

LEGISLATIVE BUDGET BOARD
Austin, Texas

FISCAL NOTE, 78TH LEGISLATIVE REGULAR SESSION

April 15, 2003

TO: Honorable Jaime Capelo, Chair, House Committee on Public Health

FROM: John Keel, Director, Legislative Budget Board

IN RE: HB3264 by Hunter (Relating to the prevention of childhood lead poisoning.), **As Introduced**

Estimated Two-year Net Impact to General Revenue Related Funds for HB3264, As Introduced: a negative impact of (\$466,685) through the biennium ending August 31, 2005.

The bill would make no appropriation but could provide the legal basis for an appropriation of funds to implement the provisions of the bill.

General Revenue-Related Funds, Five-Year Impact:

Fiscal Year	Probable Net Positive/(Negative) Impact to General Revenue Related Funds
2004	(\$228,997)
2005	(\$237,688)
2006	(\$237,688)
2007	(\$237,688)
2008	(\$237,688)

All Funds, Five-Year Impact:

Fiscal Year	Probable (Cost) from <i>GENERAL REVENUE FUND</i> 1	Change in Number of State Employees from FY 2003
2004	(\$228,997)	2.0
2005	(\$237,688)	2.0
2006	(\$237,688)	2.0
2007	(\$237,688)	2.0
2008	(\$237,688)	2.0

Fiscal Analysis

The bill would require the Texas Board of Health, at the Department of Health (TDH) to provide improved childhood lead poisoning prevention through education and information materials; timely medical payment assistance to providers; affordable housing assistance and relocation assistance; and litigation protection for landlords who undertake specified lead hazard reduction measures. The bill would require prompt testing and diagnosis of children for possible lead poisoning.

TDH indicated that the agency already provides a number of lead poisoning education and information resources through the Childhood Lead Poisoning Prevention Program. TDH indicated that improvement of the program, as specified in the bill, would require the addition of 2 Full Time Equivalent (FTE) employees, funding for production and distribution of public service announcements and informational materials, and related administrative costs.

The bill would require activity that the TDH cannot provide under current statute. Those provisions include mechanisms to provide housing and relocation assistance, medical and rehabilitation prompt payment assistance to providers and litigation protection to landlords who undertake specific actions to reduce lead hazards on their property.

The bill would take effect September 1, 2003.

Methodology

For purposes of this analysis, it is assumed that agency costs associated with establishing rules, improving educational outreach, improving public awareness, and improving testing and prompt diagnosis would require additional General Revenue. The Department of Health (TDH) indicated for provisions of the bill that the department could implement, it would require two additional Full Time Equivalent (FTE) employees and costs for printing, production and distribution of educational materials, plus associated administrative expenses. Total costs are approximately \$466,685 in General Revenue over the biennium ending August 31, 2005.

It is assumed that the following items are statutory functions that cannot be performed by the TDH, but are performed by other federal, state, or local agencies. Therefore, this analysis does not include; costs to provide mechanisms for expanded affordable housing assistance, costs for mechanisms to improve housing relocation assistance, costs for mechanisms to improve medical prompt payment assistance, and landlord litigation protection assistance.

Technology

The Department of Health estimates implementatin of the bill would require two desktop computers at a cost of \$2600 and one pinter at a cost of \$3500 in fiscal year 2004.

Local Government Impact

No significant fiscal implication to units of local government is anticipated.

Source Agencies: 501 Department of Health

LBB Staff: JK, EB, KF, GD