>	<b>(Unknown, more or less than \$550,000)</b>	<b>(Unknown, more or less than \$550,000)</b>

\*Potential unknown violation/fines collected by the AGO assumed to be less than \$250,000 annually.

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)
<b>Total Estimated Net Effect on <u>All</u> Federal Funds</b>	<b>(Unknown, less than \$105,000)</b>	<b>(Unknown, less than \$105,000)</b>	<b>(Unknown, less than \$105,000)</b>

**ESTIMATED NET EFFECT ON FULL TIME EQUIVALENT (FTE)**

FUND AFFECTED	FY 2027	FY 2028	FY 2029
General Revenue	6 FTE	6 FTE	6 FTE
<b>Total Estimated Net Effect on FTE</b>	<b>6 FTE</b>	<b>6 FTE</b>	<b>6 FTE</b>

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

**ESTIMATED NET EFFECT ON LOCAL FUNDS**

FUND AFFECTED	FY 2027	FY 2028	FY 2029
<b>Local Government</b>	<b>\$0 to (Unknown)</b>	<b>\$0 to (Unknown)</b>	<b>\$0 to (Unknown)</b>

## FISCAL ANALYSIS

### ASSUMPTION

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

**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.

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

In response to a previous version, officials from the **Department of Social Services (DSS), Division of Youth Services (DYS)** stated 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

In response to a previous version, officials from the **DHSS** stated 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 hours ÷ 2,080 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

In response to a previous version, officials from the **Department of Social Services (DSS), MO HealthNet Division (MHD)** stated 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

In response to a previous version, officials from the **DHSS** stated 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

In response to a previous version, officials from the **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. 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

In response to a previous version, officials from the **DHSS** stated 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

In response to a previous version, officials from the **DHSS** stated 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

In response to a previous version, officials from the **DSS-MHD** stated 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.

Officials from the **Department of Mental Health (DMH)** state the anticipated fiscal impact to DMH for Comprehensive Psychiatric Rehab (CPR), Comprehensive Substance Treatment and Rehabilitation (CSTAR), Certified Community Behavioral Health Clinics (CCBHO) and Developmental Disabilities (DD) waiver services are included in the DSS estimate.

**Oversight** notes DMH's deferral to DSS for a statement of fiscal impact; for fiscal note purposes, Oversight assumes no fiscal impact for DMH.

#### §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

In response to a previous version, officials from the **Department of Commerce and Insurance (DCI)** assumed 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

In response to a previous version, officials from the **DCI** stated 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

In response to a previous version, officials from the **Missouri Consolidated Health Care Plan (MCHCP)** stated 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)**

In response to a previous version, officials from the **DCI** stated 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.

In response to a previous version, officials from the **Department of Social Services (DSS)** stated 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

In response to a previous version, officials from the **DCI** stated 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)** stated 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.

In response to a previous version, officials from the **DHSS** stated 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.

In response to a previous version, officials from the **DCI** stated 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 Underlying Proposed Legislation as a Whole

In response to a previous version, officials from the **City of Kansas City** stated 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.

In response to a previous version, officials from the **Office of State Courts Administrator (OSCA)** stated 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.

**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 a previous version, officials from the **Department of Higher Education and Workforce Development, Department of Labor and Industrial Relations, Department of Mental Health, Department of Public Safety (Capitol Police, Division of Fire Safety, 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, Platte County Board of Elections, Newton County Health Department, Eastern Clay Ambulance District, Northwest Missouri State University and University of Central Missouri** each assumed the proposal would have no fiscal impact on their respective organizations. **Oversight** does not have any information to the contrary. Therefore, Oversight will reflect a zero impact in the fiscal note for these agencies.

In response to a previous version, 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.

#### House Amendment 1

##### §190.098 - Community Paramedic Services

**Oversight** notes the change to this section appears to restore language that the underlying bill removed. Therefore, Oversight assumes no fiscal impact for this change.

##### §195.417 - Limits on Selling or Purchasing Certain Drugs

**Oversight** notes the change to this section appears to add clarifying language. Therefore, Oversight assumes no fiscal impact for this change.

##### §407.3007 - Provisions Relating to Artificial Intelligence in Mental Health

In response to similar legislation, SB 1444 (2026), 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.

Oversight notes the provisions of §407.3007.4 provide that if the AGO finds a violation of the provisions of this proposal have occurred, the AGO shall commence a civil action with civil penalties of \$10,000 for the first violation and \$20,000 for any subsequent violation. Oversight notes civil penalties for merchandising practices violations (Chapter 407) are deposited in the Merchandising Practices Revolving Fund (1631). Oversight will reflect a \$0 or Unknown

positive fiscal impact to the Merchandising Practices Revolving Fund. It is assumed additional collections resulting from these changes will be less than \$250,000 annually.

In response to similar legislation, SB 1444 (2026), officials from the **Office of Administration - Administrative Hearing Commission, Department of Commerce and Insurance, Department of Higher Education and Workforce Development, Department of Mental Health, Department of Labor and Industrial Relations, Department of Public Safety, (Division of Alcohol and Tobacco Control, Capitol Police, Fire Safety, Missouri Gaming Commission, Missouri Highway Patrol, Missouri Veterans Commission, and State Emergency Management Agency), Department of Social Services, Missouri Department of Agriculture, Missouri Department of Conservation, Missouri Ethics Commission, Missouri Department of Transportation, MoDOT & Patrol Employees' Retirement System, Office of Administration, Office of the State Courts Administrator, Petroleum Storage Tank Insurance Fund, Office of the State Public Defender, City of Kansas City, Platte County Election Board, St. Louis County Election Board, Newton County Health Department, St. Louis City Assessor, Eastern Clay Ambulance District, Sheriff's Retirement System, Metropolitan St. Louis Sewer District, South River Drainage District, Wayne County Public Water Supply District #2, Northwest Missouri State University, University of Central Missouri, Office of the Lieutenant Governor, Office of the State Auditor, Missouri House of Representatives, Joint Committee on Administrative Rules, Legislative Research, Missouri Senate, Missouri Consolidated Health Care Plan and Missouri State Employee's Retirement System** each assumed the proposal would have no fiscal impact on their respective organizations. **Oversight** does not have any information to the contrary. Therefore, Oversight will reflect a zero impact in the fiscal note for these agencies.

In response to similar legislation, SB 1444 (2026), officials from the **Department of Health and Senior Services, Missouri National Guard, Office of the Secretary of State, City of O'Fallon, Jackson County Election Board, Kansas City Civilian Police Employees' Retirement, Kansas City Police Retirement System, Metro St. Louis District Employees Pension Plan and Joint Committee on Public Employee Retirement** each assumed the proposal would have no fiscal impact on their organizations. **Oversight** has no information to the contrary. Therefore, Oversight will reflect a zero impact in the fiscal note for these agencies.

House Amendment 2 (§§191.455, 191.457, 191.459, 191.461, 191.463, 191.465 and 191.467) - Hope for Missouri Patients Act

In response to similar legislation, HB 2643 (2026), officials from the **Department of Commerce and Insurance, Department of Health and Senior Services, Department of Social Services, Missouri Department of Conservation, Missouri Department of Transportation and Missouri Consolidated Health Care Plan** each assumed the proposal would have no fiscal impact on their respective organizations.

Officials from the **Department of Public Safety - Missouri Highway Patrol** deferred to the **Missouri Department of Transportation** for the potential fiscal impact of this proposal.

**Oversight** notes that the above-mentioned agencies have stated the proposal would not have a direct fiscal impact on their organization. Oversight does not have any information to the contrary. Therefore, Oversight will reflect a zero impact on the fiscal note for this amendment.

House Amendment 3 (§190.098) - Community Paramedic Services

This amendment removes §190.098.4(2) and §190.098.4(3). Section 190.098.4(2) permits community paramedic services to honor their executed formal contracts.

Section 190.098.4(3) requires certain ambulance and paramedic services to coordinate with the local ambulance service.

**Oversight** assumes removal of these provisions will not change the fiscal impact for §190.098.

House Amendment 4 (§§190.050, 190.051, 190.070, 190.089 and 190.090) - Elections, Consolidations and Annexations for Ambulance Districts

In response to similar legislation, HB 2600 (2026), officials from the **Office of the Secretary of State** and **Jackson County Election Board** each assumed the proposal would have no fiscal impact on their respective organizations. **Oversight** does not have any information to the contrary. Therefore, Oversight will reflect a zero impact in the fiscal note for these agencies.

In response to similar legislation, SB 975 (2026), officials from the **Eastern Clay Ambulance District** assumed the proposal will have a fiscal impact but did not provide any additional information.

**Oversight** assumes this proposal is codifying in statute how the election for ambulance district directors and ambulance district consolidations and annexations shall be established within the state. Oversight assumes this proposal relates to procedural changes within statute and will have no fiscal impact.

In response to similar legislation, Perfected HCS for HB 2600 (2026), officials from the **Department of Health and Senior Services, Platte County Board of Elections** and **City of Kansas City** 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.

House Amendment 5 (§192.020) - Noncommunicable Disease Surveillance

In response to similar legislation, HCS for HB 1855 (2026), officials from the **Department of Health and Senior Services (DHSS)** stated section 192.020.2 of the proposed legislation requires the DHSS to include alpha-gal syndrome as reportable condition.

Section 192.020.3 (1) and Section 192.020.3 (2) of the proposed legislation requires all laboratories to report all positive tests for alpha-gal syndrome that meet the specified testing result threshold as a case to Missouri Department of Health & Senior Services within seven days using an electronic laboratory reporting system developed by the Missouri Department of Health & Senior Services.

The data currently available indicate Missouri is among the states with the highest prevalence of alpha-gal syndrome. It is estimated the number of positive laboratory results for Missouri residents will be 5,000 or more positive results per year. The expected number of reports received is an estimate based on aggregate laboratory data from 2022, national publications on the topic, experiences from another states, and current data for other tick-borne communicable diseases in Missouri. The Missouri Department of Health & Senior Services, Office of Epidemiology and Bureau of Data Modernization and Interoperability (DMI) would be required to expand the current reportable disease surveillance system platform to allow for the electronic reporting, receipt, management, and storage of positive laboratory results from the commercial laboratories. The estimated costs for these bureaus include 1.00 FTE Senior Research/Data Analyst - \$86,434 annual salary. The Office of Epidemiology will require a new 1.0 FTE Public Health Program Associate - \$61,098 annual salary to track and stage disease reports submitted by laboratories in reportable disease surveillance system.

Section 192.020.3 (3) of the proposed legislation states that subject to appropriations, DHSS may follow up on reported cases (positive laboratory results) of alpha-gal syndrome by applying an appropriate random sampling method for confirmation that cases meet the current Centers for Disease Control and Prevention surveillance case definition for alpha-gal syndrome. Reporting under this subdivision shall commence no later than six months after the effective date of this section.

Section 192.020.3 (4) of the proposed legislation requires DHSS to submit an annual report to the Centers for Disease Control and Prevention summarizing its findings related to the reporting and incidence of alpha-gal syndrome. The Department believes it can absorb the cost of the annual report as outlined in the bill.

**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, HCS for HB 1855 (2026), officials from the **Newton County Health Department** 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.

House Amendment 6

§195.1000 - Over-the-Counter Medications

In response to similar legislation, HB 2293 (2026), officials from the **Department of Commerce and Insurance, Department of Health and Senior Services, Department of Public Safety - Missouri Highway Patrol, Department of Social Services, Missouri Department of Conservation, Missouri Department of Transportation and Missouri Consolidated Health Care Plan** 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.

§208.270 - "Food Is Medicine Act"

In response to similar legislation, HCS for HB 2355 (2026), officials from the **Department of Social Services (DSS), MO HealthNet Division (MHD)** stated this legislation amends Chapter 208 by adding one new section relating to a MO HealthNet waiver for nutrition services. This legislation creates section 208.270 known as the "Food is Medicine Act". The Department of Social Services shall apply to the Centers for Medicare and Medicaid Services of the federal Department of Health and Human Services for a Section 1115 demonstration waiver to implement the "Food is Medicine" program for the purpose of providing nutrition supports through the MO HealthNet program.

Food is medicine (FIM) intervention can produce cost-savings in treatment, management, and/or prevention of diet-related chronic conditions and diseases by reducing the need for more intensive healthcare services. Evidence shows that medically tailored meals (MTMs) can lead to a 70% decrease in ED visits; a 52% decrease in inpatient hospital admissions; a 72% decrease in skilled nursing stays; and a 16% decrease in healthcare costs (Center for Health Law and Policy Innovation Harvard Law School. Food as Medicine Coalition, 2024).

Produce prescription programs (PPRs) are intended for individuals with specific nutritional needs and/or food access challenges. PPRs provide the opportunity for individuals with a prescription from their health care provider to purchase fresh, frozen, or canned produce that has no added salt, sugar, or fat using vouchers or restricted debit cards (U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion, 2024). Some access points for PPRs are grocery stores, grocery delivery services, farmers' markets, on-site at health care centers, food banks, food pantries, etc.

The idea of FIM interventions is intended to be used on a spectrum and not necessarily concurrently. MTMs are the highest and most specific intervention, which in turn makes them the costliest, but they are usually intended for individuals with severe chronic diseases or terminal illnesses that have limited ability to cook or grocery shop for themselves and may lack the resources to purchase food needed. These types of meals are usually ready-to-eat meals and

snacks made with fresh food items and provide complete or nearly complete nutrition needs. These meals also require a dietician to develop the meal plan.

This bill requires MHD to submit a waiver to utilize FIM in order to provide nutritional supports. The bill is not specific to the exact population that this service would cover. MHD assumes that initially the waiver would focus on the population that would benefit most from this intervention. 1115 waivers also require budget neutrality so it will be important to monitor the medical utilization of the population to analyze the savings. There are currently similar services provided by the Managed Care Organizations within Missouri Medicaid. MHD would likely propose initiating the waiver in the Fee For Service population based on qualifying criteria that would be developed through a clinical review. A portion of the Fee For Service population also receives Healthy SNAP benefits, so it will be important to understand the interactions and limit the duplication of services in order to properly analyze the overall benefits of FIM.

For the purposes of this fiscal impact, MHD assumes the waiver would be limited to a population of 4,182 however, the benefits could extend to as many as an estimated 356,000 participants depending how the program is designed.

MHD found the average cost of a MTM to be \$9.30 per meal and the average cost of the produce prescription program offered vouchers for \$42 per month.

An initial office visit to obtain nutrition counseling and a prescription for the program at an average cost of \$106.63, would be required for each participant.

As mentioned above, implementation of FIM can result in potential savings. In general, the potential savings would likely occur over a lifetime, based on the available research and is not included in the initial three years of this fiscal impact.

Federal approval of the waiver would be required, for the purpose of this impact, MHD assumes an implementation of the waiver in July 2027.

MHD assumes a consultant will be required in FY27 to develop the clinical criteria and 1115 waiver submission at a one-time cost of \$20,000. MHD also includes a one-time cost of \$500,000 in FY27 to secure a vendor to help coordinate the inclusion of community-based organizations and recruit the community grocer's network to support the purchase of locally grown food. This cost is calculated at a 50/50 match.

Additionally, one FTE (Special Assistant Professional) would be needed to set up and implement the program. This cost would be 100% GR.

MHD estimates a program participation of 4,182 individuals. Each participant would receive an annual produce prescription valued at \$504 (\$42 per month for 12 months), MTMs at an annual rate of \$2,976 (\$9.30 per meal, 10 meals per week for 32 weeks per year) and require an initial office visit costing \$106.63. The total projected cost is calculated as follows:  $4,182 * (\$504 + \$2,976 + \$106.63) = \$14,999,287$ .

The estimated fiscal impact to implement this legislation is shown below and is dependent on the range of population served, type of services provided and any potential savings occurring within that timeframe.

FY27 Total: \$673,110 (GR: \$336,555; FED: \$336,555)

FY28 Total: \$15,178,86 - unknown (GR: \$3,202,403 - unknown; FED: \$11,976,422 - unknown)

FY29 Total: \$16,195,333- unknown (GR: \$3,408,706 - unknown; FED: \$12,786,627 - unknown)

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

In response to similar legislation, HCS for HB 2355 (2026), officials from the **Missouri Department of Agriculture** assumed the proposal will have no fiscal impact on their organization. **Oversight** does not have any information to the contrary. Therefore, Oversight will reflect a zero impact in the fiscal note for this agency.

#### §338.208 - Over-the-Counter Purchase of Ivermectin and Hydroxychloroquine Tablets

In response to similar legislation, SB 1086 (2026), officials from the **Department of Commerce and Insurance, Department of Health and Senior Services, Department of Public Safety - Missouri Highway Patrol, Department of Social Services, Missouri Consolidated Health Care Plan, Missouri Department of Conservation and Missouri Department of Transportation** each assumed the proposal would have no fiscal impact on their respective organizations.

**Oversight** notes that the above-mentioned agencies have stated the proposal would not have a direct fiscal impact on their organizations. Oversight does not have any information to the contrary. Therefore, Oversight will reflect a zero impact on the fiscal note.

#### House Amendment 7 (§208.149) - MO HealthNet Coverage of Clinical Pathology Services

**Oversight** notes the provisions of this section are already included in the underlying bill. Therefore, Oversight assumes this section of the amendment will not change the fiscal impact of this section in the underlying bill.

#### §376.1245 – Insurance Coverage of Anesthesia Services

**Oversight** notes the provisions of this section are already included in the underlying bill. Therefore, Oversight assumes this section of the amendment will not change the fiscal impact of this section in the underlying bill.

House Amendment 8 (§9.025) - Blood Donor Awareness Month

In response to similar legislation, HB 2963 (2026), officials from the **Office of Administration** and **Department of Health and Senior Services** assumed the proposal would have no fiscal impact on their respective organizations.

**Oversight** notes that the above-mentioned agencies have stated the proposal would not have a direct fiscal impact on their organization. Oversight does not have any information to the contrary. Therefore, Oversight will reflect a zero impact on the fiscal note.

House Amendment 10 (§§338.010, 338.012, 338.206, 338.208 and 338.312) - Modifies the Duties of a Pharmacist

In response to similar legislation, Perfected SS for SCS for SB 878 (2026), officials from the **Department of Commerce and Insurance, Department of Health and Senior Services, Department of Social Services, Missouri Department of Transportation, Missouri Department of Conservation, Missouri Consolidated Health Care Plan, Department of Public Safety - Missouri Highway Patrol** 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.

Responses Regarding the Proposed Legislation as a Whole as Amended

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.

**Department of Economic Development, Department of Elementary and Secondary Education, Department of Natural Resources, Department of Public Safety, (Office of the Director), Office of the State Treasurer, St. Louis City Board of Elections, St. Louis County Election Board, Phelps County Sheriff's Department, Branson Police Department, Kansas City Police Department, St. Louis County Police Department, County Employees Retirement Fund, Public Education Employees' Retirement System, Missouri Lottery and State Tax Commission** 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.

**Oversight** only reflects the responses that we have received from state agencies and political subdivisions; however, other cities, local election authorities, various county officials, local public health department, nursing homes, local law enforcement agencies, fire protection districts, ambulance & EMS, retirement, schools/charter schools, utilities, hospitals, colleges and universities, electric companies and coops, and public libraries 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
<b>GENERAL REVENUE</b>			
<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) Purchase</u> of epinephrine nasal spray devices p.3	(\$14,400)	\$0 to (\$14,400)	\$0 to (\$14,400)
<u>Cost – DHSS (§192.020) p.21-22</u>			
Personal service	(\$123,618)	(\$151,309)	(\$154,335)
Fringe benefits	(\$76,946)	(\$93,528)	(\$94,746)
Equipment and expense	(\$42,648)	(\$15,202)	(\$15,506)
<u>Total Costs - DHSS</u>	<u>(\$243,212)</u>	<u>(\$260,039)</u>	<u>(\$264,587)</u>
FTE Change - DHSS	4 FTE	4 FTE	4 FTE
<u>Cost – DSS/MHD (§208.149) Actuarial</u> analysis of MHN coverage of certain clinical pathology services p.8	(\$12,500)	\$0	\$0
<u>Cost – DSS/MHD (§208.270) p.22-24</u>			
Personal service	(\$89,205)	(\$108,116)	(\$109,197)

<u>FISCAL IMPACT – State Government</u>	FY 2027 (10 Mo.)	FY 2028	FY 2029
Fringe benefits	(\$49,491)	(\$59,820)	(\$60,255)
Equipment and expense	(\$14,414)	(\$11,602)	(\$11,893)
<u>Total Costs - DSS/MHD</u>	<u>(\$153,110)</u>	<u>(\$179,538)</u>	<u>(\$181,345)</u>
FTE Change - DSS/MHD	1 FTE	1 FTE	1 FTE
<u>Cost – DSS/MHD (§208.270) FIM program participation p. 22-24</u>	\$0	(Could exceed \$3,022,864)	(Could exceed \$3,227,361)
<u>Cost – DSS/MHD (§208.270) Grocer Network Vendor p. 22-24</u>	(\$250,000)	\$0	\$0
<u>Cost – DSS/MHD (§208.270) 1115 Waiver consultant p. 22-24</u>	(\$10,000)	\$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 &amp; 208.1400-208.1425) Study of impact of childbirth education classes p.6</u>	(\$22,500)	\$0	\$0
<u>Cost – DSS/MHD (§§208.662 &amp; 208.1400-208.1425) Increase in managed care capitation rates p.6</u>	(\$10,626)	(\$11,345)	(\$12,112)
<u>Cost – DCI (§338.710) Removal of Rx Cares for Missouri expiration p.10</u>	\$0	(Up to \$750,000)	(Up to \$750,000)
<u>Cost – MCHCP (§376.1245) Anesthesia cost p.11</u>	(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) Develop and maintain an online registry of doulas p.14</u>	(\$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
<b>ESTIMATED NET EFFECT ON GENERAL REVENUE</b>	<b>(Unknown, could exceed \$1,256,622)</b>	<b>(Unknown, More or less than \$4,711,148)</b>	<b>(Unknown, More or less than \$4,924,961)</b>
Estimated Net FTE Change on General Revenue	6 FTE	6 FTE	6 FTE
<b>FEDERAL FUNDS</b>			
<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 (§208.270) FIM program participation p.22-24</u>	\$0	\$11,976,422	\$12,786,627
<u>Revenue Gain – DSS/MHD (§208.270) Grocer network vendor p.22-24</u>	\$250,000	\$0	\$0
<u>Revenue Gain – DSS/MHD (§208.270) 1115 Waiver consultant p.22-24</u>	\$10,000	\$0	\$0
<u>Cost – DSS/MHD (§208.270) FIM program participation p.22-24</u>	\$0	(Could exceed \$11,976,422)	(Could exceed \$12,786,627)
<u>Cost – DSS/MHD (§208.270) Grocer Network Vendor p.22-24</u>	(\$250,000)	\$0	\$0
<u>Cost – DSS/MHD (§208.270) 1115 Waiver consultant p.22-24</u>	(\$10,000)	\$0	\$0

<u>FISCAL IMPACT – State Government</u>	FY 2027 (10 Mo.)	FY 2028	FY 2029
<u>Revenue Gain – DSS/MHD (§208.662)</u> Actuarial study to evaluate program change p.6	\$25,000	\$0	\$0
<u>Revenue Gain – DSS/MHD (§§208.662 &amp; 208.1400-208.1425)</u> Reimbursement for increase in managed care capitation rates p.6	\$19,374	\$20,685	\$22,084
<u>Revenue Gain – DSS/MHD (§§208.662 &amp; 208.1400-208.1425)</u> Reimbursement for study of impact of childbirth education classes p.6	\$22,500	\$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 &amp; 208.1400-208.1425)</u> Increase in managed care capitation rates p.6	(\$19,374)	(\$20,685)	(\$22,084)
<u>Cost – DSS/MHD (§§208.662 &amp; 208.1400-208.1425)</u> Study of impact of childbirth education classes p.6	(\$22,500)	\$0	\$0
<u>Cost – MCHCP (§376.1245)</u> Anesthesia cost p.11	(Unknown, less than <u>\$105,000</u> )	(Unknown, less than <u>\$105,000</u> )	(Unknown, less than <u>\$105,000</u> )
<b>ESTIMATED NET EFFECT ON FEDERAL FUNDS</b>	<b>(Unknown, less than <u>\$105,000</u>)</b>	<b>(Unknown, less than <u>\$105,000</u>)</b>	<b>(Unknown, less than <u>\$105,000</u>)</b>
<b>BOARD OF PHARMACY FUND (1637)</b>			
<u>Revenue Gain – DCI (§338.333)</u> License fee p.9	Unknown, less than <u>\$250,000</u>	Unknown, less than <u>\$250,000</u>	Unknown, less than <u>\$250,000</u>

<u>FISCAL IMPACT – State Government</u>	FY 2027 (10 Mo.)	FY 2028	FY 2029
<b>ESTIMATED NET EFFECT TO THE BOARD OF PHARMACY FUND</b>	<b><u>Unknown, less than \$250,000</u></b>	<b><u>Unknown, less than \$250,000</u></b>	<b><u>Unknown, less than \$250,000</u></b>
<b>STATE ROAD FUND (1320)</b>			
<u>Cost – MoDOT (\$376.417) Enrollee’s cost sharing p.11</u>	\$0 to (Unknown, could exceed \$250,000)	\$0 to (Unknown, could exceed \$250,000)	\$0 to (Unknown, could exceed \$250,000)
<u>Cost – MoDOT (\$376.1765) Enrollee’s cost sharing p.13</u>	<u>(\$300,000)</u>	<u>(\$300,000)</u>	<u>(\$300,000)</u>
<b>ESTIMATED NET EFFECT TO THE STATE ROAD FUND</b>	<b><u>(\$300,000, could exceed \$550,000)</u></b>	<b><u>(\$300,000, could exceed \$550,000)</u></b>	<b><u>(\$300,000, could exceed \$550,000)</u></b>
<b>MERCHANDISING PRACTICES REVOLVING FUND (1631)</b>			
<u>Revenue Gain – AGO (\$407.3007) Potential increase in collections for violations p.3</u>	<u>\$0 or Unknown</u>	<u>\$0 or Unknown</u>	<u>\$0 or Unknown</u>
<b>ESTIMATED NET EFFECT ON THE MERCHANDISING PRACTICES REVOLVING FUND</b>	<b><u>\$0 or Unknown</u></b>	<b><u>\$0 or Unknown</u></b>	<b><u>\$0 or Unknown</u></b>
<b>OTHER STATE FUNDS</b>			
<u>Cost – MCHCP (\$376.1245) Anesthesia cost p.11</u>	<u>(Unknown, less than \$75,000)</u>	<u>(Unknown, less than \$75,000)</u>	<u>(Unknown, less than \$75,000)</u>
<b>ESTIMATED NET EFFECT ON OTHER STATE FUNDS</b>	<b><u>(Unknown, less than \$75,000)</u></b>	<b><u>(Unknown, less than \$75,000)</u></b>	<b><u>(Unknown, less than \$75,000)</u></b>

<u>FISCAL IMPACT – Local Government</u>	FY 2027 (10 Mo.)	FY 2028	FY 2029
<b>LOCAL POLITICAL SUBDIVISIONS</b>			
<u>Cost – School Districts (§§167.627 &amp; 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)
<b>ESTIMATED NET EFFECT ON LOCAL POLITICAL SUBDIVISIONS</b>	<b>\$0 to (Unknown)</b>	<b>\$0 to (Unknown)</b>	<b>\$0 to (Unknown)</b>

\***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

This legislation modifies provisions relating to health care.

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 -  
    Alcohol and Tobacco Control  
    Capitol Police  
    Fire Safety  
    Office of the Director  
    Missouri 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  
    Budget and Planning  
Office of the Governor  
Missouri Department of Agriculture  
Missouri Department of Conservation  
Missouri Ethics Commission  
Missouri Department of Transportation  
Missouri National Guard  
MoDOT & Patrol Employees' Retirement System  
Office of Administration  
Office of the State Courts Administrator  
Petroleum Storage Tank Insurance Fund  
Office of the Secretary of State  
Office of the State Public Defender

Office of the State Treasurer  
City of Kansas City  
City of O'Fallon  
Jackson County Election Board  
Platte County Election Board  
St. Louis City Board of Elections  
St. Louis County Election Board  
Newton County Health Department  
St. Louis City Assessor  
Phelps County Sheriff's Department  
Branson Police Department  
Kansas City Police Department  
St. Louis County Police Department  
Eastern Clay Ambulance District  
County Employees Retirement Fund  
Kansas City Civilian Police Employees' Retirement  
Kansas City Police Retirement System  
Metro St. Louis Sewer District Employees Pension Plan  
Public Education Employees' Retirement System  
Sheriff's Retirement System  
Metropolitan St, Louis Sewer District  
South River Drainage District  
Wayne County Public Water Supply District #2  
Northwest Missouri State University  
University of Central Missouri  
Office of the Lieutenant Governor  
Office of the State Auditor  
Missouri House of Representatives  
Joint Committee on Administrative Rules  
Joint Committee on Public Employee Retirement  
Legislative Research  
Oversight Division  
Missouri Senate  
Missouri Lottery

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Missouri Consolidated Health Care Plan  
Missouri State Employee's Retirement System  
State Tax Commission



Julie Morff  
Director  
March 26, 2026



Jessica Harris  
Assistant Director  
March 26, 2026