

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

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

**March 22, 2013**

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

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

**IN RE: HB1085** by Walle (Relating to the creation of a task force to study maternal mortality and severe maternal morbidity.), **As Introduced**

**Estimated Two-year Net Impact to General Revenue Related Funds** for HB1085, As Introduced: a negative impact of (\$704,560) 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:**

<b>Fiscal Year</b>	<b>Probable Net Positive/(Negative) Impact to General Revenue Related Funds</b>
2014	(\$329,682)
2015	(\$374,878)
2016	(\$374,878)
2017	(\$374,878)
2018	(\$374,878)

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

<b>Fiscal Year</b>	<b>Probable Savings/(Cost) from General Revenue Fund 1</b>	<b>Change in Number of State Employees from FY 2013</b>
2014	(\$329,682)	2.4
2015	(\$374,878)	3.1
2016	(\$374,878)	3.1
2017	(\$374,878)	3.1
2018	(\$374,878)	3.1

**Fiscal Analysis**

The bill would amend Title 2 of the Health and Safety Code relating to the creation of a task force to study maternal mortality and severe maternal morbidity. The bill would require the Department of State Health Services (DSHS) to administer the Maternal Mortality and Morbidity Task Force.

Under the provisions of the bill, DSHS would be required to determine a statistically significant number of cases of pregnancy-related deaths and maternal morbidity for the task force to review, and to establish and maintain an electronic database to track the cases. Additionally, the bill would require DSHS and the task force to submit a joint biennial report to the legislature on best practices to help reduce the incidence of pregnancy-related deaths and maternal morbidity. DSHS would be required to submit a report to the legislature by September 1, 2014 on the progress in establishing the task force and any recommendations the task force may have regarding reducing maternal mortality and morbidity.

The bill states that the task force is subject to the Sunset Act and would be abolished on September 1, 2019 if it is not continued.

### **Methodology**

DSHS anticipates that supporting the task force and producing the legislative reports will require 2.3 FTEs in fiscal year 2014 and 3.1 FTEs in fiscal years 2015 through 2018 to implement the provisions of the bill. In fiscal year 2014, total salary costs would be \$128,791 with associated benefit costs of \$38,302. From fiscal years 2015 through 2018, total salary costs in each year would be \$171,261 with associated benefit costs of \$50,933. Other operating expenses, travel, computing, and other costs would total \$162,589 in fiscal year 2014 and \$152,684 in fiscal year 2015 and each subsequent year. Costs in fiscal year 2014 are less because it is assumed the FTEs would be hired in the second quarter of fiscal year 2014.

Two FTEs would be Public Health Nurse II positions responsible for coordination of the task force and reviewing the data. The Nurse positions would develop protocols for case selection. Additionally, 0.5 FTEs would be an Epidemiologist II to review what data was necessary for each case, link data sets, and de-identify the data for confidentiality purposes. Also a half FTE would be an Administrative Assistant II to coordinate the meetings of the task force and support the other positions.

The fiscal impact includes \$20,256 in fiscal year 2014 and \$20,275 in fiscal years 2015 through 2018 and 0.1 FTEs for enterprise support services. The cost would be to DSHS, but the 0.1 FTE would be at the Health and Human Services Commission.

Based on the analysis provided by the Health and Human Services Commission and the Sunset Commission, it is assumed that all other provisions of the bill relating to those agencies can be implemented by utilizing existing agency resources.

### **Technology**

DSHS anticipates a technology cost of \$2,196 in fiscal year 2014 and \$2,175 in fiscal year 2015 and subsequent years to support the FTEs. DSHS assumes an incremental process in the development of a database to store the de-identified data. At this time, implementation of the database can occur within existing systems, but in the future the system may need to be reevaluated.

## **Local Government Impact**

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

**Source Agencies:** 529 Health and Human Services Commission, 116 Sunset Advisory Commission, 537 State Health Services, Department of

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