

LEGISLATIVE BUDGET BOARD
Austin, Texas

FISCAL NOTE, 82ND LEGISLATIVE REGULAR SESSION

April 8, 2011

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

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

IN RE: SB270 by Uresti (Relating to newborn hearing screenings.), **Committee Report 1st House, Substituted**

Estimated Two-year Net Impact to General Revenue Related Funds for SB270, Committee Report 1st House, Substituted: a negative impact of (\$2,485,010) through the biennium ending August 31, 2013.

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
2012	(\$1,262,880)
2013	(\$1,222,130)
2014	(\$1,222,130)
2015	(\$1,222,130)
2016	(\$1,222,130)

All Funds, Five-Year Impact:

Fiscal Year	Probable (Cost) from General Revenue Fund 1
2012	(\$1,262,880)
2013	(\$1,222,130)
2014	(\$1,222,130)
2015	(\$1,222,130)
2016	(\$1,222,130)

Fiscal Analysis

The bill would amend Chapter 47, Health and Safety Code, to require that newborn hearing screenings be performed at certain birthing facilities unless the parent declines. The bill would require certain reporting of screening results that is currently authorized but not required.

In cases of abnormal results from an initial screening, the bill would require the Department of Assistive and Rehabilitative Services (DARS), through the Early Childhood Intervention (ECI) program, to coordinate diagnostic evaluations and any necessary follow-up care.

The bill would require that newborn hearing screening programs be supervised by a physician, physician's assistant, audiologist, or registered nurse in order to be certified.

The bill would require that the executive commissioner of the Health and Human Services Commission adopt rules that are based on specified guidelines.

The bill would take effect September 1, 2012.

Methodology

The Department of Assistive and Rehabilitative Services (DARS) estimates that there would not be a significant increase in the number of children served in the ECI program, but there would be a cost starting in fiscal year 2013 related to the reporting responsibilities required by the bill.

Calculations by DARS also assume that the adoption of rules based on guidelines from the Joint Task Force on Infant Hearing (American Academy of Pediatrics), as required by the bill, would establish a standard of care not previously articulated and would result in increased training costs for 220 staff; higher staffing costs related to new qualifications for approximately 110 case managers are also assumed. DARS estimates a total cost of \$1,210,880 in General Revenue Funds in fiscal year 2012 and \$1,222,130 in General Revenue Funds for each year thereafter to implement the provisions of the bill.

To implement the provisions of the bill, the Department of State Health Services (DSHS) indicates a one-time cost of \$52,000 in fiscal year 2012 related to system modifications for the new program certification requirement.

Technology

DSHS estimates a one-time cost of \$52,000 in fiscal year 2012, included above, for system modifications.

Local Government Impact

No significant fiscal implication to units of local government is anticipated.

Source Agencies: 537 State Health Services, Department of, 538 Assistive and Rehabilitative Services, Department of

LBB Staff: JOB, CL, VJC, MB, NB, KKR