

LEGISLATIVE BUDGET BOARD
Austin, Texas

FISCAL NOTE, 80TH LEGISLATIVE REGULAR SESSION

March 20, 2007

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

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

IN RE: HB1455 by Bohac (Relating to the establishment of a pilot program in certain counties to require health and human services providers to provide screening to prevent fetal alcohol spectrum disorders.), **As Introduced**

Estimated Two-year Net Impact to General Revenue Related Funds for HB1455, As Introduced: a negative impact of (\$662,806) through the biennium ending August 31, 2009.

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
2008	(\$336,968)
2009	(\$325,838)
2010	(\$325,838)
2011	(\$108,609)
2012	\$0

All Funds, Five-Year Impact:

Fiscal Year	Probable (Cost) from <i>GENERAL REVENUE FUND</i> 1	Change in Number of State Employees from FY 2007
2008	(\$336,968)	1.5
2009	(\$325,838)	1.5
2010	(\$325,838)	1.5
2011	(\$108,609)	0.5
2012	\$0	0.0

Fiscal Analysis

The bill requires the Office for the Prevention of Developmental Disabilities (at the Health and Human Services Commission, HHSC), the Department of State Health Services (DSHS), and the Department of Family and Protective Services (DFPS) to establish a pilot program to identify women at risk for an alcohol-exposed pregnancy through a network of providers that screen women of child-bearing age for alcohol consumption, and to provide alcohol education to women between 18 and 44 years of age.

The pilot would be conducted in three urban counties with a population exceeding one million with a reported high percentage of women who engage in frequent consumption of alcoholic beverages. The agencies would be required to develop an action plan to require each health and human services provider, as defined by the bill, to screen for alcohol consumption by women receiving services who

are between the ages of 18 and 44 and to provide data on the results of the screening to the DSHS.

Health and human services providers treating children, or women of child-bearing age, would be required to document in each child's, or woman's, chart any known substance abuse or alcohol consumption in excess of four drinks on one occasion by the woman, or the child's mother during her pregnancy with the child. The agencies would be required to establish minimum standards for screening women for alcohol consumption; reporting the screening data to DSHS; treating women who are pregnant, or at risk for an alcohol-exposed pregnancy, and enrolled in a chemical dependency treatment program; and reporting treatment data to DSHS. Women at risk for an alcohol-exposed pregnancy would be given the highest priority for access to chemical dependency treatment.

The agencies would be required to train providers to administer an alcohol consumption screening tool and report data to DSHS and to train counselors to administer a fetal alcohol spectrum disorders intervention to women of child-bearing age enrolled in chemical dependency treatment. The agencies would be required to analyze the screening and intervention data reported to DSHS, determine the number of women who may be at risk for an alcohol-exposed pregnancy, and disseminate information on the prevention of fetal alcohol spectrum disorders to all women of child-bearing age receiving services from health and human services providers.

The agencies are required to report findings to legislature by December 1, 2009. The pilot program would end January 1, 2011.

Methodology

There are four counties in Texas with a population exceeding one million--Bexar, Dallas, Harris, and Tarrant. Information on which of these counties has reported a high percentage of women engaging in frequent consumption of alcoholic beverages is not available. It is assumed that the pilot would be implemented in the two largest of those counties--Harris and Dallas--and either Bexar or Tarrant county, which are of similar population size.

Because the pilot ends January 1, 2011 it is assumed that all costs for fiscal year 2011 would be one-third of the estimated costs for fiscal year 2010.

It is assumed that the average cost reimbursed for a screening would be \$11.67. DSHS estimates a total of 19,291 screenings through Title V and Title XX in fiscal years 2008 through 2010 and 6,430 in fiscal year 2011 at a cost of \$0.2 million in General Revenue Funds in fiscal years 2008 through 2010 and \$0.1 million in General Revenue Funds in fiscal year 2011. It is assumed that Title V and Title XX Federal Funds would not be available to expend unless those funds were diverted from other programs; if additional Title V or Title XX Federal Funds became available, those could be used in lieu of General Revenue Funds. HHSC estimates 86,017 screenings through Medicaid in fiscal year 2008; 89,114 screenings in fiscal years 2009 and 2010; and 29,705 screenings in fiscal year 2011. HHSC indicates that, without a federal waiver, no additional reimbursement for the screening could be made; it is assumed that there would be no cost to provide screening through Medicaid as the screening would take place during the course of an office visit or other service.

It is assumed that 1.5 FTEs would be required to provide training, perform data analysis, and prepare reports at a cost of \$0.1 million in General Revenue Funds in fiscal years 2008 through 2010 and \$33,570 in fiscal year 2011.

It is assumed that any other costs related to the screening or dissemination of prevention information can be absorbed within available resources.

DFPS indicates that any costs to that agency can be absorbed within available resources.

Total estimated cost to implement provisions of the bill is \$0.3 million in General Revenue Funds in fiscal years 2008 through 2010 and \$0.1 million in General Revenue Funds in fiscal year 2011.

Local Government Impact

No fiscal implication to units of local government is anticipated.

Source Agencies: 529 Health and Human Services Commission, 530 Family and Protective Services, Department of, 537 State Health Services, Department of

LBB Staff: JOB, CL, PP, LR