

COMMITTEE ON LEGISLATIVE RESEARCH  
OVERSIGHT DIVISION

**FISCAL NOTE**

L.R. No.: 5868S.04C  
 Bill No.: SCS for HCS for HB 2372  
 Subject: Ambulances and Ambulance Districts; Children and Minors; Dentists; Disabilities;  
 Drugs and Controlled Substances; Elderly; Emergencies; Department of Health and  
 Senior Services; Health Care; Health Care Professionals; Hospitals; Insurance -  
 Health; Medicaid/MO HealthNet; Medical Procedures and Personnel; Nursing  
 Homes and Long-Term Care Facilities; Pharmacy; Department of Social Services  
 Type: Original  
 Date: April 30, 2026

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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 \$1,200,160)	(Unknown, More or less than \$4,720,664)	(Unknown, More or less than \$4,935,207)
<b>Total Estimated Net Effect on General Revenue</b>	<b>(Unknown, could exceed \$1,200,160)</b>	<b>(Unknown, More or less than \$4,720,664)</b>	<b>(Unknown, More or less than \$4,935,207)</b>

Numbers within parentheses: () indicate costs or losses.

**ESTIMATED NET EFFECT ON OTHER STATE FUNDS**

FUND AFFECTED	FY 2027	FY 2028	FY 2029
State Road Fund (1320)	\$0 to	\$0 to	\$0 to

FUND AFFECTED	FY 2027	FY 2028	FY 2029
	(Unknown, could exceed \$250,000)	(Unknown, could exceed \$250,000)	(Unknown, could exceed \$250,000)
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, Less than \$75,000)</b>	<b>(Unknown, Less than \$75,000)</b>	<b>(Unknown, Less than \$75,000)</b>

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

#### 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>

\* Additional costs and revenue to Federal funds are estimated at \$340,000 in FY27, \$12 million in FY28 and ongoing and net to zero.

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

FUND AFFECTED	FY 2027	FY 2028	FY 2029
General Revenue	4 FTE	4 FTE	4 FTE

FUND AFFECTED	FY 2027	FY 2028	FY 2029
<b>Total Estimated Net Effect on FTE</b>	<b>4 FTE</b>	<b>4 FTE</b>	<b>4 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

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 would 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.

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- as physician may prescribe epinephrine delivery systems 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.

§§190.050, 190.051, 190.070, 190.089 and 190.090 - Elections, Consolidations and Annexations for Ambulance Districts

Officials from the **Department of Health and Senior Services (DHSS)** state section 190.089 of the proposed legislation requires the DHSS to prioritize and expedite any activities needed to facilitate an ambulance district consolidation upon voter approval.

The DHSS, Division of Regulation and Licensure's Bureau of Emergency Medical Services (BEMS) is responsible for the licensure of ambulance districts as authorized by section 190, RSMo. The proposed legislation would require modifications to existing licensure processes to ensure compliance with the proposed section 190.089, including revisions to the corresponding regulations. In addition, the Bureau would be required to submit applicable licensure applications to the Office of Inspector General (OIG) for review to ensure completeness in accordance with statutory requirements. The Bureau may experience an increase in workload associated with processing ambulance district licensure applications, coordinating OIG reviews, and conducting initial licensure inspection and complaint investigations. Any additional work related to licensure, renewals, OIG coordination, or complaints resulting from the proposed legislation would be managed within the normal ebb and flow of the Bureau's existing work scope.

**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.

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, HB 2600 (2026), officials from the **Jackson County Election Board** 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.

#### §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) states “any ambulance service shall enter into a written contract with another ambulance service provider to provide community paramedic services in their ambulance service area, as that term is defined in section 190.100. The contract that is agreed upon may be for an indefinite period of time, as long as it includes at least a sixty-day cancellation notice by either ambulance service.”

Section 190.098.4(2) requires the Department of Health and Senior Services to 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 recordkeeping, formal relationships with primary care services where necessary, and quality improvement policies. The Department must 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.

Currently, Division of Regulation and Licensure’s (DRL) 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 10 community paramedic services endorsements issued. The Bureau will also be responsible for the establishment of rules and regulations related to the provisions in section 190.098.

**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 **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.

**Overall Impact:**

FY27 Total: \$150,000 (GR: \$70,626; Federal: \$79,374)

FY28 Total: \$32,030 (GR: \$11,345; Federal: \$20,685)

FY29 Total: \$34,196 (GR: \$12,112; Federal: \$22,084)

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

§192.020 - Noncommunicable Disease Surveillance

Officials from the **Department of Health and Senior Services (DHSS)** state section 192.020.2 of the proposed legislation requires Department of Health & Senior Services (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.

The Division of Regulation and Licensure's (DRL) Section for Health Standards and Licensure (HSL) is responsible for Missouri's Clinical Laboratory Improvement Amendment (CLIA) program, which oversees laboratory certification, inspection, and complaint investigations. HSL may experience minor additional work in terms of complaint investigations related to the reporting requirements imposed by Section 192.020.3.

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.

#### §192.2155 - Dementia Services Coordinator

Officials from the **DHSS** state section 192.2155 of the proposed legislation establishes a dementia services coordinator as a full-time position within the Department of Health and Senior Services, Division of Senior and Disability Services (DSDS). This position will be created in the Bureau of Senior Programs (BSP) and will be responsible for coordinating information resources

affecting Missourians living with dementia and their caregivers, streamlining state government services, identifying duplicate services, identifying grant opportunities, promoting awareness and education of dementia, and collect data concerning the impact of dementia in Missouri. In order to accomplish these duties, one full-time Senior Program Specialist (annual personnel services cost of \$73,788) would be necessary (100% GR).

Federal funds cannot be used for this position so general revenue funding to cover the salary and associated fringe. In addition, funding would be needed to purchase equipment for the position including a laptop, a phone, computer screens, and office supplies.

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

Officials from the **Department of Corrections (DOC)** state section 192.2155 establishes a dementia services coordinator within the Department of Health and Senior Services. This coordinator will monitor data concerning the impact of dementia in Missouri. It is unclear whether offender data would be included. If so, this will have an operational and potentially fiscal impact with gathering and providing any requested data. It is unknown how many additional FTE the department will need to fulfill these data requests; therefore, it is estimated to be an Unknown cost. In addition, the department could be required to release data that includes offender closed/confidential information. This could increase the number of litigations filed against the department; therefore, the department is unable to project a fiscal impact at this time.

**Oversight** notes the following from the DOC website (<https://doc.mo.gov/divisions/rehabilitative-services>):

*The Department of Corrections provides a full range of mental health services through a contracted provider. These services are audited by Division of Offender Rehabilitative Services' mental health contract monitoring staff to ensure that mental health care meets both current standards and contract requirements. All offenders are evaluated during the intake process at the reception and diagnostic centers. Mental health screening and testing are utilized to determine if treatment is needed. Screening also helps determine what assistance offenders will need while incarcerated. In addition to those screened with mental health needs, any offender may request mental health services at any time during incarceration.*

Because persons in DOC custody receive contracted services based on results from intake screenings, and may request services at any time, Oversight assumes that this population is not receiving duplicative services and are already receiving specialized care. Therefore, Oversight further assumes that data regarding offenders in DOC custody would not be included in the data collected by a dementia services coordinator within the DHSS there will be no cost to DOC for fiscal note purposes.

§§196.990 and 335.081 - Administration of Medications

Officials from the **DHSS** state section 335.081(2) permits technicians, nurses' aides, or their equivalent in long-term care facilities to administer epinephrine delivery devices and subcutaneous injectable medications to treat diabetes. This will require the Section for Long Term Care Regulation (SLCR) to promulgate rules related to medication administration certification to include subcutaneous injections related to diabetes and update the facility regulations to include the change.

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 the licensure and regulation of hospitals. The proposed legislation would require minor modifications to the hospital inspection protocol to ensure compliance with Section 197.708. In addition, HSL may experience minor additional work in terms of complaint investigations. Any complaints received by HSL as a result of the proposed legislation would be conducted within the normal ebb and flow of work scope.

**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 **Department of Corrections (DOC)** state section 198.022 is expanded, causing residential care or assisted-living facilities to be required to report any allegations of abuse or negligence uncovered in an inspection by an accreditation agency to the Missouri Department of Health and Senior Services in the same manner as provided under section 198.070. Failure to report abuse or negligence is a class A misdemeanor, but if the neglect/abuse results in death or serious injury, the penalty is a class E felony.

As misdemeanors fall outside the purview of DOC, there is no impact to DOC for the offense resulting in the class A misdemeanor. The offense resulting in a class E felony would be considered a new crime. As there is little direct data on which to base an estimate, the department estimates an impact comparable to the creation of a new class E felony.

For each new nonviolent class E felony, the department estimates one person could be sentenced to prison and two to probation. The average sentence for a nonviolent class E felony offense is 3.4 years, with 1.4 years served in prison prior to first release. Probation sentences will be 3 years.

The cumulative impact on the department is estimated to be 2 additional offenders in prison and 7 additional offenders on field supervision by FY 2029.

	# to prison	Cost per year	Total Costs for <b>prison</b>	Change in probation & parole officers	Total cost for probation and parole	# to probation & parole	Grand Total - Prison and Probation (includes 2% inflation)
Year 1	1	(\$11,123)	(\$9,269)	0	\$0	2	(\$9,269)
Year 2	2	(\$11,123)	(\$22,691)	0	\$0	4	(\$22,691)
Year 3	2	(\$11,123)	(\$23,145)	0	\$0	7	(\$23,145)
Year 4	2	(\$11,123)	(\$23,608)	0	\$0	7	(\$23,608)
Year 5	2	(\$11,123)	(\$24,080)	0	\$0	7	(\$24,080)
Year 6	2	(\$11,123)	(\$24,561)	0	\$0	7	(\$24,561)
Year 7	2	(\$11,123)	(\$25,053)	0	\$0	7	(\$25,053)
Year 8	2	(\$11,123)	(\$25,554)	0	\$0	7	(\$25,554)
Year 9	2	(\$11,123)	(\$26,065)	0	\$0	7	(\$26,065)
Year 10	2	(\$11,123)	(\$26,586)	0	\$0	7	(\$26,586)

The department will assume a marginal cost (multiplied by number of offenders) for any projected increase or decrease in the incarcerated population. Marginal cost is \$30.47 per day or an annual cost of \$11,123 per offender which includes costs such as medical, food, wages and operational E&E. The unknown amount is a result of the uncertainty in the growth of the

underlying offender population. The impact of any new legislation combined with the growth of the underlying population could result in the tiered approach below in order to meet the population demands.

1. Fully staffing the current capacity (27,368) which is habitable, but DOC does not have the staffing resources for all bed space.
2. Rehabilitating current space that is not currently habitable and obtaining staffing resources for that space (requires capital improvements).
3. Expanding new capacity by adding housing units or wings to existing prisons and obtaining staffing resources for that space (requires capital improvements).
4. Constructing a new prison and obtaining staffing resources. Based on current construction projects in other Midwest states, the department estimates the cost of constructing a new 1,500-bed maximum security prison at approximately \$825 million to \$900 million plus annual operating costs of approximately \$50 million (requires capital improvements).

The department's population projections indicate current physical capacity will be met by July 2029; however recent trends indicate that capacity could be met much sooner. Should new construction be the result of the increasing offender population, the full cost per day per offender would be used, which is \$106.96 or an annual cost of \$39,040. This includes all items in the marginal cost calculation plus fringe, personal service, utilities, etc.

DOC's cost of probation or parole is determined by the number of P&P Officer II positions that are needed to cover its caseload. The DOC average district caseload across the state is 51 offender cases per officer. An increase/decrease of 51 cases would result in a cost/cost avoidance equal to the salary, fringe, and equipment and expenses of one P&P Officer II. Increases/decreases smaller than 51 offender cases are assumed to be absorbable.

In instances where the proposed legislation would only affect a specific caseload, such as sex offenders, the DOC will use the average caseload figure for that specific type of offender to calculate cost increases/decreases.

\* If this impact statement has changed from statements submitted in previous years, it could be due to an increase/decrease in the number of offenders, a change in the cost per day for institutional offenders, and/or an increase in staff salaries.

**Oversight** does not have any information contrary to that provided by DOC. Therefore, Oversight will reflect DOC's impact for fiscal note purposes.

Officials from the **DHSS** state section 198.022.6 proposes to allow accreditation in lieu of any inspections required by 198.003 to 198.186 or sections 198.525 to 198.528 for residential care facilities and assisted living facilities. SLCR anticipates few facilities will choose to be accredited due to the costs of fees and surveys by the agencies. This change will require SLCR to

promulgate rules, establish policies and procedures for gathering and evaluating accreditation reports and posting online.

**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.

In response to a previous version, officials from the **Department of Mental Health (DMH)** stated 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.

#### §208.270 - "Food Is Medicine Act"

Officials from the **DSS/MHD** state 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 nutritional 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 on 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% GR; 50% Federal funds 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.

#### §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:

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 proposed substitute includes a provision that would prohibit health carriers and pharmacy benefit managers from engaging in activity, outlined in the statute, that 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.

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 the requirements regarding 340B drugs in this section would directly increase costs on the MoDOT-MSHP medical plan. This would be an unknown impact to the State Road Fund.

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.

#### §§376.1000, 376.1012 & 376.1017 - Multiple Employer Self-Insured Health Plans

Officials from the **DCI** state this proposed substitute amends existing law related to multiple employer self-insured health plans. It would extend eligibility for participating in such a plan to two or more self-employed individuals, each with at least one common-law employee, and their dependents. It requires such plans to file annual statements in compliance with section 375.041, as well as a risk-based capital report with the director. Finally, it also revises the required surplus account amount for multiple employer self-insured health plans to be either \$600,000 or an amount equal to two times the authorized control level risk-based capital.

Officials from the DCI assume the proposal will have no fiscal impact on their organization. **Oversight** does not have any information to the contrary. Therefore, Oversight will reflect a zero impact in the fiscal note for this agency for this section.

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

Officials from the **Missouri Consolidated Health Care Plan (MCHCP)** state 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 SCS for HCS for 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 proposed substitute 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. This requirement also applies to excepted benefit plans, while anesthesia services provided by dentists in a dental office are excluded. The language of this section of the proposed substitute specifies that these provisions also apply to the MO HealthNet Division and Medicaid Managed care organizations.

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 **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 proposed substitute 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 provision of the proposed substitute 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.

#### §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.

Officials from the **DCI** state the proposed substitute would enact a provision that prohibits persons or entities developing artificial intelligence (AI) from advertising or representing to the public that the AI is or is able to act as a mental health professional or is capable of providing mental health therapy or diagnosis services.

Officials from the **DCI** assume the proposal will have no fiscal impact on their organization. **Oversight** does not have any information to the contrary. Therefore, Oversight will reflect a zero impact in the fiscal note for this agency.

In response to similar legislation, SB 1444 (2026), officials from the **Office of Administration - Administrative Hearing Commission, Department of Public Safety - Capitol Police, Missouri Ethics Commission, Office of the State Courts Administrator, Office of the State Public Defender, St. Louis City Assessor, Office of the Lieutenant Governor, 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** each assumed the proposal would have no fiscal impact on their respective organizations.

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

#### Responses Regarding the Bill 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.

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.

Officials from the **State Tax Commission (STC)** indicated a fiscal impact but did not specify the type or amount.

**Oversight** assumes STC is provided with core funding to handle a certain amount of activity each year. Oversight assumes STC could absorb the costs related to this proposal. If multiple bills pass which require additional staffing and duties at substantial costs, STC could request funding through the appropriation process.

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 Natural Resources, Department of Public Safety (Office of the Director, Division of Alcohol and Tobacco Control, Division of Fire Safety, Missouri Gaming Commission, Missouri Veterans Commission, State Emergency Management Agency), Joint Committee on Public Employee Retirement, Joint Committee on Legislative Research, Missouri Department of Agriculture, Missouri Department of Conservation, MoDOT & Patrol Employees' Retirement System, Missouri House of Representatives, Missouri Lottery, Missouri National Guard, Missouri Senate, Missouri State Employees Retirement System, Office of Administration (OA), Office of the State Auditor, Office of the State Treasurer, Oversight Division, Petroleum Storage Tank Insurance Fund, Platte County Board of Elections, St. Louis City Board of Elections, St. Louis County Election Board, Newton County Health Department, Phelps County Sheriff's Department, Kansas City Police Department, St. Louis County Police Department, County Employees Retirement Fund, 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 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 (Capitol Police), OA - Administrative Hearing Commission, Office of the Governor and Office of the State Public Defender** 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.

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 cities, local election authorities, various county officials, local public health departments, nursing homes, local law enforcement agencies, fire protection districts, ambulance & EMS, retirement organizations, 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</u> – OSCA (Various Sections) Potential increase in court costs p.21	\$0 or (Unknown)	\$0 or (Unknown)	\$0 or (Unknown)
<u>Cost</u> – DSS/DYS (§190.246) Purchase of epinephrine nasal spray devices p.3	(\$14,400)	\$0 to (\$14,400)	\$0 to (\$14,400)

<u>FISCAL IMPACT – State Government</u>	FY 2027 (10 Mo.)	FY 2028	FY 2029
<u>Cost – DHSS (§192.020) p.8</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	2 FTE	2 FTE	2 FTE
<u>Cost – DHSS (§192.2155) p.9</u>			
Personal service	(\$61,490)	(\$75,264)	(\$76,769)
Fringe benefits	(\$38,345)	(\$46,607)	(\$47,213)
Equipment and expense	(\$29,708)	(\$17,916)	(\$18,275)
<u>Total Costs - DHSS</u>	<u>(\$129,543)</u>	<u>(\$139,787)</u>	<u>(\$142,257)</u>
FTE Change - DHSS	1 FTE	1 FTE	1 FTE
<u>Cost – DOC (§198.022) Increased incarceration costs p.10-12</u>	(\$9,269 to Unknown)	(\$22,691 to Unknown)	(\$23,145 to Unknown)
<u>Cost – DSS/MHD (§208.149) Actuarial analysis of MHN coverage of certain clinical pathology services p.13</u>	(\$12,500)	\$0	\$0
<u>Cost – DSS/MHD (§208.270) p.13-15</u>			
Personal service	(\$89,205)	(\$108,116)	(\$109,197)
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.13-15</u>	\$0	(Could exceed \$3,022,864)	(Could exceed \$3,227,361)
<u>Cost – DSS/MHD (§208.270) Grocer Network Vendor p.13-15</u>	(\$250,000)	\$0	\$0
<u>Cost – DSS/MHD (§208.270) 1115 Waiver consultant p.13-15</u>	(\$10,000)	\$0	\$0
<u>Cost – DSS/MHD (§208.662) Actuarial study to evaluate program change p.7</u>	(\$25,000)	\$0	\$0

<u>FISCAL IMPACT – State Government</u>	FY 2027 (10 Mo.)	FY 2028	FY 2029
<u>Cost – DSS/MHD (§§208.662 &amp; 208.1400-208.1425) Study of impact of childbirth education classes p.7</u>	(\$22,500)	\$0	\$0
<u>Cost – DSS/MHD (§§208.662 &amp; 208.1400-208.1425) Increase in managed care capitation rates p.7</u>	(\$10,626)	(\$11,345)	(\$12,112)
<u>Cost – DCI (§338.710) Removal of Rx Cares for Missouri expiration p.17</u>	\$0	(Up to \$750,000)	(Up to \$750,000)
<u>Cost – MCHCP (§376.1245) Anesthesia cost p.12</u>	(Unknown, less than \$320,000)	(Unknown, less than \$320,000)	(Unknown, less than \$320,000)
<b>ESTIMATED NET EFFECT ON GENERAL REVENUE</b>	<b>(Unknown, could exceed \$1,200,160)</b>	<b>(Unknown, More or less than \$4,720,664)</b>	<b>(Unknown, More or less than \$4,935,207)</b>
Estimated Net FTE Change on General Revenue	4 FTE	4 FTE	4 FTE
<b>FEDERAL FUNDS</b>			
<u>Revenue Gain - DSS/MHD (§208.149) Program reimbursement for actuarial analysis p.13</u>	\$12,500	\$0	\$0
<u>Cost - DSS/MHD (§208.149) Actuarial analysis p.13</u>	(\$12,500)	\$0	\$0
<u>Revenue Gain – DSS/MHD (§208.270) FIM program participation p.13-15</u>	\$0	Could exceed \$11,976,422	Could exceed \$12,786,627
<u>Revenue Gain – DSS/MHD (§208.270) Grocer network vendor p.13-15</u>	\$250,000	\$0	\$0
<u>Revenue Gain – DSS/MHD (§208.270) 1115 Waiver consultant p.13-15</u>	\$10,000	\$0	\$0

<u>FISCAL IMPACT – State Government</u>	FY 2027 (10 Mo.)	FY 2028	FY 2029
<u>Cost</u> – DSS/MHD (§208.270) FIM program participation p.13-15	\$0	(Could exceed \$11,976,422)	(Could exceed \$12,786,627)
<u>Cost</u> – DSS/MHD (§208.270) Grocer Network Vendor p.13-15	(\$250,000)	\$0	\$0
<u>Cost</u> – DSS/MHD (§208.270) 1115 Waiver consultant p.13-15	(\$10,000)	\$0	\$0
<u>Revenue Gain</u> – DSS/MHD (§208.662) Actuarial study to evaluate program change p.7	\$25,000	\$0	\$0
<u>Revenue Gain</u> – DSS/MHD (§§208.662 & 208.1400-208.1425) Reimbursement for increase in managed care capitation rates p.7	\$19,374	\$20,685	\$22,084
<u>Revenue Gain</u> – DSS/MHD (§§208.662 & 208.1400-208.1425) Reimbursement for study of impact of childbirth education classes p.7	\$22,500	\$0	\$0
<u>Cost</u> – DSS/MHD (§208.662) Actuarial study to evaluate program change p.7	(\$25,000)	\$0	\$0
<u>Cost</u> – DSS/MHD (§§208.662 & 208.1400-208.1425) Increase in managed care capitation rates p.7	(\$19,374)	(\$20,685)	(\$22,084)
<u>Cost</u> – DSS/MHD (§§208.662 & 208.1400-208.1425) Study of impact of childbirth education classes p.7	(\$22,500)	\$0	\$0
<u>Cost</u> – MCHCP (§376.1245) Anesthesia cost p.12	(Unknown, less than \$105,000)	(Unknown, less than \$105,000)	(Unknown, less than \$105,000)
<b>ESTIMATED NET EFFECT ON FEDERAL FUNDS</b>	<b>(Unknown, less than \$105,000)</b>	<b>(Unknown, less than \$105,000)</b>	<b>(Unknown, less than \$105,000)</b>

<u>FISCAL IMPACT – State Government</u>	FY 2027 (10 Mo.)	FY 2028	FY 2029
<b>BOARD OF PHARMACY FUND (1637)</b>			
<u>Revenue Gain – DCI (\$338.333)</u> License fee p.16	Unknown, less than <u>\$250,000</u>	Unknown, less than <u>\$250,000</u>	Unknown, less than <u>\$250,000</u>
<b>ESTIMATED NET EFFECT TO THE BOARD OF PHARMACY FUND</b>	<b>Unknown, less than <u>\$250,000</u></b>	<b>Unknown, less than <u>\$250,000</u></b>	<b>Unknown, less than <u>\$250,000</u></b>
<b>STATE ROAD FUND (1320)</b>			
<u>Cost – MoDOT (\$376.417) Enrollee’s cost sharing p.17</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> )
<b>ESTIMATED NET EFFECT TO THE STATE ROAD FUND</b>	<b>\$0 to (Unknown, could exceed <u>\$250,000</u>)</b>	<b>\$0 to (Unknown, could exceed <u>\$250,000</u>)</b>	<b>\$0 to (Unknown, could exceed <u>\$250,000</u>)</b>
<b>MERCHANDISING PRACTICES REVOLVING FUND (1631)</b>			
<u>Revenue Gain – AGO (\$407.3007)</u> Potential increase in collections for violations p.20	<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>\$0 or <u>Unknown</u></b>	<b>\$0 or <u>Unknown</u></b>	<b>\$0 or <u>Unknown</u></b>
<b>OTHER STATE FUNDS</b>			
<u>Cost – MCHCP (\$376.1245)</u> Anesthesia cost p.12	(Unknown, less than <u>\$75,000</u> )	(Unknown, less than <u>\$75,000</u> )	(Unknown, less than <u>\$75,000</u> )

<u>FISCAL IMPACT – State Government</u>	FY 2027 (10 Mo.)	FY 2028	FY 2029
<b>ESTIMATED NET EFFECT ON OTHER STATE FUNDS</b>	<b>(Unknown, less than \$75,000)</b>	<b>(Unknown, less than \$75,000)</b>	<b>(Unknown, less than \$75,000)</b>

<u>FISCAL IMPACT – Local Government</u>	FY 2027 (10 Mo.)	FY 2028	FY 2029
<b>LOCAL POLITICAL SUBDIVISIONS</b>			
<u>Cost</u> – School Districts (§§167.627 & 167.630) Purchase of epinephrine nasal spray devices p.4	\$0 to (Unknown)	\$0 to (Unknown)	\$0 to (Unknown)
<u>Cost</u> - Health Facilities - (§197.708) Printed signs at various health care facilities p.10	(Unknown)	(Unknown)	(Unknown)
<u>Revenue gain</u> – School Districts (§376.417.3) Fines from violations p.17	\$0 to Unknown*	\$0 to Unknown*	\$0 to Unknown*
<u>Cost</u> – Medical Plans (§376.417) Enrollee’s cost sharing p.17	\$0 to (Unknown)*	\$0 to (Unknown)*	\$0 to (Unknown)*
<u>Cost</u> - Local Political Subdivisions Increased medical insurance obligations p.21	\$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 act modifies provisions relating to health care.

**AWARENESS DAYS (Sections 9.025, 9.412, and 9.418)**

This act designates the month of January as "Blood Donor Awareness Month" in Missouri.

This act designates each September as "Brain Aneurysm Awareness Month" in Missouri and the last full week of April each year as "Infertility Awareness Week" in Missouri.

This act designates March 26 of each year as "Pediatric Acute-Onset Neuropsychiatric Syndrome (PANS)/Pediatric Autoimmune Neuropsychiatric Disorder Associated with Streptococcus (PANDAS) Awareness Day" in Missouri.

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

This act 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 act permits investment of up to 50% of funds not required for operations or other obligations in a manner described in the act, with the remaining portion to be invested into any investment in which the state Treasurer is allowed to invest. These provisions shall 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 act, municipal hospitals in third class cities may operate in areas where hospital district hospitals and county hospitals operate. Hospital district hospitals may 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 act changes "epinephrine auto-injector" to "epinephrine delivery system" throughout statute.

**AMBULANCE DISTRICTS (Sections 190.050, 190.051, 190.052, 190.070, and 190.090)**

This act modifies provisions relating to ambulance districts. Under current law, when an ambulance district is created, the county commission divides the district into six election districts with equal populations, each election district then elects one member of the board of directors. This act authorizes the county commission to choose six election districts or have an at large election of the six directors.

The act allows an ambulance district to abolish the boundaries of its existing subdistricts if the board is unable to find qualified candidate to fill each subdistrict position. Such action requires a public hearing, and an affirmative vote of two thirds of the board of directors.

An ambulance district may, after a public hearing, adopt an ordinance by affirmative vote of two thirds to establish election subdistrict. The boundaries of such subdistricts shall be created by the county commission. Each subdistrict shall consist of contiguous territory and be as compact and equal in population as possible.

Current law provides that six-member ambulance district boards can adopt a resolution changing the size of the board to seven, with one board member running district wide, or decreased to five, or three members. This act requires such a resolution to name any vacancy to be filled at a subsequent election, if the size of the board is increasing. If the size is decreasing, all existing board members will complete their terms.

The county commission to fill vacant seats on the board of directors within thirty days, if a majority of the remaining directors makes a written request that the county commission fill such vacancies.

Under current law, voters can file a petition for the district to annex land. When such a petition is filed, the county commission shall have a hearing as soon as possible. Under this act, the county commission is required to have such hearing within thirty days of the petition being filed.

This act requires that where the voters approve the consolidation of an ambulance district. Any activities necessary to facilitate such consolidation shall be prioritized and expedited.

Current law provides a form for a petition or resolution to consolidate ambulance districts. This act adds language to that form that requires the consolidated district to be named at the time the form is submitted. When a petition or resolution is filed, it shall be filed with a consolidation plan that will outline the proposed consolidation process. The consolidation plan shall include the names of the districts to be consolidated, the tax to be levied, the name of the district responsible for maintaining ambulance service during the consolidation, the proposed number of board members, and a time line for consolidation.

Each of the ambulance districts that seek to consolidate shall publish notice of the intent to consolidate in a newspaper of general circulation in every county that will be served by the consolidated district. This notice shall be posted once a week for two consecutive weeks. Within thirty days of the second publication, the ambulance districts seeking to consolidate shall hold a public hearing on the matter.

Under current law, an ambulance district can only consolidate if it is approved by voters. Under this act, a vote on consolidation occurs only if an objection to the consolidation is filed. Objections shall be signed by no less than five percent of the votes cast for governor in the most recent gubernatorial election in the district. If no objection is filed within thirty days of the

public hearing on consolidation, within forty-five days of the public hearing, the county commission shall order the districts consolidated.

Upon consolidation, the district may impose a tax levy up to the highest tax levy of the consolidating districts, if such tax levy was specified in the ballot language submitted to and approved by the voters of the consolidating districts. If there is no vote taken on consolidation, the district can not impose a property or sales tax rate that is greater than the lowest of any existing rate within any of the districts to be consolidated. All assets and obligation of the existing ambulance districts shall become the assets and obligations of the consolidated district.

#### COMMUNITY PARAMEDIC SERVICES (Sections 190.098 and 190.165)

This act modifies provisions relating to certification of community paramedics and the provision of community paramedic services. Community paramedic services shall mean those services provided by an entity that employs licensed paramedics certified by the Department of Health and Senior Services as community paramedics, that is endorsed by the Department, and that provides services 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.

Ambulance service shall enter into written contracts with another ambulance service provider to provide community paramedic services in that provider's service area.

The Department shall establish regulations for the purpose of recognizing community paramedic services entities that have met the standards necessary to provide such services. The Department shall endorse such entities to provide community paramedic services for a period of 5 years.

#### "HOPE FOR MISSOURI PATIENTS ACT" (Sections 191.455-191.467)

This act creates the "Hope for Missouri Patients Act". Under this act, certain manufacturers may make available individualized investigational drugs, biological products, or devices to eligible patients, either without compensation or for cost only. A health plan, third-party administrator, or governmental agency may provide coverage for the cost of these drugs, products, devices, or related services, but no governmental agency shall be required to provide coverage.

If a patient's death is proximately caused by treatment with these drugs, products, or devices, the patient's estate, heirs, or devisees shall not be liable for any remaining debt. A licensing board or disciplinary subcommittee shall not revoke, fail to renew, suspend, or take any action against a health care provider's license based solely on the provider's recommendations to an eligible patient regarding access to, or treatment with, these drugs, products, or devices and an entity responsible for Medicare certification shall not take action against a provider's Medicare certification for such a recommendation.

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

This act creates the "Missouri Doula Reimbursement Act". Under this act, the chief medical officer or chief medical director of the Department of Health and Senior Services or the MO

HealthNet Division of the Department of Social Services may issue nonspecific recommendations for doula services, a medical standing order for prenatal vitamins, or a medical standing order for a purpose promulgated in rule, to terminate as specified in the act.

Additionally, this act adds doula services and childbirth education classes for pregnant women and a support person to the list of covered MO Healthnet and "Show-Me Healthy Babies Program" services, to be reimbursed as described in the act. The Department of Social Services shall study the impact of the childbirth education classes on infant and maternal mortality and shall submit a report to the General Assembly prior to January 1, 2028.

#### TELEHEALTH (Sections 191.1146 and 334.108)

Currently, the establishment of a physician-patient relationship for purposes of telehealth shall include an interview and a physical examination. Under this act, an evaluation is required, but a physical examination shall 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 act 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 fourteen days of evaluation, as described in the act.

Additionally, current law requires a physician-patient relationship for purposes of telehealth to include a sufficient dialogue with the patient regarding treatment. This act changes "dialogue" to "exchange" with the patient regarding treatment.

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 act, a health care provider shall not prescribe any drug, controlled substance, or other treatment to a patient in the absence of a proper provider-patient relationship.

#### ALPHA-GAL SYNDROME (Section 192.020)

This act requires the Department of Health and Senior Services to include alpha-gal syndrome in its list of diseases that are required to be reported to the Department.

Laboratories shall submit any required alpha-gal syndrome case reports to the Department within 7 days of receiving a positive laboratory confirmation, as described in the act. Subject to appropriation, the Department may follow up on reported cases of alpha-gal syndrome. The Department shall submit an annual report to the Centers for Disease Control and Prevention on the reporting and incidence of alpha-gal syndrome in Missouri.

#### DEMENTIA SERVICES COORDINATOR (Section 192.2155)

This act requires the Division of Senior and Disability Services within the Department of Health and Senior Services to establish a dementia services coordinator as a full-time position. The coordinator shall perform duties specified in the act, including coordinating information

resources affecting Missourians living with dementia and their caregivers, streamlining applicable services to increase efficiency and improve the quality of care in certain settings, identifying any duplicated services, promoting public awareness and education, and collecting and monitoring relevant data.

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

Currently, no person shall sell, dispense, or purchase, over a 12 month period, more than a total amount of 43.2 grams of certain meth precursors. This act increases the amount to 61.2 grams.

Beginning October 1, 2026, any manufacturer of a meth precursor drug that is sold in or into this state shall pay a monthly fee to the administrator of the real-time electronic pseudoephedrine tracking system, as described in the act. The fee is set by the administrator.

A manufacturer commits the offense of unlawful, sale, distribution, or purchase of over-the-counter methamphetamine precursor drugs if the manufacturer knowingly fails to pay the fees required by this act.

#### IVERMECTIN AND HYDROXYCHOLOQUINE (Section 195.1000)

Under this act, ivermectin and hydroxychloroquine tablets suitable for human use may be sold or purchased as over-the-counter medications in Missouri without a prescription or consultation with a pharmacist or other health care professional.

#### ADMINISTRATION OF MEDICATIONS (Sections 196.990 and 335.081)

This act adds licensed long-term care facilities and child care facilities to the definition of "authorized entity" in current law permitting such entities to stock a supply of epinephrine delivery devices for use in an emergency. Additionally, the administration by technicians, nurses' aides, or their equivalent in long-term care facilities of epinephrine delivery devices and subcutaneous injectable medications to treat diabetes shall not be prohibited by nurse licensing laws.

#### HOSPITAL WORKPLACE VIOLENCE (Section 197.708)

Under this act, each hospital shall 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.

#### INSPECTIONS OF LONG-TERM CARE FACILITIES (Section 198.022)

Under this act, the Department of Health and Senior Services may accept, in lieu of an inspection conducted by the Department, 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 the Department's inspections and conducted in accordance with Title XVIII of the Social Security Act. A residential care or assisted living facility shall be subject to an inspection by the Department if the facility fails to maintain an accredited status by a recognized accreditation entity.

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

This act requires that the fee for the professional component of clinical pathology services shall be paid by MO HealthNet for professional services provided by a hospital-based pathologist for inpatient clinical pathology services rendered to MO HealthNet patients. The reimbursement shall be set at no less than thirty percent of the approved MO HealthNet Independent Lab-Technical Component fee schedule, as described in the act, as shall be made directly to the physician providing the services or the entity the physician has assigned the right to receive payment.

#### "FOOD IS MEDICINE ACT" (Section 208.270)

This act creates the "Food is Medicine Act". Under this act, the Department of Social Services shall submit a waiver to the Centers for Medicare and Medicaid Services for a "Food is Medicine" program. The program shall be designed to improve health outcomes for MO HealthNet participants with nutrition-related chronic diseases through nutrition services and to reduce the need for medical care for those participants. Covered nutrition services may include case management, nutrition counseling, food provisions, medically tailored groceries and meals, and produce prescriptions. When feasible, the MO HealthNet Division shall prioritize the inclusion of community-based organizations and local growers to support the purchase of locally grown food in nutrition prescription.

#### FOOD-BORNE ALLERGIES (Section 210.225)

This act establishes "Elijah's Law". Before July 1, 2028, each licensed child care provider shall adopt a policy on allergy prevention and response with a focus on potentially deadly food-borne allergies, as specified in the act.

#### LICENSE PLATES (Section 301.142)

This act adds licensed occupational therapists to the definition of "other authorized health care practitioner" for purposes of the physician's statement required for issuance of a disabled license plate or placard.

#### LICENSE RECIPROCITY (Section 324.009)

Those health care providers, who hold a current license issued by another jurisdiction and are licensed in Missouri with a waiver of examination, educational, or experience requirements, shall be deemed to be fully licensed to practice within the profession's scope of practice in Missouri and may provide telehealth services to the same extent and manner as health care providers who receive a license without a waiver.

#### PRACTICE OF DENTISTRY IN CORRECTIONAL CENTERS (Section 332.081)

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

#### ADMINISTRATION OF CERTAIN VACCINES (Section 338.010)

Currently, the practice of pharmacy includes the ordering and administration of vaccines approved or authorized by the FDA, but excludes certain vaccines and those vaccines approved after January 1, 2023. This act instead provides that the practice of pharmacy includes the ordering and administration of certain vaccines approved or authorized by the FDA as of January 1, 2026, but excludes certain vaccines and those that are not included by joint rules promulgated by the Board of Pharmacy and the State Board of Registration for the Healing Arts.

#### MEDICATION THERAPEUTIC PLAN AUTHORITY (Section 338.012)

Currently, a pharmacist with a certificate of medication therapeutic plan authority can provide certain medication therapy services if there is a statewide order issued by the Director or the Chief Medical Officer of the Department of Health and Senior Services if such person is a licensed physician or by a licensed physician designated by the Department. This act repeals this language and authorizes the provision of such medication therapy services pursuant to rules established by the Board of Pharmacy and the State Board of Registration for the Healing Arts.

#### MEDICAL DEVICE PRESCRIPTIONS (Section 338.206)

This act authorizes pharmacists to prescribe medical devices, as defined in the act. The Board of Pharmacy and the State Board of Registration for the Healing Arts shall jointly promulgate rules to implement this provision within six months of the effective date of this act.

#### DISPENSING OF IVERMECTIN AND HYDROXYCHLOROQUINE (Section 338.208)

Under this act, a pharmacist may dispense ivermectin and hydroxychloroquine to a person, without a prescription order, upon the approval of a warning label for the use and indication in accordance with any written, standardized procedures or protocols issued by the Board of Pharmacy.

#### PHARMACY EMERGENCY WAIVERS (Section 338.312)

The Board of Pharmacy shall have the authority to waive compliance with any Missouri rule or regulation for pharmacies dispensing, shipping, or delivering prescription drugs into another state or United States territory that is experiencing a declared state disaster or emergency, provided that:

- (1) The pharmacy is a licensed pharmacy in good standing and is authorized to ship prescription drugs into such state or territory;
- (2) The pharmacy is responding to a declared state disaster or emergency;
- (3) The pharmacy complies with all emergency rules and regulations for pharmacies established by the state or territory for the duration of the disaster period;
- (4) The pharmacy complies with all applicable federal laws and regulations; and
- (5) The waiver applies only to prescription drugs dispensed, shipped, or delivered to residents or health care facilities located within the geographic area specified in the declared state disaster or emergency.

#### LICENSURE OF WHOLESALE DRUG DISTRIBUTORS (Section 338.333)

Under this act, the Board of Pharmacy may 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 act removes the expiration date of August 28, 2026, from the "RX Cares for Missouri Program".

#### SPEECH-LANGUAGE PATHOLOGISTS AND AUDIOLOGISTS (Section 345.050)

This act modifies the requirements for licensure as a speech-language pathologist or audiologist by providing for completion of a clinical fellowship under the direct supervision of a licensed speech-language pathologist in good standing, rather than under the direct supervision of a person licensed by the state of Missouri in the profession in which the applicant seeks to be licensed.

#### 340B DRUGS (Section 376.417)

Under this act, a health carrier, a pharmacy benefits manager, or an agent or affiliate of such, shall not discriminate against a covered entity, as defined in the act, 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 act. The Director of the Department of Commerce and Insurance shall 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 376.1000-376.1017)

This act modifies the definition of "multiple employer-self insure health plan" by including two or more self-employed individuals, each with at least one common-law employee, and their dependents.

Currently, funds collected from the participating employers under the health plans are held in trust and trustees are required to file an annual report with the director of the Department of Commerce and Insurance showing the condition and affairs of the plan as of the preceding thirty first day of December. This act requires the annual report be filed with the National Association of Insurance Commissioners and comply with current law.

This act requires plans to establish a surplus account equal to the greater of six hundred thousand dollars or an amount equal to two times the authorized control level risk-based capital, as defined by current law.

#### INSURANCE COVERAGE OF ANESTHESIA SERVICES (Section 376.1245)

Under this act, no health carrier or health benefit plan shall establish, implement, or enforce any policy that imposes a time limit for the payment of anesthesia services provided during a medical or surgical procedure, as described in the act.

#### INSURANCE COVERAGE OF ALTERNATIVES TO OPIOID DRUGS (Section 376.1280)

This act provides that an enrollee's health benefit plan shall not deny coverage of a non-opioid prescription drug in favor of an opioid drug, require the enrollee to try an opioid drug before covering the non-opioid prescription drug, or require a higher level of cost-sharing for a non-opioid prescription drug than for an opioid drug.

This act shall apply to health benefit plans delivered, issued for delivery, continued, or renewed in this state on or after January 1, 2027.

#### ARTIFICIAL INTELLIGENCE IN MENTAL HEALTH (Section 407.3007)

The act provides that no person or entity that develops or deploys artificial intelligence (AI) shall advertise or represent to the public that the AI is or is able to act as a mental health professional, as defined in the act, or is capable of providing therapy services, psychotherapy services, or a mental health diagnosis.

A violation under the act shall be considered an unlawful practice under the Missouri Merchandising Practices Act.

The Attorney General shall enforce the provisions of the act. Any individual may report violations of the act to the Attorney General. If the Attorney General finds that a violation occurred, the Attorney General shall commence a civil action. If the court finds that a violation occurred, the court may grant relief as described in the act.

#### INVOLUNTARY OUTPATIENT TREATMENT (Section 632.305)

This act modifies notarization requirements for applications for detention for evaluation and treatment at a mental health facility. Under this act, no notarization shall be required for the application or any affidavits, declarations, or other supporting documents filed under certain provisions of law, including when filed in court by an adult, when a peace officer takes a person into custody for detention at the facility for a period of 96 hours, when a person presents themselves at the facility and the health care provider completes the application, or if the person executing the application is an employee acting on behalf of a hospital.

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  
Missouri Ethics Commission  
Missouri Senate  
Missouri State Employees Retirement System  
MoDOT & Patrol Employees' Retirement System  
Office of Administration -  
    Administrative Hearing Commission  
    Budget and Planning  
Office of the Governor  
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  
High Point R-III School District  
Metropolitan St. Louis Sewer District  
South River Drainage District  
Wayne County Public Water Supply District #2  
Cass Regional Medical Center  
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 Public Employee Retirement  
Legislative Research  
Oversight Division  
Missouri Lottery  
State Tax Commission



Julie Morff  
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April 30, 2026

Jessica Harris  
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