# LEGISLATIVE BUDGET BOARD Austin, Texas

## FISCAL NOTE, 79TH LEGISLATIVE REGULAR SESSION

#### March 30, 2005

TO: Honorable Dianne White Delisi, Chair, House Committee on Public Health

FROM: John S. O'Brien, Deputy Director, Legislative Budget Board

# **IN RE: HB1316** by Zedler (Relating to immunization requirements for children in regulated child-care facilities.), **As Introduced**

**Estimated Two-year Net Impact to General Revenue Related Funds** for HB1316, As Introduced: a negative impact of (\$4,850,404) through the biennium ending August 31, 2007.

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
2006	(\$2,332,175)
2007	(\$2,518,229)
2008	(\$3,013,397)
2009	(\$3,013,397)
2010	(\$3,013,397)

#### All Funds, Five-Year Impact:

Fiscal Year	Probable (Cost) from GENERAL REVENUE FUND 1
2006	(\$2,332,175)
2007	(\$2,518,229)
2008	(\$3,013,397)
2009	(\$3,013,397)
2010	(\$3,013,397)

#### **Fiscal Analysis**

The bill would require all children in a regulated child care facility be immunized against pneumococcal disease.

# Methodology

According to the Department of Family and Protective Serivces (DFPS) and the Department of State Health Services (DSHS), 750,000 children in regulated child care facilities would need to be immunized with two vaccines: PCV-7 and pneumococcal polysaccharide. Each vaccine has specific age and dosage requirements, and PCV-7 requires multiple doses per child. Assumptions, per DSHS, are as follows:

1. PCV-7 will cost \$51.58 per dose and a four dose series is recommended. Pneumococcal polysaccharide will cost \$17.58 per dose and is only recommended for a specific high-risk groups of children (estimated at 2.1 percent). Only one dose is recommended.

2. Of the children needing vaccination, 30 percent are already paid for by Medicaid, 5 percent are already paid for by CHIP, 21 percent will be paid for by the federal Vaccines for Children program at no cost to the state, 40 percent will be paid for by insurance or another private source, and 4 percent will be paid for by DSHS.

3. The existing vaccine delivery system operated by DSHS will absorb the cost of distributing vaccines to clinics, so the only new costs to the state will be for the vaccinations paid for DSHS.

## PCV-7 costs:

In fiscal year 2006, it is assumed that 30,000 children will need 45,000 doses of PCV-7 paid for through DSHS (\$2.3 million GR).

In fiscal year 2007, it is assumed that 14,600 children will need 48,800 doses paid for through DSHS (\$2.5 million GR).

In fiscal years 2008 through 2010, it is assumed that 14,600 children each year will need 58,400 doses paid for through DSHS (\$3.0 million GR).

## Pneumococcal Polysaccharide costs:

In fiscal year 2006, it is assumed that doses for 630 children will be paid for through DSHS (\$11,075 GR).

In fiscal years 2007 through 2010, it is assumed that doses for 64 children will be paid for through DSHS (\$1,125 GR).

#### **Local Government Impact**

No fiscal implication to units of local government is anticipated.

**Source Agencies:** 530 Department of Family and Protective Services, 537 Department of State Health Services

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