

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

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

**March 5, 2013**

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

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

**IN RE: HB915** by Kolkhorst (Relating to the administration and monitoring of certain medications provided to foster children.), **As Introduced**

**Estimated Two-year Net Impact to General Revenue Related Funds** for HB915, As Introduced: a negative impact of (\$2,413,462) 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	(\$1,277,759)
2015	(\$1,135,703)
2016	(\$1,138,466)
2017	(\$1,141,339)
2018	(\$1,144,277)

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

Fiscal Year	Probable Savings/(Cost) from General Revenue Fund 1	Probable Savings/(Cost) from GR Match For Medicaid 758	Probable Savings/(Cost) from Federal Funds 555	Change in Number of State Employees from FY 2013
2014	(\$1,266,898)	(\$10,861)	(\$182,813)	25.0
2015	(\$1,126,404)	(\$9,299)	(\$158,741)	25.0
2016	(\$1,129,144)	(\$9,322)	(\$159,128)	25.0
2017	(\$1,131,993)	(\$9,346)	(\$159,529)	25.0
2018	(\$1,134,907)	(\$9,370)	(\$159,940)	25.0

**Fiscal Analysis**

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

administration of a psychotropic drug valid only if it is provided in the manner provided by Section 576.025b, Health and Safety Code. It would also allow evidence of consent to be included in the foster child's health passport. The bill would expand the monitoring of the prescriptions of psychotropic drugs to include children under the supervision of the Department of Family and Protective Services (DFPS) through an agreement under the Interstate Compact on the Placement of Children and those who are eligible for both Medicaid and Medicare.

## **Methodology**

In order to provide consent in accordance with the provisions 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 call and/or teleconferencing, and that child protective services (CPS) caseworkers serve as a medical consenter for 2,000 children. On average, DFPS reports that each child prescribed psychotropic medications has an estimated 5 visits per year to ensure that the proper dosage is prescribed. It is assumed that each visit would require 3.5 hours (including the visit with the physician, waiting to be seen, and travel to and from the appointment with the child) resulting in the need for an additional 17 CPS caseworkers. Each caseworker would need supporting staff so it is assumed that an additional 8 full-time equivalents would also be needed. The estimated cost for these FTEs is \$1,416,491 in FY14, \$1,294,445 in FY15, \$1,297,594 in FY16, \$1,300,867 in FY17, and \$1,304,216 in FY18 in All Funds. These costs include salaries, benefits and other related costs. Presumably not all 2,000 children would be prescribed psychotropic drugs; therefore, costs associated with the provisions of the bill could be less.

DFPS also estimates that there would be a cost to modify the Information Management Protecting Adults and Children in Texas (IMPACT) system, which is the agency's automated casework system so that data can be provided to the Health and Human Services Commission. The agency's estimated cost for this system change is \$44,081 (430 hours X \$102.51 per hour) in All Funds for FY14, bringing the overall cost to \$1,460,572 in FY14.

DFPS does not anticipate any significant fiscal impact as a result of complying with the other sections of the bill. The Health and Human Services Commission and the Office of Court Administration do not anticipate any significant fiscal impacts as a result of complying with any of the provisions of the bill.

## **Technology**

DFPS indicates that additional devices and software and changes to the IMPACT system, at a cost of \$67,455 in All Funds in FY14 and \$23,374 each fiscal year thereafter, would be required. These costs are included above.

## **Local Government Impact**

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

**Source Agencies:** 212 Office of Court Administration, Texas Judicial Council, 530 Family and Protective Services, Department of

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