

**LEGISLATIVE BUDGET BOARD**  
**Austin, Texas**

**FISCAL NOTE, 83RD LEGISLATIVE REGULAR SESSION**

**May 15, 2013**

**TO:** Honorable Joe Straus, Speaker of the House, House of Representatives

**FROM:** Ursula Parks, Director, Legislative Budget Board

**IN RE: HB915** by Kolkhorst (Relating to the administration and monitoring of health care provided to foster children.), **As Passed 2nd House**

**Estimated Two-year Net Impact to General Revenue Related Funds** for HB915, As Passed 2nd House: a negative impact of (\$961,404) through the biennium ending August 31, 2015.

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
2014	(\$461,402)
2015	(\$500,002)
2016	(\$486,812)
2017	(\$486,812)
2018	(\$486,812)

**All Funds, Five-Year Impact:**

Fiscal Year	Probable Savings/(Cost) from <i>General Revenue Fund</i> 1	Probable Savings/(Cost) from <i>GR Match For Medicaid</i> 758	Probable Savings/(Cost) from <i>Federal Funds</i> 555
2014	(\$457,293)	(\$4,109)	(\$65,511)
2015	(\$495,900)	(\$4,102)	(\$69,909)
2016	(\$482,827)	(\$3,985)	(\$68,086)
2017	(\$482,827)	(\$3,985)	(\$68,086)
2018	(\$482,827)	(\$3,985)	(\$68,086)

<b>Fiscal Year</b>	<b>Change in Number of State Employees from FY 2013</b>
2014	11.2
2015	13.3
2016	13.3
2017	13.3
2018	13.3

## **Fiscal Analysis**

The bill would amend the Family Code and Government Code as it relates to the administration and monitoring of health care provided to foster children.

The bill would require consent for the administration of a psychotropic medication and it would be valid only if certain conditions are met. The person authorized to consent to medical treatment for a foster child prescribed a psychotropic medication would be required to ensure that the child has been seen at least once every 90 days by the prescribing physician, physician assistant, or advanced practice nurse to: 1) appropriately monitor the side effects of the medication; and 2) determine whether the medication is helping the child achieve the treatment goals and if continued use of the medication is appropriate.

The Department of Family and Protective Services (DFPS) would be required to notify a child's parents of the initial prescription of a psychotropic medication to a foster child and of any changes in the dosage of the psychotropic medication at the first scheduled meeting between the parents and the child's caseworker after the date the psychotropic medication is prescribed.

The bill would require the Health and Human Services Commission (HHSC) to add children eligible for both Medicaid and Medicare and under the supervision of DFPS through an agreement under the Interstate Compact on the Placement of Children to the monitoring of the prescribing of psychotropic drugs.

The changes in law made by the bill would apply to a suit affecting the parent-child relationship pending in a trial court filed on or after the effective date of the bill.

## **Methodology**

In order to provide consent in accordance with the provision of the bill, DFPS has assumed that the medical consenter, provider, and child would all have to be present in a face-to-face health care visit.

DFPS reports that currently 75 percent of caseworkers are unable to do face-to-face appointments and instead participate via phone and/or teleconferencing, and that child protective services (CPS) caseworkers serve as medical consenters for 2,000 children. On average, DFPS reports that each child prescribed psychotropic medication has an estimated 5 visits per year to ensure proper dosage is prescribed. That equates to an additional 625 additional visits per month ((2,000 children X 5 visits X 75%) / 12 months). DFPS assumed that an additional 11 FTEs (human service technicians) would be trained as Medical Consenters and needed in fiscal year 2014 and 13 FTEs in each fiscal year going forward for these face-to-face visits. The Health and Human Services Commission (HHSC) would need 0.2 FTEs in fiscal year 2014 and 0.3 FTEs in fiscal year 2015 and each fiscal year forward for enterprise support services. The estimated cost in All Funds

for these FTEs is \$526,914 in fiscal year 2014, \$569,911 in fiscal year 2015, and \$554,898 in fiscal year 2016 and forward. Presumably not all 2,000 children would be prescribed psychotropic drugs; therefore, costs associated with the provisions of the bill could be less.

It is assumed that any cost associated with modification to the Information Management Protecting Adults and Children in Texas (IMPACT) system, which is the agency's automated casework system, so that data could be provided to HHSC could be accomplished with existing resources.

DFPS does not anticipate any significant fiscal impacts as a result of complying with the other sections of the bill.

### **Technology**

DFPS indicates cost of \$10,928 in fiscal year 2014, \$12,915 in fiscal year 2015 and going forward in All Funds for additional computer devices and software for the additional FTEs. These costs are included above.

### **Local Government Impact**

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

**Source Agencies:** 530 Family and Protective Services, Department of

**LBB Staff:** UP, SD, CL, MB, SJ, VJC