COMMITTEE ON LEGISLATIVE RESEARCH
OVERSIGHT DIVISION

FISCAL NOTE

L.R. No.: 5868S.08A
Bill No.: SS for SCS for HCS for HB 2372 with SA1, SA2, SA3, SA1 to SA4, SA4, SA1 to SA5, SA5 & SA6
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: May 13, 2026

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

FISCAL SUMMARY

ESTIMATED NET EFFECT ON GENERAL REVENUE FUND

FUND AFFECTED	FY 2027	FY 2028	FY 2029
General Revenue	(Unknown, could exceed $4,057,050)	(Unknown, More or less than $7,614,985)	(Unknown, More or less than $7,882,621)
Total Estimated Net Effect on General Revenue	**(Unknown, could exceed $4,057,050)**	**(Unknown, More or less than $7,614,985)**	**(Unknown, More or less than $7,882,621)**

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 (Unknown, could exceed $750,000)	$0 to (Unknown, could exceed $750,000)	$0 to (Unknown, could exceed $750,000)
Conservation Commission Fund (1609)	(Unknown)	(Unknown)	(Unknown)
Board of Pharmacy Fund (1637)	Unknown, less than $250,000	Unknown, less than $250,000	Unknown, less than $250,000
Premium Fund (1885)	$1,000,000	$1,200,000	$1,200,000
Lyme Research and Eradication Fund***	$0	$0	$0
Colleges and Universities****	$0 or Unknown	$0 or Unknown	$0 or Unknown
Other State Funds	($20,250 to $183,750)	($20,250 to $183,750)	($20,250 to $183,750)
Total Estimated Net Effect on <u>Other</u> State Funds	**(Unknown, Less than $479,750)**	**(Unknown, Less than $679,750)**	**(Unknown, Less than $679,750)**

*Estimated costs include contracted consultations with a pharmacist for the completion of market conduct investigations or examinations and 3 FTE for DCI.
**Potential unknown violation/fines collected by the AGO assumed to be less than $250,000 annually.
***Revenue gain and expenses net to zero.
****Oversight assumes the fiscal impact to colleges and universities will not exceed the $250,000 threshold.

ESTIMATED NET EFFECT ON FEDERAL FUNDS

FUND AFFECTED	FY 2027	FY 2028	FY 2029
Federal Funds*	($28,350 to $257,250)	($28,350 to $257,250)	($28,350 to $257,250)
Total Estimated Net Effect on <u>All</u> Federal Funds	**($28,350 to $257,250)**	**($28,350 to $257,250)**	**($28,350 to $257,250)**

*Additional costs and revenue to Federal funds are estimated at $784,000 in FY27, $12.4 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	18 FTE	18 FTE	18 FTE
Total Estimated Net Effect on FTE	**18 FTE**	**18 FTE**	**18 FTE**

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

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

ESTIMATED NET EFFECT ON LOCAL FUNDS

FUND AFFECTED	FY 2027	FY 2028	FY 2029
Local Government	**$0 to (Unknown)**	**$0 to (Unknown)**	**$0 to (Unknown)**

FISCAL ANALYSIS

ASSUMPTION

Officials from the **Department of Health and Senior Services** did not respond to **Oversight's** request for fiscal impact for this proposal.

Due to time constraints, **Oversight** was unable to receive some agency responses in a timely manner and performed limited analysis. Oversight has presented this fiscal note on the best current information that we have or on information regarding a similar bill(s). 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.

§§9.021, 9.025, 9.238, 9.412, 9.418, 9.501 and 9.502 – Awareness Days

Based on agency responses to similar proposals, **Oversight** assumes these sections will have no fiscal impact.

§§103.190 and 192.026-192.029 - "Missouri Lyme Disease Eradication Act" as Amended by Senate Amendment 5 as Amended by Senate Amendment 1 to Senate Amendment 5

In response to similar legislation, SS for SB 887 (2026), officials from the **Department of Health and Senior Services (DHSS)** stated as follows:

Section 192.026.1 of the proposed legislation establishes the "Missouri Lyme Disease Eradication Act"

Section 192.026.2 of the proposed legislation defines Lyme disease to includes several Borrelia species. In addition, adds other human pathogens including Bartonella, Babesia, Ehrlichia, or related species, that are transmitted to humans by ticks, that are diagnosed by two-tier serologic testing recommended by CDC, or similar blood test ordered by a treating health care provider or by clinical evaluation.

The impact includes the likely reporting and investigation of Bartonella infections, which are not currently nationally notifiable or reportable in Missouri. Adding Bartonella would require updating state systems to allow laboratories and medical providers to report positive results and manage the subsequent data collected. The reports of Bartonella would then require public health investigation to collect additional information regarding the reported case. To complete this work, the Department of Health and Senior Services (DHSS), Office of Epidemiology's Bureau of Data Modernization and Interoperability (DMI) will need 0.5 FTE (Senior Research/Data Analyst).

The Bureau of Communicable Disease Control and Prevention would require 2.0 FTE Associate Epidemiologists (one in Jefferson City, one in St. Louis or Kansas City) to develop a standard case report forms for Bartonella infections, assist in the investigation and data collection of reported Bartonella infections and meet the additional requirements for the investigation and reporting of all "Lyme disease" as outlined in 192.026.4.

Section 192.026.4 of the proposed legislation requires the Department to compile an annual report on the incidence and prevalence of Lyme disease in Missouri, including treatment outcomes and barriers to care. Treatment outcomes are not generally followed beyond initial interview and barriers to care is currently not part of the routine investigation for Lyme disease.

The impact of requiring the addition of treatment outcomes and barriers to care would result in the adjustment of forms and the reportable disease monitoring system to collect the information. The collection of the information would likely require multiple additional follow up calls for all cases of "Lyme disease" as defined in 192.026.2. In addition, the data would need to be compiled into an annual report to be submitted to CDC, the General Assembly, and published on the DHSS website. The FTE required to perform this work are accounted for in the impacts listed in 192.026.2 and 192.026.5. However, if the workload significantly increased or other legislation was enacted, additional resources would be requested through the appropriation process.

Section 192.026.5 of the proposed legislation requires Missouri Department of Health and Senior Services (DHSS) to collaborate with the University of Missouri or any public four-year institution of higher education to integrate Lyme disease surveillance data into existing tick-borne disease monitoring programs.

Impact: The outreach and subsequent collaboration with University of Missouri or other four-year public institution will require an additional 0.5 FTE (Epidemiologist) working out of St. Louis or Kansas City.

The overall cost estimates could increase in the future, dependent on the extent of the collaboration and subsequent projects. If the workload significantly increased or other legislation was enacted, additional resources would be requested through the appropriation process.

Section 192.026.7 of the proposed legislation allows for the Department of Health and Senior Services to promulgate any rules and regulations necessary to implement the provision of this section and section 192.027.

Impact: The Missouri Department of Health and Senior Services would use the FTE requested and existing FTE to develop any additional Rules required. However, if the workload significantly increased or other legislation was enacted, additional resources would be requested through the appropriation process.

Section 192.027.1 of the proposed legislation establishes the "Lyme Research and Eradication Fund" in the state treasury. The state treasurer is the custodian of the funds. Requires the funds to

be used solely by the Missouri Department of Health and Senior Services for the purpose of implementing the provision of the section.

Section 192.027.2 of the proposed legislation provisions include: distribute grants to public four-year institutions of higher education, research institutions, and nonprofit organizations for Lyme Disease that includes, but not limited to, (1) improved diagnostics, therapies, and treatment; (2) study of novel therapies, (3) eradication strategies including, but not limited to tick population control, deer management programs, and environmental interventions.

Section 192.027.3 of the proposed legislation requires no less than 20% of the funds to be used for education efforts in rural counties.

Section 192.027.4 of the proposed legislation requires the Missouri Department of Health and Senior Services to submit a report to the general assembly no later than March 1st of each year. The report must detail fund expenditures, research outcomes, and progress towards Lyme disease eradication in the state.

The "Lyme Research and Eradication Fund" funds would be required to be allocated as outlined in the bill. Therefore, DHSS will need to develop the infrastructure and documentation to accept applications, distribute funds, and provide the oversight to ensure appropriate use and accounting of the funds distributed. To perform these duties, DHSS would need 5 new FTE: 1 Accountant, 1 Procurement Specialist, 1 Senior Public Health Program Specialist, 1 Lead Administrative Support Assistant, 0.5 Epidemiologist (working out of St. Louis or Kansas City), and 0.5 Senior Research/Data Analyst.

The future estimated costs of this effort will be dependent on the total available funds and subsequent awards resulting from the "Lyme Research and Eradication Fund". If the workload significantly increased or other legislation was enacted, additional resources would be requested through the appropriation process.

Section 192.028 1-3 of the proposed legislation: 1) Requires the establishment of the Lyme Disease Task Force within the department to advise the Department on disease prevention and surveillance, as well as education relating to the disease for health care providers and the public. The specific members required are defined. 2) Defines the terms of office for each member aside from the Director. 3) Defines the duties and responsibilities of the Lyme Disease Task Force. Impact: There would be additional fiscal impact to the Department related to the logistics of establishing, maintaining, and coordinating efforts of the Lyme Disease Task Force. The direct fiscal impact or costs to DHSS Division of Community and Public Health would increase dependent on the roles and responsibilities related to the logistics and coordination of the Lyme Disease Task Force. If the workload significantly increased or other legislation was enacted, additional resources would be requested through the appropriation process.

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 the proposed legislation.

It is assumed that the Department can absorb the costs of this portion of the 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 does not have information to the contrary. Therefore, Oversight will reflect the estimated impact as provided by the DHSS.

Oversight notes the provisions of section 192.027 establish the Lyme Research and Eradication Fund, which consists of moneys appropriated by the General Assembly and any gifts, donations, grants, and bequests. Moneys in the fund shall be used to distribute grants to public four-year institutions of higher education, research institutions, and nonprofit organizations for Lyme disease research.

Oversight will reflect the possibility that the General Assembly could appropriate moneys to this new fund from the General Revenue Fund. For fiscal note purposes, Oversight assumes services provided under this proposal will equal income/appropriations and net to zero.

In response to the underlying bill, officials from the **Missouri Consolidated Health Care Plan (MCHCP)** stated this legislation requires coverage for diagnostic testing, treatment and management of Lyme disease and posttreatment Lyme disease syndrome, which MCHCP currently covers. The bill also requires coverage for experimental drug coverage, which MCHCP does not cover.

MCHCP estimates that the coverage of experimental drug coverage would result in a cost unknown but between $135,000 and $725,000.

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

Oversight assumes coverage for specific treatment options for Lyme disease could increase health insurance costs for insurance plans. Oversight assumes the cost could be between $135,000 to $725,000 based on MCHCP's response. Therefore, Oversight will reflect the fiscal impact as provided by MCHCP as the following:

General Revenue (64%):	($86,400 to $464,000)
Federal Funds (21%):	($28,350 to $152,250)
Other Funds (15%):	($20,250 to $108,750)
Total:	**($135,000 to $725,000)**

Oversight assumes all local political subdivisions could have a potential negative fiscal impact as a result of increased insurance obligations under this proposal. For fiscal note purposes, Oversight will reflect an unknown fiscal impact to local political subdivisions. Oversight assumes an impact of greater than $250,000 annually.

Oversight notes since any type or negative fiscal impact is unspecified and any grants would be subject to appropriations; Oversight will reflect a $0 or Unknown positive fiscal impact due to grants and an (Unknown) impact due to research and other associated costs to colleges and universities. Oversight assumes the overall fiscal impact to colleges and universities will not exceed the $250,000 threshold.

In response to similar legislation, SB 887 (2026), officials from the **Department of Commerce and Insurance**, **Department of Social Services**, **Missouri Department of Conservation**, **Office of the State Treasurer**, **Oversight Division** and **Northwest Missouri State University** each assumed the proposal would have no fiscal impact on their respective organizations.

In response to similar legislation, SS for SB 887 (2026), officials from the **Department of Public Safety - Missouri Highway Patrol** deferred to the **Missouri Department of Transportation** for the potential fiscal impact of this proposal.

Oversight notes Senate Amendment 1 to Senate Amendment 5 changes the language in the in Senate Amendment 5 to allow patients to "opt in" rather than "opt out" regarding their personal information. Oversight assumes this change will not alter the fiscal impact of the underlying amendment.

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

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

In response to a previous version, 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.

§173.690 – Creation of the University of Missouri Governance Board for the Reporting on Rare Pediatric Disease Research

In response to similar legislation, HB 2740 (2026), officials from the **University of Missouri System** assumed that 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.

In response to similar legislation, HCS for HB 2740 (2026), officials from the **Missouri House of Representatives (MHR)** stated that the House will absorb any reasonable expenses of our members serving on the task force.

In response to the underlying bill, officials from the **Missouri Senate** stated that the Missouri State Senate anticipates a negative fiscal impact to reimburse 2 Senators for travel to Pediatric

Disease Task Force meetings. In summary, it will cost approximately $1,428.00 annually if the task force meets quarterly.

Oversight assumes this would be an immaterial cost. Therefore, Oversight will not reflect the estimated cost in the fiscal note.

§190.098 - Community Paramedic Services

In response to a previous version, 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.

§190.142 – Emergency Medical Service Scope of Practice

Oversight notes this act modifies emergency medical technician scope of practice by permitting them to perform patient care that is consistent with the current National EMS Scope of Practice Model or such additions as approved by the state EMS medical director's advisory committee for advanced emergency medical technicians or approved by the local medical director for paramedics at the agency or individual clinician level.

Oversight assumes this provision will have no fiscal impact.

§191.117 - Lori Zena Baker Act

In response to similar legislation, SB 1735 (2026), officials from the **DHSS** assumed the proposal would have no fiscal impact on their organization. **Oversight** does not have any information to the contrary. Therefore, Oversight will reflect a zero impact in the fiscal note for this agency.

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

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

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

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

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 as amended by Senate Amendment 2

In response to similar legislation, SS for SCS for SB 841 (2026), officials from the **DHSS** stated 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. In addition, the reportable disease surveillance system would need to be expanded to enable the subsequent collection and storage of case-based data resulting from the subsequent follow up case investigations required in proposed Section 192.020.3.3. The estimated costs for these bureaus includes 1.00 FTE Senior Research/Data Analyst- $86,434 annual salary. The Office of Epidemiology will require a new 1.0 FTE Public Health Program Associate - $61,098 annual salary to track and stage disease reports submitted by laboratories in reportable disease surveillance system.

Section 192.020.2 of the proposed legislation requires DHSS to include alpha-gal syndrome as reportable condition.

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.

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.

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

Oversight notes that Senate Amendment 2 adds language that prevents the department from disclosing identifiable test results or other protected health information relating to any individual for which a blood test is obtained. Oversight assumes this provision will have no impact on the DHSS.

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

In response to similar legislation, SS for SCS for SB 841 (2026), officials from the **DHSS** stated section 192.021.1-2 of the proposed legislation authorizes the Department to contract with the Missouri affiliate of the National Network of Public Health Institutes and requires an annual report of any grants made. 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

§192.990 – Senate Amendment 6 (§192.990 – Pregnancy-Associated Mortality Review Board

In response to similar legislation, SCS for SB 871 (2026), officials from the **Department of Health and Senior Services (DHSS)** stated section 192.990.4 of the proposed legislation requires the Pregnancy-Associated Mortality Review (PAMR) Board to be comprised of "at least one member from each congressional district shall be selected to serve on the board, and membership shall be demographically diverse, including by race, ethnicity, sex, age, and rural and urban populations." This would require the Office of Women's Health (OWH) staff to review current members and identify new members to meet the requirements. Knowing where members are currently employed and their residences, OWH estimates that this will require finding many new members. To recruit new members, OWH would need to reimburse both travel expenses and a consultant stipend for each member. This would be needed because there

are provider shortages in many areas of the state. So, finding providers that meet the new requirements and could dedicate the time needed to participate in file review and PAMR meetings would be difficult and would necessitate these additional costs. OWH estimates the cost to be $300/meeting x 13 meetings=$3,900.

Section 192.990.5 (3c) of the proposed legislation requires including the level and timing of prenatal and postnatal care. The OWH does an extremely thorough review of records available to identify the cause of maternal death, but this does not necessarily include the level and timing of prenatal care. Identifying what the providers' levels of care for prenatal and postpartum care would be a new requirement. This would require additional effort. Additionally, prenatal and postnatal care records are included but not always. This information is included when possible and readily available. But, because records relating to the maternal death is the primary aim, the OWH staff do not need to seek these extra records. To include this variable specifically would require additional effort. OWH would need a registered nurse to conduct additional medical record and case abstraction and potentially interviews with surviving family and friends to identify all medical care provided. These records are not always included currently because medical systems do not connect with one another. For example, currently the registered nurse that abstracts cases for OWH will request records from a care provider or hospital as indicated in death or birth records and/or certificates. However, to obtain the information newly included about the timing of prenatal and postnatal care, a nurse abstractor would need to find all care providers the decedent visited during this time. While the OWH cannot fully estimate the number of hours to obtain and abstract these records, the increase in record review could not be absorbed by current staff. To implement these changes, the Office on Women's Health would need to hire a Registered Nurse (with an average salary within DCPH of $89,680 as of February 2026) working from the Jefferson City office.

Section 192.990.5 (11) of the proposed legislation adds an additional duty for the PAMR board members. The PAMR board and OWH staff currently review other state and organizational approaches through routine conferences, webinars, and review. Currently, OWH is only able to support one or two members join OWH to attend national conferences. However, with this being a specific responsibility of PAMR board members, the OWH would need to support all members to meet this role. Therefore, travel costs for conferences or in-state travel have been added to support their continuing education. This will allow members to be able to learn about emerging trends and best practices. This cost has been calculated at the same base amount projected for personnel in fiscal notes at $5,640/member.

Oversight does not have any information to the contrary. **Oversight** assumes the DHSS would not need additional rental space for one (1) new FTE for this single proposal. However, Oversight notes, depending on the number of proposals passed during the legislative session that, cumulatively, DHSS may need additional rental space or capital improvements as determined by the Office of Administration, Facilities Management, Design and Construction.

§192.2155 - Dementia Services Coordinator

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

In response to a previous version, officials from the **Department of Corrections (DOC)** stated 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.

§§192.2400 and 192.2435 - Multidisciplinary Adult Protection Teams

In response to similar legislation, SS for SCS for SB 841 (2026), officials from the **Department of Social Services** and **Office of the State Courts Administrator** each assumed the proposal would have no fiscal impact on their respective organizations.

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

§193.245 - Disclosure of Vital Records

In response to similar legislation, SS for SCS for SB 841 (2026), officials from the **Office of the State Courts Administrator** 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 this agency.

§§196.990 and 335.081 - Administration of Medications

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

§197.315 – Senate Amendment 1 (Certificates of Need)

Oversight notes this amendment states, “If, within thirty days of an applicant receiving a

certificate of need, including one granted on an appeal of a denial of a certificate of need, the committee obtains evidence that a material fact was withheld from or misrepresented to the committee during the original hearing on the application before the committee, the committee shall, at the next regularly scheduled meeting, vote to rescind the granted certificate of need and require the applicant to file a new application for a certificate of need that corrects any omissions or misstatements."

Oversight assumes this section will have no impact.

§197.708 - Hospital Workplace Violence

In response to a previous version, officials from the **DHSS** stated section 197.708 of the proposed legislation requires hospitals to prominently display a printed sign, in all capital letters, warning that assaulting a health care professional is a serious crime which may be punishable as a class A misdemeanor. The Division of Regulation and Licensure's (DRL) Section for Health Standards and Licensure (HSL) is responsible for 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.

§§197.1040 & 197.1045 – Hospital Price Transparency

In response to similar legislation, SB 1267 (2026), officials from the **Department of Health and Senior Services** and **Department of Social Services** each assume the proposal will have no fiscal impact on their respective organizations.

In response to similar legislation, SB 336 (2025), officials from the **Office of the State Courts Administrator** assumed the proposal would have no fiscal impact on their organization.

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

Oversight notes hospitals were requested 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.

Because hospitals did not respond to a request for fiscal impact for this proposal, **Oversight** assumes hospitals are already in compliance, or will be in compliance, with the proposed legislation and further assumes no fiscal impact to hospitals.

§198.022 - Inspections of Long-Term Care Facilities

In response to a previous version, officials from the **Department of Corrections (DOC)** stated 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 **prison**	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.

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

§208.146 - Ticket to Work Health Assurance Program

In response to the underlying bill, officials from the **DSS** stated FSD is responsible for the eligibility application and processing therefore, MHD assumes no fiscal impact as this legislation does not require programmatic or system changes.

However, if the program expiration is not extended, there would be a loss of revenue to the state. Individuals would no longer pay a premium for Ticket to Work which would result in a loss of revenue to the state of approximately $1.2 million per year (premiums go to the Premium Fund (0885). Individuals no longer paying premiums would continue to be covered for Medicaid benefits through a different eligibility group or spenddown.

Oversight obtained additional information from DSS regarding costs associated with the Ticket

to Work program. The Ticket to Work program cost the DSS $65,451,021 in SFY 2025 for the premium program and $35,725,828 in SFY 2025 for the non-premium program. During SFY 2025, approximately 1,489 individuals participated in the premium program and 672 in the non-premium program.

Oversight assumes this bill will remove the expiration date of the Ticket to Work program and will, therefore, present premiums collected by the Ticket to Work program of $1.2 million annually to the Premium Fund (1885). Oversight assumes there may be costs associated with this program up to $44 million; however, Oversight is unable to determine whether the individuals would be covered through a different eligibility group or spenddown as stated by DSS above. Therefore, Oversight will reflect DSS' assumption of no fiscal impact from this proposal other than the continuation of collecting premiums for fiscal note purposes.

§208.149 - MO HealthNet Coverage of Certain Clinical Pathology Services

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

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

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.

§208.215 - MO HealthNet Third Party Liability

In response to the underlying bill, officials from the **DSS** stated this legislation strengthens the state's ability to recover costs by limiting when insurers can deny, or challenge state submitted claims. Insurers may not deny a claim solely because it was submitted late, in a different format, lacked POS documentation, or did not include a prior authorization. Additionally, insurers must accept the state's authorization that an item or service is covered under the state plan or waiver and treat it as equivalent to their own prior authorization. These requirements do not apply to certain Medicare programs, including Medicare Parts A, B, C, and D, as well as specified cost-reimbursement and prepayment plans.

These provisions are already codified in federal law, and the federal government required all states to implement them into state statute by January 1, 2024. While many insurance companies may already be adhering to the federal standards, incorporating this provision into state statute is necessary to ensure uniform enforcement and statewide compliance.

As a result of the federal law the state saves an average of $18,401,092 per year. The state law will help strengthen the State's ability to maintain the current savings.

Oversight notes that this proposal only strengthens current DSS practices and will not incur any additional costs or savings to DSS. Therefore, Oversight assumes no fiscal impact to DSS.

In response to similar legislation, SB 1687 (2026), officials from the **Department of Commerce and Insurance**, **Missouri Department of Transportation**, **Missouri Consolidated Health Care Plan** and **City of Kansas City** each assumed the proposal would have no fiscal impact on their respective organizations. **Oversight** does not have any information to the contrary. Therefore, Oversight will reflect a zero impact in the fiscal note for these agencies.

In response to similar legislation, SB 1687 (2026), officials from the **Department of Public Safety - Missouri Highway Patrol** deferred to the MoDOT/MSHP Health Care Board for the potential fiscal impact of this proposal.

§208.270 - "Food Is Medicine Act" as Amended by Senate Amendment 4 as Amended by Senate Amendment 1

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

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

Produce prescription programs (PPRs) are intended for individuals with specific nutritional needs and/or food access challenges. PPRs provide the opportunity for individuals with a prescription from their health care provider to purchase fresh, frozen, or canned produce that has no added salt, sugar, or fat using vouchers or restricted debit cards (U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion, 2024). Some access

points for PPRs are grocery stores, grocery delivery services, farmers' markets, on-site at health care centers, food banks, food pantries, etc.

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

Oversight notes Senate Amendment 4 as amended by Senate Amendment 1 states that DSS may (rather than 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.

Oversight assumes this change will not impact the cost to implement the program.

§§208.440 and 376.1364 – Prior Authorizations

In response to the underlying bill, officials from the **DSS** stated this legislation adds requirements to the MO HealthNet Managed Care Organizations to comply with additional reporting provisions for prior authorization information required in section 376.1364. 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.

Officials from the **MoDOT** state 376.1364 has no direct impact on the MoDOT-MSHP medical plan but would increase costs for third party administrators which in turn would be passed on to the plan when the contract is renewed.

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

Officials from the **DCI** state This proposed substitute would amend existing provisions of law and enact new provisions related to prior authorization and utilization review. Beginning July 1, 2028, this proposed substitute would require health carriers to establish and maintain an online process that links directly to all e-prescribing systems and electronic health record systems that utilize the National Council for Prescription Drug Programs (NCPDP) SCRIPT standard and the NCPDP Real Time Benefit Standard, accept electronic prior authorization requests from a health care provider, approve electronic prior authorization requests under certain circumstances, and that links directly to real-time patient out-of-pocket costs for the prescription drug, considering copayment and deductibles. Carriers may not impose a fee for accessing such an online process and without provider consent, may not access provider data through the online process other than for the enrollee. Health carriers are required to provide contact information for third party vendors they will use to implement this online process to providers who request the information. After July 1, 2028, carriers that fail to implement and maintain the described online process may not require providers to obtain prior authorization for prescription drugs, except as may be specified by the Department through rule.

The proposed substitute would require health carriers to implement a prior authorization application programming interface to facilitate the prior authorization process beginning January 1, 2028. This provision is modeled on a similar federal requirement, which has a deadline of January 1, 2027. It requires contracts between health carriers and health care providers to include provisions that require health care providers to submit prior authorization requests using the application programming interface.

The proposed substitute outlines data that must be publicly reported on the health carrier's website about prior authorization, as well as requirements to report specific data to the Department by health carriers regarding their prior authorization programs. The Department is required to produce annual reports based on this data. Furthermore, the proposal requires health carriers to reduce the scope of claims subject to prior authorization.

§210. 110 – Health Screenings for a Child Taken into Custody of the Children's Division

In response to similar legislation, HCS for HB 2745 (2026), officials from the **Department of Social Services** and **Office of the State Courts Administrator** each assumed the proposal would have no fiscal impact on their respective organizations. **Oversight** does not have any information to the contrary. Therefore, Oversight will reflect a zero impact in the fiscal note for these agencies.

Oversight assumes this proposal establishes time frames for the Children's Division's assessment and treatment services for children who enter into their custody. Oversight assumes no fiscal impact from this proposal.

§301.142 – Placards and License Plates for Disabled Persons

In response to the underlying bill, officials from the **Department of Revenue (DOR)** assumed the following regarding this proposal:

Administrative Impact

To implement the proposed changes, the Department will:

• Update procedures, manuals, Department website, and correspondence letters
• Update Department system(s)
• Train current staff

FY 2027 – Systems Analysis & Support
Associate Research/Data Analyst 107 hrs. @ $31.16/hr. =$3,334
Research/Data Analyst 27 hrs. @ $37.14/hr. =$1,003
Administrative Manager 14 hrs. @ $51.40/hr. =$720

FY 2027 – Strategy & Communications Office
Associate Research/Data Analyst 40 hrs. @ $31.16/hr. =$1,246
Research/Data Analyst 10 hrs. @ $37.14/hr. =$371

Total = $6,674

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 will use existing staff and will not hire additional FTE to conduct these activities; therefore, Oversight will not reflect the administrative costs DOR has indicated on the fiscal note.

FUSION Impact

DOR notes:
Implementation: 10 hrs. @ $225/hr. = $2,250

Oversight assumes DOR is provided with core funding to handle a certain amount of activity each year. Oversight assumes DOR could absorb the FUSION 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.

DOR notes OA-ITSD services will be required at a cost of **$29,757** in FY 2027 (283.4 hours x $105 per hour).

The fiscal impact estimated above is based on changes in the current Department's Motor Vehicle system environment. The implementation of this legislation will be coordinated with the integration of the Department's Motor Vehicle and Driver Licensing software system approved and passed by the General Assembly in 2020 (Senate Bill 176).

To avoid duplicative technology development and associated costs to the state, it is recommended a delayed effective date be added to this bill to correlate with the installation of the new system.

Oversight does not have any information to the contrary in regards to DOR's assumptions; therefore, Oversight will reflect DOR's OA-ITSD costs on the fiscal note.

§334.031 – Senate Amendment 3 (Health Care Provider Provisions)

In response to similar legislation, SCS for SB 1423 (2026), officials from the **Department of Commerce and Insurance** and **Department of Health and Senior Services** 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.

§337.600 – Social Workers

In response to similar legislation, SB 1092 (2026), officials from the **Department of Commerce and Insurance** and the **Department of Social Services** 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.

§338.333 - Licensure of Wholesale Drug Distributors

In response to a previous version, officials from the **Department of Commerce and Insurance (DCI)** assumed this section of the proposal will have no fiscal impact on their organization.

Oversight notes currently, no person or outlet can act as a wholesale drug distributor, pharmacy distributor, drug outsourcer, or third-party logistics provider without obtaining a license from the Missouri Board of Pharmacy. Oversight assumes this legislation permits the Board of Pharmacy to license out-of-state entities if those entities possess a valid license from another state with comparable standards.

DCI notes the current fees for instate licenses are:

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

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

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

§§338.600, 376.387 and 376.399 – Pharmacy Benefit Managers as Amended by Senate Amendment 4 as Amended by Senate Amendment 1

In response to similar legislation, SCS for SB Nos. 984 & 968 (2026), Officials from the **Department of Commerce and Insurance (DCI)** assumed this proposal would amend the pharmacy practice act to address audits of pharmacy records by managed care companies, insurance companies, or pharmacy benefit managers.

The proposal also makes changes to insurance laws related to pharmacy benefit managers (PBMs). These changes include broadening the definition of a "covered person" and allowing the Department to audit information provided by a PBM. It outlines requirements for information that must be included in claims data submitted by a pharmacy for payment by a PBM. The proposal requires PBMs to provide the Department and plan sponsors with documentation of benefit designs that encourage or require enrollees to fill prescriptions at the PBM's affiliates. It requires PBMs with affiliates to disclose specified information to the plan sponsor and to the Department. It specifies that PBMs owe a fiduciary duty to each plan sponsor. Finally, the proposal states that the Department may "audit" a PBM to ensure compliance.

This proposal does not include a new benefit mandate; however, it would impose additional regulatory requirements on the Department, which will likely require expertise that the Department currently lacks. Additionally, if implemented, this proposal may lead to increased consumer and provider complaints.

DCI will need to contract with firms with the necessary knowledge and expertise to determine compliance with the new provisions. In addition, DCI will need 1 FTE Examiner-in-charge and 2 FTE Insurance Examiners due to the number and complexity of investigations/examinations needed to ensure compliance. Contracted consultation with a pharmacist for the completion of market conduct investigations or examinations are assumed to be an annual cost of $250,000 to $500,000 using an assumed hourly rate of $300-$500.

Oversight does not have any information to the contrary. Therefore, Oversight will the reflect the estimated cost as provided by the DCI to the Insurance Dedicated Fund (1566).

In response to similar legislation, SCS for SB Nos. 984 & 968 (2026), officials from the **Missouri Department of Transportation (MoDOT)** assumed this bill has no direct impact on the MoDOT-MSHP medical plan but could increase costs for third party administrators which in turn would be passed on to the plan when the contract is renewed.

Oversight assumes the increase in cost for the third-party administrators being passed onto the plan when contracts are renewed is speculative. Actual increase depends on negotiations, timing and utilization; and therefore will not reflect a fiscal impact in the fiscal note for this agency.

In response to similar legislation, SCS for SB Nos. 984 & 968 (2026), officials from the **Department of Health and Senior Services**, **Department of Social Services**, **Missouri Consolidated Health Care Plan** and **City of Kansas City** each assumed the proposal would have no fiscal impact on their respective organizations. **Oversight** does not have any information to the contrary. Therefore, Oversight will reflect a zero impact in the fiscal note for these agencies.

In response to similar legislation, SCS for SB Nos. 984 & 968 (2026), officials from the **Department of Public Safety - Missouri Highway Patrol** deferred to the Missouri Department of Transportation for the potential fiscal impact of this proposal.

Oversight notes that Senate Amendment 1 as Amended by Senate Amendment 1 to Senate Amendment 4 removes these sections from the underlying bill. Therefore, Oversight will show no costs for these sections.

§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.

In response to the underlying bill, officials from the **Missouri Department of Transportation (MoDOT) - Missouri Highway Patrol (MHP)** stated 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 manage, 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.

§376.1183 - Diagnostic Breast Examinations

Officials from the **MoDOT** state the increased requirements in this section would increase costs for the MoDOT-MSHP medical plan. Currently, diagnostic breast exams are included in plan coverage with cost sharing, while this would require the plan to cover the full cost. 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.

Officials from the **DCI** state the proposed substitute would prohibit health carriers from imposing cost sharing requirements for diagnostic breast exams or supplemental breast exams. It also specifies that the cost-sharing prohibition would apply to high deductible health plans with health savings accounts only after the minimum deductible has been met.

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.

§376.1186 - Health Benefit Exchange

Officials from the **DCI** state this proposed substitute would repeal the provisions of section 376.1186, which currently prohibits the establishment of a health benefit exchange in Missouri. The repeal of this provision does not require the Department to take any affirmative actions.

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.

§376.1240 - Self-Administered Hormonal Contraceptives

Officials from the **Department of Commerce and Insurance (DCI)** assumes this proposed substitute also includes a provision that would put a sunset date of December 31, 2026, on

current law that requires self-administered contraceptives be dispensed in a 90 or 180 day supply. It would require health carriers who currently provide coverage for self-administered contraceptives to provide such coverage for a year's supply of contraceptives dispensed at one time, beginning January 1, 2027.

Since this requirement would only apply to carriers who already provide coverage for self-administered contraceptives and relate to how the products are dispensed, it would not be considered a new mandate.

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

Officials from the DCI assume the department can absorb the cost relating to the proposal. **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 929 (2026), officials from **City of Kansas City** 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 assumes this section requires health benefit plans issued or renewed on or after January 1, 2027, that provide coverage for self-administered hormonal contraceptives, as defined in the act, to cover a supply of the contraceptives which is intended to last up to ninety days, or up to 180 days for a generic self-administered hormonal contraceptive. **Oversight** will reflect a $0 to Unknown cost to Local Political Subdivisions.

In response to similar legislation, SB 929 (2026), officials from the **Department of Social Services**, **Missouri Department of Transportation**, **Missouri Consolidated Health Care Plan** each assumed the proposal would have no fiscal impact on their respective organizations.

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

In response to similar legislation, SB 929 (2026), officials from the **Department of Public Safety - Missouri Highway Patrol** deferred to the **MoDOT/MSHP Health Care Board** for the potential fiscal impact of this proposal.

§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.

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

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

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

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

§376.1280 - Insurance Coverage of Alternatives to Opioid Drugs

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

§376.1960 – Home Blood Pressure Monitoring Devices as Amended by Senate Amendment 4 as Amended by Senate Amendment 1

In response to the underlying bill, officials from the **DSS** stated this legislation applies to MO HealthNet and would have an impact. This change would result in an impact to the Managed Care capitation rates of up to $650,000 (annually) and the actuarial cost to evaluate this program change would be no more than $25,000. The fiscal estimate for the benefit is limited to the incremental increase to remove medical necessity and does not represent the entire cost of the SMBP benefit for pregnant and postpartum women.

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

Officials from the **Department of Commerce and Insurance (DCI)** assume this proposed substitute would require health carriers issuing health benefit plans that are delivered, issued for delivery, continued, or renewed on or after January 1, 2027, and that provide maternity benefits provide coverage for home blood pressure monitors for pregnant women or women within 12 months' post-partum when medically appropriate. It is not anticipated that this proposal would generate additional filings, beyond annual form filings made by health carriers. It is not anticipated that this proposal will generate additional policy form filings beyond the annual form filings made by health carriers.

The Affordable Care Act (ACA) requires all non-grandfathered individual and small group health plans to cover a core set of health care services within 10 essential health benefit (EHB) categories. In 2012, Missouri, like other states, adopted a benchmark plan that defined the core benefits these plans must offer in the state. The ACA also requires that the cost of a new coverage mandate added by a state after adoption of its benchmark plan that is above and beyond the EHB benchmark will be the responsibility of the state.

45 C.F.R. 155.170 requires states to defray the cost of additional required benefits mandated by a state on or after January 1, 2012. States may require qualified health plans to offer benefits in addition to essential health benefits. States will identify which state-required benefits are in addition to the EHB and must make payments to defray the cost of additional benefits either to enrollees in qualified health plans or directly to the qualified health plans, on behalf of their enrollees.

Documentation provided by the U. S. Department of Health and Human Services, Center for Consumer Information & Insurance Oversight (CCIIO) in October 2018 instructed states as follows:

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

This proposal requires, in pertinent part, that "Health benefit plans delivered, issued for delivery, continued or renewed in this state on or after January 1, 2026, and providing for maternity benefits, shall provide coverage for a home blood pressure monitoring device for pregnant and postpartum women." This provision appears to create a new mandate for which the state must defray payments, as required under federal law. As a result, the state may be required to defray the actuarial cost of new coverage requirements and make payments to either issuers or beneficiaries to negate potential premium increases. DCI does not know the increased utilization that may be created by the provisions of this proposal. As a result, there is a zero to unknown

negative impact to General Revenue.

In 2011, the Missouri General Assembly enacted section 376.1190, which states that "any health care benefit mandate proposed after August 28, 2011, shall be subject to review by the Oversight Division of the Joint Committee on Legislative Research. The Oversight Division shall perform an actuarial analysis of the cost impact to private and public payers of any new or revised mandated health care benefit proposed by the General Assembly after August 28, 2011, and a recommendation shall be delivered to the speaker and the president pro tem prior to mandate being enacted."

The department believes the costs of this bill can be absorbed within the 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.

In response to similar legislation, SB 1089 (2026), officials from the **Oversight Division** stated in 2011, the Missouri General Assembly enacted section 376.1190, which states, "any health care benefit mandate proposed after August 28, 2011, shall be subject to review by the oversight division of the joint committee on legislative research. The oversight division shall perform an actuarial analysis of the cost impact to private and public payers of any new or revised mandated health care benefit proposed by the general assembly after August 28, 2011, and a recommendation shall be delivered to the speaker and the president pro tem prior to mandate being enacted."

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

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

In response to similar legislation, SB 1089 (2026), officials from the **Missouri Department of Conservation (MDC)** stated they anticipate an unknown fiscal impact of less than $250,000.

Oversight does not have any information to the contrary. Oversight will reflect MDC's costs to the Conservation Commission Fund as "Less than $250,000".

Officials from the **Missouri Department of Transportation (MoDOT)** state this bill requires health providers to provide coverage for blood pressure monitoring devices for pregnant and postpartum women. This will negatively impact the MoDOT-MSHP medical plan. The negative impact on the State Road Fund is unknown and would depend on usage by pregnant and postpartum enrollees.

Oversight does not have any information to the contrary. MoDOT did not provide an estimate of the fiscal impact to their organization. Therefore, Oversight will reflect MODOT's costs to the State Road Fund as "Unknown". However, Oversight assumes insurance coverage for the maternity services in this proposal would not exceed $250,000 annually.

In response to similar legislation, SB 1089 (2026), officials from the **City of Kansas City** assumed the proposed legislation has a negative fiscal impact of an indeterminate amount.

Oversight assumes this legislation could have a negative impact on local health plans and therefore will reflect an unknown cost to local political subdivisions

In response to similar legislation, SB 1089 (2026), officials from the **Department of Health and Senior Services** and **Missouri Consolidated Health Care Plan** each assumed the proposal would have no fiscal impact on their respective organizations. **Oversight** does not have any information to the contrary. Therefore, Oversight will reflect a zero impact in the fiscal note for these agencies.

In response to similar legislation, SB 1089 (2026), officials from the **Department of Public Safety - Missouri Highway Patrol** deferred to the Missouri Department of Transportation for the potential fiscal impact of this proposal.

Oversight notes Senate Amendment 4 as Amended by Senate Amendment 1 to Senate Amendment 4 contains a language change. Oversight assumes this change will not alter the costs of this section.

§383.155 - Operations of a Joint Underwriting Association

Officials from the **DCI** state this proposed substitute includes modifications to 383.155 that would change the joint underwriting association provision to allow not only creation by the Director but also allow the association to be directed to resume operations by the Director. This provision would allow the board of the joint underwriting association to suspend operations if it is determined that medical malpractice insurance is reasonably available in the voluntary market.

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.

§407.3007 - Provisions Relating to Artificial Intelligence in Mental Health as Amended by Senate Amendment 4 as Amended by Senate Amendment 1 to Senate Amendment 4

In response to similar legislation, SB 1444 (2026), officials from the **Office of Attorney General (AGO)** assumed any potential litigation costs arising from this proposal can be absorbed with existing resources. The AGO may seek additional appropriations if the proposal results in a significant increase in litigation or investigation costs.

Oversight does not have any information to the contrary. Therefore, Oversight assumes the AGO will be able to perform any additional duties required by this proposal with current staff and resources and will reflect no fiscal impact to the AGO for fiscal note purposes.

Oversight notes the provisions of §407.3007.4 provide that if the AGO finds a violation of the provisions of this proposal have occurred, the AGO shall commence a civil action with civil penalties of $10,000 for the first violation and $20,000 for any subsequent violation. Oversight notes civil penalties for merchandising practices violations (Chapter 407) are deposited in the Merchandising Practices Revolving Fund (1631). Oversight will reflect a $0 or Unknown positive fiscal impact to the Merchandising Practices Revolving Fund. It is assumed additional collections resulting from these changes will be less than $250,000 annually.

In response to a previous version, officials from the **DCI** stated 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 **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 notes Senate Amendment 4 as Amended by Senate Amendment 1 to Senate Amendment 4 removes this section from the underlying bill. Therefore, Oversight will remove any costs associated with this section.

§590.192 - Critical Incident Management

Officials from the **Department of Public Safety (DPS) – Office of the Director** state 590.192 RSMo added in this proposal added clarifying language to existing statute requiring creation of a program. The costs are unknown, but they expect to need at least 1 FTE.

Oversight does not have information to the contrary and therefore, Oversight will reflect the estimates as provided by the DPS - Office of the Director.

In response to similar legislation, SB 1731 (2026), officials from the **Department of Corrections (DOC)** stated that DOC is not considered first responders or peace officers by statute definitions listed in 591.1010. Therefore, DOC estimates no impact.

In response to similar legislation, SB 1731 (2026), officials from the **University of Missouri System** 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.

Responses Regarding the Bill as a Whole

In response to a previous version, 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.

In response to a previous version, 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 **Office of Administration - Administrative Hearing Commission** and **Platte County Board of Elections** 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 the underlying bill, officials from the **Department of Economic Development**, **Department of Elementary and Secondary Education**, **Department of Higher Education and Workforce Development**, **Department of Public Safety (Missouri Gaming Commission)**, **Missouri Department of Agriculture**, **MoDOT & Patrol Employees' Retirement System**, **Missouri Lottery**, **Missouri National Guard**, **Missouri State Employees Retirement System**, **Office of the State Treasurer**, **St. Louis County Election Board**, **Newton County Health Department**, **Phelps County Sheriff's Department**, **Branson Police Department**, **County Employees Retirement Fund**, **Public Education Employees' Retirement System**, **Sheriff's Retirement System**, **Metropolitan St. Louis Sewer District**, **South River Drainage District** 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 Labor and Industrial Relations**, **Department of Natural Resources**, **Department of Public Safety (Division of Alcohol and Tobacco Control, Capitol Police, Division of Fire Safety, Missouri Veterans Commission, State Emergency Management Agency)**, **Joint Committee on Public Employee Retirement**, **Joint Committee on Legislative Research**, **Missouri House of Representatives**, **Missouri Senate**, **Office of Administration (OA)**, **Office of the Governor, Office of the State Auditor**, **Office of the State Public Defender**, **Petroleum Storage Tank Insurance Fund, St. Louis City Board of Elections**, **Kansas City Police Department**, **St. Louis County Police Department**, **Wayne County Public Water Supply District #2** and **Northwest Missouri State University** each assumed the proposal would have no fiscal impact on their respective organizations. **Oversight** does not have any information to the contrary. Therefore, Oversight will reflect a zero impact in the fiscal note for these agencies.

In response to a previous version, officials from the **Department of Public Safety, Missouri Highway Patrol (MHP)** deferred 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.

FISCAL IMPACT – State Government	FY 2027 (10 Mo.)	FY 2028	FY 2029
GENERAL REVENUE			
Cost – OSCA (Various Sections) Potential increase in court costs	$0 or (Unknown)	$0 or (Unknown)	$0 or (Unknown)
Cost – DSS/DYS (§190.246) Purchase of epinephrine nasal spray devices	($14,400)	$0 to ($14,400)	$0 to ($14,400)
Cost – DHSS (§192.020)			
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)
Total Costs - DHSS	($243,212)	($260,039)	($264,587)
FTE Change - DHSS	2 FTE	2 FTE	2 FTE
Cost – DHSS (§§192.026 and 192.027)			
Personal Service	($813,958)	($996,284)	($1,016,210)
Fringe Benefits	($490,734)	($596,737)	($604,752)
Equipment and Expense	($309,346)	($157,291)	($160,437)
Total Costs – DHSS	($1,614,038)	($1,750,312)	($1,781,399)
FTE Changes - DHSS	12 FTE	12 FTE	12 FTE
Cost – MCHCP (§§192.020 & 192.026-192.028) Medical treatment of Lyme disease	($86,400 to $464,000)	($86,400 to $464,000)	($86,400 to $464,000)
Transfer Out – (§192.027) To Lyme Research and Eradication Fund	$0 or (Unknown)	$0 or (Unknown)	$0 or (Unknown)
Cost – DHSS (§192.990)			
Personal service	($74,733)	($91,474)	($93,303)
Fringe benefits	($43,671)	($53,127)	($53,862)
Equipment and expense	($22,324)	($8,879)	($9,056)
Total Costs – DHSS	($140,728)	($153,480)	($156,221)
FTE Change – DHSS	1 FTE	1 FTE	1 FTE
Cost – DHSS (§192.990) Board member travel and stipend	($174,614)	($132,580)	($132,580)
Cost – DHSS (§192.2155)			
Personal service	($61,490)	($75,264)	($76,769)

FISCAL IMPACT – State Government	FY 2027 (10 Mo.)	FY 2028	FY 2029
Fringe benefits	($38,345)	($46,607)	($47,213)
Equipment and expense	($29,708)	($17,916)	($18,275)
Total Costs - DHSS	($129,543)	($139,787)	($142,257)
FTE Change - DHSS	1 FTE	1 FTE	1 FTE
Cost – DOC (§198.022) Increased incarceration costs	($9,269 to Unknown)	($22,691 to Unknown)	($23,145 to Unknown)
Cost – DSS/MHD (§208.149) Actuarial analysis of MHN coverage of certain clinical pathology services	($12,500)	$0	$0
Cost – DSS/MHD (§208.270)			
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)
Total Costs - DSS/MHD	($153,110)	($179,538)	($181,345)
FTE Change - DSS/MHD	1 FTE	1 FTE	1 FTE
Cost – DSS/MHD (§208.270) FIM program participation	$0	(Could exceed $3,022,864)	(Could exceed $3,227,361)
Cost – DSS/MHD (§208.270) Grocer Network Vendor	($250,000)	$0	$0
Cost – DSS/MHD (§208.270) 1115 Waiver consultant	($10,000)	$0	$0
Cost – DSS/MHD (§208.440) Actuarial analysis for additional reporting provisions	($12,500)	$0	$0
Cost – DSS/MHD (§208.662) Actuarial study to evaluate program change	($25,000)	$0	$0
Cost – DSS/MHD (§§208.662 & 208.1400-208.1425) Study of impact of childbirth education classes	($22,500)	$0	$0

FISCAL IMPACT – State Government	FY 2027 (10 Mo.)	FY 2028	FY 2029
Cost – DSS/MHD (§§208.662 & 208.1400-208.1425) Increase in managed care capitation rates	($10,626)	($11,345)	($12,112)
Cost – DOR (§301.142) OA-ITSD	($29,757)	$0	$0
Cost – DCI (§338.710) Removal of Rx Cares for Missouri expiration	$0	(Up to $750,000)	(Up to $750,000)
Cost – MCHCP (§376.1245) Anesthesia cost	(Unknown, less than $320,000)	(Unknown, less than $320,000)	(Unknown, less than $320,000)
Cost - DSS/MHD (§376.1960) Increased capitation rates for blood pressure monitoring	Up to ($230,230)	Up to ($245,805)	Up to ($262,434)
Cost - DSS/MHD (§376.1960) Actuarial study	($12,500)	$0	$0
Cost – Oversight Division (§376.1960) Actuarial analysis/impact study	Could exceed ($50,000)	$0	$0
Cost – DPS/DO (§590.192)			
Personal service	($76,798)	($94,001)	($95,881)
Fringe benefits	($44,502)	($54,143)	($54,899)
Equipment and expense	($7,223)	$0	$0
Total Costs - DPS/DO	($128,523)	($148,144)	($150,780)
FTE Change - DPS/DO	1 FTE	1 FTE	1 FTE
ESTIMATED NET EFFECT ON GENERAL REVENUE	**(Unknown, could exceed $4,057,050)**	**(Unknown, More or less than $7,614,985)**	**(Unknown, More or less than $7,882,621)**
Estimated Net FTE Change on General Revenue	18 FTE	18 FTE	18 FTE

FISCAL IMPACT – State Government	FY 2027 (10 Mo.)	FY 2028	FY 2029
FEDERAL FUNDS			
Cost – MCHCP (§§192.020 & 192.026-192.028) Medical treatment of Lyme disease	($28,350 to $152,250)	($28,350 to $152,250)	($28,350 to $152,250)
Revenue Gain - DSS/MHD (§208.149) Program reimbursement for actuarial analysis	$12,500	$0	$0
Cost - DSS/MHD (§208.149) Actuarial analysis	($12,500)	$0	$0
Revenue Gain – DSS/MHD (§208.270) FIM program participation	$0	Could exceed $11,976,422	Could exceed $12,786,627
Revenue Gain – DSS/MHD (§208.270) Grocer network vendor	$250,000	$0	$0
Revenue Gain – DSS/MHD (§208.270) 1115 Waiver consultant	$10,000	$0	$0
Cost – DSS/MHD (§208.270) FIM program participation	$0	(Could exceed $11,976,422)	(Could exceed $12,786,627)
Cost – DSS/MHD (§208.270) Grocer Network Vendor	($250,000)	$0	$0
Cost – DSS/MHD (§208.270) 1115 Waiver consultant	($10,000)	$0	$0
Revenue Gain – DSS/MHD (§208.440) Reimbursement to actuarial analysis for additional reporting provisions	$12,500	$0	$0
Cost – DSS/MHD (§208.440) Actuarial analysis for additional reporting provisions	($12,500)	$0	$0

FISCAL IMPACT – State Government	FY 2027 (10 Mo.)	FY 2028	FY 2029
Revenue Gain – DSS/MHD (§208.662) Actuarial study to evaluate program change	$25,000	$0	$0
Revenue Gain – DSS/MHD (§§208.662 & 208.1400-208.1425) Reimbursement for increase in managed care capitation rates	$19,374	$20,685	$22,084
Revenue Gain – DSS/MHD (§§208.662 & 208.1400-208.1425) Reimbursement for study of impact of childbirth education classes	$22,500	$0	$0
Cost – DSS/MHD (§208.662) Actuarial study to evaluate program change	($25,000)	$0	$0
Cost – DSS/MHD (§§208.662 & 208.1400-208.1425) Increase in managed care capitation rates	($19,374)	($20,685)	($22,084)
Cost – DSS/MHD (§§208.662 & 208.1400-208.1425) Study of impact of childbirth education classes	($22,500)	$0	$0
Cost – MCHCP (§376.1245) Anesthesia cost	(Unknown, less than $105,000)	(Unknown, less than $105,000)	(Unknown, less than $105,000)
Revenue Gain – DSS/MHD (§376.1960) Reimbursements for increased capitation rates for blood pressure monitoring	Up to $419,770	Up to $448,167	Up to $478,486
Revenue Gain – DSS/MHD (§376.1960) Reimbursement for actuarial study	$12,500	$0	$0
Cost - DSS/MHD (§376.1960) Increased capitation rates for blood pressure monitoring	Up to ($419,770)	Up to ($448,167)	Up to ($478,486)

FISCAL IMPACT – State Government	FY 2027 (10 Mo.)	FY 2028	FY 2029
Cost - DSS/MHD (§376.1960) Actuarial study	($12,500)	$0	$0
ESTIMATED NET EFFECT ON FEDERAL FUNDS	**($28,350 to $257,250)**	**($28,350 to $257,250)**	**($28,350 to $257,250)**
PREMIUM FUND (1885)			
Cost – DSS/MHD (§208.146) Ticket to work premiums	$1,000,000	$1,200,000	$1,200,000
ESTIMATED NET EFFECT TO THE PREMIUM FUND	**$1,000,000**	**$1,200,000**	**$1,200,000**
BOARD OF PHARMACY FUND (1637)			
Revenue Gain – DCI (§338.333) License fee	Unknown, less than $250,000	Unknown, less than $250,000	Unknown, less than $250,000
ESTIMATED NET EFFECT TO THE BOARD OF PHARMACY FUND	**Unknown, less than $250,000**	**Unknown, less than $250,000**	**Unknown, less than $250,000**
STATE ROAD FUND (1320)			
Cost – MoDOT (§376.417) Enrollee's cost sharing	$0 to (Unknown, could exceed $250,000)	$0 to (Unknown, could exceed $250,000)	$0 to (Unknown, could exceed $250,000)
Cost – MoDOT (§376.1183) Enrollee's cost sharing	$0 to (Unknown, could exceed $250,000)	$0 to (Unknown, could exceed $250,000)	$0 to (Unknown, could exceed $250,000)

FISCAL IMPACT – State Government	FY 2027 (10 Mo.)	FY 2028	FY 2029
Cost – MoDOT (§376.1364) Enrollee's cost sharing	$0 to (Unknown, could exceed $250,000)	$0 to (Unknown, could exceed $250,000)	$0 to (Unknown, could exceed $250,000)
Cost – MoDOT (§376.1960) Blood pressure monitoring devices	(Unknown)	(Unknown)	(Unknown)
ESTIMATED NET EFFECT TO THE STATE ROAD FUND	$0 to (Unknown, could exceed **$750,000)**	$0 to (Unknown, could exceed **$750,000)**	$0 to (Unknown, could exceed **$750,000)**
CONSERVATION COMMISSION FUND (1609)			
Cost – MDC (§376.1960) Blood pressure monitoring devices	(Unknown)	(Unknown)	(Unknown)
ESTIMATED NET EFFECT ON THE CONSERVATION COMMISSION FUND	**(Unknown)**	**(Unknown)**	**(Unknown)**
OTHER STATE FUNDS			
Cost – MCHCP (§376.1245) Anesthesia cost	(Unknown, less than $75,000)	(Unknown, less than $75,000)	(Unknown, less than $75,000)
Cost – MCHCP (§§192.026-192.028) Medical treatment of Lyme disease	($20,250 to $108,750)	($20,250 to $108,750)	($20,250 to $108,750)
ESTIMATED NET EFFECT ON OTHER STATE FUNDS	**($20,250 to $183,750)**	**($20,250 to $183,750)**	**($20,250 to $183,750)**

FISCAL IMPACT – State Government	FY 2027 (10 Mo.)	FY 2028	FY 2029
COLLEGES AND UNIVERSITIES			
Transfer In – (§192.027) Research grants	$0 or Unknown	$0 or Unknown	$0 or Unknown
ESTIMATED NET EFFECT ON COLLEGES AND UNIVERSITIES	**$0 or Unknown**	**$0 or Unknown**	**$0 or Unknown**
LYME RESEARCH AND ERADICATION FUND			
Revenue Gain – (§192.027) Gifts, grants, donations	$0 or Unknown	$0 or Unknown	$0 or Unknown
Transfer In – (§192.027) From General Revenue	$0 or Unknown	$0 or Unknown	$0 or Unknown
Cost – DHSS (§192.027) Research grants	$0 or (Unknown)	$0 or (Unknown)	$0 or (Unknown)
ESTIMATED NET EFFECT ON LYME RESEARCH AND ERADICATION FUND	**$0**	**$0**	**$0**

FISCAL IMPACT – Local Government	FY 2027 (10 Mo.)	FY 2028	FY 2029
LOCAL POLITICAL SUBDIVISIONS			
Cost – School Districts (§§167.627 & 167.630) Purchase of epinephrine nasal spray devices	$0 to (Unknown)	$0 to (Unknown)	$0 to (Unknown)
Cost - Health Facilities - (§197.708) Printed signs at various health care facilities	(Unknown)	(Unknown)	(Unknown)
Revenue gain – School Districts (§376.417.3) Fines from violations	$0 to Unknown*	$0 to Unknown*	$0 to Unknown*

FISCAL IMPACT – Local Government	FY 2027 (10 Mo.)	FY 2028	FY 2029
Cost – Medical Plans (§376.417 & 376.1183 & 376.1364) Enrollee's cost sharing	$0 to (Unknown)*	$0 to (Unknown)*	$0 to (Unknown)*
Cost – Local Political Subdivisions (§376.1240) Hormonal Contraceptive Coverage	$0 to (Unknown)	$0 to (Unknown)	$0 to (Unknown)
Cost - Local Political Subdivisions Increased medical insurance obligations	$0 or (Unknown)	$0 or (Unknown)	$0 or (Unknown)
ESTIMATED NET EFFECT ON LOCAL POLITICAL SUBDIVISIONS	**$0 to (Unknown)**	**$0 to (Unknown)**	**$0 to (Unknown)**

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

FISCAL IMPACT – Small Business

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

Reducing the minimum years of practice a supervisor is needed, may have a direct fiscal impact to social worker agencies as a result of this proposal. (§337.600)

FISCAL DESCRIPTION

SS/SCS/HCS/HB 2372 - This act modifies provisions relating to health care.

AWARENESS DAYS (Sections 9.021, 9.025, 9.238, 9.412, 9.418, 9.501, and 9.502)

This act designates the week beginning the last Monday of September each year as "Frontotemporal Degeneration (FTD) Awareness Week" in Missouri.

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

This act establishes September each year as "Pediatric Cancer 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 establishes the first full week in September each year as "June's Week" and "Rare Pediatric Disease 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.

PEDIATRIC DISEASE TASK FORCE (Section 173.690)

This act creates the Pediatric Disease Task Force within the Department of Higher Education and Workforce Development (DHEWD), with membership as described in the act. Beginning January 1, 2027, the task force shall meet at least quarterly, and the task force shall submit an annual public report to the Governor and the General Assembly by December 31 of each year. Such report shall detail research initiatives within the state focused on genetic and pediatric diseases, including rare pediatric diseases; summarize key outcomes achieved by the research initiatives; account for funds expended and leveraged by the research initiatives; and include any legislative recommendations.

This provision shall expire on December 31, 2030.

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.

EMERGENCY MEDICAL SERVICE SCOPE OF PRACTICE (Section 190.142)

This act modifies emergency medical technician scope of practice by permitting them to perform patient care that is consistent with the current National EMS Scope of Practice Model or such additions as approved by the state EMS medical director's advisory committee for advanced emergency medical technicians or approved by the local medical director for paramedics at the agency or individual clinician level.

SICKLE CELL STANDING COMMITTEE (Section 191.117)

This act creates the "Lori Zena Baker Act". This act establishes the "Sickle Cell Standing Committee" as a subcommittee of the Missouri Genetic Advisory Committee within the Department of Health and Senior Services, with membership as specified in the act. The Director of the Department of Health and Senior Services shall appoint the committee members. The committee shall assess the impact of sickle cell disease on the state and make recommendations to the General Assembly and Governor regarding services and policies to address the state's needs, as described in the act.

DOULA SERVICES (Sections 191.708, 208.662, 208.1400-1425, 376.1758, and 376.1765)

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.

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

This act authorizes the Department of Health and Senior Services to contract with a Missouri affiliate of a national public health association or public health institute, or a similar or successor entity, in order to assist in carrying out its duties to promote the health and well-being of Missouri residents. Such contracts may include efforts to assist in the delivery of health services throughout the state and the administration of grant funds and related programs. The Department and the designated affiliate shall provide a report to the General Assembly as specified in the act.

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.

MULTIDISCIPLINARY ADULT PROTECTION TEAMS (Sections 192.2400 and 192.2435)

This act modifies current law relating to protective services for elderly and disabled adults by authorizing multidisciplinary adult protection teams to access confidential reports of abuse and neglect and case information to the extent necessary to conduct team activities and to share such information with other team members. Additionally, the Department of Social Services and the Department of Mental Health shall have limited access to such confidential reports, as described in the act.

DISCLOSURE OF VITAL RECORDS (Section 193.245)

This act repeals a provision of law permitting the Department of Health and Senior Services to disclose a listing of persons who are born or who die on a particular date upon a person's request.

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.

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.

HOSPITAL PRICE TRANSPARENCY (Sections 197.1040 and 197.1045)

Under this act, a hospital that is not in material compliance with federal hospital price transparency laws on the date that items or services are purchased from, or provided to a patient by, the hospital shall not initiate or pursue a collection action against the patient for a debt owed for the items or services.

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. Finally, if a facility exempt from an annual inspection under this act has one or more violations of any class I standards, then the facility shall be subject to a full inspection by the Department.

MO HEALTHNET TICKET TO WORK (Section 208.146)

Under current law, the "Ticket to Work Health Assurance Program" expired on August 28, 2025. This act repeals that expiration date.

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.

MO HEALTHNET THIRD PARTY LIABILITY (Section 208.215)

Under this act, any health benefit plan, third-party administrator, administrative service organization, or pharmacy benefits manager paying all properly submitted medical assistance subrogation claims or MO HealthNet subrogation claims shall respond to any inquiry by the state regarding a claim for payment for any health care item or service not later than 60 days after receiving the inquiry. Additionally, such entity shall not deny a claim submitted by the state for failure to provide prior authorization for the item or service, except that this provision shall not apply to certain programs or plans, including the original Medicare fee-for-service program, a Medicare Advantage plan, a reasonable cost reimbursement plan, a health care prepayment plan, or a prescription drug plan.

A health benefit plan, third-party administrator, administrative service organization, or pharmacy benefits manager shall accept authorization provided by the state that an item or

service is covered under the state plan or a waiver for the individual as if the authorization were the prior authorization made by the third party, except that this provision shall not apply to certain programs or plans, including the original Medicare fee-for-service program, a Medicare Advantage plan, a reasonable cost reimbursement plan, a health care prepayment plan, or a prescription drug plan.

"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.

PRIOR AUTHORIZATION (Sections 208.440 and 376.1364)

Beginning July 1, 2028, health carriers shall establish and maintain an online process that links directly to all e-prescribing systems and electronic health record systems that can accept and approve electronic prior authorization requests, as described in the act. No health carrier shall impose a fee or charge on any person accessing the online process under this provision. No later than July 1, 2028, a health carrier shall provide the contact information of any third party vendor or other entity that the carrier will use to meet these requirements to any provider that requests such information. A carrier that fails to implement and maintain an online process for prior authorization of prescription drugs as required by this act shall not require providers to obtain prior authorization for prescription drugs, except as may be specified by the Department of Commerce and Insurance by rule.

By January 1, 2028, health carriers and utilization review entities shall implement and maintain a prior authorization application programming interface (API) that conforms with federal law. If a health carrier cannot implement the prior authorization API by January 1, 2028, the health carrier shall provide written notice to the Department requesting an extension, accompanied by a documented plan to come into compliance. By January 1, 2028, an enrollee's health care provider may use the prior authorization API to submit requests for prior authorization of health care services, excluding prescription drugs. A health carrier shall accept prior authorization requests submitted through the API.

For contracts between health carriers and participating health care providers entered into or renewed on or after January 1, 2028, a health carrier may include a provision that requires health care providers to submit prior authorization requests using the API. If a health care provider fails to utilize the API, cost-sharing for which the enrollee would have otherwise been responsible shall not be affected.

For plan years beginning on or after January 1, 2027, a health carrier using prior authorization shall make statistics available regarding prior authorization approvals and denials for health care services, excluding drugs, on its website in a readily accessible format. The statistics shall be updated annually, no later than June 30, and shall include the required information as described in the act. The URL for the statistics shall be provided to the Department and the Department shall publish the website locations in a central location on the Department's website.

Every health carrier in this state offering a health benefit plan with a managed care component shall report annually to the Department with a complete list of the health care services, excluding drugs, for which prior authorization is required. The Department shall review the reports and compile an annual report to be published on the Department's website no later than October 1 of each year.

No later than May 31, 2028, and annually thereafter, every health carrier in this state offering a health benefit plan with a managed care component shall provide a report to the Department with aggregated data related to practices and experience of the health carrier for the prior plan year for health care services submitted for payment, excluding drugs, as described in the act.

MO HealthNet managed care organizations, MO HealthNet managed care plans, and the MO HealthNet Division shall comply with the API, reporting, and review requirements of this act that are applicable to health carriers, health benefit plans, and the Department, by the dates specified in the act.

CHILDREN'S HEALTH SCREENINGS (Section 210.110)

Under this provision, a physician or nurse practitioner shall perform a physical health screening on an abused or neglected child within 72 hours of the child entering the custody of the state, as described in the act. No vaccine shall be administered to the child during the physical without the consent of the biological parent. Within 30 days of the physical, a referral shall be made for additional screenings, which may be performed by a licensed mental health professional or a primary care physician using a standardized assessment tool.

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. The Department of Elementary and Secondary Education shall develop a model policy or policies before July 1, 2027. Adoption of a policy on allergy prevention and response shall be required for licensure as a child care provider.

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. Additionally, removable windshield placards shall be renewed every

eight years, instead of the four years in current law. The Department of Transportation shall have the authority to automatically renew placards, as described in the act.

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.

SOCIAL WORKERS (Section 337.600)

This act modifies the definitions of a "qualified advanced macro supervisor," "qualified baccalaureate supervisor," and "qualified clinical supervisor" to provide that such person is a licensed social worker who has practiced social work for which he or she is supervising the applicant for a minimum of three, instead of five, years.

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 vaccines approved by the FDA after January 1, 2026, 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. Such medications shall be kept behind the counter, as described in the act.

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.

PHARMACY BENEFITS MANAGERS (Sections 338.600, 376.387, and 376.399)

This act adds definitions for the terms "audit" and "entity" for the purposes of audits of licensed pharmacies. Current law requires a one week notice for any on-site audit. This act increases such notice to fourteen days and requires the notice to specify specific prescriptions to be audited. A pharmacy shall have the right to submit amended claims within thirty days of the discovery of an error. Audits shall be limited to forty unique prescriptions, with a maximum of two hundred separately adjudicated claims, that are randomly selected, and the act provides that recoupment shall only occur following the correction of a claim, as described in the act. No audit shall occur during the first five business days, rather than the first three, of any month. An entity shall not perform more than two audits of a pharmacy in a calendar year, unless fraud is suspected.

This act modifies the definitions of "health carrier" and "pharmacy benefits manager" and adds definitions for "contracted pharmacy", "pharmacy benefits manager affiliate", for the purposes of regulating costs charged to covered persons for prescription drugs. Additionally, PBMs are prohibited from including a provision in a contract that requires payment for a prescription drug that exceeds the lesser of either the copayment amount or the amount the person would pay if they paid in cash. This act provides that the price shall also not exceed the contracted rate the pharmacy would be reimbursed for the drug.

This act modifies several definitions and adds new definitions for the purpose of regulating contracts between pharmacy benefits managers and pharmacies. The act also adds several provisions relating to contracts between PBMs and pharmacies, including providing plan sponsors with pharmacy claims data, submitting documentation of any benefit design that encourages or requires the use of affiliated pharmacies, and authorizing the Department of Commerce and Insurance to conduct audits of PBMs.

Finally, this act requires health benefit plans to comply with the federal H.R. 7148, the Consolidated Appropriations Act, by September 1, 2028. The Department of Commerce and Insurance have the authority to enforce this act. With respect to claims under Medicare Part D, or any other plan administered or regulated solely under federal law, nothing in certain provisions of this act shall apply.

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.

CONTRAST ENHANCED MAMMOGRAPHY (Section 376.1183)

Currently, each health carrier or health benefit plan that provides coverage for diagnostic breast examinations, supplemental breast examinations, coverage required under current law, or any combination of such coverage shall not impose any cost-sharing requirements on diagnostic breast examinations or supplemental breast examinations. This act modifies when supplemental breast examinations may be necessary and specifies that diagnostic and supplemental examinations may include contrast enhanced mammographies.

INSURANCE COVERAGE OF SELF-ADMINISTERED HORMONAL CONTRACEPTIVES (Section 376.1240)

This act requires health benefit plans issued or renewed on or after January 1, 2027, that provide coverage for self-administered hormonal contraceptives, as defined in the act, to cover a supply of the contraceptives which is intended to last up to one year.

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.

These provisions shall only be applicable when multiple nonopioid medications are approved by the U.S. Food and Drug Administration for the treatment of chronic or acute pain.

INSURANCE COVERAGE OF HOME BLOOD PRESSURE MONITORING DEVICES AND SERVICES (Section 376.1960)

This act creates "Nora's Law" and requires health benefit plans delivered, issued for delivery, continued, or renewed in this state to provide coverage for prescribed home blood pressure monitoring devices and home blood pressure monitoring device services for pregnant women and women within twelve months postpartum when determined to be medically appropriate by the prescribing practitioner in accordance with American College of Obstetricians and Gynecologist guidelines. Home blood pressure monitoring devices or home blood pressure monitoring device services prescribed shall meet the requirements for medical necessity only and can only be prescribed again if the condition being monitored deteriorates as to necessitate another prescription, or as necessary for subsequent pregnancies.

MEDICAL MALPRACTICE JOINT UNDERWRITING ASSOCIATION (Section 383.155)

Current law authorizes the establishment of a medical malpractice joint underwriting association upon a determination that medical malpractice liability insurance is not reasonably available in the voluntary market. This act authorizes the directors of the board of the association to suspend the operations of the association if such directors determine that medical malpractice insurance is reasonably available. The suspension shall be in accordance with the plan of operations, and shall include provisions for the administration of association funds.

During any suspension of operations, the association shall not collect dues or fees from its members, unless authorized by the Director of the Department of Commerce and Insurance.

ARTIFICIAL INTELLIGENCE IN MENTAL HEALTH (Section 407.3007)

This 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 this provision shall be considered an unlawful practice under the Missouri Merchandising Practices Act.

The Attorney General shall have the exclusive authority to enforce this provision. Any individual may report violations 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.

CRITICAL INCIDENT STRESS MANAGEMENT PROGRAM (Section 590.192)

Under current law, all peace officers and first responders are required to have a mental health check-in with a program service provider once every three to five years. This act allows a department to satisfy this requirement if they have an established behavioral health or mental health program that meets enumerated requirements. This act also adds first responder commanding officers to the list of people approved to receive notification that the check-in requirement has been met.

MENTAL HEALTH 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.

STATE-BASED HEALTH EXCHANGES (repeal of Section 376.1186)

This act repeals a provision of current law prohibiting the establishment of a state-based health benefit exchange under certain circumstances.

SA# 1: MODIFIES PROVISIONS RELATING TO CERTIFICATES OF NEED

SA# 2: MODIFIES PROVISIONS RELATING TO ALPHA-GAL SYNDROME AND REMOVES SECTION 192.021 FROM THE BILL

SA# 3: MODIFIES PROVISIONS RELATING TO PHYSICIAN LICENSURE

SA# 4: MODIFIES THE "FOOD IS MEDICINE" MO HEALTHNET WAIVER; REMOVES PROVISIONS RELATING TO PHARMACY BENEFITS MANAGERS FROM THE BILL; REMOVES PROVISIONS RELATING TO INSURANCE COVERAGE OF ALTERNATIVES

TO OPIOIDS FROM THE BILL; MODIFIES PROVISIONS RELATING TO INSURANCE COVERAGE OF HOME BLOOD PRESSURE MONITORING DEVICES AND SERVICES

SA# 1 TO SA# 4: REMOVES PROVISION RELATING TO ARTIFICIAL INTELLIGENCE IN MENTAL HEALTH FROM THE BILL

SA# 5, AS AMENDED BY SA#1 TO SA#5: CREATES PROVISIONS RELATING TO LYME DISEASE TRACKING, REPORTING, AND COVERAGE OF TREATMENT

SA# 6: MODIFIES PROVISIONS RELATING TO THE PREGNANCY-ASSOCIATED MORTALITY REVIEW BOARD

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
Director
May 13, 2026

Jessica Harris
Assistant Director
May 13, 2026