

COMMITTEE ON LEGISLATIVE RESEARCH
OVERSIGHT DIVISION

FISCAL NOTE

L.R. No.: 1268-01
Bill No.: HB 490
Subject: Drugs and Controlled Substances; Medical Procedures and Personnel; Health Care; Health Department; Agriculture Department
Type: Original
Date: April 6, 2015

Bill Summary: This proposal establishes a pilot program for the medical use of marijuana.

FISCAL SUMMARY

ESTIMATED NET EFFECT ON GENERAL REVENUE FUND			
FUND AFFECTED	FY 2016	FY 2017	FY 2018
General Revenue	(Could be greater than \$4,274,861)	\$136,166 to (Unknown)	\$195,035 to (Unknown)
Total Estimated Net Effect on General Revenue	(Could be Greater than \$4,274,861)	\$136,166 to (Unknown)	\$195,035 to (Unknown)

ESTIMATED NET EFFECT ON OTHER STATE FUNDS			
FUND AFFECTED	FY 2016	FY 2017	FY 2018
Compassionate Use of Medical Cannabis	\$0	\$2,086,234	\$4,256,728
Criminal Records	\$3,650,176	\$497,792	\$494,970
Total Estimated Net Effect on <u>Other</u> State Funds	\$3,650,176	\$2,584,026	\$4,751,698

Numbers within parentheses: () indicate costs or losses.
 This fiscal note contains 26 pages.

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

ESTIMATED NET EFFECT ON FULL TIME EQUIVALENT (FTE)			
FUND AFFECTED	FY 2016	FY 2017	FY 2018
General Revenue	60	0	0
Compassionate Use of Medical Cannabis	0	60	60
Criminal Records	3	3	3
Total Estimated Net Effect on FTE	63	63	63

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 2016	FY 2017	FY 2018
Local Government	(Could exceed \$310,320)	(Could exceed \$310,320)	(Could exceed \$310,320)

FISCAL ANALYSIS

ASSUMPTION

Officials from the **Department of Health and Senior Services (DHSS)** state this proposal is not an entire duplication of another provision, however, Section 192.945, RSMo allows the DHSS to issue a hemp extract registration card for persons suffering from intractable epilepsy. The hemp extract registration card allows for the legal possession and use of cannabidiol (CBD) oil. This current proposal allows for the legal use of marijuana for persons who are issued a registration card due to a debilitating medical condition. Under this proposal, patients with intractable epilepsy could also qualify to receive a registration card for medical marijuana use.

The DHSS, Division of Community and Public Health (DCPH) provides the following information/assumptions for this proposal:

The state of Oregon has a medical marijuana program in place that seems to be similar to the proposed language of this bill. For purposes of this fiscal note, the State of Oregon's program will be benchmarked in regards to the number of patient and primary caregiver registrants. The Oregon program was initiated in May 1999. Information from the Oregon Medical Marijuana Program (OMMP) at: <http://public.health.oregon.gov/DiseasesConditions/ChronicDisease/MedicalMarijuanaProgram/Pages/data.aspx> and indicates the following as of January 1, 2015:

Number of OMMP patients	69,865
Number of current OMMP caregivers	34,914

Applications

For the purposes of fiscal note computations, DHSS assumes that the number of patients registered in Oregon will remain at 69,865. Since the diagnoses accepted are broader under the proposed Missouri program and Missouri's rates of chronic diseases are generally higher than those of Oregon, DHSS is assuming 25 percent more applicants in Missouri.

2014 Population of Oregon – 3,970,239 (Source -- US Census)

2014 Population of Missouri – 6,063,589 (Source -- US Census)

ASSUMPTION (continued)

Calculation of applications:

- Oregon – 69,865 patients + 34,914 caregivers = **104,779 annual applications.**
- 6,063,589 Missouri population / 3,970,239 Oregon population = 1.53. Applying the 1.53 factor to registrants = 160,312 Missouri registrants (106,894 patients + 53,418 caregivers).
- 160,312 Missouri registrants X 1.25 (adjustment for additional diagnoses) = **200,390 total Missouri registrants** (133,618 patients + 66,712 caregivers.) DHSS assumes total registrants will increase two percent each year.

For purposes of this fiscal note analysis, it is assumed that Missouri will charge a \$45 annual fee for initial and renewal application for both patients and caregivers. It is further assumed that the first fees would be collected in March 2016. It is assumed that only 75 percent of applicants will apply in FY 2016.

	FY 2016	FY 2017	FY 2018
Applications & Renewals	150,292	200,390	204,398
Application Fees	\$6,763,140	\$9,017,550	\$9,197,910

Section 195.733.4 requires DHSS to conduct a fingerprint based background check of each prospective qualifying patient and designated caregiver. At present, this check costs \$45.05. It is assumed that each qualifying patient and caregiver will be checked upon their initial application, but not on renewals. The following checks would be conducted and paid for by DHSS.

	FY 2016	FY 2017	FY 2018
Background Checks	150,292	50,098	4,008
Background Check Fees (Paid by DHSS)	\$6,770,655	\$2,256,915	\$180,561

Section 195.781.2 requires the establishment of a computerized database or verification system within 180 days of the effective date, and Section 195.784.3 requires DHSS to adopt program rules within 120 days of the effective date of the legislation. Adopting rules would also require the development of program forms and registration card. As a result, DHSS, DCPH anticipates the need to hire the following staff beginning on August 28, 2015 (FY 2016) to begin development of the program and system:

One (1) Program Manager Broad Band 2 (\$65,000 annually) - will serve as Chief of the Medical Cannabis Bureau. Duties will include overall program management, including involvement in rule promulgation, development of forms, program policies and procedures, information system development, and initial program set-up.

ASSUMPTION (continued)

One (1) Health Program Representative III (\$38,928 annually) - duties will include assistance in rule promulgation, program policies and procedures, forms development, information system development/troubleshooting and maintenance, and initial program set-up. This position will also be responsible for rule changes and coordinating the public hearings as required in Section 195.721.

One (1) Administrative Office Support Assistants (\$28,104 annually) - duties for this position will include providing administrative assistance to the Bureau Chief, Public Health Consultant Nurse (PHCN), Environmental Public Health Specialist (EPHS) V, Investigator III, and Health Program Representative (HPR) III positions.

One (1) Environmental Public Health Specialist (EPHS) V (\$45,156 annually) - this position would be dedicated to the development of rules and policies governing the manufacture of medical cannabis-infused products and to the inspection of up to nine cultivating centers and sixty dispensing organizations. Unlike most other products, DCPH would receive no guidance from the U.S. Food and Drug Administration on the oversight of cannabis food or drug products because the proposal conflicts with federal law. As such, it may be necessary for DHSS rules to include a process for laboratory analyses of medical cannabis-infused products to ensure marijuana component does not exceed safe level parameters outlined in the legislation. It is unknown if those analyses would be conducted by public or private laboratories within the state and the costs of such analyses is unknown.

One (1) Investigator III (\$40,380 annually) - the duties of this position includes managing complaints/reviewing investigative reports, involvement in rule promulgating, program policies and procedures, information system development, and initial program set-up.

The following staff will be hired effective March 1, 2016 (FY 2016) upon completion of the system development and implementation of the program:

Two (2) Public Health Consultant Nurse (PHCN) positions (\$53,124 annually) - these positions will provide clinical consultation to the petitions for additional condition approvals, will provide clinical consultation to cases where eligibility cannot be determined through initial application processing, will provide coordination and support for public hearings, assist in the investigations of all instances/complaints of possible fraud or negligence on the behalf of a recommending physician, a registered patient and/or caregiver, and develop and distribute educational materials about the health risks of abuse of cannabis and prescription medications.

ASSUMPTION (continued)

Two (2) Administrative Office Support Assistants (\$28,104 annually) - these positions will be responsible for coordination of the fingerprint background check processing.

32 Senior Office Support Assistant (SOSA) positions (\$25,824 each, annually) - duties will include processing of paper applications to include opening and date stamping of mail, entry of application information into the electronic registry, initial verification of applicant and physician identification, preparation of patient and caregiver registration cards, and answering and assisting telephone callers.

16 Health Program Representative II (HPR II) positions (\$34,944 each, annually) - duties will include supervision of the SOSA positions and quality assurance checks of the application entry and initial verification completed by the SOSAs. This position will have responsibility for final approval of application rejects and card issuances.

The program will not receive fees until it is operational, so there will be no funds in the Compassionate Use of Medical Cannabis Fund during the development phase. It is assumed General Revenue funds will be expended from August 2015 through June 2016. Beginning July 2016, it is assumed that adequate cash for personnel and standard expense and equipment will be available in the Compassionate Use of Medical Cannabis Fund. It is further assumed that funds will be appropriated from the fund and expenses related to program operations will be paid from the fund in FY 2017 and FY 2018.

Printing

Section 197.730.2 provides that the department shall not issue a registry identification card to a qualifying patient who is under eighteen years of age. Per the Census Bureau, 23.1% of Missouri residents are under 18 years of age. Assuming the same percentage applies to registrants, 30,866 patient registrants (133,618 patients X 23.1%) would not receive a registry identification card because they are under age 18. DHSS assumes only 75% of applicants will apply in FY 2016. Therefore, 23,150 applicants under age 18 will not receive a registry identification card (30,866 X 75%) in FY 2016. The total number of applicants and caregivers to receive cards in FY 2016 would be 127,142 (200,390 registrants X 75% = 150,292 registrants - 23,150 applicants under age 18 = 127,142 cardholders for FY 2016); 200,390 registrants - 30,866 patients under 18 = 169,524 cards issued in 2017; and the total cardholders for FY 2018 would be 172,915 [169,524 cardholders X 2% growth = 3,391; 169,524 cardholders in FY 2017 + 3,391 growth = 172,915 cardholders for FY 2018].

ASSUMPTION (continued)

DHSS will print each adult patient and all caregivers his/her card. DCPH assumed that each patient and caregiver will renew each year and renewal cards will also need to be printed for each adult patient and all caregiver annually. DCPH will purchase three card printers for \$8,719 each and three magnetic strip encoders for \$695 each. The supplies (including ribbon, transfer set, etc) for the printers and encoders average \$0.63 per card. The cards cost \$96 per 500.

DCPH will print 100,000 brochures each year the program is operational at a cost of \$0.06 per brochure. This brochure will provide the public with information about the medical cannabis program and health risks of abuse of cannabis and prescription medications.

FY 2016

127,142 cards (\$96 per 500) = 255 X \$96 = \$24,480
 127,142 cards (supplies x \$0.63 per card) = \$80,099
 100,000 brochures (\$0.06 per brochure) = \$6,000

FY 2017

169,524 cards (\$96 per 500) = 340 X \$96 = \$32,640
 169,524 cards (supplies x \$0.63 per card) = \$106,800
 100,000 brochures (\$0.06 per brochure) = \$6,000

FY 2018

172,915 cards (\$96 per 500) = 346 X \$96 = \$33,216
 172,915 cards (supplies x \$0.63 per card) = \$108,937
 100,000 brochures (\$0.06 per brochure) = \$6,000

	FY 2016	FY 2017	FY 2018
Cards issued to new applicants	127,142	42,382	3,391
Renewal cards issued	0	127,142	169,524
Total cards	127,142	169,524	172,915

Mailing costs

Each adult patient and all caregiver will receive his/her card in the mail annually. It is assumed that each patient and caregiver will renew each year. DHSS is required to send a renewal notification to all registered patients or caregivers 90 days prior to the expiration of the registration card. It is also projected that 25 percent of the printed brochures (25,000) along with paper applications will be mailed to the public upon request. The other printed brochures will be available for distribution at conferences and other public venues.

ASSUMPTION (continued)

Projected mailings are as follows:

	FY 2016	FY 2017	FY 2018
Cards mailed to new applicants	127,142	42,382	3,391
Renewal cards mailed	0	127,142	169,524
Renewal notifications	0	150,292	200,390
Brochures/app mailed	0	25,000	25,000
Total mailings	127,142	344,816	398,305

FY 2016

127,142 envelopes (\$41 per 1,000) = 128 X \$41 = \$5,248
 Postage (127,142 x \$0.39/postage rate) = \$49,586

FY 2017

344,816 envelopes (\$41 per 1,000) = 345 X \$41 = \$14,145
 Postage (344,816 x \$0.39/postage rate) = \$134,479

FY 2017

398,305 envelopes (\$41 per 1,000) = 399 X \$41 = \$16,359
 Postage (398,305 x \$0.39/postage rate) = \$155,339

DHSS officials provided the **Office of Administration (OA), Information Technology Services Division (ITSD)** response. ITSD states that sections 195.700 to 195.799 would require within 180 days of the effective date that a computerized verification system be established and maintained by DHSS. The system is to be internet-based and available to the Department of Agriculture, the Department of Insurance, Financial Institutions and Professional Registration, law enforcement personnel, and registered medical cannabis dispensing organization agents on a 24 hour basis for the verification of registry identification cards, the tracking of delivery of medical cannabis to medical cannabis dispensing organizations, and the tracking of the date of sale, amount and price of medical cannabis purchased by a registered qualifying patient.

Sections 195.727, 195.730, and 195.733 would require ITSD to develop/purchase a system to manage the issuance of registry identification cards to qualifying patients and designated caregivers. The registry will contain data on each registrant and allow the printing of the "Registry Identification Card". Data regarding registered organizations will also be included in the system for use on registry identification cards. Functionality must include a method of receiving a full set of fingerprints from applicants for the purpose of conducting a criminal background check through the Missouri State Highway Patrol and allow for electronic application process and provide confirmation by electronic or other methods that an application has been submitted.

ASSUMPTION (continued)

Section 195.700.2(5) and 195.700.2(15) would require modification of the MOHWORX application to add Cultivation Center and Medical Cannabis Dispensing Organizations to those able to register with the DHSS, Bureau of Narcotics and Dangerous Drugs (BNDD) as required by Section 195.030.2, RSMo and not specifically exempted in the Compassionate Use of Medical Cannabis Pilot Program Act.

In order to manage the final storage of paper applications submitted, Content Manager for electronic scanning and storage will be utilized. The costs for Content Manager are estimated at \$132 per month for the state data server costs, \$624 for an annual license for each user, and \$686 for an annual license for each position with ability to scan/import documents. State Data Center (SDC) usage is included in the on-going support estimates.

The system will be hosted in the SDC on existing web and database servers. Information will be provided for verification from the system used by DHSS to issue registry identification cards to qualifying patients and designated caregivers. The identified data elements will be provided to the Verification System for use in verifying Registry Identification Cards be authorized users.

It is assumed that every new IT project/system will be bid out because all ITSD resources are at full capacity. Following are the estimated contract hours and costs for this proposal for FY 2016 to the General Revenue (GR) Fund.

Section(s)	Hours	Hourly Rate	FY 2016 Cost
195.700.24 and 195.781.2	4,110.48	\$75	\$ 308,286
195.727, 195.730 & 195.733	23,518.08	\$75	\$1,763,856
195.700.2(5) & 195.700.2(15)	<u>762.48</u>	\$75	<u>\$ 57,186</u>
Total FY 2016 IT costs	<u>28,391.04</u>		<u>\$2,129,328</u>

FY 2017 on-going costs are estimated to be \$424,789 to Other State Funds and FY 2018 on-going costs are estimated to be \$435,409 to Other State Funds.

Officials from the **Department of Agriculture (AGR)** state they are unable to predict the amount of revenue generated from the 7% surcharge in §195.790.

Cultivation center registration fees will generate \$112,500 in revenue annually (9 facilities X \$12,500 registration fee). The registration fee is based on fiscal data found in HB 800.

ASSUMPTION (continued)

Sections 195.703, 195.745, 195.748 and 195.751 will require the AGR hire two (2) Feed and Seed Inspector II positions (\$40,380 annually each) to inspect the regulated facilities and one Auditor II position (\$43,488 annually) to provide over site of the collection of the surcharge; a vehicle, tablet/laptop, printer, file cabinet and office supplies for each of the three (3) positions; a photo I.D. maker; and Information Technology application support.

Total costs to the General Revenue Fund are estimated to be \$244,555 for FY 2016; \$194,579 for FY 2017; and \$196,583 for FY 2018.

Oversight has, for fiscal note purposes only, changed the starting salary for the Feed and Seed Inspectors II and the Auditor 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.

Officials from the **Department of Insurance, Financial Institutions and Professional Registration (DIFP)** state the proposal establishes a pilot program for the medical use of marijuana. It is unknown what the fiscal impact of this proposal will be on the Department.

The DIFP anticipates the Board of Pharmacy (with the limit of 60 licensees) could manage the requirements of the bill within existing appropriations and FTE. However, the bill does not give the authority for licensing and rules to the Board of Pharmacy. Without specifying the authority to the Board of Pharmacy (an autonomous board), the board's legal authority could be questioned to issue a registration or promulgate rules that are statutorily placed in the proposal under the jurisdiction of "the department."

If the intent of the proposal was to place the requirement at the department level versus the Board of Pharmacy, the DIFP would need an unknown number of FTE and expenses which would be requested through the budget process.

Oversight notes the proposal does not specify the fund to which potential expenses incurred by DIFP would be charged. As a result, Oversight assumes the expenses would be to the General Revenue Fund.

Officials from the **Department of Public Safety (DPS), Missouri State Highway Patrol (MHP)** provides that the Criminal Justice Information Services (CJIS) Division states that Section 195.733 requires the Department of Health and Senior Services (DHSS) to conduct a state and federal fingerprint based criminal record check on prospective qualifying patients and

ASSUMPTION (continued)

designated caregivers. DHSS indicated that 175,968 fingerprint based background checks on qualifying patients and designated caregivers would be required initially. Additionally, it is estimated that 35,194 ($175,968 \times 20\%$) background checks for qualifying patients and designated caregivers would be required for the second and subsequent years.

Section 195.748 requires the Department of Agriculture (AGR) to conduct a state and federal fingerprint based criminal record check on prospective cultivation center agents. The AGR is responsible for conducting the fingerprint based background checks on the cultivation center agents. The cultivation centers are limited to one center per geographic troop equaling a total of nine (9) possible cultivation centers. CJIS was unable to obtain any figures from the AGR on the potential number of cultivation center applicants. However, based on an estimate of five applicants per geographic location, it is estimated that 45 ($9 \text{ centers} \times 5 \text{ applicants}$) state and federal fingerprint based background checks will be submitted to the central repository for processing. CJIS estimates that approximately 5 ($45 \times 10\%$) background checks for new applicants would be required for the second and subsequent years.

Section 195.760 requires the Department of Insurance, Financial Institutions and Professional Registration (DIFP) to conduct a state and federal fingerprint based criminal record check on prospective dispensing organization agents. The Division of Professional Registration is responsible for conducting the fingerprint background checks on the up to 60 dispensing organizations. CJIS was unable to obtain any figures from the Division of Professional Registration on the potential number of dispensing organization agent applications. However, based on an estimate of five applicants per dispensing organization, it is estimated that 300 ($60 \text{ dispensing organizations} \times 5 \text{ applications}$) state and federal fingerprint based background checks will be submitted to the central repository for processing. CJIS estimates that approximately 30 ($300 \times 10\%$) background checks for new applicants would be required for the second and subsequent years.

The charge for each background check processed is \$43.05 (\$20 state fingerprint check + \$14.75 federal check + \$8.30 electronic fingerprint option used through a third-party vendor). Of this amount, the state retains the \$20 fee and \$2 of the federal charge (\$14.75) for a pass-thru fee. The \$8.30 charge is paid directly to the vendor at the time of application. It is assumed a total of 176,313 fingerprint background checks will be processed in the first year ($175,968 \text{ patient/caregivers} + 45 \text{ cultivation center agents} + 300 \text{ dispensing organization applicants}$); a total of 35,229 ($35,194 \text{ patient/caregiver} + 5 \text{ cultivation center agents} + 30 \text{ dispensing organization applicants}$) fingerprint background checks will be processed each subsequent year.

ASSUMPTION (continued)

Estimated Revenue FY 2016	
176,313 x \$34.75 (state/federal background check)	\$6,126,877
Estimated Expense FY 2016	
176,313 x \$12.75 (federal background check charge)	<u>\$2,247,991</u>
Net Revenue FY 2016	<u>\$3,876,886</u>
Estimated Revenue FY17 and beyond	
35,229 x \$34.75 (state/federal background check)	\$1,224,208
Estimated Expense FY17 and beyond	
35,229 x \$12.75 (federal background check charge)	<u>\$449,170</u>
Net Revenue FY 2017 and beyond	<u>\$775,038</u>

In 2014, approximately 167,000 applicants were registered through the Missouri Automated Criminal History System (MACHS) for fingerprinting. The estimated combined totals for fingerprint based background checks required under this proposal would total over 176,000 requests which would increase the total number of fingerprint based criminal record checks by 105%.

If this change were to occur, CJIS would need to employ five (5) additional full time employees (\$29,004 annually, each) to manage the increased workload. These 5 FTE's would be needed to maintain the program's initial rush of applicants which would result in a backlog for an extended period of time. Due to the required training requirements and increased work load, the requirements of this proposal would place an immense processing burden on CJIS and, ultimately, lead to reduced processing times on criminal history background checks.

Currently, the requests are processed by a CJIS Technician. These FTE's would process all fingerprint based criminal record check requests to include Automated Fingerprint Identification System (AFIS) and Computerized Criminal History (CCH) processing, review criminal history records for accuracy and completeness, and contact agencies to locate or update dispositions.

These FTE will most likely be 2nd and 3rd shift employees so they would not require any equipment. However, there would be recurring costs of \$650 per year per FTE for office supplies and phone charges. If any FTE were placed on the 1st shift, standard equipment would be required at a one-time cost of \$6,094 per FTE.

ASSUMPTION (continued)

The MHP estimates the proposal will result in net income to the Criminal Records Fund of \$3,350,176 for FY 2016; \$497,792 for FY 2017; and \$494,970 for FY 2018.

Officials from the **Department of Corrections (DOC)** state the bill proposes a pilot project for legalizing marijuana for medical purposes. Although all drug offenses are changed to exempt marijuana for medical purposes, the maximum limit is 2.5 ounces unless the person has obtained a medical waiver from a doctor. The 2.5 ounces is twice the current limit for the felony offense of possession of a controlled substance. The low limit is unlikely to impact convictions for the distribution or trafficking of marijuana and will have limited impact on convictions for marijuana possession. The intention of the proposal is to provide marijuana for people with a medical need and the impact estimate is based upon the numbers of offenders with a drug possession conviction for marijuana (NCIC sub-code from 60 to 64) and who are classified as needing daily prescriptions or contact by prison medical staff.

In FY 2014 there were 113 new prison admissions for marijuana possession, of which 7 had a medical assessment of daily need (6%). The average time served for the offense is 12 months followed by three years parole. In FY 2014 there were 254 new probations for marijuana possession and the same percentage of 6% was applied to give an estimated 15 offenders who be able to obtain a medical waiver and will serve three years before discharge.

The proposed pilot is for six years but it can be re-authorized for another six years; therefore, DOC is proving an impact for ten years.

The FY 2014 average cost of supervision is \$6.72 per offender per day or an annual cost of \$2,453 per offender. The DOC cost of incarceration is \$16.725 per day or an annual cost of \$6,105 per offender.

The DOC would assume this legislation will result in long term cost avoidance (includes a 2% annual inflation factor) as indicated below:

<u>Year</u>	<u>Savings</u>
2016 (10 months)	\$66,725
2017	\$136,166
2018	\$195,035
2019	\$217,228
2020	\$221,644
2021	\$226,150
2022	\$230,747

ASSUMPTION (continued)

<u>Year</u>	<u>Savings</u>
2023	\$235,438
2024	\$240,224
2025	\$245,108

Officials from the **St. Louis County Police Department (St. Louis Co. PD)** state they estimate they would need at least four (4) additional officers to investigate the diversion of legal medical marijuana to illegal/recreational use. In addition, it is expected that the number of impaired drivers will increase. It is much more difficult to determine whether a person is impaired by marijuana and at what level. There is currently no breath test available and blood testing takes much more of the officer's time. Office training to recognize and act on marijuana impairment will be necessary and costly. It is estimated the cost to the St. Louis Co. PD for this proposed legislation would be approximately \$310,320 annually for four additional police officers (average salary + benefits = \$77,580/officer X 4), excluding additional training costs.

Officials from the **Office of State Public Defender (SPD)** state the proposed legislation would establish a pilot program for the medical use of marijuana. This could have some impact on the SPD system. In FY 2013, the SPD provided representation in an estimated 3,315 marijuana cases. If a percentage of these cases were for the proposed appropriate medical use, this number could/would be reduced. It is not possible to estimate a number that would have been for a "legal" use.

The SPD is currently providing legal representation in caseloads in excess of any recognized standards. Removing these cases would assist public defenders by reducing their caseloads, but it is not expected to result in a significant savings.

Officials from the **University of Missouri (UM)** state the proposed legislation should not create additional expenses in excess of \$100,000.

Oversight assumes the UM's statement indicates any costs that could be incurred would be absorbable within current funding levels.

Officials from the **Cole County Sheriff's Department** state the proposal would have a limited fiscal impact.

Officials from the **Callaway County Commission** state the proposal will have little or no impact on Callaway County.

ASSUMPTION (continued)

Officials from the **Department of Mental Health (DMH)** state the proposal appears to place no obligation or requirement on the DMH that would result in a fiscal impact. However, the demand for substance use disorder treatment would be impacted.

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 **Department of Elementary and Secondary Education**, the **Department of Natural Resources**, the **Department of Labor and Industrial Relations**, the **Department of Revenue**, the **Department of Public Safety, Division of Fire Safety**, the **Department of Social Services**, the **Joint Committee on Administrative Rules**, the **Missouri Consolidated Health Care Plan**, the **Missouri Department of Conservation**, the **Missouri Office of Prosecution Services**, the **Office of Administration, Division of Accounting**, the **Office of State Courts Administrator**, the **Office of State Treasurer**, the **Springfield Police Department**, the **Columbia/Boone County Department of Public Health and Human Services**, the **Harrison County Public Health Department & Hospice**, the **City of Independence Health Department** and **Central County Fire & Rescue** each assume the proposal would not fiscally impact their respective agencies.

Officials from the **Missouri Department of Transportation** did not respond to **Oversight's** request for a statement of fiscal impact.

Officials from the **Cooper County Public Health Center** responded to **Oversight's** request for a response to the proposed legislation but did not provide a statement regarding the potential fiscal impact of the proposal.

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.

ASSUMPTION (continued)

Officials from the following **law enforcement agencies**: Boone County Sheriff's Department, Buchanan County Sheriff's Department, Clark County Sheriff's Department, Columbia Police Department, Independence Police Department, Jackson County Sheriff's Department, Jefferson City Police Department, Jefferson County 911 Dispatch, Platte County Sheriff's Department, St. Charles Police Department, St. Joseph Police Department, St. Louis County Police Department and the St. Louis Metropolitan Police Department did not respond to **Oversight's** request for a statement of fiscal impact.

Officials from the following **fire protection districts**: Battlefield Fire Protection District, Centralia Fire Department, Creve Couer Fire District, DeSoto Rural Fire Protection District, Eureka Fire Protection, Hawk Point Fire Protection District, Hillsboro Fire Protection District, Jefferson County 911 Dispatch, Lake St. Louis Fire District, Mehlville Fire District, Nixa Fire Protection District, Saline Valley Fire Protection District and the Southern Iron County Fire Protection District did not respond to **Oversight's** request for a statement of fiscal impact.

Officials from the following **ambulance districts**: Jefferson County 911 Dispatch, St. Charles County Ambulance District, Taney County Ambulance District and Valle Ambulance District, 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, 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 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, the St. Joseph Health Department and the Taney County Health Department did not respond to **Oversight's** request for a statement of fiscal impact.

For fiscal note purposes **Oversight** will assume that initial costs of the program in FY 2016 will be paid from the General Revenue Fund . Oversight will also assume that Revenues paid to the Compassionate Use of Medical Cannibus Fund during FY 2016 will be transferred to the General Revenue Fund to offset some of the initial costs of the program. Oversight assumes that revenues in the Compassionate Use of Medical Cannabis Fund would be sufficient to cover administrative costs of the program.

<u>FISCAL IMPACT - State Government</u>	FY 2016 (10 Mo.)	FY 2017	FY 2018
GENERAL REVENUE FUND			
<u>Income</u> - Transfers from Compassionate Use of Cannabis Fund	Unknown greater than \$6,875,640	\$0	\$0
<u>Savings</u> - DOC			
Reduced incarceration/parole costs	\$66,275	\$136,166	\$195,035
<u>Costs</u> - AGR			
Personal service	(\$92,780)	\$0	\$0
Fringe benefits	(\$48,250)	\$0	\$0
Equipment and expense	(\$87,169)	\$0	\$0
Total <u>Costs</u> - AGR	<u>(\$228,199)</u>	<u>\$0</u>	<u>\$0</u>
FTE Change - AGR	3 FTE		
<u>Costs</u> - DIFP			
Personal service, fringe benefits, E&E	(Unknown)	(Unknown)	(Unknown)
<u>Costs</u> - DHSS			
Personal service	(\$697,283)	\$0	\$0
Fringe benefits	(\$362,622)	\$0	\$0
Equipment and expense	(Greater than \$959,665)	\$0	\$0
Background checks	(\$6,770,655)	\$0	\$0
Total <u>Costs</u> - DHSS	<u>(Greater than \$8,790,225)</u>	<u>\$0</u>	<u>\$0</u>
FTE Change - DHSS- DCPH	57 FTE	0 FTE	0 FTE
<u>Costs</u> - OA-ITSD			
IT consultant costs	(\$2,129,328)	\$0	\$0
Licenses and supplies	(\$69,024)	\$0	\$0
Total <u>Costs</u> - OA-ITSD	<u>(\$2,198,352)</u>	<u>\$0</u>	<u>\$0</u>
ESTIMATED NET EFFECT ON THE GENERAL REVENUE FUND	<u>(Greater than \$4,274,861)</u>	<u>\$136,166 to (Unknown)</u>	<u>\$195,035 to (Unknown)</u>
Estimated Net FTE Impact on the General Revenue Fund	60 FTE	0 FTE	0 FTE

<u>FISCAL IMPACT - State Government</u>	FY 2016 (10 Mo.)	FY 2017	FY 2018
COMPASSIONATE USE OF MEDICAL CANNABIS FUND			
<u>Income - AGR</u>			
Cultivation center registration/renewal fees	\$112,500	\$112,500	\$112,500
Cultivation privilege taxes	<u>Unknown</u>	<u>Unknown</u>	<u>Unknown</u>
Total <u>Income</u> AGR	<u>Greater than</u> <u>\$112,500</u>	<u>Greater than</u> <u>\$112,500</u>	<u>Greater than</u> <u>\$112,500</u>
<u>Income - DIFP</u>			
Dispensing organization license/renewal fees	Unknown	Unknown	Unknown
<u>Income - DHSS</u>			
Application fees	\$6,763,140	\$9,017,550	\$9,197,910
Fines	<u>Unknown</u>	<u>Unknown</u>	<u>Unknown</u>
Total <u>Income</u> - DHSS	<u>Greater than</u> <u>\$6,763,140</u>	<u>Greater than</u> <u>\$9,017,550</u>	<u>Greater than</u> <u>\$9,197,910</u>
<u>Costs - AGR</u>			
Personal service	\$0	(\$112,449)	(\$113,573)
Fringe benefits	\$0	(\$58,479)	(\$59,064)
Equipment and expense	<u>\$0</u>	<u>(\$3,828)</u>	<u>(\$3,924)</u>
Total <u>Costs</u> - AGR	<u>\$0</u>	<u>(\$174,756)</u>	<u>(\$176,561)</u>
FTE Change - AGR		3 FTE	3 FTE
<u>Costs - DHSS</u>			
Personal service	\$0	(\$1,783,151)	(\$1,800,982)
Fringe benefits	\$0	(\$927,328)	(\$936,601)
Equipment and expense	\$0	(\$827,708)	(\$866,835)
Background checks	\$0	(\$2,256,915)	(\$180,561)
Indirect costs	<u>\$0</u>	<u>(\$577,332)</u>	<u>(\$583,105)</u>
Total <u>Costs</u> - DHSS	<u>\$0</u>	<u>(\$6,372,434)</u>	<u>(\$4,368,084)</u>
FTE Change - DHSS	\$0	57 FTE	57 FTE

<u>FISCAL IMPACT - State Government</u>	FY 2016 (10 Mo.)	FY 2017	FY 2018
COMPASSIONATE USE OF MEDICAL CANNABIS FUND			
(continued)			
<u>Costs - OA-ITSD</u>			
IT consultant costs	\$0	(\$424,789)	(\$435,409)
Licenses and supplies	<u>\$0</u>	<u>(\$71,832)</u>	<u>(\$73,628)</u>
Total <u>Costs</u> - OA-ITSD	<u>\$0</u>	<u>(\$496,621)</u>	<u>(\$509,037)</u>
<u>Costs - Transfer to General Revenue Fund</u>	<u>Unknown greater than \$6,875,640</u>	<u>\$0</u>	<u>\$0</u>
ESTIMATED NET EFFECT ON THE COMPASSIONATE USE OF MEDICAL CANNABIS FUND			
	<u>\$0</u>	<u>\$2,086,234</u>	<u>\$4,256,728</u>
Estimated Net FTE Impact on the Compassionate Use of Medical Cannabis Fund	0 FTE	60 FTE	60 FTE
CRIMINAL RECORDS FUND			
<u>Income - DPS-MHP</u>			
Fingerprint/background check fees	\$6,126,877	\$1,224,208	\$1,224,208
<u>Costs - DPS-MHP</u>			
Personal service	(\$120,850)	(\$146,470)	(\$147,935)
Fringe benefits	(\$105,152)	(\$127,444)	(\$128,718)
Equipment and expense	(\$2,708)	(\$3,332)	(\$3,415)
Federal background checks	<u>(\$2,247,991)</u>	<u>(\$449,170)</u>	<u>(\$449,170)</u>
Total <u>Costs</u> - DPS-MHP	<u>(\$2,476,701)</u>	<u>(\$726,416)</u>	<u>(\$729,238)</u>
FTE Change - DPS-MHP	3 FTE	3 FTE	3 FTE
ESTIMATED NET EFFECT ON THE CRIMINAL RECORDS FUND			
	<u>\$3,650,176</u>	<u>\$497,792</u>	<u>\$494,970</u>
Estimated Net FTE Change on the Criminal Records Fund	3 FTE	3 FTE	3 FTE

<u>FISCAL IMPACT - Local Government</u>	FY 2016 (10 Mo.)	FY 2017	FY 2018
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LOCAL GOVERNMENTS - LAW ENFORCEMENT AGENCIES

Costs - Police Departments

Increase in police officers, fringe benefits, training, etc.	(Could exceed <u>\$310,320</u>)	(Could exceed <u>\$310,320</u>)	(Could exceed <u>\$310,320</u>)
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ESTIMATED NET EFFECT ON LOCAL GOVERNMENTS	<u>(Could exceed \$310,320)</u>	<u>(Could exceed \$310,320)</u>	<u>(Could exceed \$310,320)</u>
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FISCAL IMPACT - Small Business

Small businesses, if any, which choose to be registered caregivers or registered growers would be fiscally affected as a result of this proposal.

FISCAL DESCRIPTION

This proposal creates the Compassionate Use of Medical Cannabis Pilot Program Act. In its main provisions, the proposal: (1) Authorizes the Department of Health and Senior Services to enforce patient related provisions under the Act unless otherwise provided (Section 195.703). These provisions include: (a) Establishing and maintaining a confidential registry of patients; (b) Distributing educational materials about health risks associated with the abuse of cannabis and prescription drugs; (c) Adopting rules to administer the patient and caregiver registration program; and (d) Adopting rules establishing food handling requirements for cannabis-infused products prepared for human consumption; (2) Authorizes the Department of Agriculture to enforce provisions relating to the registration and oversight of cultivation centers unless otherwise provided (Section 195.703); (3) Authorizes the Department of Insurance, Financial Institutions and Professional Registration to enforce provisions relating to the registration and oversight of dispensing organizations unless otherwise provided (Section 195.703); (4) Creates the Compassionate Use of Medical Cannabis Fund (Section 195.706), the fund will be for administration of Sections 195.700 to 195.799 and will be deposited with the State Treasurer; (5) At the end of the time period any money remaining in the fund will be invested by the state treasurer and any interest earned will be credited to the fund; (6) Specifies that a qualified patient

FISCAL DESCRIPTION (continued)

found in possession of no more than his or her adequate supply of cannabis will not be subject to arrest or prosecution (Section 195.709); (7) Specifies that a qualified patient who is a licensed professional and found in possession of no more than his or her adequate supply of cannabis and the use of cannabis does not impair the licensed professional when he or she is engaged in his or her profession, will not be subject to disciplinary action by an occupational or professional licensing board (Section 195.709); (8) Specifies that a designated caregiver will not be subject to arrest or prosecution if he or she does not possess more than the patient's adequate supply (Section 195.709); (9) Defines who will be considered a qualified patient and designated caregiver and how they will be recognized; (10) Specifies that a physician will not be subject to arrest or prosecution for providing statements or professional opinions that the medical use of cannabis is likely to benefit a patient with a debilitating medical condition (Section 195.709); (11) Provides that no person will be subject to arrest or prosecution solely for selling cannabis paraphernalia to a cardholder, being in the presence or vicinity of a cardholder using cannabis for medical purposes, or assisting a registered patient with using cannabis (Section 195.709); (12) Specifies that a registered cultivation center will not be subject to prosecution, search, or inspection except; by the departments that oversee the center or state and local law enforcement under Section 195.769 (Section 195.709); (13) Specifies that a registered cultivation center agent will not be subject to prosecution, search, or penalties for working or volunteering at a registered cultivation center (Section 195.709); (14) Specifies that a registered dispensing organization will not be subject to prosecution, search, or inspection except; by the departments that oversees the organization or state and local law enforcement under Section 195.769 (Section 195.709); (15) Specifies that a registered dispensing organization agent will not be subject to prosecution, search, or penalties for working or volunteering at a registered dispensing organization (Section 195.709); (16) Specifies that any cannabis, cannabis paraphernalia, illegal property, or interest in legal property that is possessed, owned, or used in connection with the medical use of cannabis will not be seized or forfeited, except those amounts greater than the adequate supply (Section 195.709); (17) States that mere possession of or application for a registry identification card will not constitute probable cause or reasonable suspicion to search the person, property, or home of the person possessing or applying for the card (Section 195.709); (18) Specifies that state or local law enforcement agencies may search a registered cultivating center or registered dispensing organization if probable cause exists that criminal laws have been violated (Section 195.709); (19) Specifies that criminal, civil, and other penalties may apply to those undertaking any task under the influence of cannabis, when doing so would be considered negligence, professional malpractice, or professional misconduct; (20) Specifies that criminal, civil, and other penalties may apply to those who possess or use cannabis in a school bus; preschool, primary, or secondary school grounds; any correctional facility; in a vehicle, unless in a medical cannabis container and inaccessible while the vehicle is moving; in a private residence that is used at any time as a licensed child care or similar service; (21) Specifies that criminal, civil and other penalties may

FISCAL DESCRIPTION (continued)

apply to those who use cannabis in a public place, close proximity to someone who is underage, a health care facility, or where smoking is prohibited under state law (Section 195.712); (22) Specifies additional circumstances where using cannabis is prohibited (Section 195.712); (23) Specifies that nothing in this section will prevent the arrest or prosecution of a registered qualifying patient for reckless driving or driving under the influence where probable cause exists (Section 195.712); (24) Specifies a person misrepresenting a medical condition to a physician or fraudulently providing material misinformation to a physician in order to obtain written classification is guilty of a class A misdemeanor (Section 195.712); (25) Specifies the circumstances that causes a cardholder or registered caregiver to have his or her registry card revoked (Section 193.712); (26) Requires physicians who certify debilitating medical conditions for qualified patients to: (a) Be currently licensed under Chapter 334 to practice medicine in all its branches, be in good standing, and have prescriptive authority; (b) Comply with generally accepted standards of medical practice; (c) Perform the physical examination required by these sections in person and not by remote means; and (d) Maintain a record-keeping system for all patients for whom the physician has recommended the use of medical cannabis; (27) Prohibits physicians from: (a) Accepting, soliciting, or offering any form of remunerations; (b) Offering a discount of any other item of value to a qualified patient who uses or agrees to use a particular primary caregiver or dispensing organization to obtain medical cannabis; (c) Conducting a personal physical examination of a patient for purposes of diagnosing a debilitating medical condition at a location where medical cannabis is sold, distributed, or at the address of a principal officer, agent, or employee of a medical cannabis organization; (d) Holding a direct or indirect economic interest in a cultivation center or dispensing organization if he or she recommends the use of medical cannabis; (e) Serving on the board of directors to a cultivation center, a dispensing organization, or as an employee of a cultivation center or dispensing organization; (f) Referring a patient to a cultivation center, dispensing organization, or designated caregiver; or (g) Advertising in a cultivation center or dispensing organization; (28) Authorizes the Department of Health and Senior Services to refer a physician to other departments for potential violations; (29) Prohibits a school, employer, or landlord from refusing to enroll, lease to, or otherwise penalize a person solely for his or her status as a registered qualifying patient or caregiver unless failure to do so would violate federal law or cause it to lose monetary or licensing-related benefits under federal laws or rules; (30) Specifies a person entitled to custody, visitation, or parenting time with a minor child cannot be denied his or her right unless his or her actions in relation to cannabis creates an unreasonable danger to the safety of the minor child established by clear and convincing evidence (Section 195.718); (31) Specifies a school, landlord, or employer cannot be penalized for enrolling, leasing to or employing a cardholder (Section 195.718); (32) Specifies that government medical assistance programs nor private health insurers will be required to reimburse a person for costs associated with medical use of cannabis; (33) Specifies that property owners will not be required to allow patients to use cannabis on that property; (34) Specifies a

FISCAL DESCRIPTION (continued)

mechanism in which a citizen may request that the Department of Health and Senior Services add a debilitating condition or treatment to the list of debilitating medical conditions listed in Section 195.700; (35) Specifies how the act affects employers (Section 195.724); (36) Specifies how the Department of Health and Senior Services will issue registry cards; (37) Requires a registered qualifying patient and designated caregiver to keep his or her registry identification card in his or her possession at all times when engaging in the medical use of cannabis; (38) Specifies the information required on a registry identification card; (39) Specifies a person who maintains a valid registration card to submit annually, at least 45 days prior to the expiration date, a renewal application, fee, and any other documentation required by the department; (40) Specifies when a registered qualifying patient or caregiver is to notify the Department of Health and Senior Services (Section 195.739); (41) Specifies the circumstances under which regulation of the service of food will not be required by the Department of Health and Senior Services or the Department of Agriculture; or the local health department (Section 195.742); (42) Requires the Department of Health and Senior Services to adopt rules for the manufacture of medical cannabis-infused products (Section 195.742); (43) Authorizes the Department of Health and Senior Services to enter any building, room, basement, enclosure, or premises occupied or used or suspected of being occupied or used for the production, preparation, manufacture for sale, storage, sale, distribution or transportation of edible medical cannabis-infused products, to inspect the premises and all utensils, fixtures, furniture, and machinery used for the preparation of the products (Section 195.742); (44) Specifies the information required in the application for a cultivation center registration; (45) Authorizes the Department of Agriculture to conduct a background check of a prospective cultivation center agent and specifies what procedures to follow during the process; (46) Regulates where and how a registered cultivation center will operate; (47) Authorizes the Department of Agriculture to suspend or revoke a registration subject to judicial review (Section 195.757); (48) Authorizes the Department of Insurance, Financial Institutions and Professional Registration to issue up to 60 dispensing organization registrations for operation (Section 195.760); (49) Specifies the minimum application requirements for a dispensing organization registration; (50) Requires the department to destroy all fingerprints after criminal records checks are complete; (51) Specifies the circumstances under which an application for a medical cannabis dispensing organization registration will be denied; (52) Requires the Department of Insurance, Financial Institutions and Professional Registration to verify information contained in an application for renewal, approve or deny the application and issue a dispensing organization agent identification card to a qualifying agent within 15 business days, enter the registry identification number where the agent works, and allow for an electronic process; (53) Specifies the elements to be on a dispensing organization agent identification card; (54) Requires that written notice be sent to a registered dispensing organization 90 days prior to the registration expiration; (55) Requires a dispensing organization to cease operation if it expires until the renewal process has been completed; (56) Specifies

FISCAL DESCRIPTION (continued)

limitations for dispensing organizations; (57) Authorizes local governments to enact reasonable zoning ordinances; (58) Specifies that certain information and records collected by the Department of Health and Senior Services, the Department of Insurance, Financial Institutions and Professional Registration, the Department of Agriculture, and State Highway Patrol are subject to federal privacy laws, and are not subject to any individual or public or private entity except as necessary for those authorized under Sections 195.700 to 195.799; (59) Requires the departments to notify law enforcement about falsified or fraudulent information submitted; (60) Requires the Department of Health and Senior Services to maintain a confidential list of the persons to whom the department has issued a registry identification card; (61) Specifies that a breach of confidentiality by the departments is a class A misdemeanor; (62) Requires the departments to establish a computerized database or verification system within 180 days of the effective date; (63) Requires the Department of Health and Senior Services to submit a report to the General Assembly by September 30 of each year that does not disclose any identifying information, but includes other certain elements detailed in the bill; (64) Requires the departments to adopt rules, subject to Chapter 536, pertaining to the Act no later than 120 days after the effective date; and (65) Requires that all cannabis byproduct, scrap, and harvested cannabis not intended for distribution be destroyed and disposed of in accordance with state law.

MEDICAL CANNABIS CULTIVATION PRIVILEGE TAX LAW

The proposal creates the Medical Cannabis Cultivation Privilege Tax Law which will go into effect on January 1, 2016. A surcharge, in addition to all other occupation or privilege surcharges and taxes imposed by the state will be imposed upon the privilege of cultivating cannabis at a rate of 7% of the sales price per ounce. Every cultivation center subject to the surcharge is required to file a return with the Department of Agriculture on or before the 20th day of each month and establishes penalties for failure to sign the return. Any medical cannabis cultivation center, medical cannabis dispensary organization, or political action committee created by them are prohibited from making contributions to any campaign or political committee established to promote a candidate public official.

CRIMINAL LAW

The proposal prohibits a medical cannabis cardholder from using medical cannabis in the passenger area of any motor vehicle on a highway in this state or possessing medical cannabis within any motor vehicle unless it is in a medical cannabis container. Violating these provisions is a class A misdemeanor and the violator is subject to a possible two-year revocation of his or her medical cannabis card or status as a medical cannabis caregiver, medical cannabis cultivation center agent, or medical cannabis dispensing organization agent. The proposal does not prohibit law enforcement from conducting a chemical analysis or test to determine the presence of alcohol or other drugs as authorized by law.

FISCAL DESCRIPTION (continued)

SUNSET PROVISION

The provisions of this proposal will expire six years after the effective date of the bill.

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

SOURCES OF INFORMATION

Office of Attorney General
Department of Agriculture
Department of Elementary and Secondary Education
Department of Health and Senior Services
Department of Insurance, Financial Institutions
and Professional Registration
Department of Mental Health
Department of Natural Resources
Department of Corrections
Department of Labor and Industrial Relations
Department of Revenue
Department of Public Safety -
Division of Fire Safety
Missouri State Highway Patrol
Department of Social Services
Joint Committee on Administrative Rules
Missouri Consolidated Health Care Plan
Missouri Department of Conservation

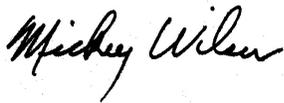
Missouri Office of Prosecution Services
Office of Administration
Office of State Courts Administrator
Office of Secretary of State
Office of State Public Defender
Office of State Treasurer
University of Missouri
Callaway County Commission
Cole County Sheriff's Department
St. Louis County Police Department
Springfield Police Department

SOURCES OF INFORMATION (continued)

Columbia/Boone County Department of
Public Health and Human Services
Cooper County Public Health Center
Harrison County Public Health Department & Hospice
City of Independence Health Department
Central County Fire & Rescue

Not Responding:

Missouri Department of Transportation



Mickey Wilson, CPA
Director
April 6, 2015

Ross Strobe
Assistant Director
April 6, 2015