

**FISCAL NOTE  
PUBLIC COST**

- I. Department Title: Health and Senior Services  
Division Title: Community and Public Health  
Chapter Title: Lead Poisoning Prevention**

<b>Rule Number and Name:</b>	<b>19 CSR 20-8.030 Lead Poisoning Assessment, Testing, Follow-up, and Reporting</b>
<b>Type of Rulemaking:</b>	Proposed

**II. SUMMARY OF FISCAL IMPACT**

Affected Agency or Political Subdivision	Estimated Cost of Compliance in the Aggregate
<b>Medicaid/Managed Care</b>	<b>\$351,755 (case management) + \$869,080 (testing) = \$1,220,835</b>
<b>Local County Health Departments</b>	<b>\$761,265</b>
<b>Missouri Department of Health and Senior Services</b>	<b>\$580,058</b>
<b>Total =</b>	<b>\$2,562,158 annually</b>

**III. WORKSHEET**

1. Nursing staff and health educators provide case management paid for by Medicaid and Local Public Health Agencies:
  - a. Registered nurse salary:  $\$64,808 \times 68.25\%$  (for Fringe benefits) = \$109,039.46
  - b. Health Educator salary:  $\$46,788 \times 68.25\%$  (for Fringe benefits) = \$78,720.81
  - c. 2 Nurses salaries and fringe benefits =  $\$109,039.46 \times 2 = \$218,078.92$   
4 Health Educators salaries and fringe benefits =  $78,720.81 \times 4 = \$314,887.24$
2. Medicaid covers approximately 66% of all case management cases. Local Public Health Agencies cover approximately 33% of case management cases.
3. Six county health departments employ risk assessors to conduct in home risk assessments for children with elevated blood lead levels. Salary \$57,460 x 68.25% = \$96,676.45 each.  $\$96,676.45 \times 6 = 580,058.70$ 
  - a. This is not a true additional cost. This cost is already incurred by the rules that are being rescinded and this rule is replacing. NO additional cost is anticipated as these are already funded positions and NO additional positions are anticipated.
4. Missouri Department of Health and Senior Services employ five risk assessors currently and anticipate increasing the number of staff by one to perform the anticipated additional services.  $\$57,460 \times 68.25\% = \$96,676.45 \times 6 = 580,058.70$ 
  - a. This is not a true additional cost. This cost is already incurred by the rules that are being rescinded and this rule is replacing. NO additional cost is

anticipated as these are already funded positions and NO additional positions are anticipated.

5. Medicaid already pays for testing and cost is based on a 3-year average of number of tests reported to the program.
  - a. This is not a true additional cost. This cost is already incurred by the rules that are being rescinded and this rule is replacing. NO additional cost is anticipated due to these changes.
6. Much of the costs listed for this program are already in place. Regulatory changes are estimated to cost the public between \$556,510 to \$653,187.

#### IV. ASSUMPTIONS

1. Case management is calculated on estimated staff to complete needed case management across the state. It is assumed lowering the level of case management to 3.5 will increase the burden 50%.
2. It is assumed that lowering the level where a risk assessment is required will increase case load, but not significantly and it is assumed that only one staff person would be needed to conduct additional risk assessments across the state.
3. Data from 2017, 2018, and 2019 were used to calculate a 3-year average number of Medicaid tests and a 2015-2019 birth cohorts were used to establish the number of children in the population under the age of 6.
4. It is assumed fringe benefits will be issued at the state rate of 68.25%.
5. Medicaid would be major supporter of the costs.
6. Most of these costs, except for one additional risk assessor for the Missouri Department of Health and Senior Services are already costs that exist. These are not new costs however as this rule is replacing a rescinded rule these costs must be shown as if they are brand new. The chart below shows the current numbers based upon the current rule that this rule is replacing and the new numbers due to this rule.

Data for 2017-2019 was used to create this table as data from 2020-2022 was impacted by COVID-19					
Data type	Numbers		Anticipated Cost	Estimated Current cost	Difference after Regulation changes
Unique Medicaid tests annually (3 year average)	37,918	\$22.92 per test (\$13.24 draw fee & \$9.68 for technical component)	\$869,080	\$869,080	No anticipated increase in cost of testing
Unique Non-Medicaid tests annually (3 year average)	43,756	\$34.24-\$41.86 per test	\$1,498,228 to \$1,831,626	\$1,498,228 to \$1,831,626	No anticipated increase in cost of testing
All children available for testing age 0-5 years based on birth cohort data  Birth cohort data from 2015-2019 used to calculate number of children under age 6	368,107 (children under age 6 in 2019)		N/A	This number is variable but does not change greatly over the course of time	No anticipated changes noted

Data type	Numbers		Anticipated Cost	Estimated Current cost	Difference after Regulation changes
Case Management offered at 10 and greater Medicaid		1 Nurse-salary \$64,808 Fringe 68.25% 2 Public Health Program Specialist/health educators salary- \$46,788 Fringe 68.25%	\$175,877	\$175,877	No anticipated cost as this is the current standard
Case Management offered at 10 or greater Non-Medicaid			\$90,604	\$90,604	No anticipated cost as this is the current standard
Case management offered at 3.5 and greater Medicaid		2 nurse and 4 PHPS/HE- anticipated a 20% increase in workload- staff # increased by 50% over current (66% salary calculated)	\$351,755 (2/3 of case managed by MCO)	\$175,877	\$175,877
Case management offered at 3.5 and greater Non Medicaid		2 nurse and 4 PHPS/HE- anticipated a 20% increase in workload- staff # increased by 50% over current (33% salary calculated)	\$181,207	\$90,604	\$90,604
Risk assessments for EBLs greater than 10	Salary cost for RA team	\$57,460 salary Fringe 68.25% 5-12 risk assessors calculated	\$773,411 to \$1,160,117	\$483,382 to \$773,411	\$290,029 to \$386,706

**FISCAL NOTE  
PRIVATE COST**

- I. Department Title: Health and Senior Services  
Division Title: Community and Public Health  
Chapter Title: Lead Poisoning Prevention**

<b>Rule Number and Title:</b>	<b>19 CSR 20-8.030 Lead Poisoning Assessment, Testing, Follow-up, and Reporting</b>
<b>Type of Rulemaking:</b>	Proposed

**II. SUMMARY OF FISCAL IMPACT**

Estimate of the number of entities by class which would likely be affected by the adoption of the rule:	Classification by types of the business entities which would likely be affected:	Estimate in the aggregate as to the cost of compliance with the rule by the affected entities:
<b>All licensed medical providers that provide services to children under the age of 6 years</b>	<b>Cost of Office Visit Clinicians: Doctors, nurse practitioners Medicaid and non-Medicaid providers are included together</b>	<b>\$4,696,445 to \$69,204,116</b>
<b>Private insurance providers</b>	<b>Cost for Test and Testing Private insurance providers for the cost of test and testing</b>	<b>\$1,251,564 to \$15,460,494</b>
<b>TOTAL =</b>		<b>\$5,948,009 to \$84,664,610</b>

**III. WORKSHEET**

1. **OFFICE VISIT COSTS**—Office visits, without the cost of the test, are estimated to cost between \$135 and \$188 per visit. Thus, the cost for office visits alone is estimated between \$4,696,445 and \$69,204,116. This number can vary based upon the office cost and the number of children who go in for the testing.
  - a. The proposed rule requires clinicians to offer anticipatory guidance about lead and lead poisoning prevention to parents with children under the age 6 and to offer testing to those children identified as high risk.
  - b. The federal government requires all children enrolled in Medicaid, ages 1 and 2, be screened for lead poisoning with a test.
  - c. On average, there are 368,107 children who meet the criteria for testing each year.

- d. On average the state is seeing that only about 10% of these children who are eligible for testing actually receive testing.
- e. If a child obtains this test during a well-visit, this is not an additional cost to the provider or anyone else, but it has been taken into account for the sake of transparency and all numbers and for the way things could potentially be coded.
- f. Given the anticipatory guidance is completed as part of the well-child check and is covered under the Early Periodic Diagnostics, Screening, and Treatment benefit, the costs reflected in this fiscal note are related to a well-child visit with preventative counseling.
- g. The American Academy of Pediatrics Bright Futures schedule recommends providing anticipatory guidance on lead poisoning prevention at each well-child check at ages 4 months, 6 months, 12 months, 18 months, 24 months, 3 years, 4 years, and 5 years.

Number of all children eligible annually Lower Estimate:  $368,107 \times \$135 = \$49,694,445$

Number of all children eligible annually Higher Estimate:  $368,107 \times \$188 = \$69,204,116$   
(the final number was rounded for simplicity sake).

Estimated lower percentage of children completing well-child visit 10%:  $(368,107 \times \$135) \times 10\% = \$4,696,445$

Estimated lower percentage of children completing well-child visit 30% at the higher estimate of cost per office visit:  $(368,107 \times \$188) \times 10\% = \$6,920,412$

Estimated higher percentage of children completing well-child visit 80% at the lower estimate of cost per office visit:  $(368,107 \times \$135) \times 80\% = \$39,755,556$

Estimated higher percentage of children completing well-child visit 80%  $(368,107 \times 188) \times 80\% = \$55,363,293$

Estimated costs for office visits prior to the test, based upon relevant factors, are between - \$4,696,445 and \$69,204,116

2. Tests – based on the number of children eligible, traditional number of children who are seen who obtain lead testing, and the number of children seen on average for wellness visits who could receive a test if they so choose. Tests/Testing is estimated to cost between \$34 and \$42 per test, thus the cost for tests alone are estimated between \$1,251,564 and \$15,460,494 depending on the number of children who receive the test and the number of children who are on Medicaid. This number can vary based upon the office cost and the number of children who go in for the testing. Right now the state is seeing an average of about 10% of eligible children receiving the test. These numbers assume that all children who go in are covered by private insurance rather than Medicaid, thus the numbers are

higher than they really would be for private insurance providers as we know that at least some of the children who are obtaining these tests are on Medicaid.

If number of tests were for all children eligible Lower Estimate:  $368,107 \text{ tests} \times \$34 = \$12,515,638$

If number of tests were for all children eligible Higher Estimate:  $368,107 \text{ tests} \times \$42 = \$15,460,494$

Current Average number of children tested Lower Estimate:  $(368,107 \times 10\%) \times \$34 = \$1,251,564$

Current Average number of children tested Higher Estimate:  $(368,107 \times 10\%) \times \$42 = \$1,546,050$

Current Average number of children who go in for a wellness visit who could receive a test Lower Estimate:  $(368,107 \times 80\%) \times \$34 = \$10,012,511$

Current Average number of children who go in for a wellness visit who could receive a test Lower Estimate:  $(368,107 \times 80\%) \times \$42 = \$12,368,396$

#### IV. ASSUMPTIONS

1. It is assumed that one visit will be completed annually.
2. It is assumed that not all children will complete a well-child visit therefore the cost has been adjusted and a range provided.
3. It is assumed that the actual financial impact would increase by zero dollars for the private cost as anticipatory guidance and lead testing is already a recommended best practice for clinicians for children in this age group and should be included in the well-child visit. Additionally, these costs are already being incurred, but as this rule is replacing a rule that is being rescinded all costs must be treated as though they are brand new.

Data for 2017-2019 was used to create this table as data from 2020-2022 was impacted by COVID-19					
Data type	Numbers		Anticipated Cost	Estimated Current cost	Difference after Regulation changes
Unique Non-Medicaid tests annually (3 year average)	43,756	\$34.24- \$41.86 per test	\$1,498,228 to \$1,831,626	\$1,498,228 to \$1,831,626	No anticipated increase in cost of testing
All children available for testing age 0-5 years based on birth cohort data	368,107 (children under age in 2019)		N/A	This number is variable but does not change greatly	No anticipated changes noted
Physician costs: education/documentation/referrals Medicaid/Non Medicaid  Office visit pricing calculated on Medicaid reimbursement (lowest) and private insurance reimbursement (highest) from Capital Region Medical Center. 10% was added to Capital Region Medical Center cost to adjust for different areas of the state and cost variability.	Office visit \$135.03 – 188.28  Assumptions: cost calculated on all children in the birth cohort receiving an annual well child visit. Numbers not adjusted for child mortality. Note: not all children attend well child visits annually - All numbers are rounded for simplicity		\$49,705,489 – 69,307,186 if all children eligible receive visit		No anticipated cost as all children should have an annual office visit with preventive counseling which includes lead education, developmental screenings, and nutritional assessment according to the American Academy of Pediatrics