

COMMITTEE ON LEGISLATIVE RESEARCH  
OVERSIGHT DIVISION

**FISCAL NOTE**

L.R. No.: 5103H.02C  
 Bill No.: HCS for HJR 117  
 Subject: Medicaid/MO HealthNet; Appropriations  
 Type: Original  
 Date: February 9, 2022

Bill Summary: This joint resolution proposes a Constitutional amendment relating to MO HealthNet.

**FISCAL SUMMARY**

<b>ESTIMATED NET EFFECT ON GENERAL REVENUE FUND</b>			
FUND AFFECTED	FY 2023	FY 2024	FY 2025
General Revenue*	Unknown to (Unknown) and could exceed (\$9,377,747)*	Unknown to (Unknown)	Unknown to (Unknown)
<b>Total Estimated Net Effect on General Revenue</b>	<b>Unknown to (Unknown) and could exceed (\$9,377,747)*</b>	<b>Unknown to (Unknown)</b>	<b>Unknown to (Unknown)</b>

\* “Could exceed” end of range is based on a special election being held and potential OA, ITSD/DSS costs of implementation (if approved by voters).

<b>ESTIMATED NET EFFECT ON OTHER STATE FUNDS</b>			
FUND AFFECTED	FY 2023	FY 2024	FY 2025
Federal Reimbursement Allowance (FRA) (0142)*	\$0 or \$0 to \$215,203,299	\$0 or Unknown	\$0 or Unknown
<b>Total Estimated Net Effect on <u>Other</u> State Funds</b>	<b>\$0 or \$0 to \$215,203,299</b>	<b>\$0 or Unknown</b>	<b>\$0 or Unknown</b>

\* High end of range is full potential savings of the proposed legislation to the FRA Fund (if approved by voters).

Numbers within parentheses: () indicate costs or losses.

<b>ESTIMATED NET EFFECT ON FEDERAL FUNDS</b>			
<b>FUND AFFECTED</b>	<b>FY 2023</b>	<b>FY 2024</b>	<b>FY 2025</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 2023</b>	<b>FY 2024</b>	<b>FY 2025</b>
General Revenue			
<b>Total Estimated Net Effect on FTE</b>	<b>0</b>	<b>0</b>	<b>0</b>

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

<b>ESTIMATED NET EFFECT ON LOCAL FUNDS</b>			
<b>FUND AFFECTED</b>	<b>FY 2023</b>	<b>FY 2024</b>	<b>FY 2025</b>
<b>Local Government - Hospitals</b>	<b>\$0 or \$0 to (\$215,203,299)*</b>	<b>\$0 or (Unknown)</b>	<b>\$0 or (Unknown)</b>

\* High end of range is full potential losses of the proposed legislation to health care providers.

## FISCAL ANALYSIS

### ASSUMPTION

**Oversight** was unable to receive some of the agency responses in a timely manner due to the short fiscal note request time. Oversight has presented this fiscal note on the best current information available or on prior year information regarding a similar bill. Upon the receipt of agency responses, Oversight will review to determine if an updated fiscal note should be prepared and seek the necessary approval to publish a new fiscal note.

### Missouri Constitution Article IV, Section 36(c), 36(d), 36(e), and 36(f) - Referendum

**Oversight** notes the provisions of this proposal are subject to a vote of the people. In the event the proposal does not pass, the provisions would not be implemented and the fiscal impact would be \$0. Therefore, for fiscal note purposes, all costs will be ranged as "\$0 or..." for the appropriate agency and fund.

Officials from the **Department of Social Services (DSS)** state this proposal makes Medicaid eligibility subject to yearly appropriations and to potential yearly amendments to Missouri's Medicaid State Plan. Those changes would require MO HealthNet to submit amendments to its Medicaid State Plan to the federal Department of Health and Human Services (DHHS), Centers for Medicare & Medicaid Services (CMS) each year concerning Medicaid eligibility. This may result in an increase in need for staff resources and may result in higher administrative costs to potentially change or modify Medicaid eligibility each year. CMS may not approve changes proposed by MO HealthNet to the State Plan from year to year. Whether Missouri can receive federal reimbursement for Medicaid services is contingent upon CMS approving Missouri's Medicaid State Plan amendments. Because this proposal makes Medicaid eligibility subject to yearly appropriations and to potential yearly amendments to Missouri's Medicaid State Plan, including CMS approval of any changes to the state plan, the fiscal impact is unable to be determined and is therefore estimated as \$0 to unknown.

To create the MO HealthNet work and community engagement requirements, the Department of Social Services (DSS) would need to seek a waiver under Section 1115 of the Social Security Act from the federal Department of Health and Human Services. Work requirements will have a cost to implement, along with an unknown savings. Should DSS be required to seek a waiver, and given the timing of any waiver sought, savings would not take effect until FY 2024, at the earliest.

During the federal public health emergency as set forth by the Department of Health and Human Services, Missouri has been eligible for enhanced federal Medicaid funds (federal medical assistance percentage, or FMAP) on certain Medicaid services so long as Missouri does not reduce coverage for individuals receiving Medicaid during the federal public health emergency

(PHE). Missouri receives an additional enhanced FMAP for expanding Medicaid coverage for up to eight (8) consecutive quarters so long as Missouri continues to provide Medicaid coverage to the Adult Expansion Group. Should Missouri reduce or eliminate eligibility for coverage groups currently covered by MO HealthNet during the PHE or no longer provides expanded Medicaid coverage, Missouri could be at risk of losing one or both of the enhanced FMAP rates. While DSS does not know how long DHHS will continue to declare that a federal PHE exists, the PHE currently extends through April 16, 2022.

**Oversite** notes this proposal grants DSS the authority to seek a waiver for MO HealthNet work and community engagement requirements from DHHS. Oversight also notes the Kaiser Family Foundation, Kaiser Health News (KHN) reported that an [executive order](#) was issued on January 28, 2021, which mandates that DHHS “consider whether to suspend, revise, or rescind” the guidance, which has since been removed from the CMS website. KHN further reports that, as of June 29, 2021, DHHS had notified four (4) states that it is withdrawing their work requirement waivers.

Due to the variables regarding potential FMAP changes, uncertainty of State Plan Amendment approvals and the length of the current PHE, **Oversight** will reflect the estimates provided by DSS as a savings of “\$0 to Unknown” for the reduction of MO HealthNet coverage and a cost of “\$0 to (Unknown)” for potential decreased FMAP rates and possible penalties imposed by DHSS, CMS.

In response to a previous version, officials from the **Office of Administration (OA), Information Technology Services Division (ITSD)/DSS** state updates to the Family Assistance Management Information Systems (FAMIS) and Missouri Eligibility Determination and Enrollment System (MEDES) would be required.

The Adult Expansion Group (AEG) and the related functionalities implemented as part of the Medicaid Expansion Project involves FAMIS as well as MEDES. The actual AEG eligibility is determined in MEDES. In FAMIS, the existing MO HealthNet for the Aged, Blind or Disabled (MHABD) benefits stay in a pending status. This proposal would change whether or not a case is approved based on availability of funds. This could impact FAMIS and might involve some system changes.

The business rule regarding non-residents not receiving benefits is already functional for the population in FAMIS.

Eligibility based on the new "work and community engagement requirements" for participants ages nineteen to sixty five may involve FAMIS changes as well. FAMIS has the basic infrastructure for these requirements (for the Supplemental Nutrition Assistance Program (SNAP)) and it is possible to build on that.

OA, ITSD/DSS assumes every new IT project/system will be bid out because all ITSD resources are at full capacity. IT contract rates for FAMIS are estimated at \$95/hour. It is assumed the necessary modifications will require 725.76 hours for a cost of \$68,947 (725.76 \* \$95), 100% GR.

OA, ITSD/DSS states MEDES establishes and manages eligibility for the AEG which covers the population described in Section 36(c) based on Modified Adjusted Gross Income (MAGI) criteria set forth by the Patient Protection and Affordable Care Act of 2010. It is constructed using commercial-off-the-shelf software with IBM Curam being essentially the core of the system performing the case management functions of the application. The Curam Health Care Reform (HCR) module was specifically designed to support MAGI-based eligibility determinations and is an integral part of the MEDES application.

Section 36, paragraphs (c) and (d) require eligibility to be ended for the AEG population during periods when funds are not appropriated. MEDES could be modified to essentially suspend coverage for the adult population described in Section 36(c). This approach permits new applicants to be identified as being eligible during times appropriations are in place while providing coverage until such time funds become unavailable. It also allows for potentially continual tracking of individuals already receiving benefits while eligibility is suspended with reinstatement capabilities when appropriations again become available once they lapse. The level of effort for these changes is estimated at 6,208 hours.

Section 36(f) requires MO HealthNet participants age 19 through 64 to comply with work and community engagement requirements unless they are exempt. Minimally, the following new functionality would be needed in MEDES:

- Additional browser pages in Curam for the referral process
- New batch jobs and multiple interfaces to Missouri Work Assistance to transmit referrals and receive feedback that indicates the individual has attended initial meeting, conducting job search, been employed, number of hours worked, cooperating or is not cooperating, address change etc.
- Additional database tables and/or fields for indicators to identify mandatory participants and fields to identify employment, employment level or work program participation status
- Additional database tables and/or fields for status codes for exemptions and denial reasons for failure to cooperate
- Several additional notices (advise of work requirements, referral to work program, schedule consultation with client, notice of failure to cooperate, etc.)
- Multiple tracking and management reports

The level of effort for these changes is estimated at 6,272 hours.

Modifications for the MEDES system must be performed by Redmane. Hourly IT costs under this contract vary by position title and work type. It is estimated to take a total of 12,480 hours for a total cost of \$2,308,800, 100% GR in FY 23 exclusively.

Therefore, the total FAMIS and MEDES upgrades will cost \$2,377,747, 100% GR in FY 23 exclusively.

**Oversight** does not have any information to the contrary. Therefore, Oversight will reflect the costs provided by ITSD/DSS for fiscal note purposes. Oversight notes these ITSD costs were not included in the fiscal note for HJR 117 (5103-01) due to a late-arriving response from DSS.

**DSS** states that, for the requirement of section 36(e), that there will be no reimbursements to providers for services for people who are not residents, there is also a fiscal impact.

This section may reduce the amount of Direct Medicaid payments to certain health care providers. Appropriations authority for the state share of Direct Medicaid payments have historically come from the Federal Reimbursement Assessment fund (FRA). Reductions in FRA derived payments may result in an increased FRA fund balance initially. The initial increase in FRA fund balance could be available in part or in whole to allow for payments for other existing services and/or other payment methodologies (for example, value based payment arrangements based on participant health outcomes). Alternatively, the hospital provider tax assessment could be reduced to lower the FRA fund balance. Reductions to hospital revenue may result in overall lower tax assessment which may reduce overall FRA funding in later years.

The potential impact to the FRA fund for this bill depends on a variety of scenarios which could range between no impact and an estimated savings up to \$215,203,299 in the first year.

**Oversight** notes DSS assumes a savings of \$0 to \$215,203,299 as a result of the provisions of this proposal. Based on discussions with DSS officials, Oversight learned the basis of this estimate is the projected out-of-state hospital payments for FY 2022. Oversight does not have any information to the contrary. Therefore, Oversight will reflect the savings provided by DSS as \$0 or \$0 to \$215,203,299 in FY 2023 and \$0 or Unknown in subsequent fiscal years for fiscal note purposes.

**Oversight** assumes a reduction in reimbursement from the FRA would result in a loss of income to healthcare providers. While DSS states the hospital provider tax could be reduced to lower the FRA balance, thereby offsetting some of the reimbursement losses, there is no provision for that in the proposed legislation. Therefore, Oversight assumes the collective fiscal impact on healthcare providers would be \$0 or \$0 to (\$215,203,299) in FY 2023 and \$0 or (Unknown) in subsequent fiscal years.

**Oversight** also notes the FRA program funds reimbursement of hospital services and the hospital portion of the managed care premiums provided to MO HealthNet participants and the uninsured.

The FRA program serves as a General Revenue equivalent by supplementing payments for the cost of providing care to Medicaid participants under Title XIX of the Social Security Act, and to the uninsured. Under the provisions of §208.465, the unexpended balance shall not revert to the General Revenue Fund, but shall accumulate from year to year.

Officials from the **Office of Attorney General (AGO)** assume any additional litigation costs arising from this proposal can be absorbed with existing personnel and resources. However, the AGO may seek additional appropriations if there is a significant increase in litigation.

**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 **Office of the Secretary of State** assume, each year, a number of joint resolutions that would refer to a vote of the people a constitutional amendment and bills that would refer to a vote of the people the statutory issue in the legislation may be considered by the General Assembly.

Unless a special election is called for the purpose, Joint Resolutions proposing a constitutional amendment are submitted to a vote of the people at the next general election. Article XII section 2(b) of the Missouri Constitution authorizes the governor to order a special election for constitutional amendments referred to the people. If a special election is called to submit a Joint Resolution to a vote of the people, section 115.063.2 RSMo requires the state to pay the costs. The cost of the special election has been estimated to be \$7 million based on the cost of the 2020 Presidential Preference Primary.

The Secretary of State's office is required to pay for publishing in local newspapers the full text of each statewide ballot measure as directed by Article XII, Section 2(b) of the Missouri Constitution and Section 116.230-116.290, RSMo. Funding for this item is adjusted each year depending upon the election cycle. A new decision item is requested in odd numbered fiscal years and the amount requested is dependent upon the estimated number of ballot measures that will be approved by the General Assembly and the initiative petitions certified for the ballot. In FY 2014, the General Assembly changed the appropriation so that it was no longer an estimated appropriation.

For the FY 2022 petitions cycle, the SOS estimates publication costs at \$70,000 per page. This amount is subject to change based on number of petitions received, length of those petitions and rates charged by newspaper publishers.

The Secretary of State's office will continue to assume, for the purposes of this fiscal note, that it should have the full appropriation authority it needs to meet the publishing requirements. Because these requirements are mandatory, the SOS reserves the right to request funding to meet the cost of the publishing requirements if the Governor and the General Assembly again change the amount or continue to not designate it as an estimated appropriation.

**Oversight** has reflected, in this fiscal note, the state potentially reimbursing local political subdivisions the cost of having this joint resolution voted on during a special election in fiscal year 2023. This reflects the decision made by the Joint Committee on Legislative Research that the cost of the elections should be shown in the fiscal note. The next scheduled statewide primary election is in August 2022 and the next scheduled general election is in November 2022 (both in FY 2023). It is assumed the subject within this proposal could be on one of these ballots; however, it could also be on a special election called for by the Governor (a different date). Therefore, Oversight will reflect a potential election cost reimbursement to local political subdivisions in FY 2023.

Officials from the **Department of Mental Health (DMH)** state the exemptions to the work and community engagement requirements appear to carve out the DMH populations for those that are determined to be permanently or totally disabled including those within the Division of Behavioral Health and the Division of Developmental Disability. It no longer appears to carve out the DMH population of those in substance abuse treatment programs. DMH assumes participants in the substance abuse treatment programs will meet the work requirement criteria and still qualify for Medicaid. If this is the case, DMH assumes no impact. The anticipated fiscal impact to DMH for Comprehensive Psychiatric Rehab (CPR), Comprehensive Substance Treatment and Rehabilitation (CSTAR) and Developmental Disabilities (DD) waiver services are included in the DSS estimate.

**Oversight** notes DMH's deferral to DSS for a statement of fiscal impact; for fiscal note purposes, Oversight assumes no fiscal impact for DMH.

Officials from the **Department of Health and Senior Services (DHSS)** defer to the Department of Social Services (DSS) for the potential fiscal impact of this proposal.

**Oversight** notes DHSS's deferral to DSS for a statement of fiscal impact; for fiscal note purposes, Oversight assumes no fiscal impact for DHSS.

In response to a previous version, officials from the **Department of Economic Development (DED)** and the **Office of Administration - Budget and Planning (B&P)** deferred to the Department of Social Services (DSS) for the potential fiscal impact of this proposal.

**Oversight** notes DED's and B&P's deferral to DSS for a statement of fiscal impact; for fiscal note purposes, Oversight assumes no fiscal impact for DED or B&P.

Officials from the **Department of Higher Education and Workforce Development**, the **Missouri House of Representatives**, the **Missouri Senate**, the **Newton County Health Department** and the **St. Louis County Board of Elections** each assume the proposal will 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, the **Department of Commerce and Insurance**, the **Jackson County Election Board** and the **Platte County Board of Elections** each assumed the proposal will 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 received from state agencies and political subdivisions; however, other local elections authorities, local public health agencies, nursing homes and hospitals were requested to respond to this proposed legislation but did not. A general listing of political subdivisions included in Oversight's 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.

**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 require additional resources.

<u>FISCAL IMPACT – State Government</u>	FY 2023 (10 Mo.)	FY 2024	FY 2025
<b>GENERAL REVENUE FUND</b>			
<u>Savings – DSS (Article IV, Section 36)</u> Reduction in state share of MO HealthNet expenditures pp. 3-4	\$0 to Unknown	\$0 to Unknown	\$0 to Unknown
<u>Transfer Out - Local Election Authorities</u> the cost of the special election <b>if</b> called for by the Governor pp. 5-6	\$0 or (\$7,000,000)	\$0	\$0
<u>Costs - OA, ITSD/DSS (Article IV, Section 36) pp. 4-6</u>	\$0 or...		
FAMIS changes	(\$68,947)	\$0	\$0
MEDES changes	(\$2,308,800)	\$0	\$0
Total <u>Costs - OA, ITSD/DSS</u>	(\$2,377,747)	\$0	\$0
<u>Loss – DSS (Article IV, Section 36)</u> Reduction in state share of MO HealthNet expenditures pp. 3-4	(\$0 to Unknown)	(\$0 to Unknown)	(\$0 to Unknown)
<b>ESTIMATED NET EFFECT ON THE GENERAL REVENUE FUND*</b>	<b><u>Unknown to (Unknown) and could exceed (\$9,377,747)</u></b>	<b><u>Unknown to (Unknown)</u></b>	<b><u>Unknown to (Unknown)</u></b>
* “Could exceed” end of range is based on a special election being held and potential OA, ITSD/DSS costs of implementation.			
<b>FEDERAL REIMBURSEMENT ALLOWANCE FUND (0142)</b>			
<u>Savings - DSS (Section 36(e)) - Reduction in Direct Medicaid payments p. 6</u>	\$0 or \$0 to \$215,203,299	\$0 or Unknown	\$0 or Unknown
<b>ESTIMATED NET EFFECT ON THE FEDERAL REIMBURSEMENT ALLOWANCE FUND</b>	<b><u>\$0 or \$0 to \$215,203,299</u></b>	<b><u>\$0 or Unknown</u></b>	<b><u>\$0 or Unknown</u></b>

<u>FISCAL IMPACT – Local Government</u>	FY 2023 (10 Mo.)	FY 2024	FY 2025
<b>LOCAL POLITICAL SUBDIVISIONS</b>			
<u>Transfer In</u> - to Local Election Authorities the cost of a special election pp. 5-6	\$0 or \$7,000,000	\$0	\$0
<u>Cost</u> - Local Election Authorities the cost of the special election <b>if</b> called for by the Governor pp. 5-6	\$0 or (\$7,000,000)	\$0	\$0
<u>Losses</u> - Hospitals (Section 36(e)) - Reduction in Direct Medicaid reimbursements p. 6	\$0 or \$0 to (\$215,203,299)	\$0 or (Unknown)	\$0 or (Unknown)
<b>ESTIMATED NET EFFECT ON THE LOCAL POLITICAL SUBDIVISIONS</b>	<b><u>\$0 or \$0 to (\$215,203,299)</u></b>	<b><u>\$0 or (Unknown)</u></b>	<b><u>\$0 or (Unknown)</u></b>

FISCAL IMPACT – Small Business

Missouri Constitution Article IV, Section 36 provisions could have a direct, negative fiscal impact on small health care providers or clinics that accept MO HealthNet payments if recipients lose benefits because money is not appropriated to fund the program.

Missouri Constitution Article IV, Section 36 provisions could have a direct, negative fiscal impact on small health care providers or clinics that accept MO HealthNet payments if recipients lose benefits because of not meeting the work requirements of the proposal. Yet it also may help small businesses that are looking for qualified applicants to fill vacant employment positions.

FISCAL DESCRIPTION

ELIGIBILITY DETERMINATION

The General Assembly has the right to and shall determine eligibility for HealthNet services pursuant to Section 36(c) of the Missouri Constitution, eligibility for individuals 19 years old or older and under 65 who qualify for HealthNet services under federal law and who have income at or below 138% of the federal poverty level, referred to as the "Medicaid expansion population", by appropriation. If an appropriation specifically naming this population is not

made for a fiscal year, the population shall not be eligible for HealthNet services for that fiscal year. This amendment repeals the provision of the Constitution prohibiting any greater or additional burdens or restrictions on eligibility or enrollment standards, methodologies, or practices be placed on the Medicaid expansion population (Missouri Constitution Article IV, Section 36(c)).

In any given fiscal year, any eligible population for HealthNet services shall be eligible only if an appropriation for that population is made in that fiscal year. Further, in any given fiscal year, any service or type of provider for which reimbursement is allowed shall be eligible for reimbursement only if an appropriation for that service or type of provider is made for that fiscal year (Missouri Constitution Article IV, Section 36(c) and (d)).

#### RESIDENCY REQUIREMENT

The state shall not provide payments, add-ons, or reimbursements to health care providers through MO HealthNet for medical assistance services provided to persons who are not state residents, as determined pursuant to 42 C.F.R. 435.403(Missouri Constitution Article IV, Section 36(e)).

#### WORK AND COMMUNITY ENGAGEMENT REQUIREMENT

MO HealthNet participants 19 years old or older and under 65 must comply with work and community engagement requirements, unless otherwise exempt as provided for in the amendment. These requirements include any combination of at least 80 hours each month of:

- (1) Unsubsidized or subsidized private or public sector employment;
- (2) Education, including vocational educational training, job skills training directly related to employment, education directly related to employment for individuals who have not received a high school diploma or certificate of high school equivalency, or satisfactory attendance at a secondary school;
- (3) Community service;
- (4) Job search and job readiness assistance;
- (5) Provision of child care services to an individual who is participating in a community service program; or
- (6) Participation in a substance abuse treatment program.

A participant who is also a participant of the Temporary Assistance for Needy Families Program (TANF) or the Supplemental Nutrition Assistance Program (SNAP) that satisfies work requirements related to those programs shall be deemed to have satisfied the work and community engagement requirements of this amendment.

The Department of Social Services may permit further exemptions from these requirements in areas of high unemployment, areas with limited economic or educational opportunities, areas that lack public transportation, or otherwise for good cause. The Department shall provide reasonable accommodations, as described in the amendment, for participants with disabilities as defined by

the Americans with Disabilities Act, Section 504 of the Rehabilitation Act of 1973, or Section 1557 of the Patient Protection and Affordable Care Act (Missouri Constitution Article IV, Section 36(f)).

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

SOURCES OF INFORMATION

Attorney General's Office  
Department of Commerce and Insurance  
Department of Economic Development  
Department of Health and Senior Services  
Department of Higher Education and Workforce Development  
Department of Mental Health  
Department of Social Services  
Joint Committee on Administrative Rules  
Missouri House of Representatives  
Missouri Senate  
Office of Administration - Budget and Planning  
Office of the Secretary of State  
Jackson County Election Board  
Newton County Health Department  
Platte County Board Of Elections  
St. Louis County Board of Elections



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February 9, 2022



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