COMMITTEE ON LEGISLATIVE RESEARCH
OVERSIGHT DIVISION

FISCAL NOTE

L.R. No.: 5868S.08T
Bill No.: Truly Agreed To and Finally Passed SS for SCS for HCS for HB 2372
Subject: Ambulances and Ambulance Districts; Children and Minors; Dentists; Disabilities; Drugs and Controlled Substances; Elderly; Emergencies; Department of Health and Senior Services; Health Care; Health Care Professionals; Hospitals; Insurance - Health; Medicaid/MO HealthNet; Medical Procedures and Personnel; Nursing Homes and Long-Term Care Facilities; Pharmacy; Department of Social Services
Type: Original
Date: June 26, 2026

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

FISCAL SUMMARY

ESTIMATED NET EFFECT ON GENERAL REVENUE FUND

FUND AFFECTED	FY 2027	FY 2028	FY 2029
General Revenue	(Unknown, could exceed $2,583,187 to $3,475,981)	(Unknown, more or less than $6,197,785 to $7,145,078)	(Unknown, more or less than $6,433,608 to $7,390,698)
Total Estimated Net Effect on General Revenue	**(Unknown, could exceed $2,583,187 to $3,475,981)**	**(Unknown, more or less than $6,197,785 to $7,145,078)**	**(Unknown, more or less than $6,433,608 to $7,390,698)**

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)
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)**

*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 $609,000 in FY27, $12.3 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	12 to 16 FTE	12 to 16 FTE	12 to 16 FTE
Total Estimated Net Effect on FTE	**12 to 16 FTE**	**12 to 16 FTE**	**12 to 16 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

§§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"

Officials from the **Department of Health and Senior Services (DHSS)** state as follows:

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

Section 192.026.2 defines Lyme disease and 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 the department's reportable disease surveillance 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. The estimated cost to the Office of Epidemiology and Bureau of Data Modernization and Interoperability (DMI) includes a 1.0 FTE Senior Research/Data Analyst - $86,434 annual salary.

The Bureau of Communicable Disease Control and Prevention would require 2.0 additional Associate Epidemiologists (average annual salary of $86,434) 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. The total estimated cost is $271,783.

Section 192.026.4 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 department's reportable disease surveillance 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 total new FTE and estimated costs are included in the cost assessments for 192.026.2 and 192.026.5.

Section 192.026.5 requires Missouri 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.

The outreach and subsequent collaboration with University of Missouri or other four-year public institution will require initial staff investment of an additional 1.0 FTE Epidemiologist (average annual salary of $110,933).

The overall cost estimates would increase in the future depending 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 allows for the DHSS to promulgate any rules and regulations necessary to implement the provision of this section and section 192.027.

The Missouri DHSS 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 establishes the "Lyme Research and Eradication Fund" in the state treasury. The section requires the funds to be used solely by the Missouri DHSS for the purpose of implementing the provisions of the section. These 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. It also requires no less than 20 percent of the funds to be used for education efforts in rural counties.

Section 192.027.4 requires the Missouri DHSS 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 oversight to ensure appropriate use and accounting of the funds distributed. The Initial costs include two new FTE (One Senior Public Health Program Specialist and one Lead Administrative Support Assistant). The reflected impact would be realized if funds were deposited into the Lyme Research Eradication Fund. The department is not currently aware of any funds available for the purpose outlined in this section, so the department's impact is reflected as a range of 0-2 FTE.

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".

Section 192.028 1-3 requires the establishment of the Lyme Disease Task Force within the DHSS 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. The section also defines the terms of office for each member aside from the Director and defines the duties and responsibilities of the Lyme Disease Task Force.

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.

Officials from the **Missouri Consolidated Health Care Plan (MCHCP)** state 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.

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

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

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

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

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

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

This legislation 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 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 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.

Officials from the **Missouri Senate** anticipate 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

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 DHSS 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, the DHSS, Division of Regulation and Licensure's (DRL) Bureau of Emergency Medical Services (BEMS) certifies community paramedics that have completed the required program and can provide training certificates but does not regulate or track the entities or programs that utilize them. The proposed legislation would require the BEMS to establish and administer a new endorsement process for businesses and entities that employ community paramedics, including application review, issuance, renewal every five (5) years, and ongoing oversight. Any newly established business or entity using community paramedics would be required to obtain this endorsement and existing EMS agencies that use community paramedics would have to apply and get a new endorsement, separate from their existing license, to be renewed every five (5) years.

Although the Bureau does not currently maintain data on these programs, it is known that at least 20 community paramedic programs are operating statewide, and this number is expected to increase significantly, particularly due to the DHSS' priority initiatives under the Rural Health Transformation Project, which includes the expansion of EMS Mobile Integrated Healthcare and community paramedicine programs.

As a result, BEMS anticipates increased administrative and operational responsibilities, including but not limited to:

• Development and promulgation of rules and regulations;
• Establishment of a new endorsement category within the existing license management system to support application processing and renewals;
• Review and processing of endorsement applications;
• Conducting initial inspections of programs seeking endorsement;
• Conducting renewal inspections at least every five (5) years;
• Investigation of complaints related to endorsed programs;
• Compliance monitoring and enforcement activities; and

• Staff time associated with inspectors and licensing personnel, including the license management coordinator, to administer and maintain the program.

To carry out the increased responsibilities, BEMS anticipates the need for one full-time Public Health Program Associate ($61,908 annually) to establish a new endorsement category within the license management system to support application processing and renewals, and review and process endorsement applications. This will be an office position located in Jefferson City.

In addition, BEMS anticipates the need for one full-time Regulatory Auditor ($67,294 annually) to handle the increased workload related to inspections, complaint investigations, and compliance activities. This position will be remote.

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

§191.117 - Lori Zena Baker Act

Officials from the **DHSS** state section 191.117.2 requires the department to establish the "Sickle Cell Standing Committee" as a subcommittee of the existing Missouri Genetic Advisory Committee. This subcommittee shall submit a report with recommendations on addressing sickle cell disease to the general assembly and governor no later than December 31, 2027.

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

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

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

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

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

Overall Impact:
FY27 Total: $150,000 (GR: $70,626; Federal: $79,374)
FY28 Total: $32,030 (GR: $11,345; Federal: $20,685)
FY29 Total: $34,196 (GR: $12,112; Federal: $22,084)

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

§192.020 - Noncommunicable Disease Surveillance

Officials from the **DHSS** state section 192.020 adds Lyme disease and alpha-gal syndrome to the list of statutorily required reportable conditions.

Sections 192.020.3.1-2 require all laboratories to report all positive tests for alpha-gal syndrome to the Missouri Department of Health & Senior Services that meet the specified testing result threshold within seven days using an electronic laboratory reporting system developed by DHSS. 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 electronic reporting, receipt, management, and storage of positive laboratory results from 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 include 1.00 FTE Senior Research/Data Analyst- $86,434 annual salary. The Office of Epidemiology will require a new 1.0 FTE Public Health Program Associate - $61,908 annual salary to track and stage disease reports submitted by laboratories in reportable disease surveillance system.

Section 192.020.3.3 of the proposed legislation states that subject to appropriations, DHSS may follow up on reported cases (positive laboratory results) of alpha-gal syndrome by applying an appropriate random sampling method for confirmation that cases meet the current Centers for Disease Control and Prevention surveillance case definition for alpha-gal syndrome. Reporting under this subdivision shall commence no later than six months after the effective date of this section.

If funds were appropriated, the department's Bureau of Communicable Disease Control and Prevention would work in collaboration with Missouri's State Epidemiologist to define an appropriate random sampling method for determining the number of positive laboratory results to investigate. Preliminary estimates indicate up to 400 investigations would be warranted to ensure enough cases have follow up investigations completed. Bureau of Communicable Disease Control and Prevention epidemiologists would conduct the 400 follow up investigations by obtaining clinical information from the medical providers/clinic that ordered and likely interviewing the individual with the positive test. The data collected would be entered into the reportable disease surveillance system, followed by an analysis of the data. The Department would need 2.00 additional FTE Associate Epidemiologists – $86,434 annual salary. Because this provision is based on appropriation, DHSS' impact response reflects a range of 0-2.00 FTE related to this provision.

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 requested staff from previous section impacts will also develop an annual report regarding alpha-gal syndrome case data for submission to the Centers for Disease Control and Prevention.

In addition, 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.

§192.990 – Pregnancy-Associated Mortality Review Board

Officials from the **DHSS** state 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 DHSS, Office of Women's Health (OWH) staff to review current members and identify new members to meet the requirements. To recruit new members, OWH would need to reimburse both travel expenses and a consultant stipend for each member. OWH estimates the cost to be $300/meeting x 13 meetings=$3900 per member.

Section 192.990.5 (3) of the proposed legislation adds an additional duty for the PAMR board members to identify maternity care deserts throughout the state.

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.

Section 192.990.5 (4c) 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.

192.990.5 (11) of the legislation adds an additional duty for the PAMR board members. It requires the board to investigate and develop recommendations regarding approaches taken in other states or other organizations to reduce or eliminate racial inequities in maternal deaths.

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 also notes, based on costs provided by DHSS, the department estimated travel and stipends for board members at $9,540 per member per year. Costs are estimated for as many as 22 board members ($209,880 annually). Oversight does not have information to the contrary and therefore, Oversight will reflect the estimates as provided by the DHSS.

§192.2155 - Dementia Services Coordinator

Officials from the **DHSS** state section 192.2155 of the proposed legislation establishes a dementia services coordinator as a full-time position within the DHSS, 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. To accomplish these duties, one full-time Senior Program Specialist (annual personnel services cost of $73,788) would be necessary (100% GR).

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

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

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

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

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

Because persons in DOC custody receive contracted services based on results from intake screenings, and may request services at any time, Oversight assumes that this population is not

receiving duplicative services and are already receiving specialized care. Therefore, Oversight further assumes that data regarding offenders in DOC custody would not be included in the data collected by a dementia services coordinator within the DHSS there will be no cost to DOC for fiscal note purposes.

§335.081 - Administration of Medications

Officials from the **DHSS** state sections 335.081(2)(b)-(c) permit technicians, nurses' aides, or their equivalent in long-term care facilities to administer "subcutaneous injectable medications to treat diabetes as ordered by an individual legally authorized to prescribe such medications" and "epinephrine delivery systems ordered for stock supply in accordance with section 196.990 or prescribed for a resident's individual use by an individual legally authorized to prescribe such epinephrine delivery systems. Expected epinephrine delivery system users shall receive training set forth in section 196.990.

As used in this paragraph, the term "epinephrine delivery system" means a single-use device or system used for the delivery of a premeasured dose of epinephrine into the human body; subcutaneous injectable medications to treat diabetes and epinephrine delivery systems." This will require the Section for Long Term Care Regulation (SLCR) to develop training and tracking systems related to these provisions, promulgate rules related to medication administration certification to include subcutaneous injections related to diabetes and epinephrine delivery systems, and update the facility regulations to include the change.

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 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 – Certificates of Need

Officials from the **DHSS** provided the following:

Section 197.315.19 states, "If, within thirty days of an applicant receiving 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."

The number of potential certificate of need (CON) projects in which material of fact has been withheld is unknown; however, should this occur, it would increase CON staff workload, but could be absorbed into the current ebb and flow for CON meeting agenda preparation and committee/applicant notifications. In the event an applicant is required to refile their CON application, they would incur additional CON application fees and possibly legal fees.

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

§197.708 - Hospital Workplace Violence

Officials from the **DHSS** state section 197.708 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 because of the proposed legislation would be conducted within the normal ebb and flow of work scope.

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 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

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

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

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

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

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

	# to prison	Cost per year	Total Costs for **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.

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

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 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

Officials from the **DSS** state 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.

Oversight obtained additional information from DSS regarding costs associated with the Ticket to Work program. 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.

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

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

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

§208.215 - MO HealthNet Third Party Liability

Officials from the **DSS** state 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 **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.

§208.270 - "Food Is Medicine Act"

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

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

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

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

This bill requires MHD to submit a waiver to utilize FIM in order to provide nutritional supports. The bill is not specific to the exact population that this service would cover. MHD assumes that initially the waiver would focus on the population that would benefit most from this intervention. 1115 waivers also require budget neutrality so it will be important to monitor the medical

utilization of the population to analyze the savings. There are currently similar services provided by the Managed Care Organizations within Missouri Medicaid. MHD would likely propose initiating the waiver in the Fee For Service population based on qualifying criteria that would be developed through a clinical review. A portion of the Fee For Service population also receives Healthy SNAP benefits, so it will be important to understand the interactions and limit the duplication of services in order to properly analyze the overall benefits of FIM.

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

§§208.440 and 376.1364 – Prior Authorizations

Officials from the **DSS** state 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 **Department of Commerce and Insurance (DCI)** state this proposal 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.

This proposal 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.

This proposal 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.

§301.142 – Placards and License Plates for Disabled Persons

Officials from the **Department of Revenue (DOR)** assume 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.

§338.333 - Licensure of Wholesale Drug Distributors

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

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

DCI notes the current fees for instate licenses are:

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

$540 for Pharmacy Distributor/Wholesale Drug Distributor/Drug Outsourcer or Third-Party

Logistics Provider License Renewal Fee

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

§338.710 - Rx Cares for Missouri Program

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

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

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

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

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

§376.417 - 340B Drugs

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

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

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

funding through the appropriation process. Officials from the DCI assume the proposal will have no fiscal impact on their organization.

Officials from the **Missouri Department of Transportation (MoDOT) - Missouri Highway Patrol (MHP)** 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 proposal 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 could increase costs for the MoDOT-MSHP medical plan by requiring the plan to cover more breast examinations, and to provide contrast enhanced mammography options. 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 this proposal would include in the definitions of "diagnostic breast examination" and "supplemental breast examination" an examination known as contrast enhanced mammography for purposes of the statute related to cost sharing for mammography 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.

§376.1186 - Health Benefit Exchange

Officials from the **DCI** state this proposal 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 **DCI** assume this proposal 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 the **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.

§376.1245 - Insurance Coverage of Anesthesia Services

Officials from the **MCHCP** state this legislation contains language related to anesthesia services. The potential fiscal impact of this portion is unknown but less than $500,000.

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

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 this proposal would require that health carriers offering or issuing health benefit plans that are delivered, issued for delivery, continued, or renewed in this state on or after the section's effective date and that provide coverage for anesthesia services, be prohibited from imposing a time limit for the payment of anesthesia services provided during a medical or surgical procedure. This requirement also applies to excepted benefit plans, while anesthesia services provided by dentists in a dental office are excluded. The language of this section of the proposed substitute specifies that these provisions also apply to the MO HealthNet Division and Medicaid Managed care organizations.

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

Oversight assumes DCI is provided with core funding to handle a certain amount of activity each year. Oversight assumes DCI could absorb the costs related to this proposal. If multiple

bills pass which require additional staffing and duties at substantial costs, DCI could request funding through the appropriation process. Officials from the DCI assume the proposal will have no fiscal impact on their organization.

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

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

§376.1960 – Home Blood Pressure Monitoring Devices

Officials from the **DCI** assume this proposal 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:

[A]lthough it is the state's responsibility to identify which state required benefits require defrayal, states must make such determinations using the framework finalized at§155.170, which specifies that benefits required by state action taking place on or before December 31, 2011, may

be considered EHB, whereas benefits required by state action taking place after December 31, 2011, other than for purposes of compliance with federal requirements, are in addition to EHB and must be defrayed by the state. For example, a law requiring coverage of a benefit passed by a state after December 31, 2011, is still a state-mandated benefit requiring defrayal even if the text of the law says otherwise.

This 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.

Officials from the **Oversight Division** state, 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.

Officials from the **MoDOT** state this section 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.

Officials from the **DSS** state this legislation applies to Chapter 376 but does not specifically say that this would apply to MO HealthNet. As a result, 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 for this section.

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

§383.155 - Operations of a Joint Underwriting Association

Officials from the **DCI** state this proposal 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.

§590.192 - Critical Incident Management

Officials from the **Department of Public Safety (DPS) – Office of the Director** state 590.192 RSMo added clarifying language to existing statute requiring creation of a program and/or verification of acceptable programs. 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 **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.

Officials from the **Missouri Office of Prosecution Services (MOPS)** state MOPS provides training and continuing legal education to Missouri's elected prosecuting attorneys and assistant prosecuting attorneys. Each year, MOPS reviews criminal justice-related legislation enacted by the General Assembly and incorporates those statutory changes into training materials and legislative update presentations provided at statewide conferences and other continuing legal education programs.

To implement the provisions of this legislation, MOPS staff will be required to review the enacted statutory language, analyze the changes for purposes of criminal enforcement and charging decisions, update training materials and presentations, and then deliver the new information to law enforcement officers and prosecutors across the state.

MOPS anticipates that implementation of this legislation would require a modest amount of staff time to review and incorporate the statutory changes into existing training materials. The cost associated with this activity is unknown but expected to be minimal.

MOPS notes, however, that each legislative session produces numerous changes to criminal statutes that must be reviewed and incorporated into statewide training materials. While the fiscal impact of any individual bill is minimal, the cumulative effect of multiple statutory changes is not insignificant.

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

Officials from the **Office of State Courts Administrator (OSCA)** state there may be some impact but there is no way to quantify that currently. Any significant changes will be reflected in future budget requests.

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

Officials from the **Eastern Clay Ambulance District** assumed the proposal will have a fiscal impact but did not provide any additional information.

Oversight assumes the Eastern Clay Ambulance District is provided with core funding to handle a certain amount of activity each year. Oversight assumes Eastern Clay Ambulance District could absorb the costs related to this proposal.

Officials from the **Department of Public Safety - Missouri Highway Patrol** defer to the MoDOT/MSHP Health Care Board for the potential fiscal impact of this proposal.

Officials from the **Administrative Hearing Commission**, **Department of Economic Development**, **Department of Elementary and Secondary Education**, **Department of Mental Health**, **Department of Higher Education and Workforce Development**, **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 Gaming Commission**, **Missouri Veterans Commission**, **State Emergency Management Agency)**, **Missouri Department of Agriculture**, **Missouri Department of Conservation**, **MoDOT & Patrol Employees' Retirement System**, **Missouri Lottery**,

Missouri National Guard, **Missouri State Employees Retirement System**, **Office of Administration**, **Office of the Lieutenant Governor**, **Office of the State Public Defender**, **Office of the State Treasurer**, **State Tax Commission**, **Platte County Board of Elections**, **St. Louis County Election Board**, **Newton County Health Department**, **Phelps County Sheriff's Department**, **Branson Police Department**, **Kansas City Police Department**, **St. Louis County Police Department**, **County Employees Retirement Fund**, **Kansas City Civilian Police Employees' Retirement**, **Kansas City Police Retirement System**, **Public Education Employees' Retirement System**, **Metropolitan St. Louis Sewer District**, **South River Drainage District**, **Wayne County Public Water Supply District**, **Northwest Missouri State University**, **University of Central Missouri**, **Missouri House of Representatives**, **Joint Committee on Public Employee Retirement**, and **Joint Committee on Legislative Research** each assume 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 **Office of the Governor, Office of the State Auditor**, **Petroleum Storage Tank Insurance Fund**, **City of O'Fallon**, **Sheriff's Retirement System** and **St. Louis City 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.

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 p.34	$0 or (Unknown)	$0 or (Unknown)	$0 or (Unknown)
Cost – DHSS (§190.098) p.8-10			
Personal service	($107,668)	($131,786)	($134,422)
Fringe benefits	($70,531)	($85,676)	($86,737)
Equipment and expense	($34,510)	($19,866)	($20,263)
Total Costs - DHSS	($212,709)	($237,328)	($241,422)
FTE Change - DHSS	2 FTE	2 FTE	2 FTE
Cost – DSS/DYS (§190.246) Purchase of epinephrine nasal spray devices p.7-8	($14,400)	$0 to ($14,400)	$0 to ($14,400)
Cost – DHSS (§192.020) p.11			
Personal service	($123,619 to $267,675)	($151,309 to $327,634)	($154,335 to $334,187)
Fringe benefits	($76,946 to $162,112)	($93,528 to $197,118)	($94,746 to $199,754)
Equipment and expense	($47,442 to $104,473)	($21,070 to $53,876)	($21,492 to $54,954)
Total Costs - DHSS	($248,007 to $534,260)	($265,907 to $578,628)	($270,573 to $588,895)
FTE Change - DHSS	2 to 4 FTE	2 to 4 FTE	2 to 4 FTE
Cost – DHSS (§§192.026 and 192.027) p.4-6			
Personal Service	($308,529 to $418,551)	($377,640 to $512,307)	($385,193 to $522,552)
Fringe Benefits	($178,544 to $250,021)	($217,231 to $304,065)	($220,268 to $308,186)
Equipment and Expense	($105,723 to $153,165)	($55,406 to $76,477)	($56,515 to $78,006)
Total Costs – DHSS	($592,796 to $821,737)	($650,277 to $892,849)	($661,976 to $908,744)
FTE Changes - DHSS	4 to 6 FTE	4 to 6 FTE	4 to 6 FTE

FISCAL IMPACT – State Government	FY 2027 (10 Mo.)	FY 2028	FY 2029
Cost – MCHCP (§§103.190) Medical treatment of Lyme disease p.6-7	($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 p.6	$0 or (Unknown)	$0 or (Unknown)	$0 or (Unknown)
Cost – DHSS (§192.990) p.12-13			
Personal service	($74,734)	($91,475)	($93,304)
Fringe benefits	($43,671)	($53,127)	($53,862)
Equipment and expense	($26,118)	($13,469)	($13,738)
Total Costs – DHSS	($144,523)	($158,071)	($160,904)
FTE Change – DHSS	1 FTE	1 FTE	1 FTE
Cost – DHSS (§192.990) Board member travel and stipend p.13	($174,614)	($209,880)	($209,880)
Cost – DHSS (§192.2155) p.14			
Personal service	($61,490)	($75,264)	($76,769)
Fringe benefits	($38,345)	($46,607)	($47,213)
Equipment and expense	($26,118)	($13,469)	($13,728)
Total Costs - DHSS	($125,953)	($135,340)	($137,710)
FTE Change - DHSS	1 FTE	1 FTE	1 FTE
Cost – DOC (§198.022) Increased incarceration costs p.17-19	($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 p.20	($12,500)	$0	$0
Cost – DSS/MHD (§208.270) p.22			
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 p.22	$0	(Could exceed $3,022,864)	(Could exceed $3,227,361)

FISCAL IMPACT – State Government	FY 2027 (10 Mo.)	FY 2028	FY 2029
Cost – DSS/MHD (§208.270) Grocer Network Vendor p.22	($250,000)	$0	$0
Cost – DSS/MHD (§208.270) 1115 Waiver consultant p.22	($10,000)	$0	$0
Cost – DSS/MHD (§208.440) Actuarial analysis for additional reporting provisions p.23	($12,500)	$0	$0
Cost – DSS/MHD (§208.662) Actuarial study to evaluate program change p.10-11	($25,000)	$0	$0
Cost – DSS/MHD (§§208.662 & 208.1400-208.1425) Study of impact of childbirth education classes p.10-11	($22,500)	$0	$0
Cost – DSS/MHD (§§208.662 & 208.1400-208.1425) Increase in managed care capitation rates p.10-11	($10,626)	($11,345)	($12,112)
Cost – DOR (§301.142) OA-ITSD p.25	($29,757)	$0	$0
Cost – DCI (§338.710) Removal of Rx Cares for Missouri expiration p.26	$0	(Up to $750,000)	(Up to $750,000)
Cost – MCHCP (§376.1245) Anesthesia cost p.29	(Unknown, less than $320,000)	(Unknown, less than $320,000)	(Unknown, less than $320,000)
Cost – DPS/DO (§590.192) p.33			
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

FISCAL IMPACT – State Government	FY 2027 (10 Mo.)	FY 2028	FY 2029
ESTIMATED NET EFFECT ON GENERAL REVENUE	**(Unknown, could exceed $2,583,187 to $3,475,981)**	**(Unknown, more or less than $6,197,785 to $7,145,078)**	**(Unknown, more or less than $6,433,608 to $7,390,698)**
Estimated Net FTE Change on General Revenue	12 to 16 FTE	12 to 16 FTE	12 to 16 FTE
FEDERAL FUNDS			
Cost – MCHCP (§§103.190) Medical treatment of Lyme disease p.6-7	($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 p.20	$12,500	$0	$0
Cost - DSS/MHD (§208.149) Actuarial analysis p.20	($12,500)	$0	$0
Revenue Gain – DSS/MHD (§208.270) FIM program participation p.22	$0	Could exceed $11,976,422	Could exceed $12,786,627
Revenue Gain – DSS/MHD (§208.270) Grocer network vendor p.22	$250,000	$0	$0
Revenue Gain – DSS/MHD (§208.270) 1115 Waiver consultant p.22	$10,000	$0	$0
Cost – DSS/MHD (§208.270) FIM program participation p.22	$0	(Could exceed $11,976,422)	(Could exceed $12,786,627)
Cost – DSS/MHD (§208.270) Grocer Network Vendor p.22	($250,000)	$0	$0
Cost – DSS/MHD (§208.270) 1115 Waiver consultant p.22	($10,000)	$0	$0

FISCAL IMPACT – State Government	FY 2027 (10 Mo.)	FY 2028	FY 2029
Revenue Gain – DSS/MHD (§208.440) Reimbursement to actuarial analysis for additional reporting provisions p.23	$12,500	$0	$0
Cost – DSS/MHD (§208.440) Actuarial analysis for additional reporting provisions p.23	($12,500)	$0	$0
Revenue Gain – DSS/MHD (§208.662) Actuarial study to evaluate program change p.10-11	$25,000	$0	$0
Revenue Gain – DSS/MHD (§§208.662 & 208.1400-208.1425) Reimbursement for increase in managed care capitation rates p.10-11	$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 p.10-11	$22,500	$0	$0
Cost – DSS/MHD (§208.662) Actuarial study to evaluate program change p.10-11	($25,000)	$0	$0
Cost – DSS/MHD (§§208.662 & 208.1400-208.1425) Increase in managed care capitation rates p.10-11	($19,374)	($20,685)	($22,084)
Cost – DSS/MHD (§§208.662 & 208.1400-208.1425) Study of impact of childbirth education classes p.10-11	($22,500)	$0	$0
Cost – MCHCP (§376.1245) Anesthesia cost p.29	(Unknown, less than $105,000)	(Unknown, less than $105,000)	(Unknown, less than $105,000)
ESTIMATED NET EFFECT ON FEDERAL FUNDS	**($28,350 to $257,250)**	**($28,350 to $257,250)**	**($28,350 to $257,250)**

FISCAL IMPACT – State Government	FY 2027 (10 Mo.)	FY 2028	FY 2029
PREMIUM FUND (1885)			
Cost – DSS/MHD (§208.146) Ticket to work premiums p.19-20	$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 p.25-26	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 p.27	$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 p.27	$0 to (Unknown, could exceed $250,000)	$0 to (Unknown, could exceed $250,000)	$0 to (Unknown, could exceed $250,000)
Cost – MoDOT (§376.1364) Enrollee's cost sharing p.23	$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 p.32	(Unknown)	(Unknown)	(Unknown)

FISCAL IMPACT – State Government	FY 2027 (10 Mo.)	FY 2028	FY 2029
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)**
OTHER STATE FUNDS			
Cost – MCHCP (§376.1245) Anesthesia cost p.29	(Unknown, less than $75,000)	(Unknown, less than $75,000)	(Unknown, less than $75,000)
Cost – MCHCP (§§103.190) Medical treatment of Lyme disease p.6-7	($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)**
COLLEGES AND UNIVERSITIES			
Transfer In – (§192.027) Research grants p.6	$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 p.6	$0 or Unknown	$0 or Unknown	$0 or Unknown
Transfer In – (§192.027) From General Revenue p.6	$0 or Unknown	$0 or Unknown	$0 or Unknown
Cost – DHSS (§192.027) Research grants p.6	$0 or (Unknown)	$0 or (Unknown)	$0 or (Unknown)

FISCAL IMPACT – State Government	FY 2027 (10 Mo.)	FY 2028	FY 2029
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 p.7	$0 to (Unknown)	$0 to (Unknown)	$0 to (Unknown)
Cost - Health Facilities - (§197.708) Printed signs at various health care facilities p.16-17	(Unknown)	(Unknown)	(Unknown)
Revenue gain – School Districts (§376.417.3) Fines from violations p.27	$0 to Unknown*	$0 to Unknown*	$0 to Unknown*
Cost – Medical Plans (§376.417 & 376.1183 & 376.1364) Enrollee's cost sharing p.27, 28 & 23	$0 to (Unknown)*	$0 to (Unknown)*	$0 to (Unknown)*
Cost – Local Political Subdivisions (§376.1240) Hormonal Contraceptive Coverage p.28-29	$0 to (Unknown)	$0 to (Unknown)	$0 to (Unknown)
Cost - Local Political Subdivisions Increased medical insurance obligations p.33	$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

AWARENESS DAYS (Sections 9.021, 9.025, 9.238, 9.412, 9.418, 9.501, and 9.502, RSMo)
This bill designates the month of January as "Blood Donor Awareness Month", each September as "Brain Aneurysm Awareness Month" and "Pediatric Cancer Awareness Month", the last full week of April each year as "Infertility Awareness Week", March 26th of each year as "Pediatric Acute-Onset Neuropsychiatric Syndrome (PANS)/Pediatric Autoimmune Neuropsychiatric Disorder Associated with Streptococcus (PANDAS) Awareness Day", the first full week in September as "June's Week" and "Rare Pediatric Disease Week", and the week beginning the last Monday in September as "Frontotemporal Degeneration (FTD) Awareness Week".

HOSPITAL INVESTMENTS AND SERVICE AREAS (Sections 96.192, 96.196, 206.110, and 206.158)
This bill modifies the investment authority of boards of trustees of municipal hospitals in third class cities and hospital district hospitals. Current law permits investment of up to 25% of funds not required for operations of the hospital or other obligations. This bill permits investment of up to 50% of "available funds" defined as funds not required for operations or other obligations in the manner described in the bill, with the remaining portion to be invested into any investment in which the state Treasurer is allowed to invest. These provisions will only apply if the hospital receives less than 3% of its annual revenues from municipal, county, or state taxes, or appropriated funds from the municipality in which such hospital is located.

Under this bill, municipal hospitals in third class cities can operate in areas where hospital district hospitals and county hospitals operate. Hospital district hospitals can operate in areas where municipal hospitals in third and fourth class cities and county hospitals operate.

LYME DISEASE (Sections 103.190, 192.026, 192.027, 192.028, and 192.029)
This bill requires the Missouri consolidated health care plan to provide coverage for testing, treatment, and management of Lyme disease and post-treatment Lyme disease syndrome for certain participants.

The bill requires health care providers, laboratories, and local health departments to report confirmed or suspected cases of Lyme disease to the Department of Health and Senior Services (DHSS) within seven days of diagnosis. The DHSS will then compile an annual report on the incidence and prevalence of Lyme disease in Missouri, as described in the bill. The DHSS will

also collaborate with public four-year institutions of higher education to integrate Lyme disease surveillance data into existing tick-borne disease monitoring programs.

This bill creates the "Lyme Research and Eradication Fund" within the State Treasury. The DHSS will use the moneys in the Fund to distribute grants for the purposes of developing treatments, studying novel therapies, and researching eradication strategies. Grants will be prioritized as described in the bill, with no less than 20% of funds utilized to support eradication efforts in rural counties.

This bill also establishes within the Department the "Lyme Disease Task Force", with membership and responsibilities specified in the bill.

Under this bill, a health care provider will not be subject to any discipline, suspension, or revocation of license or denial of a license renewal, solely for prescribing, administering, or dispensing treatments or therapies for Lyme disease or Post Treatment Lyme Disease Syndrome (PTLDS), including extended antibiotic therapy or similar treatment deemed medically necessary.

EPINEPHRINE PRODUCTS (Sections 167.627, 167.630, 190.246, 196.990, and 321.621)
This bill changes the term "epinephrine auto-injector" to "epinephrine delivery system" throughout statute, defined as a single-use device or system used for the delivery of a premeasured dose of epinephrine into the human body.

This bill adds epinephrine delivery systems to provisions of statute that permit the possession and self-administration of the medication to treat a student's chronic health condition, such as asthma or anaphylaxis.

The bill authorizes each Board of Education in this State to grant permission to pupils, as well as each school board in this State to grant permission to school nurses to use this medication.

This bill additionally modifies existing provisions for epinephrine possession, use limitations, and stock supply by adding epinephrine delivery systems as eligible products and nursing homes and facilities, as well as childcare facilities, to the list of authorized entities.

Current law authorizes qualified first responders, as defined in the bill, to administer epinephrine auto-injectors to a person who is suffering from an apparent anaphylactic reaction. This bill extends that authorization to epinephrine delivery systems.

PEDIATRIC DISEASE TASK FORCE (Section 173.690)
This bill creates the "Pediatric Disease Task Force" within the Department of Higher Education and Workforce Development (DHEWD), with membership as described in the bill, including two members appointed by the Speaker of the House of Representatives and two members appointed by the President Pro Tem of the Senate. Beginning January 1, 2027, the Task Force will meet at least quarterly, and the Task Force is required to submit an annual public report to

the Governor and the General Assembly by December 31st of each year. Such report will 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 will expire on December 31, 2030.

COMMUNITY PARAMEDIC SERVICES (Sections 190.098 and 190.165)
This bill modifies provisions relating to certification of community paramedics and the provision of community paramedic services. "Community paramedic services" mean those services provided by an entity that employs licensed paramedics certified by DHSS as community paramedics for services that are provided in a nonemergent setting, consistent with the education and training of a community paramedic and the supervisory standard approved by the medical director, and documented in the entity's patient care plans or protocols.

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

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

EMERGENCY MEDICAL SERVICE SCOPE OF PRACTICE (Section 190.142)
The bill authorizes each level of licensed emergency medical technicians to perform only patient care that is consistent with the current National EMS Scope of Practice Model.

SICKLE CELL STANDING COMMITTEE (Section 191.117)
This bill creates the "Lori Zena Baker Act". The bill establishes the "Sickle Cell Standing Committee" as a subcommittee of the Missouri Genetic Advisory Committee within DHSS, with membership as specified in the bill. The Director of DHSS will appoint the committee members. The Committee will 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 bill.

DOULA SERVICES (Sections 191.708, 208.662, 208.1400, 208.1405, 208.1410, 208.1415, 208.1420, and 208.1425)
This bill allows for the chief medical officer or chief medical director of DHSS, the MO HealthNet division of the Department of Social Services (DSS), or any licensed physician acting with the written consent of any of the aforementioned department directors, to issue nonspecific recommendations for doula services, a medical standing order for prenatal vitamins, or a medical standing order for purposes not related to that of controlled substances or of nonemergency pregnancy termination.

Additionally, the bill adds childbirth education classes to covered services for unborn children enrolled in the Show-Me Healthy Babies Program.

The bill also establishes the "Missouri Doula Reimbursement Act". Under the provisions of this bill, the MO HealthNet program is required to cover the following doula services:

(1) A combined total of six support sessions, provided that a participant who needs more than the six is entitled to up to 10 additional support sessions for a combined total of 16 support sessions;
(2) One birth attendance, including attendance at a scheduled cesarean section delivery;
(3) Up to two visits for general education and support on lactation at any time during the prenatal and postpartum periods; and
(4) Community navigation services, except that those services provided outside any of the above visits or sessions will only be billed up to 10 times total over the course of the pregnancy and postpartum period.

The bill specifies under what conditions a doula is eligible for participation as a provider of doula services and that once enrolled as a provider, a doula is eligible to enroll as a provider with fee-for-service, and managed care payers affiliated with MO HealthNet program, but that services must be reimbursed on a fee-for-service schedule.

The MO HealthNet division will promulgate all necessary rules and regulations for the administration of this provision.

TELEHEALTH (Sections 191.1146 and 334.108)
Currently, the establishment of a physician-patient relationship for purposes of telehealth must include an interview and a physical examination. Under this bill, an evaluation is required, but a physical examination will be required only if needed to meet the standard of care.

Current law prohibits the use of an internet or telephone questionnaire completed by a patient from constituting an acceptable medical interview for the provision of treatment by telehealth. This bill permits such questionnaires if the information provided is sufficient as though the medical evaluation was performed in person, with a report to be provided to the patient's primary health care provider within 14 days of evaluation, as described in the bill.

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

Finally, current law prohibits a health care provider from prescribing any drug, controlled substance, or other treatment to a patient based solely on an internet request or questionnaire.

Under this bill, a health care provider must not prescribe any drug, controlled substance, or other treatment to a patient in the absence of a proper provider-patient relationship and medical records of such prescriptions must be collected, stored, and maintained in accordance with the Health Insurance Portability and Accountability Act of 1996.

DISEASE SURVEILLANCE (Section 192.020)
This bill adds alpha-gal syndrome to the list of diseases that must be reported to DHSS. Any alpha-gal syndrome case report must be submitted to DHSS within seven days of receiving a positive laboratory confirmation.

Subject to appropriations, DHSS can follow up on reported cases by applying a random sampling method for confirmation that the cases meet the most current surveillance case definition of alpha-gal syndrome of the Centers for Disease Control and Prevention (CDC).

The bill requires DHSS to submit an annual report to the CDC summarizing its findings related to the reporting and incidence of alpha-gal syndrome.

The laboratory and DHSS are prohibited from disclosing the identifiable test result or other protected health information relating to any individual for which a blood test is obtained to any person other than the individual for which the blood test is obtained and the health care provider ordering the blood test.

PREGNANCY-ASSOCIATED MORTALITY REVIEW BOARD (Section 192.990)
This bill modifies the "Pregnancy-Associated Mortality Review Board" within DHSS. Under this bill, board membership includes at least one member from each congressional district and membership will be demographically diverse, including rural and urban populations. Board members are increased from no more than 18 members to no more than 22 members.

Additionally, the board will, in its study and review of maternal deaths, consider: the level and timing of prenatal and postnatal care; the presence or absence of "maternity care deserts", as defined in the bill; approaches taken in this state and other states to reduce or eliminate racial inequities in maternal deaths; and the adequacy of data collected by the board. Data reported by the board will be disaggregated by race, ethnicity, language, nationality, age, zip code, and level and timing of prenatal and postnatal care.

DEMENTIA SERVICES COORDINATOR (Section 192.2155)
This bill requires the Division of Senior and Disability Services within DHSS to establish a dementia services coordinator as a full-time position. The coordinator will perform duties specified in the bill, including, but not limited to, 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 bill modifies current law relating to protective services for elderly and disabled adults by authorizing "multidisciplinary adult protection teams", as defined in the bill, 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.

DISCLOSURE OF VITAL RECORDS (Section 193.245)
This bill repeals a provision of law permitting DHSS 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)
Current law prohibits the sale, purchase, or dispensation of ephedrine, phenylpropanolamine, or pseudoephedrine to the same individual in a 12-month period in any total amount greater than 43.2 grams without a valid prescription. This bill changes the total amount to 61.2 grams.

Beginning October 1, 2026, any manufacturer of any drug product containing any detectable amount of ephedrine, phenylpropanolamine, or pseudoephedrine sold in this State must, on a monthly basis, pay fees to the administrator of the real time electronic pseudoephedrine tracking system, as specified in the bill. A manufacturer who fails to knowingly pay such fee will have committed the offense of unlawful sale, distribution, or purchase of over-the-counter methamphetamine precursor drugs, which is a class A misdemeanor.

CERTIFICATE OF NEED (Section 197.315)
This bill provides that if, within 30 days of an applicant's receipt of a certificate of need, the Missouri Health Facilities Review 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 must, at the next regularly scheduled meeting, vote to rescind the granted certificate of need and require the applicant to file a new application that corrects any omissions or misstatements.

HOSPITAL WORKPLACE VIOLENCE (Section 197.708)
This bill requires hospitals to display a printed sign in the waiting rooms of the emergency department and the labor and delivery department with the following text in all capital letters:

"WARNING: ASSAULTING A HEALTH CARE PROFESSIONAL WHO IS ENGAGED IN THE PERFORMANCE OF HIS OR HER OFFICIAL DUTIES, INCLUDING STRIKING A HEALTH CARE PROFESSIONAL, IS A SERIOUS CRIME AND WILL BE PROSECUTED TO THE FULLEST EXTENT OF THE LAW."

HOSPITAL PRICE TRANSPARENCY (Sections 197.1040 and 197.1045)
Under this bill, 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, will 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 bill, DHSS can accept, in lieu of an inspection conducted by DHSS, a written report of a survey or inspection conducted by any State or Federal agency, provided the survey or inspection is comparable in scope or method to DHSS's inspections and conducted in accordance with Title XVIII of the Social Security Act. A residential care or assisted living facility will be subject to an inspection by DHSS if the facility fails to maintain an accredited status by a recognized accreditation entity. If a facility exempt from an annual inspection under this bill has one or more violations of any class I standards, then the facility must be subject to a full survey by DHSS.

TICKET TO WORK HEALTH ASSURANCE PROGRAM (Section 208.146)
The Ticket to Work Health Assurance Program is a program that provides medical assistance to certain people with disabilities who are employed. The Program expired on August 28, 2025. This bill repeals the expiration date and reinstates the program.

MO HEALTHNET COVERAGE OF CERTAIN CLINICAL PATHOLOGY SERVICES (Section 208.149)
This bill requires the professional component of clinical pathology services provided by a hospital-based pathologist to be recognized as distinct physician services by the MO HealthNet program, which will reimburse the professional component of clinical pathology services provided to MO HealthNet participants. The reimbursement amount will be set at no less than 30% of the approved MO HealthNet Independent Lab - Technical Component fee schedule. Payment will be made directly to the licensed physician providing the services or the entity that has been assigned the right to receive payment for services provided.

If a state plan amendment is determined by DSS to be required, DSS must submit the amendment in a timely manner and make all reasonable efforts to obtain Federal approval.

MO HEALTHNET THIRD PARTY LIABILITY (Section 208.215)
Under this bill, 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 will 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 will not deny a claim submitted by the state for failure to provide prior authorization for the item or service, except that this provision will 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 will 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 does 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.

MO HEALTHNET WAIVER FOR NUTRITION SERVICES (Section 208.270)
This bill establishes the "Food is Medicine Act", allowing DSS to apply to the Centers for Medicare and Medicaid Services, within the Federal Department of Health and Human Services, for a Section 1115 demonstration waiver to implement the "Food is Medicine" program.

The program will 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.

The bill specifies the covered nutrition services under this program, and specifies that whenever feasible, the MO HealthNet Division within DSS will prioritize the inclusion of community based organizations and local growers to support the purchase of locally grown food in nutrition prescriptions.

The bill requires DSS to promulgate all the necessary rules and regulations for the administration of this bill.

PRIOR AUTHORIZATION (Sections 208.440 and 376.1364)
Beginning July 1, 2028, health carriers will establish and maintain an online process that links directly to all eprescribing systems and electronic health record systems that can accept and approve electronic prior authorization requests, as described in the bill. No health carrier will impose a fee or charge on any person accessing the online process under this provision. No later than July 1, 2028, a health carrier will 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 bill must not require providers to obtain prior authorization for prescription drugs, except as may be specified by the Department of Commerce and Insurance (DCI) by rule.

By January 1, 2028, health carriers and utilization review entities will 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 must provide written notice to DCI 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 must 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 will not be affected.

For plan years beginning on or after January 1, 2027, a health carrier using prior authorization will 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 will be updated annually, no later than June 30th, and include the required information as described in the bill. The URL for the statistics will be provided to DCI and DCI will 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 must report annually to DCI with a complete list of the health care services, excluding drugs, for which prior authorization is required. The DCI will review the reports and compile an annual report to be published on DCI's website no later than October 1st 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 will provide a report to DCI 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 bill.

By July 1, 2027, MO HealthNet managed care organizations, MO HealthNet managed care plans, and the MO HealthNet division are required to comply with these provisions relating to the publishing of statistics regarding prior authorization approvals and denials for health care services; the annual reporting of a complete list of the health care services for which prior authorization is required; and the annual reporting of aggregated data related to practices and experience of the health carrier for the prior plan year for health care services submitted for payment. By July 1, 2028, in addition to compliance with the above-mentioned provisions, MO HealthNet managed care organizations, MO HealthNet managed care plans, and the MO HealthNet division are required to comply with these provisions relating to the implementation and maintenance of an API.

CHILDREN'S HEALTH SCREENINGS (Section 210.110)
Under this provision, a physician or nurse practitioner will 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 bill. No vaccine can be administered to the child during the physical without the consent of the parent or legal guardian. Within 30 days of the physical, a referral will 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.

ELIJAH'S LAW (Section 210.225)
The bill establishes "Elijah's Law" and requires licensed child care providers to adopt a policy on allergy prevention and response, with priority given to addressing deadly foodborne allergies. The policy must contain elements specified in the bill and be adopted before July 1, 2028. The adoption of this policy is required for licensure.

The Department of Elementary and Secondary Education (DESE) must develop a model policy or policies on allergy prevention and response before July 1, 2027.

LICENSE PLATES AND PLACARDS FOR PERSONS WITH DISABILITIES (Section 301.142)
This bill adds occupational therapists to the list of licensed professionals who can issue a statement so that disabled plates or a disabled windshield placard can be obtained by a patient. Additionally, removable windshield placards will be renewed every eight years, instead of the four years in current law. The Department of Transportation will have the authority to automatically renew placards, as described in the bill.

PRACTICE OF DENTISTRY IN CORRECTIONAL CENTERS (Section 332.081)
Current law provides that no corporation will practice dentistry unless that corporation is a nonprofit corporation or a professional corporation under Missouri law. This bill provides that such provision will not apply to entities contracted with the State to provide care in correctional centers.

LICENSURE OF PHYSICIANS (Section 334.031)
This bill requires a candidate applying for licensure as a physician to submit to a criminal background check and furnish certain educational and experience documents. This bill also allows the Board of Registration for the Healing Arts (Board) to require applicants to list all licenses to practice as a physician currently or previously held in another state, territory, or country and to disclose any past or pending investigations, discipline, or sanctions for such licenses. The Board can also obtain a report on the applicant from the National Practitioner Data Bank or the Federation of State Medical Boards.

ADMINISTRATION OF MEDICATIONS (Section 335.081)
This bill provides that the administration by technicians, nurses' aides, or their equivalent in long-term care facilities of epinephrine delivery systems and subcutaneous injectable medications to treat diabetes must not be prohibited by nurse licensing laws.

SOCIAL WORKERS (Section 337.600)
This bill 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 bill instead provides that the practice of pharmacy includes the ordering and administration of certain vaccines approved or authorized by the FDA as of January

1, 2026, but excludes certain vaccines and those that are not included by joint rules promulgated by the Board of Pharmacy and the State Board of Registration for the Healing Arts.

DUTIES OF A PHARMACIST (Sections 338.012 and 338.206)
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 DHSS if such person is a licensed physician or by a licensed physician designated by DHSS. This bill 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.

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

IVERMECTIN AND HYDROXYCHLOROQUINE (Section 338.208)
Under this bill, a pharmacist can 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. Any ivermectin or hydroxychloroquine that is dispensed by a pharmacist or by a pharmacy technician under a pharmacist's supervision without a prescription must be kept behind the counter or otherwise not available in a self-service area and be stored in a secure area accessible only to pharmacy personnel.

LICENSURE OF WHOLESALE DRUG DISTRIBUTORS (Section 338.333)
Under this bill, the Board of Pharmacy can permit an out-of-state wholesale drug distributor or third-party logistics provider to be licensed in this State despite not having a license issued by the distributor's or provider's resident state if the distributor or provider has a current and valid drug distributor accreditation from the National Association of Boards of Pharmacy.

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

SPEECH-LANGUAGE PATHOLOGISTS (Section 345.050)
Currently, a requirement for licensure for speech-language pathologists and audiologists is submitting evidence of completion of a clinical fellowship from supervisors. The period of employment must be under the direct supervision of a person who is licensed by the State of Missouri in the profession in which the applicant seeks to be licensed. This bill changes the period of employment to be under the direct supervision of a licensed speech-language pathologist in good standing.

340B DRUGS (Section 376.417)

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

MULTIPLE EMPLOYER SELF-INSURED HEALTH PLANS (Sections 376.1000, 376.1012, and 376.1017)
This bill changes the definition of "multiple employer self insured health plans" to include plans established for the purpose of offering benefits to two or more self-employed individuals, each with at least one common-law employee, and their dependents.

Current law requires funds collected from participating employers under multiple employer self-insured health plans to be held in trust subject to certain requirements, including filing an annual report with the director of DCI showing the condition and affairs of the plan.

This bill modifies that requirement by adding the report must be in compliance with Section 375.041 and also requires that the plan file an RBC report with the director.

Additionally, current law requires health plans to establish loss reserves for incurred losses and unearned premiums, as well as surplus accounts equal to certain amounts. This bill requires the surplus accounts to be equal to the greater of the following:
(1) $600,000; or
(2) An amount equal to two times the authorized control level risk-based capital.

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 must not impose any cost-sharing requirements on diagnostic breast examinations or supplemental breast examinations. This bill 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 bill 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 bill, to cover a supply of the contraceptives that is intended to last up to one year.

INSURANCE COVERAGE OF ANESTHESIA SERVICES (Section 376.1245)

The bill prohibits health carriers or health benefit plans from establishing or implementing any policy or practice that imposes a time limit for the payment of anesthesia services provided during a medical or surgical procedure. Moreover, health carriers or health benefit plans are prohibited from establishing or implementing any policy or practice that restricts or excludes all anesthesia time in calculating the payment of anesthesia services. Excepted benefit plans will be subject to the requirements of this bill. These provisions do not apply to anesthesia services provided in connection with dental procedures.

INSURANCE COVERAGE OF HOME BLOOD PRESSURE MONITORING DEVICES AND SERVICES (Section 376.1960)
This bill 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 12 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 will 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 bill 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 will be in accordance with the plan of operations, and will include provisions for the administration of association funds. During any suspension of operations, the association will not collect dues or fees from its members, unless authorized by the Director of DCI.

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 bill allows a department to satisfy this requirement if they have an established behavioral health or mental health program that meets enumerated requirements. This bill also adds first responder commanding officers to the list of people approved to receive notification that the check-in requirement has been met.

DETENTION FOR EVALUATION AND TREATMENT FOR MENTAL HEALTH (Section 632.305)
Currently, an application for detention and evaluation for treatment at a mental health facility may be executed by any adult person, who is not required to be an attorney or represented by an attorney, without a notarization requirement.

This bill repeals the provision that notarization is not required and specifies that no notarization will be required for any application, or for any affidavits, declarations, or other supporting documents, that were completed or executed by certain peace officers, licensed physicians, mental health professionals, registered professional nurses, or employees acting on behalf of a hospital, as specified in the bill.

STATE-BASED HEALTH EXCHANGES (Repeal of section 376.1186)
This bill repeals a provision of current law prohibiting the establishment of a state-based health benefit exchange under certain circumstances.

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
- Division of 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 Office of Prosecution Services
Missouri Senate

Missouri State Employees Retirement System
MoDOT & Patrol Employees' Retirement System
Office of Administration - Administrative Hearing Commission
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
Platte County Election Board
St. Louis City Board of Elections
St. Louis County Election Board
Newton County Health Department
Phelps County Sheriff's Department
Branson Police Department
Kansas City Police Department
St. Louis County Police Department
Eastern Clay Ambulance District
County Employees Retirement Fund
Kansas City Civilian Police Employees' Retirement
Kansas City Police Retirement System
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
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
June 26, 2026

Jessica Harris
Assistant Director
June 26, 2026