

COMMITTEE ON LEGISLATIVE RESEARCH  
OVERSIGHT DIVISION

**FISCAL NOTE**

L.R. No.: 0942-01  
Bill No.: HB 353  
Subject: Abortion; Children and Minors; Health Care; Health Care Professionals  
Type: Original  
Date: March 4, 2015

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Bill Summary: This proposal changes the laws regarding sex education in schools and establishes the Compassionate Assistance for Rape Emergencies Act, the Birth Control Protection Act, and a women's health services program.

**FISCAL SUMMARY**

<b>ESTIMATED NET EFFECT ON GENERAL REVENUE FUND</b>			
FUND AFFECTED	FY 2016	FY 2017	FY 2018
General Revenue	(Less than \$865,310)	(\$5,044,064)	(\$5,043,985)
<b>Total Estimated Net Effect on General Revenue</b>	<b>(Less than \$865,310)</b>	<b>(\$5,044,064)</b>	<b>(\$5,043,985)</b>

<b>ESTIMATED NET EFFECT ON OTHER STATE FUNDS</b>			
FUND AFFECTED	FY 2016	FY 2017	FY 2018
<b>Total Estimated Net Effect on <u>Other</u> State Funds</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>

Numbers within parentheses: ( ) indicate costs or losses.  
This fiscal note contains 14 pages.

<b>ESTIMATED NET EFFECT ON FEDERAL FUNDS</b>			
<b>FUND AFFECTED</b>	<b>FY 2016</b>	<b>FY 2017</b>	<b>FY 2018</b>
<b>Total Estimated Net Effect on <u>All</u> Federal Funds</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>

<b>ESTIMATED NET EFFECT ON FULL TIME EQUIVALENT (FTE)</b>			
<b>FUND AFFECTED</b>	<b>FY 2016</b>	<b>FY 2017</b>	<b>FY 2018</b>
General Revenue	4	4	4
<b>Total Estimated Net Effect on FTE</b>	<b>4</b>	<b>4</b>	<b>4</b>

Estimated Net Effect (expenditures or reduced revenues) expected to exceed \$100,000 in any of the three fiscal years after implementation of the act.

<b>ESTIMATED NET EFFECT ON LOCAL FUNDS</b>			
<b>FUND AFFECTED</b>	<b>FY 2016</b>	<b>FY 2017</b>	<b>FY 2018</b>
<b>Local Government</b>	<b>\$0</b>	<b>\$0 or (Unknown greater than \$100,000)</b>	<b>\$0 or (Unknown greater than \$100,000)</b>

## FISCAL ANALYSIS

### ASSUMPTION

#### §170.015 - Human Sexuality in Schools

Officials from the **Department of Elementary and Secondary Education (DESE)** assume this section would require the course materials to be based on peer reviewed projects that have been demonstrated to influence healthy behavior and be age appropriate. DESE is not aware of the existence of such peer review. Developing and administering a peer review process will result in unknown costs; however, the costs are not expected to be significant.

Should the peer review indicate that new course materials and instruction will be required, school districts could incur significant costs to obtain and replace existing materials.

Officials at the **Kansas City Public Schools** assume this would require professional development and additional curriculum. The estimated cost is \$75,000 to \$152,200.

**Oversight** notes this proposal requires schools to provide human sexuality information that is factually accurate and based on peer-reviewed projects that demonstrate healthy behavior. Oversight assumes the creation of this peer reviewed information will have costs to DESE in the first year. Since the proposal does not specifically indicate when school districts will have to purchase the course materials and curriculum, if the peer review indicates new materials and instruction will be required, Oversight is presenting school district costs as \$0 or Unknown greater than \$100,000 in both FY 2017 and FY 2018 as it is unknown when districts will choose to purchase the course materials and curriculum.

#### §§191.713, 191.714 and 191.715 Compassionate Assistance for Rape Emergencies Act

Officials at the **Department of Health and Senior Services (DHSS)** assume §191.713.2.(3) defines “*health care facility*” as “*any urgent care center or facility that offers treatment for patients during normal business, after-business, or weekend hours and that is affiliated with a licensed hospital.*” This is a broad definition and could include outpatient clinics, urgent care centers and in some cases physician offices. DHSS' Division of Regulation and Licensure (DRL) is also unsure of the meaning of the term “*affiliated*”; this could be construed to mean “owned” by the hospital, “operated” by the hospital, etc. Further, §191.714.5 states “*The department of health and senior services shall respond to complaints and shall periodically determine whether hospitals and health care facilities are complying with the provisions of this section.*” The Section for Health Standards and Licensure inspects hospitals and responds to complaints about hospital care, but does not inspect or investigate complaints for any other facility that may fall under the definition of “health care facility”. DRL would be required to investigate complaints and periodically determine compliance at these additional facilities.

ASSUMPTION (continued)

According to the Missouri State Highway Patrol Statistical Analysis Center, there were 1,510 forcible rapes reported in the state of Missouri during 2012 (the most recent year for which data is available). The number of potential complainants is therefore 1,510. It is assumed for fiscal note purposes that one percent of the cases will result in a complaint, totaling 15 complaints. The total time required for complaint investigations related to the proposed language is two hours. Complaint investigations would be conducted by a Health Program Representative II and would be conducted in the office and not on-site.

For fiscal note purposes due to the uncertainty of the definitions in the proposed legislation, the total number of hospitals and health care facilities in Missouri that may be subject to the proposed legislation is assumed to equal 30,366 (149 hospitals + 30,217 sites at which physicians practice). Assuming that DRL would perform a periodic review every five years on a facility, there would be 6,073 (30,366/5) reviews performed each year. The number of hours required for periodic desk reviews = one hour. Periodic desk reviews would be completed and tracked by a Health Program Representative II (HPR).

6,073 reviews X 1 hour = 6,073 hours/2,080 hours = 2.91 rounded to 3.00 FTE HPR II to cover the 15 complaints.

It is assumed that any database necessary to track the 30,217 records and complaints will be designed by DRL personnel and maintained by the HPRs.

**Oversight** notes that Section 191.714 provides that it shall be the standard of care for any “*hospitals and any health care facility that provides emergency care to sexual assault victims*” (emphasis added) to provide each victim with medically and factually accurate oral and written information about emergency contraception, orally inform the victim of her option to be provided emergency contraception, provide the complete regimen of emergency contraception for each victim who requests it, and follow the Department of Justice protocols on HIV/STI screening and prophylactic treatment as referenced in 19 CSR 40-10.010 and the sexual assault forensic exam checklist promulgated by the DHSS.

**Oversight** assumes this language does not apply to outpatient clinics, urgent care centers and in some cases physician offices as provided by DHSS as these are not places that would generally provide “emergency care for sexual assault victims”. Therefore, Oversight assumes the DHSS would not need 3 FTE to investigate a potential of 15 complaints per year and that the number of facilities in which periodic reviews were to be performed would not total a number exceeding 30,000. Oversight assumes the DHSS would need one FTE HPR II to investigate the complaints, perform period reviews of hospitals and other emergency care facilities and any database necessary to track the complaints and periodic reviews, plus necessary equipment and expenses.

ASSUMPTION (continued)

Office of General Counsel (§§191.714.5 and 191.714.6)

**DHSS** assumes these provisions require the department to impose an administrative penalty to any health entity that is not in compliance. It is unknown as to how many violations would be reported to the Act which would require an administrative penalty. The cost of this to the Office of General Counsel is unknown, as it cannot be determined how many penalties will take place. It is assumed to be under \$100,000.

**Oversight** assumes, based on DHSS' assumption that approximately 1% of forcible rapes may result in a complaint against a hospital or a health care facility that provides emergency care to an assault victim, that the DHSS' Office of General Council can absorb the work associated with the administrative penalties that may be imposed. However, if the number of complaints or the work involved with imposing these penalties substantially exceed Oversight's assumptions, the DHSS may request additional personnel and funding through the appropriations process.

**Oversight** notes Article IX, Section 7 of the Missouri Constitution provides that fines and penalties be distributed to schools. Oversight assumes any increase or decrease in fine or penalty revenues generated cannot be determined. Therefore, the fiscal note does not reflect any fine or penalty revenues for the local school districts.

Directors Office, Office on Women's Health (§191.714.3)

**DHSS** assumes there are currently 128 hospitals in Missouri that report having emergency departments. There is an additional unknown number of health care facilities that may provide care to sexual assault victims. To ensure that an adequate number of brochures are provided for hospitals and health care facilities, 10,000 brochures will be printed. Printing costs for a tri-fold, four-process color brochure would be \$0.08 per brochure, totaling \$800. The brochures would be distributed to hospitals and other health care facilities throughout the state. Mailing for an estimated 200 packets is \$600 (\$3.00/packet x 200 packets). The FTE to develop and disseminate the materials are included in Section 192.980.

§192.980 - Women's Health Services

**DHSS** assumes this section creates a Women's Health Services Program. DHSS assumes that these services would only be available to women that have no other payment source for the specified interventions. The eligibility requirements and different services that would be provided under the Women's Health Services Program are unclear; however, with consideration given to the large menu of proposed services and the pricing for these services (in particular breast and cervical cancer checks, screening and treating sexually transmitted diseases, and infertility treatments), it is projected the total cost of services that could be provided could

ASSUMPTION (continued)

exceed the full balance of the \$5,000,000 appropriation by the end of the first full year of the program, which would be FY 2017. This could result in the need to stop providing services before the end of the fiscal year or additional funding would be necessary.

To ensure implementation by July 1, 2016, DHSS would require the following:

One Public Health Consultant Nurse (PHCN) (\$53,124 annually) to identify qualified health providers who would be able to provide these comprehensive services. The PHCN would collect data on the number and types of services provided to evaluate program effectiveness. From the data collected, the program would be able to compare rates of sexually transmitted diseases (STDs), Human Immunodeficiency Virus (HIV), late entry into prenatal care, unintended pregnancy, infant mortality, domestic violence, smoking, alcohol, and drug use during pregnancy with rates prior to the implementation of this program to assess outcomes.

One Health Program Representative III (\$38,928 annually) to provide support to the PHCN in data collection and assimilation, invoice processing, and communication.

One Health Educator II (\$36,204 annually) to work with the program on the choice and development of patient education and pre-pregnancy counseling materials on the dangers of smoking, alcohol, and drug use during pregnancy; the education on sexual coercion and violence in relationships; and to work with the PHCN and HPR III in the development of the brochures.

One Senior Office Support Assistant (\$25,824 annually) to support all communication and document development and mailing, including clerical support.

**Oversight** assumes the DHSS would delegate the duties of the Health Educator II to existing staff. Once the patient education and pre-pregnancy counseling materials, sexual coercion and violence in relationships materials, and brochures are developed, this information would only need periodic updating and revision. As a result, Oversight assumes there will be additional funds available from the initial program funding to provide services to women. Oversight has increased the proposed contract costs for services accordingly.

The Women's Health Services Program would provide the following services, with estimated costs provided for each service:

Breast and cervical cancer checks: The current reimbursement rates used in the Show Me Healthy Women program are the rates being used for this assumption. These rates are based on the allowable Medicare rate for Missouri. All services are provided on an outpatient basis. The current cost for an initial visit for a breast and cervical cancer check is \$269/client. This cost covers the office visit, pelvic exam, clinical breast exam, screening mammogram, pap test, and cytopathology reading. The current cost for an annual visit after the initial visit would be \$234/client.

ASSUMPTION (continued)

Screening and treatment for sexually transmitted diseases (based on the Medicaid Fee Schedule): Screening for chlamydia and gonorrhea is \$73.94/client for the combo test. The costs for syphilis screening is \$5.50/client. If this test returns a positive result, a titer and confirmatory test are required at a cost of \$5.50 and \$13.94, each per client.

HIV Screening: The cost for HIV screening is \$29.34/client. If this test returns a positive result, a second test is required at a cost of \$25.43/client (Western Blot, reflex on a screen reactive).

Voluntary choice of contraception, including natural family planning: This includes all inclusive family planning at a cost of \$40/client (based on Medicaid reimbursement rates).

Infertility treatment: The non-profit organization Resolve.org quotes a 2006 study which indicated the mean cost for in-vitro fertilization at that time was \$7,500 and medications were an additional \$3,000; Intrauterine insemination mean cost was \$350; and the intracytoplasmic sperm injection mean cost was \$1,500.

Patient education and pre-pregnancy counseling on the dangers of smoking, alcohol, and drug use during pregnancy: The cost of this per hour would be similar to the cost of natural family planning costing \$40/client.

Education on sexual coercion and violence in a relationship: It is estimated the average amount of time that would be spent for this education would be one hour per client. Again, it is estimated the hourly cost would be \$40.

Prenatal and other referrals: The cost of these referrals would be included in the DHSS program activities of the Women's Health Services Program.

Information from the **Office of Administration (OA), Information Technology Services Division (ITSD)** was provided by the DHSS.

ITSD indicated that development, test and production application environments would be required. The application will be a Visual Basic .NET application hosted in the State Data Center utilizing a SQL or Oracle database. The actual database size is unknown but estimated at 50 GB for production. Standard backup and recovery procedures will be followed. The cost for backup services has been calculated based disk space in use per day (50 GB × 3 environments × 365 days = 54,750).

ASSUMPTION (continued)

It is estimated that 6,739.2 contract hours X \$75 per hour will be required to develop and implement this project. Ongoing costs will be necessary in following years. ITSD estimates total costs to the General Revenue Fund of \$509,813 for FY 2016; \$108,994 for FY 2017; and \$111,719 for FY 2018.

**Oversight** notes the DHSS estimate of IT cost to implement this proposal was based on the current state contract rate for IT consulting services (\$75 per hour). DHSS officials told us OA-ITSD informed them employees would not be available in FY 2016 for IT projects to implement new legislation and contractors would be required.

**DHSS** estimates the total fiscal impact of this proposal to the General Revenue Fund to be a cost of \$1,104,667 for FY 2016; costs of \$5,201,242 for FY 2017; and costs of \$5,203,858 for FY 2018.

Bill as a Whole:

Officials from the **Office of Attorney General** assume that any potential costs arising from this proposal can be absorbed with existing resources.

Officials at the **University of Missouri** assume this would not create additional expenses in excess of \$100,000.

**Oversight** assumes the University of Missouri can absorb expenses less than \$100,000.

Officials from the **Department of Insurance, Financial Institutions and Professional Registration, the Department of Public Safety, Missouri State Highway Patrol, the Department of Social Services, Division of Legal Services, MO HealthNet Division and Division of Youth Services, the Joint Committee on Administrative Rules, the Missouri Department of Conservation, the Missouri Consolidated Health Care Plan, the Missouri Department of Transportation, the Office of Administration, the Office of State Courts Administrator, the City of Columbia, the City of Kansas City, the Columbia/Boone County Department of Public Health and Human Services, the Harrison County Public Health Department & Hospice, and the City of Independence Health Department** each assume the proposal would not fiscally impact their respective agencies.

Officials from the **Office of the Secretary of State (SOS)** state 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

ASSUMPTION (continued)

this fiscal note to the SOS for Administrative Rules is less than \$2,500. 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 the 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.

**Oversight** assumes the SOS could absorb the costs of printing and distributing regulations related to this proposal. If multiple bills pass which require the printing and distribution of regulations at substantial costs, the SOS could request funding through the appropriation process.

Officials from the following **schools**: Blue Springs Public Schools, Branson Public Schools, Caruthersville School District, Charleston R-I School District, Cole R-I School District, Columbia Public Schools, Everton R-III School District, Fair Grove Schools, Francis Howell Public Schools, Fulton Public Schools, Harrisonville School District, Independence Public Schools, Jefferson City Public Schools, Kirbyville R-VI School District, Kirksville Public Schools, Lee Summit Public Schools, Macon School District, Malta Bend School District, Mexico Public Schools, Monroe City R-I School District, Nixa Public Schools, Parkway Public Schools, Pattonville School District, Raymore-Peculiar R-III School District, Raytown School District, Riverview Gardens School District, Sedalia School District, Sikeston Public Schools, Silex Public Schools, Special School District of St. Louis County, Spickard R-II School District, Springfield Public Schools, St. Joseph School District, St. Louis Public Schools, St. Charles Public Schools, Sullivan Public Schools, Warren County R-III School District, Waynesville Public School District, Allen Village School, Carondelet Leadership Academy Education and KIPP Endeavor Academy in Kansas City did not respond to **Oversight's** request for a statement of fiscal impact.

Officials from the following **hospitals**: Barton County Memorial Hospital, Bates County Memorial Hospital, Cedar County Memorial Hospital, Cooper County Hospital, Excelsior Springs Medical Center, Putnam County Memorial Hospital and Washington County Memorial Hospital did not respond to **Oversight's** request for a statement of fiscal impact.

Officials from the following **health departments**: Audrain County Health Unit, Cass County Health Department, Clay County Public Health Center, Cooper County Public Health Center, Henry County Health Center, Hickory County Health Department, Howell County Health Department, Jefferson County Health Department, Linn County Health Department, McDonald County Health Department, Madison County Health Department, Marion County Health

ASSUMPTION (continued)

Department, Miller County Health Center, Morgan County Health Center, Nodaway County Health Center, Platte County Health Department, Polk County Health Center, Pulaski County Health Center and Home Health Agency, Randolph County Health Department, Reynolds County Health Center, Ripley County Health Center, Shelby County Health Department, the St. Francois County Health Center and the St. Joseph Health Department did not respond to **Oversight's** request for a statement of fiscal impact.

<u>FISCAL IMPACT - State Government</u>	FY 2016 (10 Mo.)	FY 2017	FY 2018
<b>GENERAL REVENUE</b>			
<u>Costs - DESE (\$170.015)</u>			
Creation of peer review materials and curriculum	(Less than \$100,000)	\$0	\$0
<u>Costs - DHSS (§§191.713 &amp; 191.714)</u>			
Personal service	(\$29,120)	(\$35,293)	(\$35,646)
Fringe benefits	(\$15,144)	(\$18,354)	(\$18,538)
Equipment and expense	<u>(\$16,140)</u>	<u>(\$11,435)</u>	<u>(\$11,713)</u>
Total <u>Costs - DHSS</u>	<u>(\$60,404)</u>	<u>(\$65,082)</u>	<u>(\$65,897)</u>
FTE Change - DHSS	1 FTE	1 FTE	1 FTE
<u>Costs - DHSS (\$192.980)</u>			
Personal service	(\$98,230)	(\$119,055)	(\$120,245)
Fringe benefits	(\$51,085)	(\$61,915)	(\$62,533)
Equipment and expense	(\$45,778)	(\$36,609)	(\$37,523)
Contract costs	\$0	(\$4,652,409)	(\$4,646,068)
IT contract and on-going costs	<u>(\$509,813)</u>	<u>(\$108,994)</u>	<u>(\$111,719)</u>
Total <u>Costs - DHSS</u>	<u>(\$704,906)</u>	<u>(\$4,978,982)</u>	<u>(\$4,978,088)</u>
FTE Change - DHSS	3 FTE	3 FTE	3 FTE
<b>ESTIMATED NET EFFECT ON THE GENERAL REVENUE FUND</b>	<b><u>(Less than \$865,310)</u></b>	<b><u>(\$5,044,064)</u></b>	<b><u>(\$5,043,985)</u></b>
Estimated Net FTE Effect on the General Revenue Fund	4 FTE	4 FTE	4 FTE

FISCAL IMPACT - Local Government

FY 2016  
(10 Mo.)

FY 2017

FY 2018

**LOCAL POLITICAL SUBDIVISIONS**

Costs - School Districts (§170.015)

Purchase of peer review materials and curriculum

<u>\$0</u>	<u>\$0 or (Unknown greater than \$100,000)</u>	<u>\$0 or (Unknown greater than \$100,000)</u>
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**ESTIMATED NET EFFECT ON  
SCHOOL DISTRICTS**

<u>\$0</u>	<u>\$0 or (Unknown greater than \$100,000)</u>	<u>\$0 or (Unknown greater than \$100,000)</u>
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FISCAL IMPACT - Small Business

§192.980 - This proposal will allow small business health care providers to contract as providers under a Missouri Women’s Health Services program.

FISCAL DESCRIPTION

This proposal changes the laws regarding sex education in public schools, establishes the Compassionate Assistance for Rape Emergencies (CARE) Act and the Birth Control Protection Act, requires the development of a women’s health care program, and establishes procedures for pharmacies dispensing prescriptions and over-the-counter medicines in certain situations.

SEX EDUCATION IN PUBLIC SCHOOLS (§170.015)

The proposal requires any course materials and instruction relating to human sexuality and sexually transmitted diseases to be based on peer-reviewed projects that have been demonstrated to influence healthy behavior, be age appropriate.

Each school district or charter school must make the names and affiliations of presenters used in the school’s human sexuality instruction available. The proposal repeals the provision that prohibits a school district or charter school from providing abortion services and an abortion provider from furnishing human sexuality instruction and curriculum.

FISCAL DESCRIPTION (continued)

COMPASSIONATE ASSISTANCE FOR RAPE EMERGENCIES (CARE) ACT (§§191.713 - 191.714)

The proposal establishes the Compassionate Assistance for Rape Emergencies (CARE) Act which requires that the standard of care for any health care facility that provides emergency care to a sexual assault victim will be to give a victim information regarding emergency contraception, inform the victim of her option to be provided emergency contraception, and provide a complete regimen of emergency contraception if requested. The health care provider must follow federal Department of Justice protocols on HIV/STI (sexually transmitted infections) screening and prophylactic treatment. An emergency health care facility must ensure that the victim is treated by a provider who has medically and factually accurate, objective information about emergency contraception.

The Department of Health and Senior Services must:

(1) Produce informational materials regarding emergency contraception for the prevention of pregnancy for distribution in any health care facility. The materials must be medically and factually accurate and objective; be clearly written and comprehensible; provide an explanation of the use, safety, efficacy, and availability of emergency contraception; and explain that it does not cause an abortion; and

(2) Respond to complaints and periodically perform compliance checks on emergency health care facilities. If a facility is not in compliance, the department will impose a \$5,000 administrative penalty for each woman who is denied the informational materials or who is not offered emergency contraception and a \$5,000 administrative penalty for failure to comply with the provisions of the bill with an additional \$5,000 penalty for every 30 days of noncompliance.

BIRTH CONTROL PROTECTION ACT (§191.715)

The Birth Control Protection Act is established, which prohibits a governmental actor or entity from being authorized to interfere in a consenting individual's right to obtain or use safe and effective methods of contraception or to interfere with or discriminate against those rights in the regulation or provision of benefits, facilities, services, or information. Laws, rules, ordinances, taxes, or regulations that are reasonably designed to promote public health and safety in the sale and distribution of contraceptives and do not have the effect of unreasonably hindering public access to contraceptives are not affected by the bill.

WOMEN'S HEALTH SERVICES PROGRAM (§192.980)

Subject to appropriation, the Department of Health and Senior Services must implement a women's health services program by July 1, 2016, through qualified health providers to reduce the number of unintended pregnancies. The initial funding for the program will be \$5 million. The services will include certain health screenings, treatments, and referrals; family planning services; and education.

FISCAL DESCRIPTION (continued)

DISPENSING PRESCRIPTIONS AND OVER-THE-COUNTER MEDICINES BY  
PHARMACIES (§338.016 and 338.018)

The proposal requires a licensed pharmacy to dispense a prescribed drug or device in stock without delay and in a manner that is consistent with the normal time frame for filling any other prescription. A pharmacy may refuse to fill a prescription if there is a valid medical concern, as specified in the proposal, or if the customer is unable to pay. If the prescribed drug or device is not in stock, the pharmacy must use standard procedures for expedited ordering to fulfill the prescription or locate another pharmacy of the customer's choice and transfer the prescription. The pharmacy must carry out the customer's chosen option in a timely fashion. A pharmacy must not intimidate, threaten, or harass a customer during the delivery of services. Over-the-counter contraceptive drug requests must also be fulfilled in a timely and nonthreatening fashion.

The provisions regarding the Women's Health Services Program will expire six years after the effective date.

This legislation is not federally mandated and would not duplicate any other program, but may require additional capital improvements or rental space.

SOURCES OF INFORMATION

Office of Attorney General  
Department of Elementary and Secondary Education  
Department of Health and Senior Services  
Department of Insurance, Financial Institutions and Professional Registration  
Department of Public Safety -  
    Missouri State Highway Patrol  
Department of Social Services -  
    Division of Legal Services  
    MO HealthNet Division  
    Division of Youth Services  
Joint Committee on Administrative Rules  
Missouri Department of Conservation  
Missouri Consolidated Health Care Plan  
Missouri Department of Transportation  
Office of Administration  
Office of State Courts Administrator  
Office of Secretary of State  
City of Columbia

SOURCES OF INFORMATION (continued)

City of Kansas City  
Columbia/Boone County Department of  
Public Health and Human Services  
Harrison County Public Department of Health & Hospice  
City of Independence Health Department  
University of Missouri  
Kansas City Public Schools



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