

LEGISLATIVE BUDGET BOARD
Austin, Texas

FISCAL NOTE, 81ST LEGISLATIVE REGULAR SESSION

April 27, 2009

TO: Honorable Lois W. Kolkhorst, Chair, House Committee on Public Health

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

IN RE: SB1877 by Nelson (Relating to the creation of the Texas Medical Child Abuse Resources and Education System grant program.), **As Engrossed**

Estimated Two-year Net Impact to General Revenue Related Funds for SB1877, As Engrossed: a negative impact of (\$23,400,000) through the biennium ending August 31, 2011.

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
2010	(\$11,700,000)
2011	(\$11,700,000)
2012	(\$11,700,000)
2013	(\$11,700,000)
2014	(\$11,700,000)

All Funds, Five-Year Impact:

Fiscal Year	Probable Savings/(Cost) from General Revenue Fund 1
2010	(\$11,700,000)
2011	(\$11,700,000)
2012	(\$11,700,000)
2013	(\$11,700,000)
2014	(\$11,700,000)

Fiscal Analysis

The bill requires the Department of State Health Services (DSHS) to establish the Texas Medical Child Abuse Resources and Education System (MEDCARES) program to award grants for the purpose of developing and supporting regional programs to improve the assessment, diagnosis, and treatment of child abuse and neglect as described by the report submitted to the 80th Legislature by the Advisory Committee on Pediatric Centers of Excellence relating to abuse and neglect. The bill also requires the executive commissioner of the Health and Human Services Commission to establish an advisory committee to advise on the creation of rules and priorities for the use of the grant funds. Additionally, the bill requires DSHS to submit a report to the governor and the legislature regarding the activities of this grant program. This act takes effect September 1, 2009.

Methodology

The bill provides that DSHS may solicit and accept gifts, grants, and donations from any public or private sources for purposes of implementing the MEDCARES grant program. It also specifies that DSHS is not required to award a MEDCARES grant unless the agency is specifically appropriated money to do so.

According to DSHS, the Pediatric Centers of Excellence Advisory Committee Findings and Recommendations Report submitted to the 80th Legislature recommends that MEDCARES grant funding be provided to 12 medical facilities across the state at a cost of \$975,000 per facility, which represents 65% of the total cost to implement a medical child abuse program. For purposes of this fiscal note it is assumed that all 12 facilities receive grant funds of \$975,000 annually for a total cost of \$11,700,000 each fiscal year. It is also assumed that these costs would come out of General Revenue Funds.

It is assumed that any administrative costs associated with implementing the MEDCARES grant program and other provisions of the bill would be absorbed within existing agency resources.

Local Government Impact

No fiscal implication to units of local government is anticipated.

Source Agencies: 537 State Health Services, Department of

LBB Staff: JOB, CL, JF, LR