

LEGISLATIVE BUDGET BOARD
Austin, Texas

FISCAL NOTE, 81ST LEGISLATIVE REGULAR SESSION

April 22, 2009

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

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

IN RE: SB1817 by Van de Putte (Relating to a voluntary statewide diabetes mellitus registry.), **As Introduced**

No significant fiscal implication to the State is anticipated.

The bill requires the Department of State Health Services (DSHS) to coordinate with participating public health districts to create an electronic diabetes mellitus registry to track the glycosylated hemoglobin level of each person who has a laboratory test to determine that level performed at a clinical laboratory in the participating districts. The bill provides local public health districts with the option of participating in the registry, but specifies that districts that chose to participate would be solely responsible for the costs of establishing and administering the program in that district. Thus it is assumed that there would not be a significant fiscal impact to the state.

The bill would require clinical laboratories in the participating health districts to submit certain test results to the districts and DSHS. The bill would specify requirements for DSHS and the districts for tracking test results. The bill would require DSHS to issue a report on the diabetes mellitus registry no later than December 1 of each even-numbered year. It is assumed that all of these costs can be absorbed within existing agency resources.

Local Government Impact

The bill would amend the Health and Safety Code relating to a voluntary statewide diabetes mellitus registry created and maintained by the Department of State Health Services in coordination with participating public health districts. A public health district that voluntarily chooses to participate would be solely responsible for the costs of establishing and administering the program in that district. It is assumed that a public health hospital district would participate in the registry only if sufficient funds were available.

Source Agencies: 537 State Health Services, Department of

LBB Staff: JOB, CL, JF, LR, TP