

LEGISLATIVE BUDGET BOARD
Austin, Texas

FISCAL NOTE, 82ND LEGISLATIVE REGULAR SESSION

March 3, 2011

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

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

IN RE: SB510 by Van de Putte (Relating to a voluntary statewide diabetes mellitus registry.),
Committee Report 1st House, Substituted

Estimated Two-year Net Impact to General Revenue Related Funds for SB510, Committee Report 1st House, Substituted: a negative impact of (\$303,526) 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	(\$140,514)
2013	(\$163,012)
2014	(\$163,012)
2015	(\$163,012)
2016	(\$163,012)

All Funds, Five-Year Impact:

Fiscal Year	Probable Savings/(Cost) from <i>General Revenue Fund</i> 1	Change in Number of State Employees from FY 2011
2012	(\$140,514)	1.5
2013	(\$163,012)	2.0
2014	(\$163,012)	2.0
2015	(\$163,012)	2.0
2016	(\$163,012)	2.0

Fiscal Analysis

The bill requires the Department of State Health Services (DSHS) to coordinate with participating public health districts to create and maintain an electronic diabetes mellitus registry to track the glycosylated hemoglobin level of each person who has a laboratory test to determine that level at a clinical laboratory in the participating district.

The bill requires participating public health districts to compile the results of these tests in order to track certain data related to the prevalence of diabetes mellitus and provide the aggregate data to DSHS for the registry. The bill also requires DSHS to submit a legislative report regarding the diabetes mellitus registry not later than December 1st of each even-numbered year.

Methodology

DSHS estimates that 162,500 tests/values per year will be collected and submitted to the agency for the registry by the clinical laboratories within a single health district. Based on this data and similar DSHS data collection systems, DSHS anticipates that it would require two additional FTEs to coordinate the maintenance and analysis of patient glycosylated hemoglobin test results and diagnosis codes submitted by clinical laboratories in participating public health districts for the registry. These FTEs include an Epidemiologist III at a salary of \$49,590 and a Systems Analyst II at a salary of \$60,750. Given that it will take some time to adopt the rules related to the collection of the registry data, the agency anticipates only needing these new FTEs for nine months in the first fiscal year. Additionally there will be some one-time costs in the first fiscal year and some ongoing other operating costs associated with these new positions and this new function in subsequent fiscal years. This results in a cost of \$140,514 in fiscal year 2012 and \$163,012 in fiscal year 2013 and beyond.

DSHS anticipates that it can absorb all other costs associated with the management of memorandums of agreement with participating public health districts to establish roles and responsibilities, the development of the rules regarding the collection of the data, and the submission of the legislative report.

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, MB, JF, KKR