

COMMITTEE ON LEGISLATIVE RESEARCH
OVERSIGHT DIVISION

FISCAL NOTE

L.R. No.: 6522-01
Bill No.: HCB 15
Subject: Drugs and Controlled Substances; Health and Senior Services Department; Health Care; Physicians; Pharmacy; Mental Health; Mental Health Department; Hospitals
Type: Original
Date: April 3, 2018

Bill Summary: This proposal modifies provisions relating to opioids.

FISCAL SUMMARY

ESTIMATED NET EFFECT ON GENERAL REVENUE FUND			
FUND AFFECTED	FY 2019	FY 2020	FY 2021
General Revenue	(Could exceed \$38,403,709)	(Could exceed \$41,651,896)	(Could exceed \$41,847,512)
Total Estimated Net Effect on General Revenue	(Could exceed \$38,403,709)	(Could exceed \$41,651,896)	(Could exceed \$41,847,512)

ESTIMATED NET EFFECT ON OTHER STATE FUNDS			
FUND AFFECTED	FY 2019	FY 2020	FY 2021
Federal Reimbursement Allowance	(\$271,752)	(\$922,133)	(\$1,012,103)
Insurance Dedicated	Up to \$20,000	\$0	\$0
Total Estimated Net Effect on <u>Other</u> State Funds	(Up to \$271,752)	(\$922,133)	(\$1,012,103)

Numbers within parentheses: () indicate costs or losses.

This fiscal note contains 15 pages.

ESTIMATED NET EFFECT ON FEDERAL FUNDS			
FUND AFFECTED	FY 2019	FY 2020	FY 2021
Federal *	\$0	\$0	\$0
Total Estimated Net Effect on <u>All</u> Federal Funds	\$0	\$0	\$0

* Income and expenses exceed \$8.4 million annually and net to \$0.

ESTIMATED NET EFFECT ON FULL TIME EQUIVALENT (FTE)			
FUND AFFECTED	FY 2019	FY 2020	FY 2021
General Revenue	3	5	5
Total Estimated Net Effect on FTE	3	5	5

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

ESTIMATED NET EFFECT ON LOCAL FUNDS			
FUND AFFECTED	FY 2019	FY 2020	FY 2021
Local Government	\$0	\$0	\$0

FISCAL ANALYSIS

ASSUMPTION

§190.220 - Care Designations for ERs and Hospitals for Treating Overdoses & Opioid Use Disorder

Officials from the **Department of Health and Senior Services (DHSS)** state section 190.220 requires the DHSS to develop levels of care for emergency departments and hospitals for treating overdoses and opioid use disorder. The DHSS is to promulgate rules for applications by emergency departments and hospitals to become designated Level I, Level II, or Level III addiction care facilities and may conduct site reviews as it deems necessary to ensure compliance. The DHSS may deny, place on probation, suspend, or revoke any designation if it has reasonable cause to believe there has been a substantial failure to comply with the provisions of the section or any rules promulgated under this section. The department may remove a designation if the facility requests removal of the designation.

The Division of Regulation and Licensure's (DRL) Section for Health Standards and Licensure (HSL) will assume the duties set forth in the proposed legislation. HSL will require the following additional staff to implement the proposed legislation. The following positions will be hired as of September 1, 2018:

One Registered Nurse Manager (Band 1, \$66,667 annually) will be needed to establish and develop the criteria for the Level I, Level II, and Level III designations for emergency departments and hospitals. They will develop rules, policies, and procedures; provide technical assistance to program participants on matters relating to the program; supervise subordinate staff involved in program implementation; and assign and review inspections.

One Administrative Office Support Assistant (\$28,668 annually) will be needed to provide support to the program, respond to telephone inquiries, coordinate communication, and maintain program files.

The following positions will be hired as of January 1, 2019:

Two (2) Health Facilities Nursing Consultants (\$54,192 annually, each) will be needed to conduct site visits, respond to complaints, and carry out inspections to ensure compliance. These positions are expected to travel extensively; it is assumed that the travel cost will be \$10,000 annually for the three nursing staff.

Oversight notes the DHSS used a lease cost for the additional rental space needed for four (4) new FTE of \$21 per square foot. This is an average of the lease rates for the various regions in the state. Oversight reduced the average cost to \$17.50 per square foot (which includes utilities and janitorial services), the amount provided by OA, Facilities Management, Design and Construction.

ASSUMPTION (continued)

In response to proposals from the current session where agencies assumed the need for additional rental space, officials from the **Office of Administration (OA), Division of Facilities Management, Design and Construction (FMDC)** have provided that additional space in leased facilities for additional staff in the Cole County area is estimated at 230 sq. ft. per FTE times \$17.50 per sq. ft., or \$4,025 annually per FTE. These costs are building lease cost, fuel and utilities, and janitorial services. The assumption for the need for larger space and/or in other regions of the state, or possible new construction space, would be a higher cost per sq. ft. (estimated at \$24.50 per sq. ft.).

Officials from the **Cass Regional Medical Center** assume the costs for compliance (using trauma and stroke as an example) would likely cost their facility at least \$100,000, if not more, to put together and have the services listed in order to be part of the program.

Oversight notes there are approximately 30 hospitals in the state of Missouri that are owned by local political subdivisions. Oversight also notes the language in this proposal is permissive and emergency departments and hospitals are not required to apply to become designated as a Level I, Level II, or Level III addiction facilities. Therefore, Oversight assumes this proposal will not have a fiscal impact on local political subdivisions.

§192.2350 - Missouri Task Force on Opioid Abuse

DHSS officials assume the traveling and meeting costs for the "Missouri Task Force on Opioid Abuse" will be approximately \$1,500 per meeting with quarterly meetings. For fiscal note purposes DHSS assumed three meetings would be held in FY 19 and two in FY 20.

§192.2355 - Public Service Announcements and Town Hall Meetings

DHSS officials state (for 192.2355.1), the DHSS will collaborate with the Department of Mental Health (DMH) to develop and disseminate public service announcements. DHSS assumes that it would contract for the public service announcements at an approximate cost of \$500,000.

The DHSS further assumes (for 192.2355.2) 12 town hall meetings would be held across the state to ensure adequate coverage in all geographic areas. It is estimated an average cost of \$2,000 would be necessary per event. The costs incurred for each event would be for speaker fees, facility rental, parking, audio/visual equipment, and food/beverages for a total cost of \$24,000 (12 X \$2,000) to General Revenue.

ASSUMPTION (continued)

§195.206 - Printed Materials

DHSS officials state the DHSS will collaborate with the DMH to provide information regarding available opioid abuse treatment options, services, and estimates the cost for printed materials will be approximately \$2,500. A system has been established for this information to be collected from first responders under the provisions of the Missouri Recovery and Education (MORE) grant. For the period covered by this fiscal note, these expenditures will be covered by the MORE grant.

§195.265 - Education and Awareness Program

DHSS officials assume the development of the required education and awareness program regarding drug disposal, including controlled substances, will be covered through existing resources.

§208.151 - MoHealthNet Coverage for Pregnant Women receiving SUD Treatment Services

Officials from the **Department of Mental Health (DMH)** state the proposed legislation maintains pregnant women receiving substance abuse treatment within sixty days of giving birth shall be eligible for MO HealthNet benefits for no more than twelve additional months as long as the woman remains adherent with treatment. The DMH and the Department of Social Services (DSS) shall seek any necessary waiver from the Centers for Medicare and Medicaid Services and shall develop rules relating to treatment plan adherence. No later than fifteen months after receiving any necessary waiver, DMH and the DSS shall report to the House of Representatives Budget Committee and the Senate Appropriations Committee on the compliance with federal cost neutrality requirements. Currently all MO Health coverage, including substance use disorder treatment, ends for the woman on the last day of the month that is 60 days after the pregnancy ends.

DMH officials state the Department of Social Services/MO HealthNet Division (DSS/MHD) estimates 114 women a month will qualify for MO HealthNet coverage of substance use disorder treatment under this legislation. The average cost for the DMH to provide substance use disorder (SUD) treatment is \$259.83 per month. The anticipated impact calculated by DSS for DMH is \$1,629,134 (\$566,890 GR and \$1,062,244 Federal) for FY19; \$4,396,707 (\$1,529,922 GR and \$2,866,785 Federal) for FY20 and \$4,595,697 (\$1,599,165 GR and \$2,996,532 Federal) for FY21. DMH agrees with the cost estimate provided by DSS. Some of the cost to DMH could be offset with existing funds.

ASSUMPTION (continued)

Oversight notes the number of women receiving SUD treatment will increase each month by 114 participants until the end of one year (114 X 12 months = 1,368 maximum participants; however, month 1 will have 114 participants; month 2 will have 228 participants; month 3 will have 342 participants and so on until the end of 12 months). At that time, the number of new participants entering the program each month will equal the number of participants losing eligibility.

Officials from the **Department of Social Services (DSS), MO HealthNet Division (MHD)** state the proposed legislation adds language that extends Substance Use Disorder (SUD) post-partum coverage from sixty days to one year including seeking a waiver from the Centers for Medicare and Medicaid Services (CMS) and specifies that the 12 months of MO HealthNet benefits are for women who remain adherent with treatment.

The Family Support Division (FSD) was provided the average monthly MO HealthNet for Pregnant Women (MPW) participants currently receiving SUD treatment within their 60 day post-partum period by the MHD Evidence Based Unit.

If the provisions of this bill are enacted, MHD estimates that, on a monthly basis, an average of 114 individuals would be eligible to receive MO HealthNet benefits for one year from their last day of pregnancy.

MHD's Evidence Based Unit identified how many pregnant women were currently treated for Substance Use Disorder (SUD) and applied that percentage to the monthly births; therefore, approximately 114 additional women will be added each month who will receive SUD treatment for up to one year postpartum (1,368 participants). At the end of one year, the number of new women receiving services will equal the number of women no longer eligible for services under this proposal. The average per member per month (PMPM) payment for SUD participants is \$819. This PMPM was calculated using fee-for-service expenditure data and includes a SUD treatment cost. The total cost for this population is \$5,131,994 in year one (10 months).

Of the \$819 PMPM for SUD participants \$259.83 is for SUD treatment cost. These costs would be in the Department of Mental Health (DMH) budget and are removed from the total cost for the MO HealthNet fiscal note. Therefore, the total cost that **DMH** would cover for this SUD treatment would be **\$1,629,134** in year one (10 months). Overall, the cost that **MHD** would incur in year one (10 months) for SUD treatment would be **\$3,502,860** (\$5,131,994 - \$1,629,134).

A portion of these costs would be funded from the Federal Reimbursement Allowance. (Fund: 0142 Approp: 1605)

ASSUMPTION (continued)

A 3.8% inflation factor was added to the PMPM for the second and third year.

The second year cost is estimated to be \$9,453,521 and the third year cost is estimated to be \$9,881,376.

If the proposed legislation passes, a waiver would be required to extend the current 60 day postpartum coverage for SUD treatment to one year.

FY19 (10 mo.) Total: \$3,502,860 (GR \$1,124,329; FF \$2,106,779;
Other (FRA/Rebate) \$271,752);

FY20 Total: \$9,453,521 (GR \$2,968,667; FF \$5,562,721; Other (FRA/Rebate) \$922,133);

FY21 Total: \$9,881,376 (GR \$3,086,241; FF \$5,783,032; Other (FRA/Rebate) \$1,012,103).

Officials from the **DSS**, **FSD** and the **Division of Legal Services** assume this section will not fiscally impact their divisions.

§376.811 - Medication-assisted treatment for substance use disorders

Officials from the **Department of Insurance, Financial Institutions and Professional Registration** anticipate 80 companies filing 5 updates each on various products for a total of 400 policy amendments submitted to the department for review along with a \$50 filing fee. One time additional revenues to the Insurance Dedicated Fund are estimated to be up to \$20,000.

Additional staff and expenses are not being requested with this single proposal, but if multiple proposals pass during the legislative session which require policy form reviews the department will need to request additional staff to handle the increase in workload.

§630.875 - Improved Access to Treatment for Opioid Addictions (IATOA) Program

Officials from the **Department of Mental Health (DMH)** state under this proposal the DMH is to create and oversee the Improved Access to Treatment for Opioid Addictions (IATOA) Program. The cost to DMH may be reduced as the development of curriculum and examinations on opioid addiction and treatment is discretionary. DMH will facilitate partnerships between assistant physicians at Federally Qualified Health Centers (FQHCs), rural health clinics, and other health care facilities and physicians across the state. The DMH will be responsible for providing access to telemedicine and Extension for Community Healthcare Outcomes (ECHO) programs. There will be grant funding for FY 2019 to help with some of these requirements (ECHO costs plus FTE expenses). However, starting with year two, the DMH would have increased costs of \$241,023 and in year three and thereafter, the DMH would need \$235,062 to continue the services because of a reduction in grant funding.

ASSUMPTION (continued)

This legislation broadens significantly the scope of DMH duties associated with addressing the ongoing opioid crisis. While there are currently grant funds available to assist with some collaborative and training efforts, this funding is set to end in 2019. Thus, one FTE, Program Specialist II (\$45,192 annually) would be needed to support, monitor, and/or implement the following time-intensive tasks and programs outlined in the proposed legislation:

- Development of (will require research and coordination with legal counsel, medical professionals, etc) an information and consent form on the effects of opioid medication and alternative pain treatments.
- Creation and oversight of an "Improved Access to Treatment for Opioid Addictions Program" - this will require the gathering and dissemination of best practice information, as well as the facilitation of partnerships between key stakeholders.
 - o Coordination, oversight, monitoring of ECHO programs.
 - o Expansion and oversight of telehealth opportunities.
 - o Oversight of the development treatment facilities in EACH county of MO; this will require intensive work with more than 30 agencies.
 - o Development of curriculum and exams for assistant physicians and/or other medical providers; this will require extensive research and collaboration with knowledgeable stakeholders.
 - o Direct support/access to referral information for recovery coaches in emergency departments, post-overdose.
- Development, vetting, and promulgation of rules to implement the provisions of the act. There will need to be training developed on the implementation of rules, as well as training conducted on the new rules.
- Development of a state-wide plan on providing public information and education regarding opiates with new stakeholders.

Additional costs to run the IATOA program would include the cost to "establish a treatment facility in each county lacking sufficient access to opioid addiction treatment" in §630.875.3. This cost would be substantial. The DMH estimates that the need for Opioid Use Disorder (OUD) services across the state is high, with over 35,000 people needing but not receiving treatment. If even a fourth of that number (8,750 persons) presents for treatment at the new facilities, the annual cost would be over \$36,000,000 (8,750 individuals * \$4,125 average annual cost of outpatient OUD treatment = \$36,093,750). An additional factor is that the addiction workforce is not sufficient to operate new treatment facilities in every county.

ASSUMPTION (continued)

Oversight has, for fiscal note purposes only, changed the starting salary for the Program Specialist II to correspond to the second step above minimum for comparable positions in the state's merit system pay grid. This decision reflects a study of actual starting salaries for new state employees for a six month period and the policy of the Oversight Subcommittee of the Joint Committee on Legislative Research.

Bill as a whole

Officials from the **Department of Natural Resources**, the **Department of Corrections**, the **Department of Public Safety**, **Missouri State Highway Patrol**, the **Joint Committee on Administrative Rules**, the **Missouri Consolidated Health Care Plan**, the **Missouri Department of Conservation**, the **Missouri Department of Transportation**, the **Office of Administration (OA)**, **Division of Accounting** and **Division of General Services**, the **Office of State Courts Administrator** and **St. Louis County** 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 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 **hospitals**: Barton County Memorial Hospital, Bates County Memorial Hospital, Cedar County Memorial Hospital, Cooper County Memorial Hospital, Excelsior Springs Hospital, Golden Valley Memorial Hospital, Hermann Area District Hospital, Putnam County Memorial Hospital, Samaritan Hospital, the University of Missouri Health System and Washington County Memorial Hospital did not respond to **Oversight's** request for a statement of fiscal impact.

ASSUMPTION (continued)

Officials from the following **cities**: Ashland, Belton, Bernie, Bonne Terre, Boonville, California, Cape Girardeau, Clayton, Columbia, Dardenne Prairie, Excelsior Springs, Florissant, Frontenac, Fulton, Grandview, Harrisonville, Independence, Jefferson City, Joplin, Kansas City, Kearney, Knob Noster, Ladue, Lake Ozark City, Lee Summit, Liberty, Louisiana, Maryland Heights, Maryville, Mexico, Monett, Neosho, O’Fallon, Pineville, Popular Bluff, Raytown, Republic, Richmond, Rolla, Sedalia, Springfield, St. Charles City Administrator, St. Louis City Budget Division, Sugar Creek, Sullivan, Warrensburg, Warrenton, Weldon Spring and West Plains did not respond to **Oversight’s** request for fiscal impact.

Officials from the following **counties**: Andrew, Atchison, Audrain, Barry, Bollinger, Boone, Buchanan, Callaway, Camden, Cape Girardeau, Carroll, Cass, Christian, Clay, Clinton, Cole, Cooper, Davies, Dekalb, Dent, Franklin, Greene, Holt, Jackson, Jefferson, Johnson, Knox, Laclede, Lawrence, Lincoln, Maries, Marion, McDonald, Miller, Moniteau, Monroe, Montgomery, New Madrid, Nodaway, Perry, Pettis, Platte, Pulaski, Scott, St. Charles, St. Francois, Taney, Wayne, Webster, and Worth did not respond to **Oversight’s** request for fiscal impact.

Oversight notes the proposal contains an emergency clause.

<u>FISCAL IMPACT - State Government</u>	FY 2019	FY 2020	FY 2021
GENERAL REVENUE FUND			
<u>Costs - DHSS (§190.220)</u>			
Personal service	(\$133,638)	(\$205,756)	(\$207,814)
Fringe benefits	(\$66,660)	(\$104,262)	(\$104,873)
Equipment and expense	(\$68,942)	(\$62,833)	(\$64,402)
Total <u>Costs - DHSS</u>	<u>(\$269,240)</u>	<u>(\$372,851)</u>	<u>(\$377,089)</u>
FTE Change - DHSS	3 FTE	4 FTE	4 FTE
<u>Costs - DHSS (§192.2350)</u>			
Task force meeting costs	(\$4,500)	(\$3,000)	\$0
<u>Costs - DHSS (§192.2355)</u>			
Public service announcements	(\$416,667)	(\$512,500)	(\$525,313)
Town hall meeting costs	(\$20,000)	(\$24,600)	(\$25,215)
Total <u>Costs - DHSS</u>	<u>(\$436,667)</u>	<u>(\$537,100)</u>	<u>(\$550,528)</u>

<u>FISCAL IMPACT - State Government</u>	FY 2019	FY 2020	FY 2021
GENERAL REVENUE FUND			
(continued)			
<u>Costs - DHSS (\$195.206)</u>			
Education materials & printing costs	(\$2,083)	(\$2,563)	(\$2,627)
Total All Costs - DHSS	<u>(\$712,490)</u>	<u>(\$915,514)</u>	<u>(\$930,244)</u>
FTE Change - DHSS	3 FTE	4 FTE	4 FTE
<u>Costs - DSS (\$208.151)</u>			
Postpartum care coverage through end of 12 months for SUD treatment	(\$1,124,329)	(\$2,968,667)	(\$3,086,241)
<u>Costs - DMH (\$208.151)</u>			
Increase in substance abuse disorder treatment for pregnant women through end of one year after birth	(\$566,890)	(\$1,529,922)	(\$1,599,165)
<u>Costs - DMH (\$630.875)</u>			
Personal service	\$0	(\$43,208)	(\$43,640)
Fringe benefits	\$0	(\$23,621)	(\$23,740)
Equipment and expense	\$0	(\$11,482)	(\$1,013)
Telehealth (ECHO) expense	\$0	(\$159,482)	(\$163,469)
Additional treatment costs	<u>(Could exceed \$36,000,000)</u>	<u>(Could exceed \$36,000,000)</u>	<u>(Could exceed \$36,000,000)</u>
Total <u>Costs</u> - DMH	<u>(Could exceed \$36,000,000)</u>	<u>(Could exceed \$36,237,793)</u>	<u>(Could exceed \$36,231,862)</u>
FTE Change - DMH	0 FTE	1 FTE	1 FTE
ESTIMATED NET EFFECT ON THE GENERAL REVENUE FUND			
	<u>(Could exceed \$38,403,709)</u>	<u>(Could exceed \$41,651,896)</u>	<u>(Could exceed \$41,847,512)</u>
Estimated Net FTE Change on the General Revenue Fund	3 FTE	5 FTE	5 FTE

<u>FISCAL IMPACT - State Government</u>	FY 2019	FY 2020	FY 2021
FEDERAL REIMBURSEMENT ALLOWANCE FUND (#0142)			
<u>Costs - DSS (§208.151)</u>			
Postpartum care coverage through end of 12 months for SUD treatment	<u>(\$271,752)</u>	<u>(\$922,133)</u>	<u>(\$1,012,103)</u>
ESTIMATED NET IMPACT ON THE FEDERAL REIMBURSEMENT ALLOWANCE FUND	<u>(\$271,752)</u>	<u>(\$922,133)</u>	<u>(\$1,012,103)</u>
INSURANCE DEDICATED FUND			
<u>Income - DIFP (§376.811)</u>			
Form filing fees	<u>Up to \$20,000</u>	<u>\$0</u>	<u>\$0</u>
ESTIMATED NET EFFECT ON THE INSURANCE DEDICATED FUND	<u>Up to \$20,000</u>	<u>\$0</u>	<u>\$0</u>
FEDERAL FUNDS			
<u>Income - DSS (§208.151)</u>			
Increase in program reimbursements	\$2,106,779	\$5,562,721	\$5,783,032
<u>Income - DMH (§208.151)</u>			
Increase in program reimbursements	<u>\$1,062,244</u>	<u>\$2,866,785</u>	<u>\$2,996,532</u>
Total <u>All Income</u>	<u>\$3,169,023</u>	<u>\$8,429,506</u>	<u>\$8,779,564</u>

<u>FISCAL IMPACT - State Government</u>	FY 2019	FY 2020	FY 2021
FEDERAL FUNDS (continued)			
<u>Costs - DSS (§208.151)</u>			
Postpartum care coverage through end of 12 months for SUD treatment	(\$2,106,779)	(\$5,562,721)	(\$5,783,032)
<u>Costs - DMH (§208.151)</u>			
Increase in substance abuse disorder treatment for pregnant women through end of one year after birth	(\$1,062,244)	(\$2,866,785)	(\$2,996,532)
Total <u>All Costs</u>	<u>(\$3,169,023)</u>	<u>(\$8,429,506)</u>	<u>(\$8,779,564)</u>
ESTIMATED NET EFFECT ON FEDERAL FUNDS	<u>\$0</u>	<u>\$0</u>	<u>\$0</u>

<u>FISCAL IMPACT - Local Government</u>	FY 2019	FY 2020	FY 2021
	<u>\$0</u>	<u>\$0</u>	<u>\$0</u>

FISCAL IMPACT - Small Business

No direct fiscal impact to small businesses would be expected as a result of this proposal.

FISCAL DESCRIPTION

This bill extends MO HealthNet benefits for pregnant women to receive substance abuse treatment, including opioid abuse treatment, for no more than twelve additional months as long as the woman remains adherent with treatment (Section 208.151)

This proposal requires every insurance company and health services corporation to offer, in all insurance policies, coverage for medication-assisted treatment for substance use disorders (Section 376.811)

FISCAL DESCRIPTION (continued)

IMPROVED ACCESS TO TREATMENT FOR OPIOID ADDICTIONS ACT

The bill creates the "Improved Access to Treatment for Opioid Addictions Program," (IATOA), which will disseminate information and best practices regarding opioid addiction. Assistant physicians who participate in the IATOA program must complete requirements to prescribe buprenorphine within 90 days of joining the program. The department may develop curriculum, examinations, and certification on the subject of opioid addiction and treatment.

An assistant physician in the IATOA program may serve several functions. When an overdose survivor comes to an emergency room, an assistant physician shall provide treatment options and support to the survivor, when reasonable practicable (Section 630.875).

This proposal contains an emergency clause.

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

SOURCES OF INFORMATION

Department of Mental Health
Department of Health and Senior Services
Department of Insurance, Financial Institutions and Professional Registration
Department of Natural Resources
Department of Corrections
Department of Public Safety -
 Missouri State Highway Patrol
Department of Social Services -
 MO HealthNet Division
 Family Support Division
 Division of Legal Services
Joint Committee on Administrative Rules
Missouri Consolidated Health Care Plan
Missouri Department of Conservation
Missouri Department of Transportation
Office of Administration -
 Division of Accounting
 Division of General Services
Office of State Courts Administrator

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SOURCES OF INFORMATION (continued)

Office of Secretary of State
St. Louis County
Cass Regional Medical Center

Ross Strope

A handwritten signature in black ink, appearing to read "Ross Strope", with a stylized flourish at the end.

Acting Director
April 3, 2018