

**LEGISLATIVE BUDGET BOARD**  
**Austin, Texas**

**FISCAL NOTE, 79TH LEGISLATIVE REGULAR SESSION**

**May 4, 2005**

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

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

**IN RE: HB2680** by Branch (Relating to services provided by health care practitioners to charities and medically underserved areas and liability insurance for those practitioners.), **As Engrossed**

**Estimated Two-year Net Impact to General Revenue Related Funds** for HB2680, As Engrossed: a negative impact of (\$61,440) 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:**

<b>Fiscal Year</b>	<b>Probable Net Positive/(Negative) Impact to General Revenue Related Funds</b>
2006	(\$30,720)
2007	(\$30,720)
2008	(\$30,720)
2009	(\$30,720)
2010	(\$30,720)

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

<b>Fiscal Year</b>	<b>Probable Revenue (Loss) from GENERAL REVENUE FUND 1</b>
2006	(\$30,720)
2007	(\$30,720)
2008	(\$30,720)
2009	(\$30,720)
2010	(\$30,720)

**Fiscal Analysis**

This bill would amend sections of the Occupations Code and Insurance Code relating to services provided by health care practitioners to charities and medically underserved areas and liability insurance for those practitioners. The Department of State Health Services (DSHS) estimates a total revenue decrease of \$30,720 per year to the General Revenue fund. Based on the analysis of DSHS, the Board of Medical Examiners and the Department of Insurance, it is assumed that any additional duties and responsibilities associated with implementing the provisions of the bill could be accomplished by utilizing existing resources.

The bill would take effect immediately upon receiving a two-thirds majority vote in each house. If the bill does not receive a two-thirds vote in each house, the bill would take effect September 1, 2005.

## **Methodology**

The Department of State Health Services assumes that 3 percent of the 26,543 health care practitioners currently licensed, will choose to pay the reduced licensing fee and provide voluntary charity care. The agency also assumes that the reduced fee will be 50 percent of the current 2 year licensing fee, which would result in an estimated decrease in revenue of \$30,720 per year.

According to DSHS, the decrease in revenue is based on the following licensing programs and methodology (reduced fee amount times 3 percent of population ): midwives (\$275 times 5 equating to \$1,375), opticians (\$50 times 11 equating to \$550), contact lens dispensers (\$50 times 8 equating to \$400), medical radiologic technologists (\$20 times 377 equating to \$7,540), respiratory care practitioners (\$45 times 368 equating to \$16,560), medical physicists (\$130 times 14 equating to \$1,820), perfusionists (\$175 times 9 equating to \$1,575) and orthotists and prosthetists (\$150 times 6 equating to \$900).

## **Local Government Impact**

No fiscal implication to units of local government is anticipated.

**Source Agencies:** 454 Department of Insurance, 503 Board of Medical Examiners, 537 Department of State Health Services

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