

LEGISLATIVE BUDGET BOARD

Austin, Texas

FISCAL NOTE, 82ND LEGISLATIVE REGULAR SESSION

April 5, 2011

TO: Honorable Jerry Madden, Chair, House Committee on Corrections

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

IN RE: HB3281 by Guillen (Relating to the containment of costs incurred in the correctional health care system.), **As Introduced**

No significant fiscal implication to the State is anticipated.

The bill would implement recommendations in the Legislative Budget Board's Government Effectiveness and Efficiency Report entitled "Eliminate Statutory Barriers to Contain Costs in Correctional Managed Health Care," submitted to the Eighty-second Legislature, 2011. The bill would reduce costs in the Correctional Managed Health Care program by creating operational efficiencies for the program's health care providers, the University of Texas Medical Branch at Galveston (UTMB) and the Texas Tech University Health Sciences Center (TTUHSC), or their successors.

The bill would require the Texas Department of Criminal Justice (TDCJ), UTMB, and TTUHSC to develop and implement a training program for corrections medication aides similar to the one currently offered by the Department of Aging and Disability Services (DADS) which certifies medication aides who work in nursing homes. The bill provides for the content of the curriculum. The bill would require the executive commission of the Health and Human Services Commission to approve the training program and establish licensing practices for corrections medication aides who would be licensed by DADS.

The bill would provide an exemption from end stage renal disease licensing requirements for hospitals operated on behalf of the state that provide dialysis to individuals receiving services in the correctional managed health care program.

The bill would expand the definition of elderly and terminally ill in the Medically Recommended Intensive Supervision program. The bill would define elderly as age 60 and define terminally ill as having an incurable illness, disease, disorder, or other condition that has been diagnosed by a physician and is reasonably expected to result in death in 12 months or less. The change would expand the number of offenders who could be paroled by the Board of Pardons and Paroles if the board determines the individual is a suitable for medical parole.

The bill would take effect September 1, 2011.

This analysis assumes that any cost associated with implementing the bill's provisions could be met using existing resources.

Local Government Impact

No fiscal implication to units of local government is anticipated.

Source Agencies: 529 Health and Human Services Commission, 539 Aging and Disability Services, Department of, 696 Department of Criminal Justice, 720 The University of Texas System Administration, 739 Texas Tech University Health Sciences Center

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