

COMMITTEE ON LEGISLATIVE RESEARCH  
OVERSIGHT DIVISION

**FISCAL NOTE**

L.R. No.: 4972-01  
Bill No.: HB 1405  
Subject: Health Care; Health Dept.; Health, Public; Insurance - Medical  
Type: Original  
Date: May 1, 2012

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Bill Summary: Establishes the Missouri Universal Health Assurance Program to provide a publicly financed, statewide insurance program for all residents of this state.

**FISCAL SUMMARY**

<b>ESTIMATED NET EFFECT ON GENERAL REVENUE FUND</b>			
<b>FUND AFFECTED</b>	<b>FY 2013</b>	<b>FY 2014</b>	<b>FY 2015</b>
General Revenue	(\$119,867)	(Could exceed \$7,193,717)	(Could exceed \$27,912,509)
<b>Total Estimated Net Effect on General Revenue Fund</b>	<b>(\$119,867)</b>	<b>(Could exceed \$7,193,717)</b>	<b>(Could exceed \$27,912,509)</b>

Numbers within parentheses: ( ) indicate costs or losses.  
This fiscal note contains 27 pages.

<b>ESTIMATED NET EFFECT ON OTHER STATE FUNDS</b>			
<b>FUND AFFECTED</b>	<b>FY 2013</b>	<b>FY 2014</b>	<b>FY 2015</b>
Insurance Dedicated	\$0	Unknown to (Unknown)	Unknown to (Unknown)
Conservation	\$0	Up to \$2,775,000	Up to \$11,100,000
All MoDOT	\$0	Up to \$15,315,750	Up to \$61,263,000
County Foreign/County Stock	\$0	\$0	\$0
Professional and Practical Nursing Student Loan Program	\$0	\$0	\$0
Primary Care Resource Initiative for Missouri	\$0	\$0	\$0
Health Professional Education and Training	\$0	Up to \$607,608	Up to \$2,430,434
Missouri Heath Care Trust	\$0	(More than \$7,572,912,133)	(More than \$30,291,596,670)
All Other State	\$0	\$0	\$0
<b>Total Estimated Net Effect on <u>Other</u> State Funds</b>	<b>\$0</b>	<b>(More than \$7,554,213,775)</b>	<b>(More than \$30,216,803,236)</b>

<b>ESTIMATED NET EFFECT ON FEDERAL FUNDS</b>			
FUND AFFECTED	FY 2013	FY 2014	FY 2015
Federal *	\$0	\$0	\$0
<b>Total Estimated Net Effect on <u>All</u> Federal Funds</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>

\* Income, savings, and transfers-out more than \$4 billion annually and net to \$0.

<b>ESTIMATED NET EFFECT ON FULL TIME EQUIVALENT (FTE)</b>			
FUND AFFECTED	FY 2013	FY 2014	FY 2015
General Revenue	1	2	5
Insurance Dedicated	0	(Unknown)	(Unknown)
All MoDOT	0	(Up to 1)	(Up to 1)
Missouri Health Care Trust	0	0.25	3
<b>Total Estimated Net Effect on FTE</b>	<b>1</b>	<b>2.25 to (Unknown)</b>	<b>8 to (Unknown)</b>

Estimated Total Net Effect on All funds expected to exceed \$100,000 savings or (cost).

Estimated Net Effect on General Revenue Fund expected to exceed \$100,000 (cost).

<b>ESTIMATED NET EFFECT ON LOCAL FUNDS</b>			
FUND AFFECTED	FY 2013	FY 2014	FY 2015
<b>Local Government</b>	<b>\$0</b>	<b>(Less than \$6,928,125) to Unknown</b>	<b>(Less than \$27,712,500) to Unknown</b>

## FISCAL ANALYSIS

### ASSUMPTION

Officials from the **Office of Administration (OA) - Administrative Hearing Commission, OA - Division of Accounting, Office of State Courts Administrator, Office of State Treasurer** and **Missouri State University** assume the proposal will have no fiscal impact on their organizations.

Officials from the **Office of the Governor (GOV)** do not anticipate the GOV will incur added costs as a result of this proposal. However, if additional duties are placed on the office related to appointments in other TAFP legislation, there may be the need for additional staff resources in future years.

Officials from the **Joint Committee on Administrative Rules (JCAR)** state the legislation is not anticipated to cause a fiscal impact to JCAR beyond its current appropriation.

Officials from the **Department of Higher Education (DHE)** state the proposal would have no direct, foreseeable fiscal impact on the DHE.

Officials from the **Department of Public Safety - Missouri State Highway Patrol (MHP)** state this legislation states all money appropriated by the General Assembly to this new program will be placed in the Missouri Health Care Trust Fund. However, it does not specify the amount of that funding or how it would be determined.

The state currently pays a portion of each employee's health insurance premium. Without knowing how the new funding would be determined, there is no way to estimate whether this amount would increase or decrease. It does seem safe to assume that it would not be exactly identical to the current amount paid. In addition, the legislation does state that individuals will be paying part of the cost through a health assurance tax, but again the exact fiscal impact of this is unknown (and that would be an impact to the individual, not to the state). Therefore, the MHP assumes the proposal will have an unknown impact on its organization.

Officials from the **University of Missouri** state there is inadequate information in the proposed legislation to determine the fiscal impact the proposal may have on the University's system.

Officials from the **Office of Secretary of State (SOS)** state this proposal requires the Department of Health and Senior Services to promulgate rules. These rules will be published in the Missouri Register and the Code of State Regulations. Based on experience with other

ASSUMPTION (continued)

divisions, the rules, regulations and forms issued by the various agencies would require as many as 440 pages in the Code of State Regulations. For any given rule, roughly half again as many pages are published in the Missouri Register as in the Code because cost statements, fiscal notes and the like are not repeated in the Code. The estimated cost of a page in the Missouri Register is \$23; the estimated cost of a page in the Code of State Regulations is \$27. The actual cost could be more or less than the numbers given, but the SOS estimates total costs of \$27,060 [(660 pgs. X \$23) + (440 pgs. X \$27)] for FY 2013. The impact of this legislation in future years is unknown and depends upon the frequency and length of rules filed, amended, rescinded or withdrawn.

Officials from the **Office of Administration (OA) - Division of Budget and Planning (BAP)** state the legislation creates a Missouri Health Care Trust Fund and a Health Professional Education and Training Fund. In section 354.804, this proposal creates a health assurance tax on all Missouri taxable income of resident individuals that exceeds five thousand dollars. This proposal increases individual income taxes. The BAP defers to UM-EPARC for an estimate of increased general and total state revenues. This proposal is likely to increase revenues above the limits set forth in Article X 18(e) of the Missouri Constitution.

This proposal creates six regional health planning and policy development districts. An advisory council of nine (9) members, appointed by the Governor, will be established for each district. The advisory councils will assist the board of governors of the program in creating an annual comprehensive state health care plan. The program will be administered by a 23-member board of governors, of which 14 members will be appointed by the Governor. This will have an impact on General Revenue. The BAP defers to Department of Social Services, Department of Health and Senior Services, and Department of Insurance, Financial Institutions, and Professional Registration for an estimate of the statewide impact of this proposal.

Officials from the **Missouri Department of Conservation (MDC)** state the proposed legislation appears to allow the Conservation Employees' Insurance Trust Fund to remain intact and, therefore, would not appear to have any fiscal impact on MDC funds. However, the proposed legislation would only allow the Conservation Employees' Insurance Trust Fund to offer benefits that do not duplicate services that are offered by the Missouri Universal Health Assurance Program. The Missouri Universal Health Assurance Program is funded with an individual tax from 1% to 5% based on Missouri residents' taxable income, so does not require an employer contribution.

**Oversight** obtained additional information from the MDC. For FY 12, the MDC Commission's portion of health insurance premiums are expected to be approximately \$11.1 million. MDC officials do not anticipate a significant change for FY 13 costs. Part-year funding (3 months for FY 14) of these costs will be reflected as savings to MDC funds and a full-year of funding for FY 15 will be shown as savings, but the savings have not been indexed for inflation or budgetary increases.

ASSUMPTION (continued)

Officials from the **Missouri Department of Transportation (MoDOT)** state the legislation establishes the Missouri Universal Assurance Program which has the purpose of providing a single, publicly financed statewide insurance program for all residents of the state. Insurers, employers, and other plans may offer benefits that do not duplicate coverage offered by the program. Although the legislation does not define the terms “insurer”, “employer”, and “other plans”, MoDOT assumes that the legislation would apply to the MoDOT and the Missouri State Highway Patrol (MHP) Medical and Life Insurance Plans. This would mean that the Medical Plan could not offer coverage for items covered under the Universal Assurance Program. It is unclear whether the Medical Plan would continue under this scenario. If the Medical Plan were eliminated, the MoDOT would see a reduction of one staff who is currently administering the Medical and Life Insurance plans. This would result in a cost savings to the department of approximately \$63,000 per year for salary and fringe benefits.

The legislation states the Universal Assurance Program will be funded by a combination of federal payments received as a result of any waiver of requirements granted by the U.S. Secretary of Health and Human Services under health care programs established pursuant to Title XVIII and Title XIX of the Social Security Act, all moneys collected pursuant to sections 354.798 and 354.804, and all moneys appropriated by the general assembly to the program. Although the proposed legislation references sections 354.798 and 354.804 as a source of funding, section 354.798 is not included in the bill and does not exist in current law. Therefore, MoDOT is assuming that the program will be funded by section 354.804 and by the federal payments and any money appropriated by the general assembly.

During FY 11, MoDOT expended \$91.2 million (\$13 million for retirees and \$48.2 million for active employees) under its health plans. These expenditures cannot be assumed as a cost savings to the department since MoDOT should still have expenditures for health plans. It is unknown whether the legislation would result in an overall cost or cost savings to MoDOT.

This cannot be assumed as a cost savings to the department since MoDOT could still have expenditures for health plans. It is likely MoDOT would be asked to continue making a contribution to its employee and retiree health care costs. The amount MoDOT could be asked to contribute cannot be determined; it could be less than, equal to or greater than the amount it currently contributes depending upon the cost of the Universal Assurance plan and the availability of other sources of funding. Therefore, it is unknown whether the legislation would result in an overall cost or cost savings to MoDOT.

**Oversight** will present part-year funding (3 months for FY 14) of MoDOT’s healthcare costs as savings to all MoDOT funds and a full-year of funding for FY 15 will be shown as savings, but the savings have not been indexed for inflation or budgetary increases.

ASSUMPTION (continued)

Officials from the **Missouri Consolidated Health Care Plan (MCHCP)** assume the proposed program would cover all necessary health care services. Therefore, the MCHCP would no longer provide its current benefits and consequently no longer be necessary. The MCHCP assumes this program would be available to all Missourians; therefore, this proposal would result in the savings of MCHCP's state appropriations for FY 13.

Due to many unknowns, such as global budgets, available funding, etc., the MCHCP cannot determine if these savings would offset the cost of the new program for current members. Also, MCHCP currently provides coverage for approximately 2,848 members living outside of the state who would not be eligible for this program. The average claim cost for each member is \$380 per month. If the MCHCP were to continue to provide coverage for these members, any potential savings would be less approximately \$12,990,784, excluding administrative costs. Administrative costs would be dependent upon the status of the organization still remaining to administer benefits for this group.

Per **Oversight's** request, the MCHCP provided the following additional information. Using actuarial calculations, MCHCP estimates FY 14 and FY 15 appropriations will be \$419.1 million and \$452.4 million respectively. These estimates were based on the assumptions that: 1) The costs presented will not accumulate a true savings as these costs may or may not be transferred to another entity that would provide coverage to state employees; 2) A health care trend of 7.94% per year on a combined basis (medical, drug and administration fee); and 3) No change in plan designs, wellness and tobacco-free incentive programs from 2012 to 2013 through 2015.

**Oversight** assumes there would be savings associated with the MCHCP's estimated appropriations of less than \$419.1 million for FY 14 and \$452.4 million for FY 15.

Officials from the **Office of State Auditor (SAU)** state it is estimated that the duties required in relation to this proposal at 354.771.4 would require 10 additional FTE for the SAU to oversee each quarterly review. The SAU estimates FY13 costs to the General Revenue Fund of \$573,685; FY 14 costs of \$633,942; and FY 15 costs of \$640,282.

**Oversight** assumes the SAU would not need 10 Senior Auditors I (\$41,040 each, annually) to fulfill the obligations outlined in section 354.771.4. Specifically, section 354.771.3 states the board of governors shall conduct a quarterly review of the expenditures from and revenues received by the fund; subsection 4 states the board shall submit each quarterly review to the SAU for oversight. **Oversight** assumes the SAU will not need additional staff until a waiver is obtained from the Secretary of Health and Human Services and the program has been

ASSUMPTION (continued)

implemented. Based on Department of Social Services assumptions that a waiver would be obtained by April 1, 2014, the fiscal impact for FY 14 would be limited to the final three months of the fiscal year. **Oversight** assumes the SAU can perform the additional oversight duties, beginning in FY 15, with one Senior Auditor I (\$38,700 annually) and one Auditor II (\$35,952 annually). If it is determined the “oversight” function requires additional staff, the SAU may request additional staff through the appropriations process.

Officials from the **Department of Insurance, Financial Institutions, and Professional Registration (DIFP)** state the impact on existing insurance laws and regulations is assumed to be minimal. There would still be a need for medical expense insurance and HMO coverage in the employer market to accommodate employees of Missouri employers residing outside Missouri. The need for current insurance mechanisms would not be eliminated. In consideration of language in 354.750 referring to a participating provider, some Missourians will seek coverage that affords them access to the health care provider of their choice, whereas this program will limit access to only those providers that participate in the program. It is unclear whether 354.795, which allows insurers to offer plans that do not duplicate the coverage that is offered by the Missouri Universal Health Assurance Program, is intended to prevent any private plans that duplicate the coverage's provided by the Missouri Universal Health Assurance Program.

Because of the universal coverage created by this proposal, it is assumed that the amount of individual or group medical expense and HMO coverage provided in this state will be significantly reduced (but not totally eliminated). Therefore, the proposal would cause a corresponding reduction in income tax revenue (General Revenue) as well as the number of insurers and HMOs that would issue this type of coverage in Missouri.

This legislation will also have fiscal impact on premium taxes certified by this division, based on the assumption that the provisions of section 354.795 would reduce the premium tax revenues certified by this division by practically eliminating all private health insurance. The estimated loss of revenue from premium tax is up to \$55,425,000 annually based on calculations using 2010 data. Premium tax revenue is split 50/50 between General Revenue and County Foreign Insurance Fund except for domestic Stock Property and Casualty Companies who pay premium tax to the County Stock Fund. The County Foreign Insurance Fund is later distributed to school districts through out the state. County Stock Funds are later distributed to the school district and county treasurer of the county in which the principal office of the insurer is located.

Revenue to the department generated by form filing fees would be reduced by an unknown amount due to the reduction in the number of insurers that will remain in the market and the corresponding decrease in the number of forms filed. The Managed Care Section in the department may no longer be necessary because of the provisions of this proposal. If this is the case, staff would either be reallocated to other areas within the department or eliminated.

ASSUMPTION (continued)

The legislation could have significant fiscal impact to the Consumer Affairs Division. The Consumer Services sections currently answer questions from consumers regarding health insurance claims and the proposal does not seem to address who would actually answer these consumer inquiries. Should the DIFP not be tasked with this duty, significant FTE savings could be expected.

Therefore, in summary, the DIFP assumes the proposal will have an annual cost to the General Revenue Fund of an unknown amount up to \$27,712,500; an annual unknown cost up to \$27,712,500 to the County Foreign Insurance Funds; and an unknown annual cost to the County Stock Fund. The DIFP cannot determine the annual impact to the Insurance Dedicated Fund as there could be unknown savings to unknown costs if the proposal is adopted and signed by the Governor.

Officials from the **Department of Revenue (DOR)** provide the following assumptions:

*Section 354.804*

**Personal Tax Division**

It is anticipated two (2) Temporary Tax Employees will be needed for key entry of the assurance tax; one (1) Revenue Processing Technician I (\$25,380 annually) per 19,000 additional manually reviewed tax returns; and one (1) Revenue Processing Technician I (\$25,380 annually) per 2,400 increases in correspondence.

**Collections & Tax Assistance**

It is anticipated that one (1) Tax Collection Technician I (\$25,380 annually) will be needed for an estimated 15,000 additional contacts annually to the non-delinquent tax line. CARES phone and agent license will be required; and one (1) Revenue Processing Technician I (\$25,380 annually) per 4,800 additional contacts annually to the field offices. CARES phone and agent license will be required.

**Corporate Tax**

This legislation would impose a health assurance tax on all MO taxable income of resident individuals only. The tax is to be withheld and collected at the same time that MO withholding tax is withheld and remitted. A line will need to be added to the current withholding tax form (Form 941) for this additional tax. All employers would be allowed compensation deduction on the additional monies remitted since the tax is collected as the current employer withholding tax is collected. One (1) Revenue Processing Technician I (\$25,380) would be needed per each 7,800 additional pieces of withholding correspondence processed.

ASSUMPTION (continued)

DOR officials state the ITSD portion of the fiscal impact for this proposal is estimated at a level of effort valued at \$106,848 (calculated on 4,032 FTE hours).

The DOR estimates FY 12 costs to the General Revenue Fund of \$325,449; FY 14 costs of \$226,668; and FY 15 costs of \$229,032.

**Oversight** has, for fiscal note purposes only, changed the starting salary for the Revenue Processing Technicians (4) and Tax Collection Technician 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.

**Oversight** assumes the DOR will not incur costs until after waivers are received from the Secretary of Health and Human Services, or until the fourth quarter of FY 14.

Officials from the **Department of Mental Health (DMH)** state Section 354.770 requires that all Title XVIII (Medicare) and Title XIX (Medicaid/MO HealthNet) collections will be deposited into the Missouri Health Care Trust Fund (MHCTF). The DMH collected \$271,082,054 in federal funds from MC+, MO HealthNet, Uncompensated Care, and Medicare in FY 2011 and deposited them in the following funds:

General Revenue	\$132,300,583
Federal	<u>\$138,781,471</u>
TOTAL	<u>\$271,082,054</u>

The DMH assumes that the Department of Social Services (DSS) requests and receives a waiver from the Centers for Medicare and Medicaid Services for deposit of federal funds into the MHCTF on or about April 1, 2013. Therefore, the revenues for the final 3 months of FY 13 would be deposited into the MHCTF. Based on DMH's FY 13 annual revenue projection of \$287,000,000 (General Revenue and Federal funds) for Title XVIII and XIX, the 3 month amount is \$71,750,000 ( $\$287,000,000 / 12 \times 3$  (rounded)). The loss to DMH General Revenue collections is estimated to be \$102,000,000 in FY 14 and FY 15 and \$25,500,000 ( $\$102,000,000 / 12 \times 3$ ) for FY 13. General Revenue estimates are based on FY 13 DMH projections by revenue group for all DMH facilities.

The DMH is assuming that all of the above DMH collections from Medicare, MO HealthNet, and Uncompensated Care would be deposited into the Missouri Health Care Trust Fund. This does not represent a loss of funds to the state. These funds would be used to provide covered services to persons through the Missouri Health Care Trust Fund instead of through the General Revenue (GR) and Federal appropriations.

ASSUMPTION (continued)

If the DMH assumes that the Missouri Health Assurance program would choose DMH as a provider of services, the fiscal impact to the DMH would be dependent on the payments made to DMH under the new plan compared to current GR and Federal funding.

If the DMH assumes that the Missouri Health Assurance program would choose not to utilize DMH as a provider of services, there could be a loss of funding to DMH if DMH appropriations were reduced in proportion to the amount previously deposited by DMH to GR and Federal funds. The DMH believes if this were to happen, there is no guarantee that individuals in need of mental health services would receive the same level of care they currently receive.

Depending on the assumption scenario, there could be an impact of reduced funding to DMH which cannot be determined at this time.

**Oversight** notes Department of Social Services assumes a waiver will be obtained prior to April 1, 2014 and that there will be no costs for FY 13. As a result, **Oversight** will use DMH figures but will “move” the numbers from FY 13 to FY 14 and make other adjustments as necessary.

Officials from the **Department of Health and Senior Services (DHSS)** state the Division of Regulation and Licensure (DRL) is unsure what impact the Missouri Universal Health Assurance Program would have on the health care providers that they regulate. The DRL cannot determine whether the program would result in an increase or a decrease in the number of regulated providers to be inspected/surveyed. Likewise, the DRL cannot determine if there would be any impact on the number of complaints received. The DRL, therefore, finds that the proposed legislation would result in an unknown impact.

The DHSS finds that the proposed legislation would result in an unknown impact due to the implementation of the Missouri Health Assurance Program. DHSS assumes existing programs within the department could be incorporated, which may result in a loss of federal grants. Therefore, the DHSS cannot estimate the fiscal impact this legislation may have.

Section 354.777 of the proposed legislation appears to duplicate the Primary Care Resource Initiative Program (PRIMO) in the DHSS.

**Oversight** notes DHSS programs include the Professional and Practical Nursing Student Loan Program and PRIMO. Both the FY 13 Perfected HCS for HB 10 and SS for SCS for HCS for HB 10 include \$499,752 in the Professional and Practical Nursing Student Loan Program and \$1,930,682 for PRIMO. **Oversight** assumes the DHSS will continue to be appropriated at least these amounts in future budgets for these programs and, therefore, assumes these funds would be transferred to the Health Professional Education and Training Fund within the Missouri Universal Health Assurance Program.

ASSUMPTION (continued)

Officials from the **Office of Administration - Information Technology Services Division (ITSD) - Department of Social Services (DSS)** state based on discussions with policy staff from the MO HealthNet Division and the Family Support Division, there will be no changes to systems maintained by ITSD-DSS. Missouri's Medicaid programs will remain unaffected and clients will have a choice about whether to apply for Medicaid or use the universal health assurance program.

Officials from the **DSS - Division of Legal Services (DLS)** state the DLS will be able to comply with the proposal using existing resources.

Officials from the **DSS - Family Services Division (FSD)** state the administration of this program would be the responsibility of the Department of Health and Senior Services. The FSD currently determines eligibility for Medicaid programs within DSS. It is unknown at this time the impact on FSD and how the implementation of this proposal will impact these programs.

Officials from the **DSS - MO HealthNet Division (MHD)** state the estimates of impact to the MO HealthNet assumes that the population (Medicaid) would be the same, whether they were served by the new entity or contracted to DSS/MHD to administer.

The language in section 354.792.2, stating that each institutional provider shall negotiate an annual budget with the program could affect the per diem paid to hospitals and nursing homes.

Independent providers shall be reimbursed on a fee-for-service schedule using the federal Medicare reimbursement fees. Costs are expected to increase because current Medicaid reimbursement for non-institutional providers in many cases represents less than Medicare reimbursement fees.

For example, physician reimbursement is currently paid at less than Medicare rates and a fee increase would be needed to equal Medicare rates. An additional \$163 million is needed to bring MO HealthNet physician rates up to Medicare rates.

The loss of the advantage of competitively bidding managed care contracts would result in an additional cost of over \$60 million (five percent of \$1.188 billion in FY 11 managed care payments).

Although the MHD cannot arrive at an actual dollar increase, it is believed the cost will exceed \$223 million annually based on the few issues discussed above.

ASSUMPTION (continued)

Assuming this legislation is passed, in order to implement these provisions, the DSS must apply for a waiver from the Centers for Medicare and Medicaid Services. Due to the time required for this process, there will not be a fiscal impact for FY 13.

According to Section B, Section A will become effective April 1<sup>st</sup> of the year following the notice to the revisor of statutes that waivers have been obtained. It is assumed that approval of the waivers will be obtained by April 1, 2014. Therefore, the fiscal impact in FY 14 would be for 3 months. The amount of increased costs will not be known until the bidding and contract renewal process occurs. However, the MHD believes there will definitely be an increase exceeding \$55,750,000 (\$223 million/12 months X 3 months) in FY 14 (More than \$20,161,707 GR/\$35,588,293 Federal). For FY 15, the fiscal impact will be at least \$223,000,000 (\$80,646,826 General Revenue/\$142,353,174 Federal).

MHD used a combination of Title XIX and SCHIP for the Federal match rate.

**Oversight** notes DSS's assumption of April 1, 2014 as the effective date for the changes associated with this proposal (allowing for the approval of waivers from the U.S. Secretary of Health and Human Services). **Oversight** assumes all costs, savings, and transfers associated with state agencies for this proposal should be reflected in FY 2014, and adjusted to 3 months (April 1 to June 30) when appropriate.

When estimating appropriated program savings/costs for the DSS, **Oversight** used the DSS-MHD's FY 12 appropriated amount. For fiscal note purposes, **Oversight** assumes the DOS-MHD would continue to be appropriated at least the same amount for FY 14 and FY 15.

Officials from the **University of Missouri, Economic & Policy Analysis Research Center** stated if enacted, this proposal will establish the Missouri Universal Health Assurance Program to provide a single publicly financed health care service. It will establish, *in addition to the state income tax*, a health assurance tax will be imposed on all Missouri taxable income of *resident* individuals that exceeds five thousand dollars.

Specifically, such individual health assurance tax shall be imposed at the following rate:

- (1) For a taxable income of \$5,0001 to \$25,000, one percent;
- (2) For a taxable income of \$25,001 to \$75,000, two percent
- (3) For a taxable income of \$75,001 to \$250,000, three percent;
- (4) For a taxable income of \$250,001 to \$500,000, four percent; and
- (5) For a taxable income of over \$500,001, five percent.

ASSUMPTION (continued)

A tax simulation was conducted. Using individual income tax for Missouri for 2010 as a baseline for analysis, the net tax due for 2010 was approximately \$4.481 billion. If the aforementioned legislation is enacted, the net tax due increases to approximately \$5.904 billion, for an increase in additional revenue due to the health assurance tax of approximately **\$1.423 billion** to fund the program.

**Oversight** obtained information relating to average board meeting costs. **Oversight** assumes board meetings for the Board of Governors would last 2 days each. Based on 240 miles average round trip at 37 cents per mile (\$89), meal expense of \$30 (including an evening meal), \$77 in hotel expense (1 night), and express mailing costs of \$47.25, **Oversight** estimates \$243.25 in expenses per board member per meeting. The Board of Governors is to be composed of 23 members and is to meet at least six (6) times per year. **Oversight** assumes Board of Governors meeting costs of \$33,569 for FY 13; \$34,576 for FY 14; and \$35,613 for FY 15.

**Oversight** obtained information from the U.S. Census Bureau, Missouri Economic Research and Information Center, and AARP. Based on the 2010 census information and population growth between 2000 and 2010, **Oversight** estimates Missouri's 2014 population at approximately 6.08 million people. By 2015 it is estimated that approximately 15% of Missouri's residents will be age 65 and older and eligible for Medicare. Therefore, the estimate of Missouri's population that would be covered by the Universal Health Assurance Program is estimated to be 5.168 million (6.08 million X 85%).

According to the CMS/HHS website, 2009 health expenditures averaged \$7,578 per person. The average annual inflation rate for health care expenditures for the past five years equals approximately 3.7%. Based on this information, **Oversight** projects average health care costs of \$9,088 per person for 2014 ( $\$7,578 \times 1.037 \times 1.037 \times 1.037 \times 1.037 \times 1.037$ ).

Assuming Missouri has approximately 5.168 million residents (under age 65) by 2014, estimated health care costs could exceed \$46,966,784,000 annually (5.168 million residents under age 65 X \$9,088 health care costs per person). However, for fiscal note purposes only, **Oversight** assumes potential health care costs for the program will exceed \$39,163,104,000 (\$7,578 costs per person X 5.168 million residents) annually.

Officials from the **Office of Attorney General (AGO)** did not respond to **Oversight's** request for a statement of fiscal impact. However, in response to similar legislation from a prior year, AGO officials provided the following response:

Based on previous practice, it is assumed that the AGO would serve as legal advisor to the new health insurance program. The proposal creates a Board with the power to adopt rules, conduct investigations by compelling the submission of information, documents and records, and the

ASSUMPTION (continued)

capacity to be sued. The AGO assumes it would need one (1) Assistant Attorney General I and associated expenses to assist the Board in the rule-making process, investigating matters and in disputes before the Administrative Hearing Commission and Circuit Court of Cole County. The AGO estimates FY 10 costs of \$59,238; FY 11 costs of \$63,298; and FY 12 costs of \$65,196.

**Oversight** will use the costs presented in the prior year fiscal note for this fiscal note.

**Oversight** notes DSS' assumption of April 1, 2014 as the effective date for the changes associated with this proposal (allowing for the approval of waivers from the U.S. Secretary of Health and Human Services). **Oversight** assumes all costs, savings, and transfers associated with state agencies for this proposal should be reflected in FY 14 and adjusted to 3 months (April 1 to June 30) when appropriate.

**Oversight** assumes if this proposal passes and DSS obtains the necessary waivers before April 1, 2014, that the individual health assurance tax charged to Missouri residents will be prorated for the partial year. **Oversight** is presenting 3 months of tax income for FY 14 to co-inside with the state fiscal year.

Officials from **Truman State University** did not respond to **Oversight's** request for a statement of fiscal impact.

<u>FISCAL IMPACT - State Government</u>	FY 2013 (10 Mo.)	FY 2014	FY 2015
<b>GENERAL REVENUE FUND</b>			
<u>Savings - Appropriations</u>			
MCHCP appropriations	\$0	Less than \$64,038,480	Less than \$276,506,880
DMH appropriations	\$0	\$25,500,000	\$102,000,000
DSS Medicaid program appropriations	<u>\$0</u>	<u>At least \$325,000,000</u>	<u>At least \$1,300,000,000</u>
Total <u>Savings</u> - All Departments	<u>\$0</u>	<u>More than \$350,500,000</u>	<u>More than \$1,402,000,000</u>
<u>Costs - AGO</u>			
Personal service	(\$27,896)	(\$25,859)	\$0
Fringe benefits	(\$13,566)	(\$12,575)	\$0
Equipment and expense	<u>(\$17,776)</u>	<u>(\$9,039)</u>	<u>\$0</u>
Total <u>Costs</u> - AGO	<u>(\$59,238)</u>	<u>(\$47,473)</u>	<u>\$0</u>
FTE Change - AGO	1 FTE	0.75 FTE	0 FTE
<u>Costs - SOS</u>			
Rules revision	<u>(\$27,060)</u>	<u>\$0</u>	<u>\$0</u>
<u>Costs - DOR</u>			
Personal service	\$0	(\$32,573)	(\$131,896)
Fringe benefits	\$0	(\$15,159)	(\$61,401)
Equipment and supplies	\$0	(\$34,267)	(\$6,712)
Computer programming	<u>\$0</u>	<u>(\$110,053)</u>	<u>\$0</u>
Total <u>Costs</u> - DOR	<u>\$0</u>	<u>(\$192,052)</u>	<u>(\$200,009)</u>
FTE Change - DOR	0 FTE	1.25 FTE	5 FTE
<u>Costs - Board of Governors</u>			
Board meeting costs (23 members)	(\$33,569)	(\$26,067)	\$0
<u>Loss - DIFP</u>			
Reduction in premium taxes collected	\$0	(Up to \$6,928,125)	(Up to \$27,712,500)
Reduction in income taxes paid by insurers and HMOs	<u>\$0</u>	<u>(Unknown)</u>	<u>(Unknown)</u>
Total <u>Loss</u> - DIFP	<u>\$0</u>	<u>(Could exceed \$6,928,125)</u>	<u>(Could exceed \$27,712,500)</u>

<u>FISCAL IMPACT - State Government</u>	FY 2013 (10 Mo.)	FY 2014	FY 2015
<b>GENERAL REVENUE FUND (cont.)</b>			
<u>Transfer-Out - to Missouri Health Care Trust Fund</u>			
MCHCP appropriations	\$0	(Less than \$64,038,480)	(Less than \$276,506,880)
DMH appropriations	\$0	(\$25,500,000)	(\$102,000,000)
DSS Medicaid program appropriations	<u>\$0</u>	(At least \$325,000,000)	(At least \$1,300,000,000)
Total <u>Transfer-Out</u> - to Missouri Health Care Trust Fund	<u>\$0</u>	(More than <u>\$350,500,000</u> )	(More than <u>\$1,402,000,000</u> )
<b>ESTIMATED NET EFFECT ON GENERAL REVENUE FUND</b>	<b><u>(\$119,867)</u></b>	<b><u>(Could exceed \$7,193,717)</u></b>	<b><u>(Could exceed \$27,912,509)</u></b>
Estimated Net FTE Change on General Revenue Fund	1 FTE	2 FTE	5 FTE
<b>INSURANCE DEDICATED FUND</b>			
<u>Savings - DIFP</u>			
Reduction in Consumer Affairs Division staff and expenses	\$0	Unknown	Unknown
<u>Loss - DIFP</u>			
Reduction in form filing fees	<u>\$0</u>	<u>(Unknown)</u>	<u>(Unknown)</u>
<b>ESTIMATED NET EFFECT ON INSURANCE DEDICATED FUND</b>	<b><u>\$0</u></b>	<b><u>Unknown to (Unknown)</u></b>	<b><u>Unknown to (Unknown)</u></b>
Estimated Net FTE Change on Insurance Dedicated Fund	0 FTE	(Unknown)	(Unknown)

<u>FISCAL IMPACT - State Government</u>	FY 2013	FY 2014	FY 2015
	(10 Mo.)		
<b>CONSERVATION FUNDS</b>			
<u>Savings - MDC</u>			
Reduction in health care expenditures	<u>\$0</u>	<u>Up to</u> <u>\$2,775,000</u>	<u>Up to</u> <u>\$11,100,000</u>
<b>ESTIMATED NET EFFECT ON CONSERVATION FUNDS</b>	<b><u>\$0</u></b>	<b><u>Up to</u></b> <b><u>\$2,775,000</u></b>	<b><u>Up to</u></b> <b><u>\$11,100,000</u></b>
<b>ALL MoDOT FUNDS</b>			
<u>Savings - MoDOT</u>			
Reduction in health care expenditures	\$0	Up to \$15,300,000	Up to \$61,200,000
Reduction in health program administration staff	\$0	Up to \$15,750	Up to \$63,000
Total <u>Savings</u> - MoDOT	<u>\$0</u>	<u>Up to</u> <u>\$15,315,750</u>	<u>Up to</u> <u>\$61,263,000</u>
FTE Change - MoDOT	0 FTE	(Up to 1 FTE)	(Up to 1 FTE)
<b>ESTIMATED NET EFFECT ON ALL MoDOT FUNDS</b>	<b><u>\$0</u></b>	<b><u>Up to</u></b> <b><u>\$15,315,750</u></b>	<b><u>Up to</u></b> <b><u>\$61,263,000</u></b>
Estimated Net FTE Change on All MoDOT Funds	0 FTE	(Up to 1 FTE)	(Up to 1 FTE)

<u>FISCAL IMPACT - State Government</u>	FY 2013 (10 Mo.)	FY 2014	FY 2015
<b>COUNTY FOREIGN/COUNTY STOCK FUNDS</b>			
<u>Savings - DIFP</u>			
Reduction in premium tax transferred to schools	\$0	Up to \$6,928,125	Up to \$27,712,500
<u>Loss - DIFP</u>			
Reduction in premium taxes collected	<u>\$0</u>	<u>(Up to \$6,928,125)</u>	<u>(Up to \$27,712,500)</u>
<b>ESTIMATED NET EFFECT ON COUNTY FOREIGN/COUNTY STOCK FUNDS</b>	<b><u>\$0</u></b>	<b><u>\$0</u></b>	<b><u>\$0</u></b>
<b>PROFESSIONAL AND PRACTICAL NURSING STUDENT LOAN PROGRAM FUND</b>			
<u>Savings - DHHS</u>			
Nursing student loan program funds	\$0	Up to \$124,938	Up to \$499,752
<u>Transfer-Out - to Health Professional Education and Training Fund</u>			
Nursing student loan program funds	<u>\$0</u>	<u>(Up to \$124,938)</u>	<u>(Up to \$499,752)</u>
<b>ESTIMATED NET EFFECT ON PROFESSIONAL AND PRACTICAL NURSING STUDENT LOAN PROGRAM FUND</b>	<b><u>\$0</u></b>	<b><u>\$0</u></b>	<b><u>\$0</u></b>

<u>FISCAL IMPACT - State Government</u>	FY 2013 (10 Mo.)	FY 2014	FY 2015
<b>PRIMARY CARE RESOURCE INITIATIVE FOR MISSOURI FUND</b>			
<u>Savings - DHHS</u>			
PRIMO program funds	\$0	Up to \$482,670	Up to \$1,930,682
<u>Transfer-Out - to Health Professional Education and Training Fund</u>			
PRIMO program funds	<u>\$0</u>	<u>(Up to \$482,670)</u>	<u>(Up to \$1,930,682)</u>
<b>ESTIMATED NET EFFECT ON PRIMARY CARE RESOURCE INITIATIVE FOR MISSOURI FUND</b>			
	<b><u>\$0</u></b>	<b><u>\$0</u></b>	<b><u>\$0</u></b>
<b>HEALTH PROFESSIONAL EDUCATION AND TRAINING FUND</b>			
<u>Transfer-In - from Professional and Practical Nursing Student Loan Program Fund</u>			
Nursing student loan program funds	\$0	Up to \$124,938	Up to \$499,752
<u>Transfer-In - from Primary Care Resource Initiative for Missouri Fund</u>			
PRIMO program funds	<u>\$0</u>	<u>Up to \$482,670</u>	<u>Up to \$1,930,682</u>
<b>ESTIMATED NET EFFECT ON HEALTH PROFESSIONAL EDUCATION AND TRAINING FUND</b>			
	<b><u>\$0</u></b>	<b><u>Up to \$607,608</u></b>	<b><u>Up to \$2,430,434</u></b>

<u>FISCAL IMPACT - State Government</u>	FY 2013 (10 Mo.)	FY 2014	FY 2015
<b>MISSOURI HEALTH CARE TRUST FUND</b>			
<u>Income - DOR</u>			
Health assurance tax	<u>\$0</u>	<u>Up to</u> \$355,711,750	<u>Up to</u> \$1,422,847,000
<u>Transfer-In - from General Revenue Fund</u>			
MCHCP appropriations	\$0	Less than \$64,038,480	Less than \$276,506,880
DMH appropriations	\$0	\$25,500,000	\$102,000,000
DSS Medicaid appropriations	<u>\$0</u>	<u>At least</u> \$325,000,000	<u>At least</u> \$1,300,000,000
Total <u>Transfer-In</u> - from General Revenue Fund	<u>\$0</u>	<u>More than</u> \$350,500,000	<u>More than</u> \$1,402,000,000
<u>Transfer-In - from Other State Funds</u>			
MCHCP appropriations	\$0	Less than \$15,129,510	Less than \$65,326,560
DSS Medicaid program appropriations	<u>\$0</u>	<u>At least</u> \$525,000,000	<u>At least</u> \$2,100,000,000
Total <u>Transfer-In</u> - from Other State Funds	<u>\$0</u>	<u>More than</u> \$525,000,000	<u>More than</u> \$2,100,000,000
<u>Transfer-In - from Federal Funds</u>			
MCHCP appropriations	\$0	Less than 25,607,010	Less than \$110,566,560
DSS Medicaid program funds	\$0	At least \$925,000,000	At least \$3,700,000,000
DSS Increase in provider reimbursement	\$0	At least \$35,588,293	At least \$142,353,174
DMH appropriations	<u>\$0</u>	<u>\$46,250,000</u>	<u>\$185,000,000</u>
Total <u>Transfer-In</u> - from Federal Funds	<u>\$0</u>	<u>More than</u> \$1,006,838,293	<u>More than</u> \$4,027,353,174
<u>Total All Income and Transfer-Ins</u>	<u>\$0</u>	<u>Could exceed</u> \$2,238,050,043	<u>Could exceed</u> \$8,952,200,174

<u>FISCAL IMPACT - State Government</u>	FY 2013 (10 Mo.)	FY 2014	FY 2015
<b>MISSOURI HEALTH CARE TRUST FUND (cont.)</b>			
<u>Costs - Missouri Universal Health Assurance Program</u>			
Program coverage costs	\$0	(More than \$9,790,776,000)	(More than \$39,163,104,000)
<u>Costs - Board of Governors</u>			
Board meeting costs (23 members)	\$0	(\$8,644)	(\$35,613)
<u>Costs - DSS</u>			
Increase in provider reimbursement costs	\$0	(At least \$20,161,707)	(At least \$80,464,826)
<u>Costs - SAU</u>			
Personal service	\$0	\$0	(\$76,153)
Fringe benefits	\$0	\$0	(\$40,315)
Equipment and expense	<u>\$0</u>	<u>\$0</u>	<u>(\$10,741)</u>
Total <u>Costs</u> - SAU	<u>\$0</u>	<u>\$0</u>	<u>(\$127,209)</u>
FTE Change - SAU	0 FTE	0 FTE	2 FTE
<u>Costs - AGO</u>			
Personal service	\$0	(\$8,620)	(\$42,934)
Fringe benefits	\$0	(\$4,192)	(\$12,953)
Equipment and expense	<u>\$0</u>	<u>(\$3,013)</u>	<u>(\$9,309)</u>
Total <u>Costs</u> - AGO	<u>\$0</u>	<u>(\$15,825)</u>	<u>(\$65,196)</u>
FTE Change - AGO	0 FTE	0.25 FTE	1 FTE
<u>Total All Costs</u>	<u>\$0</u>	<u>More than \$9,810,962,176</u>	<u>More than \$39,243,796,844</u>
<b>ESTIMATED NET EFFECT ON MISSOURI HEALTH CARE TRUST FUND*</b>			
	<u>\$0</u>	<u>(More than \$7,572,912,133)</u>	<u>(More than \$30,291,596,670)</u>
Estimated Net FTE Change Missouri Health Care Trust Fund	0 FTE	0.25 FTE	3 FTE

<u>FISCAL IMPACT - State Government</u>	FY 2013	FY 2014	FY 2015
	(10 Mo.)		
<b>ALL OTHER STATE FUNDS</b>			
<u>Savings - Other State Funds</u>			
MCHCP appropriations	\$0	Less than \$15,129,510	Less than \$65,326,560
DSS Medicaid program appropriations	<u>\$0</u>	<u>At least</u> \$525,000,000	<u>At least</u> \$2,100,000,000
Total <u>Savings</u> - Other State Funds	<u>\$0</u>	<u>More than</u> \$525,000,000	<u>More than</u> \$2,100,000,000
<u>Transfer-Out - to Missouri Health Care Trust Fund</u>			
MCHCP appropriations	\$0	(Less than \$15,129,510)	(Less than \$65,326,560)
DSS Medicaid program appropriations	<u>\$0</u>	<u>(At least</u> \$525,000,000)	<u>(At least</u> \$2,100,000,000)
Total <u>Transfer-Out</u> - to Missouri Health Care Trust Fund	<u>\$0</u>	<u>(More than</u> \$525,000,000)	<u>(More than</u> \$2,100,000,000)
<b>ESTIMATED NET EFFECT ON OTHER STATE FUNDS</b>	<b><u>\$0</u></b>	<b><u>\$0</u></b>	<b><u>\$0</u></b>
<b>FEDERAL FUNDS</b>			
<u>Income - DSS</u>			
DSS-MHD - Reimbursement increase for increase in provider reimbursement rates	<u>\$0</u>	<u>At least</u> \$35,588,293	<u>At least</u> \$142,353,174
<u>Savings - Federal Funds</u>			
MCHCP appropriations	\$0	Less than \$25,607,010	Less than \$110,566,560
DSS Medicaid program funds	\$0	At least \$925,000,000	At least \$3,700,000,000
DMH appropriations	<u>\$0</u>	<u>\$46,250,000</u>	<u>\$185,000,000</u>
Total <u>Savings</u> - Federal Funds	<u>\$0</u>	<u>More than</u> \$971,250,000	<u>More than</u> \$3,885,000,000

<u>FISCAL IMPACT - State Government</u>	<u>FY 2013</u>	<u>FY 2014</u>	<u>FY 2015</u>
	<u>(10 Mo.)</u>		
<b>FEDERAL FUNDS (cont.)</b>			
<u>Transfer-Out - to Missouri Health Care Trust Fund</u>			
MCHCP appropriations	\$0	(Less than \$25,607,010)	( Less than \$110,566,560)
DSS Medicaid program funds	\$0	(At least \$925,000,000)	(At least \$3,700,000,000)
Increase in provider reimbursements	\$0	(At least \$35,588,293)	(At least \$142,353,174)
DMH appropriations	<u>\$0</u>	<u>(\$46,250,000)</u>	<u>(\$185,000,000)</u>
Total <u>Transfer-Out</u> - to Missouri Health Care Trust Fund	<u>\$0</u>	<u>(More than \$1,006,838,293)</u>	<u>(More than \$4,027,353,174)</u>

<b>ESTIMATED NET EFFECT ON</b>			
<b>FEDERAL FUNDS</b>	<b><u>\$0</u></b>	<b><u>\$0</u></b>	<b><u>\$0</u></b>

\* The plan would become effective on April 1, 2014, following receipt of waivers from the Secretary of Health and Human Services. The costs to administer the plan (staff, Board of Governor's expense, Regional Advisory Council expenses, etc.) to provide health care benefits would be negotiated by the Board of Governors as specified in the proposal. Administrative costs would be capped at four percent of total funds available. A reserve equal to expenditures in the preceding three months would be required.

<u>FISCAL IMPACT - Local Government</u>	FY 2013 (10 Mo.)	FY 2014	FY 2015
<b>LOCAL SCHOOL DISTRICTS</b>			
<u>Savings - Local School Districts</u>			
Health care contributions	\$0	Unknown	Unknown
<u>Loss - Local School Districts</u>			
Reduction in premium taxes received	<u>\$0</u>	<u>(Up to \$6,928,125)</u>	<u>(Up to \$27,712,500)</u>
<b>ESTIMATED NET EFFECT ON LOCAL SCHOOL DISTRICTS</b>	<b><u>\$0</u></b>	<b><u>(Less than \$6,928,125) to Unknown</u></b>	<b><u>(Less than \$27,712,500) to Unknown</u></b>
<b>ALL LOCAL GOVERNMENTS</b>			
<u>Savings - All Local Governments</u>			
Health care contributions	<u>\$0</u>	<u>Unknown</u>	<u>Unknown</u>
<b>ALL LOCAL GOVERNMENTS</b>	<b><u>\$0</u></b>	<b><u>Unknown</u></b>	<b><u>Unknown</u></b>

FISCAL IMPACT - Small Business

Small businesses would have, at a minimum, administrative costs related to withholding and submitting the health assurance tax from employee payrolls. Small businesses providing health insurance would have a savings related to the reduction in health insurance costs.

FISCAL DESCRIPTION

This proposal establishes the Missouri Universal Health Assurance Program which is a publicly financed, statewide program to provide comprehensive necessary health, mental health, and dental care services and preventive screenings for Missouri residents.

The program will be administered by a 23-member board of governors, 14 of whom will be appointed by the Governor, with the advice and consent of the Senate.

The proposal also creates the Missouri Health Care Trust Fund to be used to finance the program including federal funds received as a result of any waiver of requirements granted by the federal government. Moneys in the trust fund are not subject to appropriation or allotment by the state or any political subdivision of the state. Various accounts are created within the trust fund for specific purposes.

FISCAL DESCRIPTION (cont.)

Every person who is a resident of Missouri, regardless of pre-existing conditions, will be eligible to receive benefits for covered services under the program. Individuals who are not residents but are employed in Missouri and pay the health assurance premium will be eligible for benefits.

The program is required to pay the expenses of institutional providers of inpatient health care services, and each provider is required to negotiate an annual budget with the program which will cover anticipated expenses. The program will reimburse independent providers of health care services on a fee-for-service basis using the federal Medicare reimbursement fees as a guideline. Other insurers, employers, and plans may offer benefits that do not duplicate services offered by the program.

To finance the program, every Missouri resident is required to pay a health assurance tax based on the person's Missouri adjusted gross income which will be collected by the Department of Revenue and deposited into the trust fund. If a federal universal health program is implemented, the tax must be decreased as specified in the proposal.

No later than 30 days after the effective date of the proposal, the Department of Social Services is required to apply to the United States Secretary of Health and Human Services for all health care program waivers that will allow the state to deposit federal funds into the trust fund. The department is also required to identify other federal funding sources.

The program will become effective April 1 of the year following the award of a waiver by the United States Department of Health and Human Services. Notice of the receipt of the waiver must be given to the Missouri Revisor of Statutes.

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

SOURCES OF INFORMATION

Office of Administration -  
    Administrative Hearing Commission  
    Division of Budget and Planning  
Office of State Courts Administrator  
Department of Higher Education  
Department of Insurance, Financial Institutions, and Professional Registration  
Department of Mental Health  
Department of Health and Senior Services  
Department of Revenue  
Department of Social Services  
Missouri Department of Transportation

SOURCES OF INFORMATION (cont.)

Department of Public Safety -  
    Missouri State Highway Patrol  
Office of the Governor  
Missouri Consolidated Health Care Plan  
Joint Committee on Administrative Rules  
Missouri Department of Conservation  
Office of State Auditor  
Office of Secretary of State  
Office of State Treasurer  
Missouri State University  
University of Missouri -  
    Economic and Policy Analysis Research Center

**NOT RESPONDING: Office of Attorney General and**



Mickey Wilson, CPA  
Director  
May 1, 2012