LEGISLATIVE BUDGET BOARD
Austin, Texas

FISCAL NOTE, 78TH LEGISLATIVE REGULAR SESSION

April 7, 2003

TO: Honorable Jane Nelson, Chair, Senate Committee on Health & Human Services

FROM: John Keel, Director, Legislative Budget Board

IN RE: **SB1409** by Deuell (Relating to funding and extending the expiration date of the regional emergency medical dispatch resource center pilot program.), **As Introduced**

Estimated Two-year Net Impact to General Revenue Related Funds for SB1409, As Introduced: an impact of $0 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	$0
2005	$0
2006	$0
2007	$0
2008	$0

All Funds, Five-Year Impact:

Fiscal Year	Probable (Cost) from *OTHER FUNDS* 997	Probable Revenue Gain from *ADV COMM EMER COMM ACCT* 5007	Probable Revenue Gain from *OTHER FUNDS (Political Subdivisions)* 997
2004	($141,265)	$42,280	$93,750
2005	($172,807)	$0	$172,807
2006	$0	$0	$0
2007	$0	$0	$0
2008	$0	$0	$0

Fiscal Analysis

The bill would authorize a political subdivision that participates in the regional emergency medical dispatch resource center pilot program to pay an appropriate share of the cost of the pilot program. The Texas Department of Health would be required to establish, conduct, and evaluate the pilot program. The pilot program was authorized by the Seventy-seventh Legislature, Regular Session, 2001. The expiration date for the pilot program would be extended from September 1, 2003 to September 1, 2005.

The bill would take effect immediately if it receives a two-thirds vote in each house; otherwise, it would take effect September 1, 2003.

If a sufficient number of political subdivisions, in a region that could be served by a pilot program, were to offer to pay the Texas Department of Health an amount that in the aggregate, together with any other funding received through grants and appropriated 9-1-1 service fees, is sufficient to fund the pilot program for the region, the department would be required to enter into a contract with the political subdivisions under which each political subdivision would pay an appropriate share of the cost of the pilot program.

Methodology

The Texas Department of Health (TDH) assumes there would be one state emergency medical resource center established in the 2004-2005 biennium that will serve as a pilot center from which the costs and benefits of the program would be identified and evaluated. TDH further assumes that the department would contract with an existing public safety answering point that is currently providing urban emergency medical dispatch services, including pre-arrival medical instructions, to act as the pilot state emergency medical dispatch resource center. The contract would reimburse only the costs associated with the increased call volume that is anticipated to result from new entities enrolling with the pilot state emergency medical dispatch resource center. The department would fund the cost of implementing additional telecommunication links for the resource center, including equipment and tollfree telephone services. Participating political subdivisions are expected to be those from rural areas. TDH would limit the scope of the areas served to no more than an aggregate population of one million for the purposes of the pilot program.

TDH would collect summary data through surveys administered via the participating political subdivisions and evaluate the pilot center's efficacy through monthly summary data submissions. A final assessment report would be prepared upon completion of the pilot program.

Upon passage of the proposal in 2001 for implementing a regional emergency medical dispatch resource center pilot program, the department sought bids for the project. Assuming that the costs in fiscal years 2002-2003 would be the same in fiscal years 2004-2005, the cost of the pilot program would be approximately $125,000 (an average based on bids previously received that were for between $100,000 and $150,000). TDH assumes that in fiscal year 2004, $42,280 of the needed funding would come from 9-1-1 service fees and $93,750 from participating political subdivisions. The department assumes that $172,807 would be paid by the participating political subdivisions in fiscal year 2005.

The department estimates the costs associated with the implementation of the pilot program would be a significant fiscal impact. It is anticipated by the department that one contract FTE (program specialist) would be required to coordinate and manage the project, at a cost of $31,782 for salaries and benefits in the last nine months of fiscal year 2004 and $42,376 for all of fiscal year 2005. Other costs anticipated by the department include professional fees and services, in-state travel, rent, utilities, and other operating expenses to total $107,383 in fiscal year 2004 and $130,431 in fiscal year 2005. There would be a one-time cost for computer equipment and software at a cost of $2,100 in fiscal year 2004.

Technology

There would be a one-time cost for computer equipment and software plus providing additional telecommunications links and tollfree telephone service.

Local Government Impact

Political subdivisions that contract to participate in the pilot program would incur costs as shown in the tables. The amount per political subdivision would vary and would depend on how many subdivisions participate.

Source Agencies: 501 Department of Health

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